Essential Surgery Key Messages (Overall)

1. Full provision of essential surgical procedures would **avert 1.5 million deaths a year** in low- and middle-income countries.

2. Essential surgical procedures rank among **the most cost-effective** of all health interventions.

3. Investment in a district hospital platform, where most surgeries take place, is highly cost-effective. The **first-level hospital** has been found to be especially cost-effective as a platform to provide surgical care across a wide range of LMICs.

4. Three factors limit effectiveness of many of first-level hospitals: there are too few of them, patients have inadequate transportation, and existing hospitals lack of basic supplies.

5. Universal coverage of essential surgery (UCES) should be **publicly financed** early on the path to **universal health coverage** given affordability, high cost-effectiveness, disease burden addressed and strong public demand.

6. Access to emergency **obstetric surgery**, especially safe cesarean delivery, has huge potential benefits in preventing mortality and disability.

7. Access to surgical care is **distributed inequitably** across income levels within countries and is a significant contributor to medical impoverishment.

Essential Surgery Key Messages (Audience Specific)

1. Economists/Policy Makers
   a. Effective and affordable measures, such as surgical **task sharing**, have been demonstrated to increase access to surgical care.
   
   b. Implementation of **Universal Coverage of Essential Surgery** (UCES) might require $3 billion per year of annual spending over current levels and have a benefit to cost ratio of over 10 to 1. It would efficiently provide financial protection as well as health benefits.
   
   c. The **first-level hospital** has been found to be especially cost-effective as a platform to provide surgical care, with costs of $11 - $223 per DALY averted for all surgical care delivered in this setting, across a wide range of LMICs.
   
   d. Outcomes, especially the Perioperative Mortality Rate, must be tracked for benchmarking **patient safety** and quality improvement.
   
   e. As a result of treatment costs and lost wages, surgical conditions are a significant contributor to catastrophic spending and medical impoverishment.
2. Surgeons (General)
   a. There are **substantial disparities in safety** of surgical care; the mortality rate from cesarean sections, for example, varies across countries by a factor of 80 to 1 or more. Feasible and affordable measures, such as the Surgical Safety Checklist, have been demonstrated to improve safety and quality.
   b. Relatively straightforward measures in general **surgical emergencies**, for which mortality is high, will prevent death and disability and lead to a complete cure.
   c. Charitable surgical delivery is delivered by three basic platforms: short-term trips, self-contained mobile platforms, and specialized surgical hospitals. **Short-term trips are primarily detrimental**—focus should be concentrated on the self-contained platforms for short-term solutions and specialized surgical hospitals for permanent delivery platforms.
   d. **Safe anesthesia** must be a prerequisite for surgical services; anesthesia-related death rates of 1/150 anesthetics virtually negate the impact of surgical intervention.

3. Reproductive Rights
   a. As LMICs add, and expand access to other types of surgical facilities, equipment, and human resources, they should make increased access to surgical contraception a reproductive health priority. Surgical methods of male and female **sterilization** are highly effective, cost-effective, and convenient.
   b. The surgical methods of **abortion** and the management of incomplete abortion are effective and cost-effective, particularly in LMICs where access to medical interventions might be limited.

4. Condition Specific
   a. Trauma is one of the major contributors to the burden of conditions that are treatable with surgery. Nearly 5 million people die from injury each year, even though there are many specific aspects of trauma care that are very cost-effective.
   b. Groin hernia and hydrocele are two of the most common surgical conditions globally. Although the surgical care for these conditions is cost-effective and feasible, many people in LMICs do not have access to surgical care.
   c. Untreated caries and periodontitis together affect almost 50 percent of the global population. Community health care providers integrating WHO's **Basic Package of Oral Care** across multiple health conditions could reduce the prevalence of these conditions by approximately 80 percent.
   d. **Cataracts** are the leading cause of blindness is LMICs. Cataract surgery is one of the most cost-effective of all surgical procedures and, in fact, of all health care interventions.