



The International Collaboration for Essential Surgery's (ICES)

**Vision & Priorities for the Sustainable
Development Goals and the Post-2015
Development Agenda**

Women's Equity and Essential Surgery

Recommendations for Action

4 March 2014

Introduction

There are clear linkages between access to essential surgery and women's equity and empowerment. The lack of essential surgery is a worldwide problem that is often hidden from view and is impacting the ability of women and children to fully participate in their economies and communities. Two out of every seven people on the planet lack access to basic surgical care, (1) and most live in low- and middle-income countries. Women in developing countries who survive obstructed births are often disabled and injured due to obstetric fistula and infection- conditions that damage the reproductive tract and structures near the birth canal, causing incontinence and pain. These women are abandoned, outcast by society and denied their fundamental rights to health and wellness. Children who are born with severe disabilities are robbed of their potential in infancy. By increasing access to the most essential surgeries, these issues can be addressed. By ensuring their "right to heal," these women and children will be empowered to reach their full potential as productive and equal members of society.

Summary

Essential surgery has not been a policy priority or an articulated part of the post-2015 development agenda. On February 6th, 2014, The International Collaboration for Essential Surgery, International Federation of Surgical Colleges, and the Association of Surgeons of Great Britain and Ireland hosted a UN Side Event in conjunction with the 8th and final Open Working Group on Sustainable Development Goals (post-2015) to address both these issues. It is critical to ensure that essential surgery is articulated as an agenda item for action on the post-2015 development agenda. This official UN event focused on how women and children are unnecessarily suffering from health issues easily remedied by essential surgery.

According to humanitarian principles and under International Humanitarian Law, the international community has an obligation to provide humanitarian assistance wherever it is needed. It is vital that bilateral governments, multilateral donors, UN funds and programmes and NGOs each play their part to alleviate the suffering of women worldwide.

The following policy paper consists of the following priority themes:

- OWG8- Promoting equality, including social equity, gender equality and women
- OWG4- Health and Population Dynamics
- OWG6-Human Rights

Our Position

We believe that although prevention of illness is the Holy Grail of public health, direct surgical intervention at an early stage *is* prevention for people like women in obstructed labor, children born with defects, and victims of injury. We must set up strong, sustainable, and affordable systems that actually provide treatment now to prevent complications later. We must do so to protect women and to ensure their health equity.

Topic Area: Women's Equity and Maternal Health

- There can be no equity for women as long as their lives and capacity to fully participate in and contribute to their communities and economies are jeopardized simply by their decision to become mothers
- The disabilities incurred by injuries during childbirth create cohorts of women who are unable to live independently. 2 million women suffer from debilitating obstetric fistula. Every year, between 50,000 to 100,000 women develop this condition. (2)
- Maternal deaths dislocate and destroy families
- The result of unremedied obstructed labour, entirely preventable but often neglected, shatter families and lead often to social exclusion of women affected
- Access to essential surgery can reverse these gender related deaths and disabilities

Topic Area: Workforce and Essential Surgery

- There is a profound shortage of trained surgeons in most LMICs (3)
- This surgical workforce shortage specifically jeopardizes women's health
- Most LMICs lack a trained workforce which would allow ready and affordable access to obstetric care and essential surgery (4)
- Such essential surgery is defined as simple surgery which saves lives or prevents life-long disability or life-threatening risk (5)
- Such essential surgery is basic, easily performed and cost effective (5)
- Such essential surgery is estimated to cover 75-80% of the total surgical need in LMICs (6)
- Most LMICs have district hospitals which are capable of maintaining functional operating theatres for essential surgery
- Many LMICs have non-surgical staff willing to be trained to perform essential surgery
- "Task shifting or task sharing" to mid-level providers and community health workers offers a viable solution to address the chronic lack of capacity for surgical intervention at the district level (7, 8)
- Approaches that utilize existing health infrastructures allow for leveraging health assets and networks already in place to LMICs
- Training of "essential surgeons" is a cost-effective and practical solution (9)

Recommendations

We propose creating a tiered approach to workforce training for essential surgeries, starting with task-shifting to teach doctors, nurses and community health workers the simplest and least demanding Tier One surgical interventions (suturing, fracture care, etc.)

- The competence of such "essential surgeons" should be nationally certified and adequately remunerated
- A concerted effort by government, civil society, the medical profession globally and interested bodies is essential to achieve a sustainable and effective address of the surgical manpower shortage
- Clear-sighted policies and advocacy efforts, based as much as possible on evidence and the experience of experts in the field, must be put in place to support ready and affordable access to essential surgery

- Owing to the dire current shortage of surgically trained personnel, projected increasing need owing to relentless population growth and workforce migration, the urgency for a solution cannot be understated

Goals and Targets

Speakers and participants called with one voice for increased action to ensure that women no longer need to fear childbirth as a cause of mortality and injury.

- Speakers called for the links between women's equity, maternal health and essential surgery to be articulated in the post-2015 agenda
- Leaders from different nations and NGOs called for increased action to ensure essential surgery becomes integrated into primary care delivery systems in LMICs
- Speakers demonstrated a clear link between women's equity, empowerment, and maternal health
- Speakers reiterated the link between childhood mortality and access to essential surgery at the District level
- A framework for action and inclusion of essential surgery as part of the development and global health dialogues was called for

Framework

Cross cutting issues

- Women's equity and access to full participation in civil and economic society is massively impacted by health conditions relating to childbirth
- Women have gender specific health risks as a result of deficient access to surgical interventions
- Women are disproportionately impacted compared to men by a lack of access to surgery
- Globally, more than 800 women die each day due to complications arising from childbirth, (10) of which many conditions are easily and affordably addressed through surgical interventions
- Those risk factors which are exclusive to women are linked in the main to reproductive health

There is a global shortage of access to essential surgery. This means that in some countries there is virtually no access to surgeries that save lives and prevent lifelong disabilities. Women and children are disproportionately impacted and injured by this lack of surgical access. Congenital deformities such as clubfoot, cleft palate, and hernia are left untreated. Injuries from obstructed and complicated labors kill and injure both mother and child. Women are further impacted as they, typically, become primary caregivers for family members who are injured and disabled.

The inclusion of essential surgery as a part of the MDG post-2015 development agenda will contribute to MDGs 3, 4, and 5

Access to essential surgery as a part of primary care needs to be articulated and not just presumed as included in MDG 6

Monitoring and Evaluation

Indicators of success would be inclusion of access to a basic package of essential surgical interventions at the first-referral level as a primary care strategy and as a measure and indicator of advancing post-2015 goals for maternal health and childhood mortality.

Next Steps

Essential surgery must be included in policy and practice dialogues surrounding primary care in LMICs

- 1) Change policy to prioritize a basic package of essential surgical interventions as public health focal areas worldwide.
- 2) Facilitate readiness to commence essential surgical training in 15 essential surgical interventions post-2015.
- 3) Collect and disseminate data and analysis that show the effects of practice and policy changes.

Conclusion:

The lack of access to surgery for the world's poor is one of the biggest global health problems. Of the 234 million surgeries done worldwide annually, 75% are performed on the richest one-third of the population with the poorest third receiving only 3.5% of all surgical procedures. (11) Many of those needlessly suffer are women.

We believe that it is time to expand our sense of urgency beyond communicable diseases and onto a second global scourge: the diseases of modern times which can be easily treated by training health workers in low-technology interventions. With proper policy, guidance, tools, and training from medical professionals; paraprofessional medical personnel and lay health workers can perform many simple procedures like closing defects that cause hernias in the belly. They can prevent premature death from appendicitis, perforation of the stomach, or infection of the pelvis.

Participants of the side event included representatives from: *World Health Organization-Global Initiative for Emergency and Essential Surgical Care, International Collaboration for Essential Surgery (ICES), International Federation of Surgical Colleges/ Columbia University, The Government of Tanzania Permanent Mission, Ministry of Foreign Affairs- Belgium, US Health and Human Services Office of Global Affairs, UNFPA- Campaign to End Fistula, United Nations Foundation -NY, Johns Hopkins University, Lifebox, Smile Train, Operation Smile, Jhpiego, Kupona Foundation, Every Woman-Every Child, Johnson & Johnson - Corporate Contributions, and Gradian Health.*

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