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LETTER TO THE EDITOR

Global surgery: Integrating an emerging sub-specialty within global health

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Much has been made of the emerging sub-specialty of global surgery; however, the processes by which its objectives can be achieved within the larger architecture of the global health landscape remain to be explored. This once marginalized [1] field has over the last decade gained institutional and political momentum as evidenced by the numerous academic centers setting up specific programs in global surgery and the increasing number of ministries of health in low- and middle-income countries (LMICs) who have partnered with Western institutions to study surgical capacity within their countries and identify barriers to accessing surgical care [2].

Surgical care is an inherently complex process involving pre-operative assessment, performance of the actual procedure and post-operative follow-up. Delivery of even the most basic surgical care requires an adequate number of trained personnel and equipment outlays including surgical instruments, resuscitation apparatus and non-renewable items such as cannulas and sutures [3]. Given the complexity of the intervention, one can appreciate why many believe surgical care to be an expensive undertaking, particularly in areas

where resources are already constrained. However, despite this it has been shown to be a cost-effective public health intervention, and compares favorably with many other longstanding global public health interventions [4].

Policy makers and funding agencies face challenges in resource allocation between the numerous vertical programs being undertaken in LMICs. As such there currently exists a challenge in framing global surgery objectives within the wider canvas of global health objectives. A number of vertical surgical programs have been well established in LMICs for many decades, including cataract removal and cleft lip and palate repair [4]. However, with the increasing number of programs being introduced, there now exists an urgent need to amalgamate these with the already well-established disciplines to coordinate resources and expertise and move toward a sustainable and integrated method of service delivery within existing health systems. Such an approach is more likely to favor political backing and donor investment.

When considering the role of surgery within global health, it is helpful to re-examine individual roles as once articulated by the Global Health Council; ‘‘When it comes to global health, there is no ‘them’ . . . only ‘us’ [5]’’. In the same way when it comes to the role of surgery within global health,

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there should be no competition, only integration. Therefore, we must strive to appreciate the work of our medical and non-medical colleagues who have built up the existing health systems, within which we now operate, in many LMICs. With collaborative effort we must ensure that surgery remains integrated into existing models of healthcare delivery and develops alongside these models.

Conflicts of interest

The authors have no conflicts of interest to declare.

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