

DCP3 Volume 9: Essential Surgery

Editors and Authors Meeting | October 6, 2013 | Washington, DC

Attendees

Blake Alkire, *Harvard Medical School*

Jessica Beard, *UCSF*

Stephen Bickler, *UC San Diego*

Rachel Cox, *UCSF*

Haile Debas, *UCSF*

Peter Donkor, *Kwame Nkrumah University of Science and Technology, Ghana*

Mary Fisk, *University of Washington*

Atul Gawande, *Harvard University*

Clark Johnson, *Johns Hopkins University*

John Meara, *Harvard Medical School*

Colin McCord, *Columbia University*

Kelly McQueen, *Vanderbilt University*

Charles Mock, *University of Washington*

Mulu Muleta, *Women and Health Alliance International/ University of Gondar, Ethiopia*

Arindam Nandi, *CDDEP*

Richard Niederman, *NYU College of Dentistry*

Doruk Ozgediz, *University at Buffalo, The State University of New York*

Ray Price, *University of Utah*

Sarah Russell, *Columbia University*

Bill Schecter, *UCSF/ San Francisco General Hospital*

Mark Shrime, *Harvard University*

Tom Weiser, *Stanford University*

Nopadol Wora-Urai, *International Society of Surgery/ DCP3 Advisory Committee to the Editors*

Meeting Goals

The primary goals of the meeting were to review chapters, provide feedback to authors, harmonize main messages of the volume, and discuss plans for dissemination.

Chapter Updates

Lead authors or co-author representatives presented updates on their chapter research and writing. Authors discussed the need to: emphasize policy recommendations for prevention, when possible (e.g. dentistry); explain the caveats of certain interventions (e.g. mosquito netting for hernia repair); change service delivery models and expand feasible, low-cost interventions (e.g. cataract surgery); and emphasize the huge burden of trauma and overall burden of surgical conditions. The presentations included recommendations to: develop systems and build infrastructure; train healthcare workers (especially for basic anesthesia and first-responders for trauma) and engage non-surgical providers; address problems of access, support, supplies, and maintenance; and seek maximum benefit from short-term missions.

Some authors discussed the difficulty of obtaining cost-effectiveness (CE) data for certain interventions (e.g. anesthesia), and unavailable or insufficient data about the burden of some conditions (e.g. obstetric fistula). Although several chapters need to develop their CE analysis, Chapter 18 will provide a summary of CE data for conditions discussed in each individual chapter, as well as data for other

conditions and from high-income countries. The ECEA chapter (19) will focus on policies instead of interventions. The recently added chapter on 'Benefit-cost analysis of cleft repair' will present a healthcare model that is early in use.

Summary of Main Messages

The main messages that emerged for the entire volume include the importance of building systems; making surgery platforms more functional; developing the surgical workforce; and developing the agenda for research, implementation, surveillance, and evaluation. Surgeons rely on systems that must be functional and adjustable in capacity. Although the volume will focus on platforms, a priority is to highlight the top surgical interventions within the platforms that will have the most impact, similar to the Bellagio Essential Surgery Group's effort to develop and advocate for a list of essential surgeries. Chapter One will acknowledge that while cost-effectiveness analysis is only one piece of the effort, the analysis will help show gaps and set a research agenda to potentially address in DCP4.

Major goals of the volume will be to emphasize that the surgical burden of disease remains invisible, to provide clarity about the simplicity of many surgical interventions, and to dispel the assumption that surgery needs to resemble models in the USA and Europe. The volume will seek to engage the public health community by developing more of a population-wide focus for surgery, and to encourage the surgical community to address the broader issues of access, service delivery, economics, health equity, and social justice.

The editors emphasized the aim to develop recommendations that will be sustainable and collaborative. The volume will need to provide specific examples that demonstrate where and how problems were successfully addressed and evaluate the benefit and cost of recommended interventions. Discussion will include advocacy for preventive care and for coverage of major surgical procedures – especially for trauma and other emergencies – by the new insurance schemes being developed in many countries. The volume will examine the potential impact of public/private partnerships.

Plans for Dissemination

Editors and authors discussed the need to integrate this volume's messages into the core message of DCP3, despite the challenge of having volumes released separately. Opportunities for dissemination of the volume's messages include:

- Partnering with surgical organizations to help shape the messages and make them coherent to surgical audiences.
- Hosting regional workshops to garner support, which may be especially valuable in conjunction with annual surgical meetings.
- Engaging public health advisors, Ministers of Health, and Ministers of Finance to encourage governments to invest in surgical services and act as advocates.
- Highlighting a few recommendations and pilot projects with scaling capability that will provide momentum and show potential donors that work is feasible.
- Using traditional and social media to reach a variety of audiences.

Action Items

Main action items include adding and improving cost-effectiveness analysis in certain chapters, and identifying key recommendations from each chapter to feature in Chapter One, which will be published in *The Lancet* in advance of volume publication.