

# Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)





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**World Health  
Organization**

**Western Pacific Region**

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# CONTENTS

Abbreviations.....	iv
Foreword.....	v
Executive summary.....	vi
 <b>1. Background.....</b>	 <b>1</b>
1.1 Rationale for this Framework.....	1
1.2 Introduction: a global unmet need for surgical care.....	2
 <b>2. Contextualizing safe and affordable surgery to the Western Pacific Region.....</b>	 <b>3</b>
2.1 Access to and availability of surgical services.....	3
2.2 Safe and timely surgical care.....	4
2.3 Skilled workforce.....	8
2.4 Availability of medicines, surgical commodities, equipment and infrastructure.....	12
2.5 Affordability.....	12
2.6 Country and regional initiatives to achieve universal coverage of safe and affordable surgery.....	15
 <b>3. A framework for safe and affordable surgery.....</b>	 <b>19</b>
3.1 A vision for the Region.....	19
3.2 Operational considerations towards achieving the vision.....	19
3.3 Ensuring that planning is tailored to local context and practice realities.....	20
3.4 Linking with National Surgical, Obstetric and Anaesthesia Plans.....	20
3.5 Operational shifts.....	20
3.6 Recommendations.....	30
 <b>Annexes</b>	
<b>Annex 1:</b> Essential surgical procedures by health facility level.....	32
<b>Annex 2:</b> Tables for review of systems inputs and processes.....	34
 <b>References.....</b>	 <b>38</b>

# ABBREVIATIONS

<b>DALY</b>	disability-adjusted life year
<b>HDU</b>	high-dependency unit
<b>ICU</b>	intensive care unit
<b>IPC</b>	infection prevention and control
<b>LMICs</b>	low- and middle-income countries
<b>NSOAP</b>	national surgical, obstetric and anaesthesia plan
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OMR</b>	overseas medical referral
<b>PICs</b>	Pacific island countries and areas
<b>SDG</b>	Sustainable Development Goal
<b>UHC</b>	universal health coverage
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# FOREWORD

“There can be no universal health coverage without access to safe and affordable surgery.”

This is the clear message from Member States of WHO’s Western Pacific Region in their adoption of the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)* at the seventy-first session of the Regional Committee for the Western Pacific in 2020.

WHO’s second Director General, Dr Hafdan Mahler, recognized the importance of surgery to health systems more than half a century ago, but it was not until 2015 at the 68th World Health Assembly that Member States adopted the first global resolution on *Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage*.

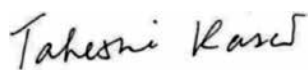
Since then, Western Pacific Member States have come together to push forward safe and effective surgery in our Region, including putting it on the agenda of the Regional Committee, in recognition of its importance for the treatment of a range of common conditions – from injuries to obstructed labor to noncommunicable diseases such as diabetes and cancer – and the importance of taking a systems approach to achieve it.

I would especially like to take this opportunity to recognize the efforts of many partners, including regional and global surgery stakeholders. They have come together with Ministers of Health and other leaders around the Region who have personally committed to help move this agenda forward. We would also like to thank the Lancet Commission on Global Surgery (2014) for its seminal work on safe and affordable surgery, which helped put this issue on the global agenda.

Building on these efforts – and in line with the *For the Future* vision that guides all our work in the Region – the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)* recognizes that to ensure access to safe and affordable surgery, we need to keep building a shared vision of stakeholders within and beyond the health sector; we need to strengthen and redesign surgical systems through broader systems approaches tailored to local contexts, including outer islands and remote provinces; we need to innovate; and, in doing these things, we need to design systems today for the health challenges we know we will face tomorrow.

Through this approach, safe and affordable surgery can become a pathfinder for strengthening access to hard-to-reach services more broadly.

I look forward to working with Member States and partners to advance universal health coverage by making safe and affordable surgery a reality for everyone in the Western Pacific Region.



Takeshi Kasai, MD, Ph.D.  
Regional Director

## EXECUTIVE SUMMARY

Provision of safe and affordable surgical care is essential to achieving universal health coverage and the health-related Sustainable Development Goals. Universal provision of an essential surgical service package could prevent around 6–7% of all avertable deaths in low- and middle-income countries, where an additional 143 million surgical procedures are needed to prevent death and disability. Globally and regionally, however, surgical care has often been considered the “last frontier” of primary health care.

In the Western Pacific Region, challenges vary widely between and within countries. Less than 80% of the population in many countries can reach facilities performing the so-called Bellwether procedures (caesarean section, laparotomy and treatment of open fracture) within two hours, and as many as 1 in 100 patients will die after a surgical procedure. Surgical care has received less attention compared to other health interventions despite its cost–benefit potential and contribution to increased gross domestic product. Lack of multisectoral engagement and consensus has often resulted in implementation of siloed and unsustainable approaches. While in many settings, skilled workforce densities remain low, lapses in patient safety and timely care are prevalent, and financial protection is not yet available for all population groups. These gaps have been exacerbated by the coronavirus disease 2019 (COVID-19) pandemic, which has further stressed existing systems.

Recognizing this vast unmet need, the World Health Assembly in 2015 adopted resolution WHA68.15 on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. The World Health Assembly called on Member States to identify and prioritize a core set of emergency and essential surgery and anaesthesia services at the primary health care and first-referral hospital levels for making quality, safe, effective and affordable emergency and essential surgical care and anaesthesia services accessible to all as part of an integrated surgical care network. In May 2019, the World Health Assembly, in the report *Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured*, again stressed the need for universal access to safe and quality emergency and trauma care, as

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