

Meeting Report

Summary of the Eighth World Health Organization Global Initiative for Emergency and Essential Surgical Care Biennial Meeting

Christopher Strader ^{1,2,*}, Abhishek Swarup ³, Megan Thuy Vu ⁴, Rachel Koch ^{1,5},
Haitham Shoman ¹, Jacob Lepard ^{1,6}, Walter Johnson ^{7,†} and Kee B. Park ^{1,†}

¹ Program in Global Surgery and Social Change, Harvard Medical School, Boston, MA 02115, USA; rach.koch@gmail.com (R.K.); haitham_shoman@hms.harvard.edu (H.S.); jlepar00@gmail.com (J.L.); keebpark@GMAIL.COM (K.B.P.)

² Department of Surgery, University of Massachusetts, Worcester, MA 01605, USA

³ Department of Surgery, St. Elizabeth's Medical Center, Tufts University, Brighton, MA 02135, USA; abhishekswarup90@gmail.com

⁴ Department of Surgery, Baylor College of Medicine, Houston, TX 77030, USA; megan.vu@bcm.edu

⁵ Department of Surgery, Vanderbilt University Medical Center, Nashville, TN 37232, USA

⁶ Department of Neurosurgery, University of Alabama School of Medicine, Birmingham, AL 35233, USA

⁷ Emergency & Essential Surgical Care Programme, World Health Organization, 1211 Geneva, Switzerland; johnsonw@who.int

* Correspondence: cstrader@hsph.harvard.edu

† Co-senior authors.

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Abstract: A summary of the eighth World Health Organization (WHO) Global Initiative for Emergency and Essential Surgical Care (GIEESC) Biennial Meeting, which was held in conjunction with the Royal Australian College of Surgeons (RACS) eighty-eighth Annual Scientific Congress in Bangkok, Thailand.

Keywords: surgery; global surgery; tropical diseases; surgical infections; general surgery; global health; developing countries; Humans; specialties; surgical/organization & administration

1. Introduction

On 6 May 2019, the eighth World Health Organization (WHO) Global Initiative for Emergency and Essential Surgical Care (GIEESC) Biennial Meeting was held in conjunction with the Royal Australian College of Surgeons (RACS) eighty-eighth Annual Scientific Congress in Bangkok, Thailand. This report is a record of that meeting, highlighting the contributions of its distinguished participants and expected next steps based on the discussions held.

2. Session 1: Opening Addresses

Dr. Walt Johnson, Lead of the WHO Emergency and Essential Surgery Program, welcomed attendees in his opening address, wherein he highlighted the main focusses of the conference, including major paradigm shifts such as the transition from the Millennium Development Goals to the Sustainable Development Goals. He further highlighted the four major targets which would never be achieved without surgery—reduction in maternal mortality, infant and under-five mortality, premature death from non-communicable diseases and deaths from road accidents. Following Dr. Johnson, Dr. Somprasong Tongmeesee, President of the Royal College of Surgeons of Thailand,

outlined how acute surgical conditions were the leading cause of in-hospital deaths in Thailand. Traumatic brain injury is the leading cause of inpatient mortality amongst trauma patients.

Next, Dr. Ed Kelley, Director of the Department of Service Delivery and Safety at WHO, defined the role of WHO in global surgery: moving toward the creation of an implementation agency and focusing on international dialogue, while pursuing the 2030 target of Universal Health Care (UHC). Dr. Kelley stressed that surgery is a core part of primary care and not a luxury. He urged ministries of health and regional offices of all countries to push for advancement in surgical, obstetric and anesthesia care, while keeping the principle of safe surgical and anesthesia care in mind.

Finally, as the Asian and Pacific region is home to 60% of the world's population, Dr. John Batten, Chair of the Royal Australasian College of Surgeons (RACS), enforced how the RACS is committed to helping create a world with access to safe, timely surgical care that is affordable for all, and restated how health leadership is vital to accomplishing these goals.

3. Session 2: Member State Updates

The following session focused on member state updates with representatives from India, Rwanda, Vietnam, Timor-Leste, Sri-Lanka, Nepal, Mongolia, Fiji and Myanmar, highlighting goals from their respective countries and prospects for the future of global surgery. In India, Dr. Nobhojit Roy, Lancet Commissioner for both Global Surgery and NCD & Injuries, shared the development of a national trauma registry, a program to empower nurses in trauma care, and enhanced reporting of challenges to the accessing of safe blood transfusions. Representing Rwanda, Dr. Abebe Bekele, Dean of Health Sciences at the University of Global Health Equity, presented how global health and surgery have been integrated into a combined medical degree at the undergraduate level to further engage and prepare young practitioners on a global level. In continuation of the theme of global surgery, representatives from other nations called for more young medical professionals to train locally in their respective countries and become involved in community practices, especially given that a significant share of the population in these densely populous nations do not have access to basic surgical rights. With the help of WHO, these developing nations will continue to benefit from visiting teams who teach, mentor and support professional development for local specialists.

4. Session 3: National Surgical, Obstetric and Anesthesia Plan (NSOAP) Panel Discussion

This session highlighted how National Surgical, Obstetric and Anesthesia Plans (NSOAPs) are developed, based on three main working models that involve the federal government of the involved country. Data collection at the grassroot level is key to making and implementing these plans. To increase accessibility of global surgery, WHO is committed to supporting Member States in tracking their data.

A panel discussion among experts and regional representatives agreed on the importance for stakeholders in global surgery to be involved with member nations at the ground level, in order to implement strategies to improve access and care for populations in need. Partnership between all stakeholders and federal governments is fundamental for NSOAPs to be developed successfully. The panel also discussed several other topics integral to surgical care delivery, including the reporting of peri-operative mortality rates (POMR). Panelists addressed the difficulty of encouraging hospitals in each member nation to track the outcomes of their patients adequately, and the challenge of differentiating these rates amongst elective and emergency cases. They also concluded that task sharing is imperative given the current lack of access for patients seeking specialized care.

5. Conclusions: Final Remarks

As the eighth Biennial meeting of the Global Initiative for Emergency and Essential Surgical Care came to an end, Dr. Johnson laid out the foundation for all member nations of the Western Pacific and Southeast Asia regions to continue making progress towards achieving the goals set out in WHA Resolution 68.15. Together with the help of WHO and its worldwide partners, the WHO

Emergency and Essential Surgical Care Program and GIESSC will continue to work towards attaining Universal Health Coverage and realizing the Sustainable Development Goals.

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