



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 in LMICs. Cataract surgery is one of the most cost-effective of all surgical procedures and, in fact, of all health care interventions.