

OFFICE OF THE PRESIDENT
Mr Philip Truskett AM

External Affairs, Global Health Department
Telephone +61 3 9249 1276
Facsimile +61 3 9249 1236
Email: daliah.moss@surgeons.org

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Public Consultations Team
White Paper Task Force
Department of Foreign Affairs and Trade
whitepaper@dfat.gov.au

RE: Call for Submissions – Foreign Policy White Paper

Support access to safe and affordable surgical and anaesthesia care and promote economic growth

As the leading advocate for surgical standards, professionalism, and surgical education in Australia and across the Indo-Pacific, the Royal Australasian College of Surgeons (RACS) is committed to taking an informed and principled position on health security and aid within a foreign policy framework.

Supporting access to safe and affordable surgical and anaesthesia care is important for Australia's Foreign Policy because it promotes health and wellbeing, and thus economic growth. Australia, as a co-sponsor of WHA resolution 68/15 to strengthen emergency and essential surgical care, has an opportunity to help realise the resolution's intent through its strategy of support for low and middle income countries (LMICs) in the Indo-Pacific.

An estimated 16.9 million lives were lost in 2010 from conditions requiring surgical care, and at least 77.2 million disability-adjusted life-years could be averted each year through provision of basic surgical services. More people die each year from lack of access to emergency and essential surgical care than do from HIV, TB, and malaria combined.¹ It is estimated that by 2030, the lost financial output across the globe (total GDP loss) from death and disability due to continued poor access to safe and affordable surgery could total \$12.3 trillion, reducing annual GDP growth in low and middle income countries by as much as 2%.² If investment is made in surgical and anaesthesia care however, countries will be more healthy, productive, economically active, and better trade partners. Australia and the region will benefit.

Financing surgical expansion in a way that decreases death and disability for patients, and maximises economic benefits for countries in the Indo-Pacific, is both feasible and cost-effective – amounting to at least a three-fold return on investment. Achievement can be realised by investing in the below two strategic areas:

Strategic Area 1: Surgical education, training, and workforce development

- Long term support of surgical specialists as educators, clinicians, and leaders in their home countries is essential to sustaining the local workforce.
- Fully-funded scholarships to Australia support health professionals in the training of specific skills.
- Institutions that provide medical education such as universities require long term support to consistently deliver high-quality education at both undergraduate and post-graduate levels.
- National Health Plan development needs to be supported to incorporate surgical and anaesthesia care.

Strategic Area 2: Surgical infrastructure

- Primary Health care depends upon the support of functioning hospitals. Distressed first line hospitals are the biggest issue in global health.

¹ Meara, J. G., Leather, A. J., Hagander, L., Alkire, B. C., Alonso, N., Ameh, E. A., ... & Mérisier, E. D. (2015). Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 386(9993), 569-624.

² *Ibid.*

- Health facilities need to be supported with fixed items of equipment and consumables required to perform the three bellwether procedures: caesarean delivery, laparotomy, treatment open fracture, and therefore most other procedures on the WHO essential surgery list.
- Strong information management is needed, including surgical audit, to report on surgical activity and outcomes

The President of the World Bank, Jim Kim, advised the Lancet Commission on Global Surgery (LCoGS) that “surgery is an indivisible and indispensable part of health care”.³ Recognising this, the 68th World Health Assembly passed a resolution (68/15) in 2015 to strengthen emergency and essential surgical care recognising its role in the health system.⁴ Australia was a co-sponsor of this resolution and we need to make sure the delivery of surgical and anaesthesia care is a success in our region. Foreign Affairs priorities should be cognisant of Australia’s global health commitments. There should be no global health policy and priority disconnect between the agencies of DFAT and the Department of Health.

Overall, investment in safe and affordable surgical and anaesthesia care represents value for money within an Australian Foreign Policy because outcomes:

1. Have cross-cutting benefits beyond a single disease
2. Promote economic development
3. Save up to 2% in annual GDP loss from death and disability due to poor access to surgical care⁵

All of the above can impact Australia’s ability to meet regional health challenges – which have the potential to pose major threats to Australia’s economic, trade, and political interests.

On behalf of RACS, I thank you for extending to us this opportunity to present a submission for the upcoming Foreign Policy White Paper.

We are open to further consultation should this be required throughout the development process, and hope to see a White Paper that places access to safe and affordable surgical and anaesthesia care at the centre of regional health security and prosperity.

Yours sincerely



Mr Philip Truskett AM
President

Cc: Prof Spencer Beasley, Vice President, RACS
Mr John Biviano, Acting CEO, RACS
Ms Daliah Moss, Director, External Affairs, RACS
Mrs Deborah Jenkins, Director, Relationships & Advocacy, RACS

³ Meara, J. G., Leather, A. J., Hagander, L., Alkire, B. C., Alonso, N., Ameh, E. A., ... & Mérisier, E. D. (2015). Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 386(9993), 569-624.

⁴ Price, R., Makasa, E., & Hollands, M. (2015). World Health Assembly Resolution WHA68. 15:“Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage”—addressing the public health gaps arising from lack of safe, affordable and accessible surgical and anesthetic services. *World journal of surgery*, 39(9), 2115-2125.

⁵ Meara, J. G., *op. cit.*