

Global neurosurgery session tackles international inequity

William Harkness, past president of the International Society of Paediatric Neurosurgery, introduced Tuesday's Global Neurosurgery session, which focused on strategies to bridge the inequity in access to affordable neurosurgery in low- and middle-income countries.



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William Harkness

Indeed, he noted, the World Health Assembly Resolution WHA68.15, 'Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage' (2015), specifies the highest levels of political commitments to address the public health gaps arising from lack of safe, affordable, and accessible surgical and anesthetic services.²

Turning to neurosurgery per se, Dr Harkness cited recent work by Dewan et al (2018) comparing case capacity versus deficit in the specialty in a number of WHO regions. The authors identified an annual deficit of just over five million unmet essential neurosurgical cases – all in low- and middle-income countries – translating to a need for approximately 23,000 additional neurosurgeons, the greatest needs being in Southeast Asia, Africa and Latin America.¹

While the demand still exceeds supply, the current global neurosurgical efforts to improve access has revealed some strengths, particularly in the realm of training, have recently been addressed by Park et al (2016).³ "Indeed we are doing a lot," commented Dr Harkness. "Neurosurgeons have led the way in global surgery in many ways. But there is still much

A selection of eminent speakers addressed not only the delivery of care, training and education, but also on models of small- and large-scale collaboration and infrastructure building in low- and middle-income countries (LMICs).

"Global neurosurgery can be defined as an area of study of research practice and advocacy that places priority on improving health outcomes and achieving health equity for all people worldwide," Dr Harkness began. "It is important that we are not just talking about what we consider to be the old-fashioned method of providing aid by doing surgical missions – we are talking about embedding for the future and developing sustainable practices across the world."

He cited the 2015 Lancet Commission on Global Surgery, which highlighted that five billion people in the world lack access to safe and affordable anaesthetic care that 143 million additional procedures were needed in LMICs each year to save lives and prevent disability, and that, of those people who were able to access surgery, many faced financial ruin in doing so.⁴

He continued, "Most importantly, the head of the World Bank Group at that stage [Jim Yong Kim] pointed out, that investment in surgical care actually improved the

economy of nations. He said that surgery is an indivisible, indispensable part of healthcare.

"If we look at the deaths as a result of surgically treatable conditions, they are three times greater than the combined deaths due to HIV, AIDS, TB and malaria. Yet, as we all know, huge amounts of money are dedicated to these infectious diseases, when in fact non-communicable diseases are now the things that are really killing people on a global scale."



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more that we can do."

He continued, "What can you do? The traditional way is providing surgical care, but it is much more important that we concentrate on developing infrastructures, developing training programmes, protocols that are suitable for management in the local environment, encourage ethical and joint research, facilitate workforce optimisation. This really can only come if we develop collaborative partnerships.

"My colleagues and I have developed InterSurgeon⁵. This is like a dating site, facilitating contacts between surgeons in

different environments around the world. We have been going since March 2018. We launched with paediatric neurosurgery [because that is our background], and we have now added adult neurosurgery and neurology. We have 335 members in 73 countries, and we are just about to add a platform for non-governmental organisations as well. All members of EANS are invited to join."

References

1. Dewan M, et al. (2018) Neurosurgery in Low- and Middle-Income Countries. *Journal of Neurological Surgery*. <https://doi.org/10.1055/s-0038-1611111>

2. World Health Organization. (2015) *World Health Assembly Resolution WHA68.15: Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage*. <http://www.who.int/digitalteam/euq/wha68.15/en>

3. Park M, et al. (2016) *Global Neurosurgery: A Review of the Current Status and Future Prospects*. *Journal of Neurological Surgery*. <https://doi.org/10.1055/s-0036-1511111>

4. Lancet Commission on Global Surgery. (2015) *Global Surgery: A Road to Zero*. <http://www.lancet.com/commission/global-surgery>

5. InterSurgeon website: <http://www.intersurgeon.org>