

70th World Health Assembly, Geneva, Switzerland

Lack of access to safe, affordable anesthesia and surgical care is a major global public health issue affecting 5 billion out of the world's 7 billion people.¹

The annual mortality rate from conditions that could be treated by surgery is over 4 times the rate of malaria, HIV/AIDS and TB combined.¹

These were 2 key messages presented by the World Federation of Societies of Anaesthesiologists (WFSA) at the 70th World Health Assembly (WHA) held in Geneva, Switzerland on May 22–31, 2017.² The WHA is the decision-making body of the World Health Organization (WHO) and is an annual meeting attended by delegations from all 194 WHO member states. Approximately 4000 delegates attended the 2017 meeting.

The WFSA is, in the language of the WHO, a “nonstate actor in official relations with the WHO,” and therefore able to represent anesthesiologists worldwide at the WHA. The WFSA delegation comprised Dr Jannicke Mellin-Olsen (President-Elect), Prof Adrian Gelb (Secretary), Dr Wayne Morriss (Director of Programs), Prof Dan Longrois (European Society of Anaesthesiology), Julian Gore-Booth (Chief Executive Officer), and Niki O’Brien (Advocacy and Communications Officer). Kris Torgeson and Sarah Kessler from Lifebox also attended the WHA as part of the WFSA delegation.

The 2017 WHA was an important meeting for global anesthesia and surgery because member states were asked to report on progress toward Resolution 68.15—Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage. This resolution, passed by the WHA in 2015, represents a massive step forward in recognizing the need to strengthen surgical systems in low- and middle-income countries (LMICs).

The WHO Secretariat, working through the Emergency and Essential Surgical Care (EESC)³ Programme, presented a progress report on Resolution 68.15 and highlighted work in the areas of advocacy; system delivery and the development of national surgical, obstetric and anesthesia plans (NSOAPs); information management; essential medicines and supplies; and workforce development.⁴ The WFSA was acknowledged as a key partner.

Anesthesia and surgery have a relatively low profile at United Nations/WHO level and a large part of the WHA was devoted to the management of communicable diseases like poliomyelitis, Ebola, and influenza. However, there is an increasing awareness of the role of surgical treatment in global health and evidence highlighting the cost-effectiveness of this treatment.⁵ It is therefore important that organizations like the WFSA present the case at WHO level for increased resourcing of anesthesia and surgery worldwide.

The WFSA presented 4 official statements during WHA sessions.⁶ These related to

- Item 13.1. Human resources for health and implementation of the outcomes of the United Nations’

High-Level Commission on Health Employment and Economic Growth

- Item 13.3. Addressing the global shortage of, and access to, medicines and vaccines
- Item 16.1. Progress in the implementation of the 2030 Agenda for Sustainable Development
- Item 17.4. Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage (WHA Resolution 68.15)

The statements covered the WFSA’s support for Resolution 68.15, outlined the WFSA’s contribution to progressing the resolution, and highlighted the need for regular reporting against the resolution. Member states subsequently formally agreed to report and this will now take place every 3 years between now and 2030. The WFSA highlighted issues relating to the global anesthesia workforce crisis and the global shortage of medicines, and commended member states that have initiated development of NSOAPs. The WFSA and others also called for a Global Action Plan for emergency and essential surgical care and anesthesia to be developed alongside NSOAPs and this item will be included for discussion on the agenda of the next WHA.

The WFSA was involved in 3 key “side events”—a WFSA/Lifebox forum (May 25), a workshop organized by the WHO EESC Programme (May 26), and an official surgical side event organized by Zambia (May 27).

The WFSA/Lifebox side event was entitled “What next for surgery and anesthesia? Civil society and global solutions.” The event was livestreamed from the Geneva Press Club⁷ and also included the International Student Surgical Network (InciSioN), Operation Smile, the G4 Alliance, and representatives of the Zambian Ministry of Health. The WFSA used the event to give an overview of the global anesthesia workforce crisis and officially launch the online WFSA Global Workforce Map.^{8,9} The Zambian delegation outlined the development implementation of their NSOAP, one of the first LMICs to develop such a plan.⁴

The EESC event was a day-long workshop entitled “Global public health surgery” and involved the WHO, LMIC ministries of health, and a range of nongovernmental organizations (NGOs). The workshop was opened by Dr Emmanuel Makasa from Zambia, who spearheaded Resolution 68.15 in 2015, and Dr Walt Johnson, who is the head of the WHO EESC Program. Progress reports were given by a number of LMICs, including Rwanda, Zambia, Zimbabwe, Nicaragua, and Vietnam, and there were useful discussions on how WHO, health ministries, and NGOs can work together to improve surgical care. The WFSA presented its work on the anesthesia workforce and a position statement on achieving Universal Health Coverage by 2030.¹⁰

The event on May 26 was an official side event hosted by Zambia and cosponsored by Ethiopia, Kenya, Namibia, Nicaragua, Tonga, Tanzania, Vietnam, and Zimbabwe. The event was entitled “Global public health surgery: scaling-up access to emergency & essential surgical, obstetric and anesthesia care for better health systems and sustainable

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development.” Country representatives discussed progress on the development of NSOAPs, current gaps, and next steps. A lack of funding was identified as a major barrier.

The WFSA delegation also participated in a range of other meetings during the WHA, including meetings with key WHO personnel, the International Committee of the Red Cross, NGOs, industry, and the G4 Alliance. The WFSA is a founding member of the G4 Alliance,¹¹ an organization dedicated to advocating for the neglected surgical patient and promoting universal access to safe, essential surgical, obstetric, trauma, and anesthesia care.

A highlight of the 70th WHA was the election of Dr Tedros Adhanom Ghebreyesus as the new Director-General of WHO. Dr Tedros is from Ethiopia where he led a comprehensive reform effort of the country's health system, including the surgical system. He succeeded Dr Margaret Chan on July 1, 2017 and will serve as the Director-General until 2022. In an exciting development for global anesthesia and surgery, Dr Tedros has stated that “surgical capacity is an essential part of universal health coverage and our political commitment and programmes must reflect that.”³ The WFSA will be seeking to engage with Dr Tedros as part of our official liaison role with the WHO and our mission to improve access to safe, affordable anesthesia, and surgical care when needed for 5 billion people worldwide.

Slowly but surely, the vital role of anesthesia and surgery in global health is being recognized and we are making progress toward achieving Universal Health Coverage by 2030. It is essential that the WFSA continues to represent our profession at high-level meetings like the World Health Assembly.

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