OUR VISION
To improve the health outcomes and quality of life for communities living in developing (low and middle income) countries.

OUR GOAL
Our goal is that safe surgery and anaesthesia are available and accessible to everyone who needs it. This includes the surgical care necessary for the management of complications of pregnancy, and the care of victims of trauma.

OUR MISSION
To increase access to, and improve the safety and quality of surgical and medical care in low and middle income countries (LMICs) in the Asia Pacific region, and to promote international surgical interchange between the surgical communities in Australia, New Zealand, Southeast Asia and the Pacific Islands.

We will do this by i) supporting the strengthening of national health systems in the region; ii) delivering essential specialist medical and surgical services to people that otherwise would not be able to access these services; and iii) partnering with international medical colleges and global health organisations to advocate for improved surgical care worldwide.
Safe surgery and anaesthesia are necessary to effectively treat much of the global burden of non-communicable diseases and injuries. Yet two billion of the world’s population does not have access to emergency and essential surgical care, and the poorest third of the world’s population receive only 3.5% of all surgical operations. Treatment of many surgical conditions does not necessarily require complex surgical skills or equipment. With access to appropriately trained health professionals, safe surgery and anaesthesia can be delivered cost-effectively in LMICs.

Emergency and essential surgery is a vital component of universal health coverage. Timely access to surgical care saves lives, reduces disability and can correct deformity.

The Royal Australasian College of Surgeons (RACS) recognises that there is a shortage of trained and skilled national specialists and appropriate supporting infrastructure in many developing countries in the region. This shortage reduces the countries’ capacity to deliver surgical and medical care to their populations. Ill health and disability are a key cause of poverty, whilst poor people are often disproportionately affected by ill health and disability.

RACS Global Health currently provides specialist medical education, training, capacity development and medical aid to sixteen countries in the Asia-Pacific region. Visiting medical teams and in-country personnel provide clinical mentoring and education to national doctors, nurses and allied health professionals and deliver train-the-trainer programs to strengthen the institutional capacity of national health services and training institutions in the region.

We partner with national and international medical and surgical colleges and associations to promote international surgical interchange for the mutual benefit of the surgical communities of Australia and New Zealand, and other countries in the region.

Visiting clinical teams include Fellows from a range of Specialist Medical Colleges and other health care specialties including nursing, physiotherapy and optometry. Program activities are focused on the sustainable delivery of services and training. We work with national governments, civil societies and consumer groups to identify and address priorities based on national health and development plans. Our activities are aligned with the strategies of in-country governments and partner institutions to strengthen local systems and institutions.
1. SUPPORT HEALTH SYSTEMS IN THE ASIA-PACIFIC REGION TO PROVIDE IMPROVED HEALTH SERVICES TO THEIR COMMUNITIES THROUGH TRAINING AND MENTORING NATIONAL HEALTH PROFESSIONALS.

The Program will continue to train, up-skill and mentor national doctors, nurses and allied health professionals in Timor Leste, the Pacific Islands, Papua New Guinea, Eastern Indonesia and Myanmar to increase the capacity of the local health systems to provide higher quality services to their communities. Specifically, the program will focus on the following activities in each of the countries in which we work:

a) **Timor Leste**: support the Government of Timor-Leste to improve the quality, accessibility and effectiveness of health services by strengthening the capacity of the health workforce at the community and national levels.

b) **Pacific Islands**: work alongside Ministries of Health and hospitals in 11 countries in the Pacific region to provide education, training and capacity development activities.

c) **Myanmar**: work with Myanmar medical and training institutions to support the development of an effective emergency and trauma care system in Myanmar, and support surgical skills courses requested by the Myanmar Medical Association to support the development of surgery in the country.

d) **Eastern Indonesia**: expand the training and educational components of existing eye care program activities in Nusa Tenggara Timur and increase medical capacity strengthening activities within the province.

e) **International Scholarships**: continue to award scholarships to worthy surgeons and health professionals from the Asia-Pacific and sub-Saharan African region for appropriate clinical attachments and leadership development, and provide travel/educational grants to support the ongoing professional development of medical personnel in the region.
2. DELIVER ESSENTIAL SECONDARY AND TERTIARY MEDICAL AND SURGICAL SERVICES THAT ARE UNAVAILABLE LOCALLY, TO REDUCE THE BURDEN OF SURGICALLY TREATABLE CONDITIONS IN THE ASIA-PACIFIC REGION

a) The Program will continue to provide essential secondary and tertiary surgical and medical services that are unavailable locally, to people in the Asia-Pacific region who would otherwise be left untreated, whose treatment would be unduly delayed, or only treatable overseas at considerable cost. When providing services, volunteer specialists work closely with their national counterparts, sharing their skills and expertise, to support the development of local health care systems to better provide medical services into the future.

3. PROMOTE INTERNATIONAL SURGICAL INTERCHANGE AND INCREASE THE INTERACTION BETWEEN THE SURGICAL COMMUNITIES OF AUSTRALIA AND NEW ZEALAND AND COUNTRIES IN SOUTHEAST ASIA AND THE PACIFIC.

a) The Program will continue to engage with surgical colleges and associations in Southeast Asia and Pacific Island countries to encourage exchange of ideas and sharing of expertise, through the awarding of Travelling Fellowships and participation at international conferences and events.
4. STRENGTHEN EMERGENCY AND ESSENTIAL SURGICAL CARE (EESC) AND ANAESTHESIA AS A COMPONENT OF UNIVERSAL HEALTH COVERAGE.

a) Advocate for a resolution on emergency and essential surgical care.

b) Advocate for indicators that measure safety and access of the surgical care provided to communities. This includes the adoption of Perioperative Mortality Rate (POMR) reporting by all World Health Organisation (WHO) member states, through the World Health Assembly.

c) Collaborate with WHO’s Global Initiative for Emergency and Essential Surgical Care (GIEESC), international advocacy groups and surgical or anaesthetic associations to promote a unified message to the World Health Assembly, to strengthen EESC and anaesthesia on the WHA’s global health agenda.

d) Advocate for the role of surgical care to inform and realise the United Nation’s Millennium Development Goals to 2015 and Sustainable Development Goals (SDG’s) from 2015.

5. ENSURE THAT RACS GLOBAL HEALTH IS PROGRESSIVELY SELF-SUPPORTING WITH EXTERNAL FUNDING OR FOUNDATION CORPUS DEVELOPMENT.

a) Promote international volunteer opportunities within the Fellowship.

b) Develop and maintain strong relationships with development and donor partners and other stakeholders.

c) Profile the work and achievements of the Program through RACS Communications, publications and other appropriate channels, including social media.

d) Profile the work and achievements of Fellows supporting emergency and essential surgical care and surgical education in other LMICs, including sub-Saharan Africa.
THE PROGRAM IS COMMITTED TO THE FOLLOWING PRINCIPLES:

- **Collaboration:** Strong partnerships with in-country governments and collaborating organisations to achieve the highest attainable standard of health for the communities we work in and achieve sustainability. Sharing skills and resources with partners and other organisations working in the same area to avoid replicating services and support already provided.

- **Respect:** Respecting and learning from national and local institutions and systems wherever we work, including supporting their agendas and work plans.

- **Service:** Providing support to, and sharing expertise with the communities in our region that request our assistance.

- **Integrity:** Commitment to being honest, transparent and accountable in everything we do.

- **Compassion:** Compassion for those communities that lack access to surgical care and whose members suffer high rates of avoidable death, disability, or correctable deformity.

All Program activities strive to be inclusive of people with disability, impartial and neutral in relation to gender, religion, politics and creed.
