The surgery spring

Published Online
May 12, 2015
http://dx.doi.org/10.1016/S2214-109X(15)00015-7

See *Lancet Glob Health* 2015; **3** (Global Surgery special issue): S38–44

See *Lancet Glob Health* 2015; **3** (Global Surgery special issue): S28–37

"It's springtime for surgery!" declared Meena Cherian at the launch of the *Lancet* Commission on Global Surgery at the end of April. It certainly seems so. In a few days' time, WHO Member State representatives will gather at the 68th World Health Assembly to discuss, among other things, the adoption a resolution on surgical care and anaesthesia as a component of universal health coverage. An explicit surgical outcome was also included in WHO's recent Global Reference List of 100 Core Health Indicators. And the first volume of the World Bank's Disease Control Priorities, third edition, is devoted to essential surgery.

But back to the *Lancet* Commission. A massive undertaking involving thousands of stakeholders across 111 countries and six continents, the Commission went from inception to realisation in a little over 2 years. The process generated a bewildering volume of original research (some of the key papers of which are published in a *Lancet Global Health* Special Issue), a comprehensive outline of the present landscape, and an ambitious roadmap for the future of surgery and anaesthesia as part of the post-2015 agenda. The Sustainable Development Goals are a "fairytale" without inclusion of scaled-up surgical services, declared Gavin Yamey at the Commission's launch. Maternal and neonatal mortality targets, injury targets, cancer targets, poverty targets—none of these are remotely achievable without improved access to caesarean sections, fracture management, and tumour resection, and without bold new strategies for improving the affordability of procedures that save lives but condemn recipients to poverty.

Access, safety, and affordability are the key tenets of the Commission's work. In both reviewing previous efforts and embarking on new research, the authors reveal the shocking inequity in access to surgical services worldwide. A paper published in this issue of *The Lancet Global Health* shows that, if access is measured according to whether a person can reach a facility in a timely manner, whether adequate surgical capacity is available there, whether the facility can perform procedures safely, and whether the surgery can be obtained without catastrophic expenditure, an estimated 5 billion people globally are without access. This figure as a proportion of the population as a whole ranges from 15% in high-income countries to 98% in low-income countries. New research also showed that almost 4 billion people today would incur catastrophic expenditure if they were to undergo necessary surgery.

Contrary to popular belief, however, provision of adequate surgical services does not have to be impoverishing for governments. A modelling study showed that scaling up provision to 5000 major operations per 100 000 population per year between 2012 and 2030 would cost low-income and middle-income countries US$300–420 billion. It sounds a lot, but with lack of access to surgical services costing an estimated $12 trillion (or 2% of GDP) in lost productivity in these countries over the years 2015–30, the economic case for scaling up becomes clear.

The Commission also outlines the present situation with regard to health system blockages and human resource restraints, and presents "the way forward" for both. What is clear is that surgical services can and must become an integral part of the health system at every level, and that procedures such as caesarean section, laparotomy, and open fracture repair can act as bellwethers for the performance of the system as a whole. Task sharing (not shifting) was an important topic of discussion at the launch, with an emphasis on there being a specialist provider available to ensure quality and accountability.

Accountability is the word of the future, counselled Richard Horton in his launch address. And the authors have taken him at his word. The final section of the report contains proposed indicators by which to monitor universal access to safe, affordable surgical care, and a template national surgical plan.

Before embarking on the project, the Commission's authors wrote to every Ministry of Health and consulted countless frontline providers to get a handle on the problem. Thousands of collaborators were involved in the report. In short, the authors ventured further from the operating room than perhaps surgeons ever have before, maybe even changing the concept of global health, as Atul Gawande mused at the launch. What is clear is that today's breed of surgeon is a far cry from the bow-tied know-it-all of previous generations. Global health needs surgery, and surgeons. We should welcome them.

Zoë Mullan
Editor, *The Lancet Global Health*

For the ***Lancet* Commission on Global Surgery** see http://www.thelancet.com/commissions/global-surgery

For **World Health Assembly resolution EB136.R7** see http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_R7-en.pdf

For the **Global Reference List of 100 Core Health Indicators** see http://www.who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf?ua=1

For the **Essential Surgery volume of Disease Control Priorities 3** see https://openknowledge.worldbank.org/handle/10986/21568

For ***The Lancet Global Health*'s special issue on global surgery** see http://www.thelancet.com/journals/langlo/issue/vol3nonull/PIIS2214-109X(15)X7031-8