

WMA STATEMENT ON ESSENTIAL SURGICAL CARE AS A PART OF ACCESS TO HEALTHCARE

Adopted by the 72nd WMA General Assembly (online), London, United Kingdom, October 2021

PREAMBLE

Surgery and anesthesia care encompass all clinical fields and all health care providers dealing with surgical disease and pathologies. This includes, but is not limited to anesthesia, obstetrics and gynaecology and surgery including all of its subspecialties. They have historically been a neglected part of global health with very little investments made in developing surgical health systems, while an estimated quarter of the burden of disease worldwide can be attributed to surgical diseases. Moreover, the majority of the world's population lacks access to safe, timely and affordable surgical care.

A workforce of 20 surgical, anesthesia and obstetric physician providers for every 100.000 members of the population is necessary to provide 80% of the world population essential and emergency surgical care within 2 hours. This includes emergency surgical and obstetric care such as caesarian sections and surgical care to prevent death and disability due to illnesses likely to benefit from surgical treatment such as injuries, cataracts and cancer. The majority of low- and middle-income countries (LMICs) fall far below this target, with the need being especially great in the poorest regions of the world.

Surgeon shortages may be exacerbated by a lack of gender equity in the surgical workforce which remains a challenge. Despite the fact that in a number of countries, there are more female than male medical students, men still outnumber women by far in the surgical workforce.

Surgery and anesthesia care have been proven to be cost-effective, especially in LMICs. Surgical interventions are as cost-effective as common public health interventions like malaria bed nets, HIV drugs or childhood vaccinations.

Sixty percent of cancer patients and eighty percent of trauma patients will need some form of surgical intervention throughout their treatment. Considering both non-communicable diseases (NCDs) and injuries are on the rise globally, the demand for surgical care is expected to continue to increase.

In 2015 the World Health Assembly recognized surgery and anesthesia care as a vital component of Universal Health Coverage (UHC) through their Resolution 68.15 "Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage".

RECOMMENDATIONS

WMA recommends that the relevant national authorities:

1. Integrate quality surgical and anesthesia care in all levels of health care, including comprehensive primary health care in order to realize UHC and Sustainable Development Goals by 2030.
2. Develop specific surgery and anesthesia guidelines and policies for their respective countries or jurisdictions adapted to local needs and capacities.
3. Implement policies regulating the process of task shifting in surgery and anesthesia care in line with the "WMA Resolution on Task Shifting from the Medical Profession".
4. Invest in health system strengthening and advocate for increased financing and budgetary allocation for surgery and anesthesia care without depriving other areas of necessary funds.
5. Provide the necessary infrastructure and procurement lines for hospitals to deliver safe, high-quality surgical care.
6. Ensure policies, including narcotic and regulated drugs policies, do not hamper access to necessary surgical medications including analgesia and anesthetic agents.

7. Create clinical protocols or guidelines at the national or regional level to assure antibiotics use in the peri-operative period are prescribed in a sustainable manner and in line with applicable antimicrobial resistance guidelines.
8. Include surgical care and diseases in relevant courses to fight the dogma that surgical care is too expensive and complex to provide in low-resource settings.
9. Offer equitable residency training opportunities to locally trained medical students of both genders in the field of surgery and anesthesia based on scientifically projected needs of the country or region in line with the *“WMA Statement on Gender Equality”* and contributing to the Global strategy on human resources for health: Workforce 2030.
10. Allow adaptive training and work schedules to accommodate the potential need for maternity or paternity leave, and a healthy work-life balance, in order to make training programs more accessible irrespective of the trainee’s family responsibilities.
11. Seek regional, national and international collaboration in clinical and academic domains where local capacity and resources may be lacking and where exposure could be beneficial to those from areas without high capacity or resources, such as through bilateral exchange programs.
12. Support national initiatives on surgical data collection, capacity building, advocacy, policy planning and systems strengthening through collaboration with NGOs, universities, research initiatives, local communities, development banks, governmental organizations, and other stakeholders;

WMA commits to:

13. Advocate at local, regional and national, and international fora in favor of person-centered care creating a more holistic health care system, offering medical, surgical, mental health and preventive health services in a national UHC approach, supporting WHA Resolution 68.15 “Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage”.