

WFSA and Lifebox advocate for global anaesthesia and surgery at the World Health Assembly

The 70th World Health Assembly (WHA), held in Geneva in May 2017, was an opportune occasion to discuss the role of anaesthesia and surgery within the global health agenda with stakeholders and decision-makers from around the world.

Recent seminal papers have highlighted major discrepancies in the provision of safe anaesthesia and surgery worldwide.^{1,2} The Lancet Commission on Global Surgery estimated that five billion of the world's seven billion people do not have access to safe, affordable anaesthesia and surgical care when needed.¹ Despite these findings, the essential role that anaesthesia and surgery play within health systems is still not understood by key decision-makers and has been given a lower priority than other areas of global health.

WFSA and Lifebox are amongst a small but growing group of organisations dedicated to working in partnership with our colleagues in low-resource settings to improve access to safe anaesthesia and safe surgery. Locally led projects, such as Lifebox's pulse oximetry and education work, and the WFSA's Fellowships and SAFE courses play an immediate role; but bringing this evidence-based impact to bear through advocacy at the highest international level is crucial for long-term change.

The WFSA's delegation included Drs Jannicke Mellin-Olsen, Adrian Gelb and Wayne Morriss, who joined WFSA and Lifebox staff in Geneva to represent our activities and aims to member states, to our other partners in the World Health Organization (WHO), to industry, and to other non-government, non-corporate bodies working on behalf of the neglected surgical patient. Over the week we learned more about how we can impact global health policy, listen to, and support partners in countries addressing critical safety and access issues. Through direct conversation, strategic and procedural support, we helped to influence further decision making that will prioritise surgical and anaesthesia care around the world.

STRENGTHENING EMERGENCY AND ESSENTIAL SURGICAL CARE AND ANAESTHESIA AS A COMPONENT OF UNIVERSAL HEALTH COVERAGE

The Assembly marked the 2-year anniversary of a potential game-changer for the five billion people named by the Lancet Commission: Resolution 68.15, passed by the WHA on 22 May 2015, calls for 'Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage'.³ The WFSA, as a non-state actor in official liaison with WHO, made four statements at the Assembly, one unequivocally supporting Resolution 68.15 and outlining WFSA's contributions towards progressing the Resolution, and others on the workforce crisis in anaesthesia and on the global shortage of medicines. The WFSA commended states that have initiated the development of national surgical, obstetric and anaesthesia plans (NSOAPs), and urged others to do the same. However, the WFSA highlighted concern about the massive funding gap that exists for this area of global health despite the huge number of people who die from conditions that could be treated by surgery.

'We need to change the way we regard surgery', explained Dr Jabbin Mulwanda, Permanent Secretary of the Zambian Ministry of Health, at an event co-hosted by Lifebox and the WFSA. 'We need to see it as essential. And this will require advocacy to change the way decision-makers think, particularly those that allocate resources.'

Thanks to the hard work of a number of country delegations, and organisations working to progress the Resolution, member states approved an amendment calling upon the Director-General to provide a progress report on WHA Resolution 68.15 every 3 years until 2030. The Kenyan delegation also delivered a statement on behalf of the African region, supported by Zambia and Namibia among other states, calling for a Global Action Plan to guide and facilitate the implementation of commitments to Resolution 68.15.

A statement delivered on behalf of WFSA by Lifebox, noted that ‘It is imperative that a Global Action Plan for emergency and essential surgical care and anaesthesia be developed alongside national action plans in order to mobilize the resource sharing and finances needed for their successful implementation.’⁴

Development of this Global Action Plan is being led by a WHO Global Surgery, Obstetrics and Anaesthesia Partnership, with technical committees focusing on the critical components of a perioperative ecosystem: advocacy and research, surgical systems, information management, essential medicines and health workforce.

The next step will be discussions with the newly appointed Director-General of the WHO, Dr Tedros Adhanom Ghebreyesus, who has stated his strong support for global anaesthesia and surgery, and the introduction of an agenda item specifically addressing this request at the next assembly in 2018.

HUMAN RESOURCES FOR HEALTH

The WFSA and Lifebox also held a side-event at the WHA entitled ‘What next for surgery and anaesthesia? Civil society & global solutions’, which explored the future of global surgery and anaesthesia and invited views from InciSioN, a student global surgery network, Operation Smile, the G4 Alliance and the Zambian Ministry of Health.⁵

Zambia played a leading role in the passage of Resolution 68.15, and continued its high-profile commitment by launching a NSOAP during the WHA.⁶ Dr Nthele Mzaza, of the Zambian Ministry of Health, talked about the challenges of leading by example, and the importance of partnership in planning and addressing surgical and anaesthesia need.

Kris Torgeson shared an example of how planning, partnership and engaging local leadership can support change in practice from the immediate to the long term. A photo from a recent visit to a district hospital in Zambia, part of a Lifebox pulse oximeter distribution and training programme, showed ‘not only how [the nurse anaesthetist] put the pulse oximeter into practice to better serve her patients, but how she had enabled teamwork in the entire OR to implement the WHO Surgical Safety Checklist as well.’

The event was also an opportunity to discuss the importance of human resources for health, particularly in relation to Universal Health Coverage (UHC). There cannot be Universal Health Coverage without a scale-up of surgical services worldwide, and in order to increase the body of evidence highlighting the current workforce shortage, and subsequent impact, the WFSA officially launched a landmark online resource tool mapping the total number of anaesthesia providers worldwide.

The *WFSA Global Workforce Map*, which shows data for countries

representing more than seven billion people, highlights the huge shortage in anaesthesia workforce worldwide and the gap between high-income and low-income countries.⁷ It also shows that over 70 countries reported a total anaesthesia provider number of less than 5 per 100 000 population, detailing the current crisis in the surgical and anaesthesia workforce that has left five billion people without access to safe and affordable anaesthesia and surgical care.

‘The crisis in anaesthesia is perhaps most apparent in terms of workforce. Safe anaesthesia requires a trained provider and yet across large parts of Sub-Saharan Africa, South-East Asia, and beyond, ratios of far less than 1 trained provider per 100,000 population are commonplace. In high income countries we are used to ratios of 20 per 100,000 or higher, yet in low income countries we actually have examples of there being 1,000 times fewer trained providers and 1,000 times higher mortality rates. It’s wrong’, Julian Gore-Booth, WFSA Chief Executive, explained.

Wayne Morriss, Director of Programmes at the WFSA, confirmed the significance of the findings: ‘We know that there is a problem, and we know that there is a solution. Anaesthesia provision is affordable with research from the World Bank highlighting a return on investment as high as ten to one.’² The map shows that substantial investment in the education of all anaesthesia providers is required as soon as possible, and the WFSA is well placed to work with the WHO, its own member societies, other specialist medical organizations, governments, NGOs and country level health systems to correct the workforce gap and achieve safe anaesthesia for all by 2030.’

SIGNPOSTS TOWARDS NEXT YEAR

Such evidence is critical for framing policy – but it’s also an access point for more mainstream media, and the public appetite for action needed to carry a global health movement home. With the world’s lens on the election process for a new WHO Director-General, media engagement at this year’s WHA was always going to be a challenge – even for a movement increasingly vocal about its relevance to global health.⁸ However the selection of Dr Tedros from Ethiopia, is an exciting opportunity to push anaesthesia and surgery to a bigger stage.

‘As Minister of Health of Ethiopia, I saw first-hand the pain and suffering in communities where life-saving surgical options were not available,’ said Dr Tedros, in a letter to the four surgical colleges in Great Britain and Ireland.

‘Access to surgical services and anesthesia is something to which I am deeply committed ... If elected Director-General, I will work in consultation with Member States to build national capacity for emergency and surgical care to implement WHA 68.15.’

As Dr Tedros frames his vision for the next 5 years of WHO priorities, it is up to the global anaesthesia and surgical community to ensure our research, partners, and patients are involved. To work together

to turn paper into policy, words into action, global need into global access. The invitation has been formally issued, but the door won't open if we don't push.

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