

# RACS GLOBAL HEALTH SYMPOSIUM

Asia-Pacific countries and specialist colleges unify to advance safe, affordable surgical and anaesthesia care in low and middle income countries

**PHILLIP CARSON**  
Chair, External Affairs

On 26 and 27 October at the RACS Global Health Symposium, surgeons and anaesthetists, regional specialist colleges, health economists and public health specialists from 16 countries came together and discussed the major barriers and strategies to improving access to safe, affordable surgical and anaesthesia care in low and middle income countries in our region.

The Symposium was convened by Associate Professor Phill Carson, Chair of the RACS Global Health Committee and Professor Russell Gruen, and delivered in association with the Boston-based Lancet Commission on Global Surgery.

The program was a highly interactive forum, structured around the four key issues highlighted in the recent

Lancet Commission report as being critical to achieving universal access to safe surgery and anaesthesia by 2030: strengthening health systems, solving workforce issues, sustainable financing of health care systems and ensuring sufficient quality and safety.

The speakers highlighted that safe surgery and anaesthesia is an indivisible, indispensable part of healthcare and needs to be incorporated into existing health plans. It was acknowledged that surgery causes financial ruin for many people around the world, and participants discussed solutions to ensure that essential surgical care is affordable for everyone who needs it.

The meeting discussed the challenges in building a health workforce and strategies for retaining clinicians in less developed countries and resource-poor environments. First level hospitals in low and middle income countries need to have the capacity to perform a basic package of surgical procedures. In some countries, increasing access to surgery may mean task-sharing with clinician

non-doctors, provided these clinicians are able to provide an extended scope of practice, are accredited through appropriate training, and are working in a supported, supervised system of care, with the ability to refer.

The meeting emphasised the importance of ensuring that the workforce configuration in any country reflects the local services and the population needs. Representatives of specialist colleges ANZCA, ACEM, RANZCOG, RACP (physicians), RACS and the Australian Society of Anaesthetists acknowledged that despite their specialty areas, an important part of their role in supporting neighbouring countries is to train generalists who are more likely to work at the district hospital level.

The meeting heard that developing country clinicians want greater recognition and support so that they feel inspired to stay and serve their countries, and, if they do leave, to ensure that they feel welcome when they are ready to return. There is a need for health ministers and local leaders to promote career pathways for local clinicians that offer opportunities and the appropriate professional and financial recognition.

The key themes that underpinned all of the sessions were the need for strong local leadership and that streamlined data collection against agreed global surgery indicators is essential for planning, persuading health ministers to allocate resources, and for measuring success.

Dr Kaeni Agiomea, Head of Anaesthesia at Honiara Central Hospital in the Solomon Islands said,

“The information shared during the meeting has laid down a platform for us to build on and help us advocate

improving surgery and anaesthesia services throughout our country, especially for the rural population. Our challenge now is to arm ourselves with the local data and other useful indicators to show to our health planners the reality of the need for us to get these services down to where the people are.”

The meeting was an outstanding success, with the Australian, New Zealand and Singapore specialist colleges agreeing to support the Asia-Pacific countries in advocating the agreed messages at the WHO Regional Committee meetings and to the Australian, New Zealand and Singapore governments and other funding bodies. The country representatives resolved to obtain country data on the four identified global surgery metrics to contribute to a global dataset to measure population access to safe surgery and anaesthesia. RACS committed to support a working group for the region-wide effort, to ensure that individuals can access the expertise and support they need to collect the data for their countries. The group also undertook to provide an update on progress at the International Forum at the RACS Annual Scientific Congress in Brisbane in May 2016.

Professor John Meara FACS, FRACS, Chair of the Lancet Commission on Global Surgery and keynote speaker said after the meeting:

“The Asia-Pacific region could very well lead the way for the rest of the world in terms of demonstrating how an entire region of nations adopts a cohesive surgical strategic plan that is an integral part of overall health planning for a region of nations. Your commitment to presenting regional data in May 2016 at the RACS Annual Meeting is a bold move. I am also so proud to see RACS take on a role of “servant leadership” in helping to make this possible. Their explicit commitment to a spirit of accompaniment is a model for all colleges around the world”.

“I have not seen this much cohesion in any other region of the world so far. There is great interest in other regions, however, they are not as unified in approaching global surgery as part of health system strengthening and doing it together!”



Panel discussion with Lord Viliami Tangi (Tonga), Prof David Watters and Dr Prasit Wuthisuthimethawee (Thailand)

The Symposium was sponsored by the RACS Foundation for Surgery, the Australian and New Zealand College of Anaesthetists and the Australian Medical Council.

Interested in Global Surgery and International Medical Development?

Come and join discussions at the International Forum at the RACS Annual Scientific Congress, held annually in May. The 2016 Program is convened by Dr Neil Wetzig and includes sessions on:

- Regional approaches to global surgery: case studies and perspectives from Timor Leste, Pacific Islands, China, Myanmar and Africa
- An international approach to global surgery: the Lancet Commission on Global Surgery and the WHO – are these the real opportunities for change?
- The role of surgery in national health plans in low and middle income countries
- Rowan Nicks Scholars' presentations and research papers
- A Master Class on Tuesday 3rd May: Working as a surgeon in the global environment

The provisional program is available at:

<http://www.surgeons.org/for-the-public/racs-global-health/symposium-international-forums/>

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Rowan Nicks Scholar Dr Tanvir Chowdhury (Bangladesh) during a panel discussion



Representatives from the Solomon Islands, Vanuatu, Tonga and Timor-Leste with RACS staff and Pacific Islands Project Director Kiki Maoate after the Symposium