

Editorial

Global surgery, universal health coverage & the spirit of Ubuntu

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Keywords:
Equity, healthcare delivery,
healthcare burden.

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Image 1: Dr Shobhana Nagraj.

So, what is Global Surgery?

Global surgery has been defined as a “multidisciplinary field aiming to provide improved and equitable surgical care across international health systems”¹. Yet, as many working within this rapidly developing field will know, global surgery is much more than an academic discipline or performing operations in another country. It has become a movement, focused on the principles of social justice and equity, with the aim of providing much needed surgical services to those most in need.

One of the founding fathers of the global surgery movement – Paul Farmer, was not a surgeon by training, yet he, together with Jim Y. Kim in 2008, described surgery as ‘the neglected stepchild of global public health’², and advocated for surgery to become integral to Universal Health Coverage (UHC). Essential surgery before this, was largely missing from the dialogue for UHC. The publication of the Lancet Commission on Global Surgery in 2015, revealed the true extent of the problem³. The commission, for the first time made transparent the global unmet need for surgery – that even in 2015, five billion people worldwide lacked access to safe, affordable, and timely surgery, and an additional 143 million procedures were needed each year to

increased since the global pandemic of 2020. The burden of this unmet need falls disproportionately on the poorest, and in regions of the world where surgeons, anaesthetists and obstetricians are scarce. Reducing the surgical burden facing communities globally, rests not only on training and retaining the surgical and anaesthetic workforce, but also by strengthening health systems, and addressing the wider socioeconomic determinants of health – in particular, prevention of two major contributors to the global burden of surgical disease – trauma and cancer³.

The principles of UHC focus on three domains of equity, quality of care, and financial protection against impoverishing and catastrophic health expenditure⁴. It can seem far removed from the National Health Service in the UK, that people around the world pay out of pocket for their healthcare - yet for billions of people worldwide, surgery is not affordable or accessible. When people without the means to pay, need emergency surgery, it can quickly plunge them and their families into a cycle of poverty, placing further burden on local health systems and economies. Surgery has been shown to be cost effective⁵, yet requires the necessary political commitment to ensure that it is seen as an essential component of healthcare provision, and as a human right rather than a luxury. Even with financial protection in place, ensuring high-quality surgical services remains challenging in many parts of the world.

How then, do we mobilise the necessary political commitment to providing safe surgery in a world where there is increasing fragmentation, conflict and economic instability? A possible solution is through leveraging our power as healthcare providers, researchers, managers, and global citizens, to advocate for, and ensure representation of surgery, obstetrics and anaesthesia at meetings of multilateral decision-making agencies in global health. Conditions requiring surgical care account for more global deaths than HIV/AIDS, TB and malaria combined⁵. There is now a call to action for all working in global surgery to advocate for its inclusion in the UHC dialogue and in the design of health systems and national policies to reduce the burden of surgical mortality. In future issues of the JNDS, some of the challenges faced by surgical, anaesthetic, and obstetric providers across the world, during the pandemic, and potential solutions, will be discussed.

The spirit of global surgery is perhaps most beautifully captured by the word ‘Ubuntu’ from South Africa, which roughly translated means ‘I am, because we are’. Ubuntu embodies our collective humanity, where all life is considered interdependent and connected. It reminds

ensuring that all are benefited. Global surgery for me, is about recognizing that we have a collective duty to ensure the hardest to reach have access to high-quality, safe surgery when they need it, without financial hardship. To live in a world where mothers can deliver their babies safely, where doctors working in rural areas no longer feel helpless when they cannot offer emergency care to a person in a road traffic accident, and that those requiring surgery for cancer have access to timely intervention, are still distant dreams for many across the world. The unmet global need for surgery impacts us all. I can think of no better word to capture the essence of the global surgery movement, than Ubuntu.

Conflicts of interest

None.

Funding

None.

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