Global Burden of Surgical Disease

The Third International Medical Development Symposium

The College held its third triennial International Medical Development Symposium on 26-28 September. Specialists and leaders in global surgery and anaesthesia attended from North America, Europe, Asia and the Pacific to address the global unmet burden of surgical disease. This was the first time that a global surgery and anaesthesia meeting of this scale had been held in this region of the world. It was an outstanding success, with the meeting agreeing to advocate for a World Health Agenda to reduce the Global Burden of Surgical Disease, and ensure that essential and emergency surgery and safe anaesthesia are seen as a basic human right.

This Symposium was jointly convened with the Australian Society of Anaesthetists, the Alliance for Surgery and Anaesthesia Presence (ASAP), the Harvard-based humanitarian surgery and Anaesthetists, the Alliance for Surgery and Trauma, including a talk by Dr Leona and John Batten at the Cocktail reception. Inset: Wame Baravilala presents.

The populations inhabiting the world’s richest nations undergo 60 per cent of global surgical procedures whilst those living in LMICs receive only 35 per cent of the surgery. Currently two billion of the world’s population do not have access to emergency and essential surgical care. Those in need of emergency or essential surgery have no therapeutic alternative to a surgical procedure, which normally requires some form of anaesthesia.

Support for the development of surgical capacity in developing countries continues to be a priority, in order to address the workforce, facilities and resources required to deliver an emergency and essential surgical and anaesthetic service. Prior to the meeting we hosted workshops on the Global Initiative for Emergency and Essential Surgical Care (GIEESC) and how to manage the unmet need of essential and emergency surgical and anaesthetic care (GIEESC) and how to manage the unmet need of essential and emergency surgical and anaesthetic care.

There remain 74,000 operating theatres without a pulse oximeter; something that Lifebox, an anaesthetic Non-Government Organisation backed by the World Federation Society of Anaesthesiologists, is seeking to address, as highlighted by Canadian anaesthetist, Dr Angela Enright.

Surgical mortality audits will be critical to getting emergency and essential surgery and safe anaesthesia on the global health agenda. There has been significant collaboration and momentum since the meeting to advocate for perioperative mortality, an indicator of the safety and quality of surgery and anaesthesia, to be included as a basic health indicator similar to maternal and infant mortality.

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