



Executive Summary of the National Surgical, Obstetric, and Anesthesia Planning Conference for High-level Global, Regional and Country Authorities and Funders March 20-21, 2019, Dubai, UAE

On 20-21 March 2019, a multi-disciplinary group of 77 international stakeholders representing nine Ministries of Health, the World Health Organization, the World Bank Group, bilateral and multilateral development agencies, philanthropic organizations, professional societies, non-governmental institutions, and academia gathered in Dubai, United Arab Emirates to discuss global and regional collaboration for National Surgical, Obstetric, and Anesthesia Plan (NSOAP) development, financing, and implementation in Asian, African, and Western Pacific nations.

Recognizing the indispensable role of surgery, obstetrics, and anesthesia (“Surgical Care”)** in achieving Sustainable Development Goal 3 (SDG 3) targets and Universal Health Coverage (UHC), this conference addressed the barriers facing NSOAP financing and implementation. Progress on NSOAP development and challenges were presented by representatives from Zambia, Rwanda, Zimbabwe, and Pakistan. Regional efforts from the Southern African Development Community were also highlighted. Participants discussed the role of high-level global and regional authorities in supporting country-led plans for scaling up surgical care as an essential component of health system strengthening in accordance with World Health Assembly Resolution WHA68.15.

By the end of the conference, participants were prepared to support and advocate for NSOAP processes by engaging and informing key national stakeholders while leveraging external support for developing surgical plans; framing financing of surgical care as indispensable to achieving SDG 3 targets and UHC and economic development; seeking out strategically aligned financing mechanisms for NSOAPs; and defining concrete next steps for advancing surgical care globally, regionally, and nationally. This statement summarizes the key messages expressed by meeting stakeholders.

**** “Surgical care”** is an overarching term used to denote care for adults and children delivered by anesthesiologists, obstetricians and gynecologists, surgeons from various backgrounds including, but not limited to, adult and paediatric general surgery, orthopaedics, neurosurgery, urology, eye, ENT, and vascular surgery, as well as nursing, biotechnicians and all allied health professionals.

Adapted from “Consensus Statement, Emergency and Essential Surgical Care as a Component of Universal Health Coverage in Pakistan.” Islamabad, November 15-16, 2018.



World Health Organization:

WHO Director General Dr. Tedros Adhanom Ghebreyesus welcomed participants by video and highlighted surgery, obstetric, and anesthesia care as essential components of UHC that are closely linked to economic development and the Sustainable Development Goal targets. Dr. Walter Johnson, Lead of the WHO Emergency and Essential Surgical Care Programme, reviewed the progress since Resolution WHA68.15 and outlined key next steps for its implementation. Dr. Teri Reynolds, Lead of the WHO Emergency and Trauma Care Programme, highlighted gaps that exist in pre-hospital care and the importance of timely access to emergency and trauma care as part of the continuum of care for many surgical patients. All agreed that improved coordination within WHO Departments and between WHO Headquarters (HQ), Regional Offices (ROs) and Countries Offices (COs) will be key to surgical system strengthening efforts worldwide.

WHO HQ is committed to engaging with all ROs and COs to support NSOAP development. Dr Johnson discussed opportunities for collaboration with ROs with Dr Hamid Ravaghi, Regional Advisor in the Department of Health System Development in WHO's Eastern Mediterranean Regional Office (EMRO). They agreed that the ROs primary focus is to support UHC efforts, and that subsequently SOA care should be supported within this mandate in alignment with Resolution WHA68.15. The ROs can support countries in developing not only investment cases for surgical care but also the clear theories of change needed to bridge policy, funding, and implementation efforts. Meeting participants were encouraged to approach their corresponding WHO COs and ROs so that these offices can advocate for the advancement of country-specific surgical care agendas throughout WHO and in collaboration with efforts ongoing at WHO HQ.

Within EMRO, Pakistan is at the forefront of NSOAP development and is the first country in Asia to accomplish this. EMRO agreed to strengthen their support for Pakistan's efforts and to assist other countries in the region to follow.

Multilateral and Bilateral Development Organizations:

Dr Khama Rogo, Lead Health Sector Specialist and Programme Head of the Health In Africa Initiative at the World Bank Group (WBG) presented on strategies for countries to work with the WBG to promote NSOAP development and implementation globally. He highlighted the crucial role that surgical care plays in improving human capital as well as the need to involve the private sector in surgical systems strengthening, but also noted that existing operating rooms in many settings were often grossly underutilized. He encouraged professional associations and ministries of health to seek the WBG to maximize already existing available resources to improve care delivery. A panel on mobilizing global resources for NSOAP development and implementation included participation from USAID, KOICA, AECID and the World Bank Group. Each organization gave an overview of their funding priorities and funding mechanisms and



discussed issues such as silo-ing of funds and under-funding of surgical care. Each organization's representative understood the need to support surgical system strengthening as part of UHC and committed to facilitating bilateral funding efforts and promoting innovative financing mechanisms for investing in surgery. Furthermore, they are available to provide information and guidance to countries seeking funding for surgical strengthening. They agreed that funding must shift from disease-specific efforts to more comprehensive surgical strengthening initiatives. Therefore, funding organizations agreed to support coordinated efforts from Ministries of Health and Finance to develop more cohesive health policies.

International Professional Societies:

International professional societies represented included the International Federation of Gynecology & Obstetrics (FIGO), World Federation of Neurosurgical Societies (WFNS), World Federation of Societies of Anesthesia (WFSA), the Royal Australasian College of Surgeons (RACS), the International Society of Obstetric Fistula Surgeons (ISOFS), and the the Global Initiative for Children's Surgery (GICS). Representatives of each organization highlighted their role in supporting surgical systems through support of country-specific professional societies, training programs, and clinical guidelines. First, they agreed to working more closely with Ministries of Health to support surgical system strengthening efforts. Second, they discussed the importance of improved interprofessional collaboration and agreed to more effectively collaborate efforts between societies of different surgical, obstetric, and anesthesia specialties to promote NSOAP development. Third, they will work to assist in promoting data collection, monitoring, and evaluation of surgical programs. Fourth, they will continue to promote the development of training programs and standards to develop a skilled surgical, obstetric, and anesthesia workforce. Finally, they agreed to include other allied health professionals in surgical system strengthening and NSOAP priority setting efforts.

Asia-Country Representatives:

Countries from across Asia represented at the NSOAP meeting included Cambodia, Lao PDR, Sri Lanka, Vietnam, Bangladesh, Nepal, Indonesia, Malaysia, Myanmar and Pakistan. Each representative gave a brief synopsis of the state of surgical care in their country. Exemplary priority issues identified were the high morbidity and mortality associated with road traffic incidents, poor access to maternal and obstetric care, and discoordination of services in rural areas. As a collective, they agreed to improve coordination of surgical system strengthening across the region; to seek opportunities to fund and incorporate surgical care into horizontal programs, rather than vertical or disease specific programs; to seek technical assistance and support from WHO COs and ROs to fulfill Resolution WHA68.15; to coordinate with WHO Headquarters; and to work with surgical, obstetric, and anesthesia professional societies to improve development of standards, data collection efforts, and workforce training.



Western Pacific-Country Representatives:

The Western Pacific Islands were represented by participants from Fiji, Solomon Islands, Tonga, and Papua New Guinea. Participants gave an overview of surgical systems in the context of isolated Pacific Islands with a particular focus on surgical indicator collection across the region. Representatives reviewed data that several Pacific Island nations had collaborated together to gather around the six Lancet Commission on Global Surgery indicators and publish in preparation for NSOAP development. Each representative then shared specific tasks for advancing surgical care in their country. Among them, they agreed to advocate to Ministries of Health to write letters to WHO requesting support for NSOAP development; to utilize the recent advancement of UHC in 2018 as a policy window for including surgical care planning; and to establish a WHO Collaborating Center to better support research activities around surgical care in the region.

Conclusion:

Meeting participants recognized the need for surgical system strengthening and support NSOAP development and implementation. Participants will continue to engage with key national, regional, and international stakeholders to advocate for the financial and technical support needed to ensure surgical, obstetric, and anesthesia care are incorporated into national health planning and Universal Health Coverage efforts in accordance with Resolution WHA68.15.

“Surgical, Obstetrics and Anesthesia care is an essential part of every health system. No country can achieve Universal Health Coverage unless its people have access to safe, timely and affordable surgical services... It’s therefore vital that countries invest in surgery.”

Dr. Tedros Adhanom Ghebreyesus
Director General, World Health Organization
March 20, 2019
Dubai, UAE