**Organizations**

 *References*

Themes

**Episode 1: Origins of Global Surgery**

**Guests:** Dr. Blake Alkire & Dr. Kee Park

Our guests discuss their own origin stories and early personal endeavors in global surgery. The two disparate origins shed light onto the various routes into this field.

**Question:** What was the origin of your own global surgery endeavors?

**Dr. Park**

* In his early career as a neurosurgeon in private practice, he found himself pondering his true purpose
* Worked in Ethiopia and Cambodia training with surgeons 1:1 before pursuing an MPH

**Dr. Alkire**

* Controversial origin. Began participating in short term surgical trips at an early age through family connections and later found himself “in the right place at the right time”[Serendipity] as a medical student when he began working with Dr. John Meara.

**Question:** What did your involvement look like as a third and fourth year medical student?

**Dr. Alkire**

Joined the program in Global Surgery and Social Change when it was at its inception at Harvard. They were trying to find their way and figure out how to impact global surgery.

Involvement was in the Based on he and Dr. Meara’s interest economic modeling and its role in system level intervention.1,2

* Completed an MPH with an economics focus to make a broader economic case for surgery and that investing in surgery has a positive return on investment for macro/micro economies.
* Lucky that as a resident, his research months coincided with the lancet commission going into high gear.

**Dr. Wiedermann**

A lot of things in global surgery are about serendipity

**Question:** Dr. Park, did you have a door present itself that you decided to go through?

**Dr. Park**

* It was a journey of introspection. He had a successful private practice and began to question his purpose. He drew upon two personally inspiring quotes:

*“To whom much has been given, much is required” (Luke 12:48)*

*“The best way to find yourself is to lose yourself in the service of others” - Mahatma Ghandi.*

Found his purpose in the global surgery space

* It all clicked as a result of reading the *Global Surgery 2030 Report*- it helped define his purpose and outline the goals for concerted efforts in global surgery. It provided a name to the goal of Improve access to surgical care

Dr. Park and Dr. Alkire happened to be at the right place and the right time at the World Health Assembly in Geneva strategy meeting.

Dr. Alkire

**The Lancet Commission** *“Global Surgery 2030”1 report of 2015* is popularized the term “Global Surgery” and helped define it as a movement extern.

* The Lancet brought together a patch-work of dedicated individuals under a consensus on what is the problem and how to effectively start addressing the problem.
	+ “[The lancet commission] put a stamp on global surgery and made it reputable and allowed us to put rubrics together to address the suffering that Global Surgery could help to overcome”

The economic bible of global health is the *Essential Surgery: Disease Control Prioritie*s 2015 volume – makes an economic case for global health interventions and *WHO Resolution 68.15 2015* said “You can’t have universal health coverage/care without surgery”.3

**Dr. Wiedermann**

**Question:** How did this work evolve from religious based trips to a priority for WHO/Lancet Commissions and academics?

**Dr. Alkire**

* The answer is frustration and recognizing the limitations and enormity of the problem.
* Robert Riviello is someone who interfaced with the drive of why they want to do global surgery without the problematic proselytizing and quid pro quo nature of mission trips.

* Surgeons began to recognize the inadequacy of the short term surgical mission trips with regard to education and policy. “The broader bang for your buck is to learn with your colleagues in LMICs”. The transfer of knowledge is bidirectional. Surgeons in LMICs are skilled in versatile ways because they operate under resource limited conditions.
* Surgeons recognized the interface of surgical care and policy-there was a rise in publications on cost effectiveness analysis such as an obstetrics and gynecology paper in 2003 Colin McCord and Dr. Richard Gossellin who made an economic case for global surgery .4
* Frustration remained because surgery was not a significant part of the broader global health discussion at the time. This frustration by academics, clinicians, and policy makers led to large scale efforts by organizations such as WHO and lancet commission.

**Dr. Wiedermann**

Dr. Alkire, you were an author on the original lancet commission. What were the paramount findings that exposed the frustrations and disparities?

**Dr. Alkire**

Five key messages

1. 5 billion people lack access to adequate surgical/anesthesia care when needed1. Routinely quoted by World Bank and WHO.
2. Not nearly enough surgeries are being done. At least 140 million additional procedures are necessary to fill the unmet need of surgery and only 6% of surgeries were happening in LMICs1.
3. 81 million people per year are pushed into poverty from surgery1. 3.7 billion are at risk for catastrophic expenditure (being pushed into poverty due to paying for health services).1
4. We can invest into global surgery and make a difference. If the status quo continues from 2015 to 2030 then 12.3 trillion dollars of GDP is lost. However, just a 350-billion-dollar investment at global level can make a big difference to scale up global surgery.1
5. Surgery is an indivisible, indispensable part of health care and 30% of global burden of disease are surgical/anesthestic in nature. Surgery is cross cutting. There is no category in the global burden of disease in which surgery doesn’t play a role in treatment.

**Part 2**

**Dr. Wiedermann**

Question: Dr. Park, How did the title of the lancet report help empower your thoughts?

**Dr. Park**

* The mission model does not attack surgical systems head on, it’s more focused on individual patients.
* Social justice is the essence of global health and surgery, it is the face of love at a large scale.
* There’s a shift in within the missions field towards systems level intervention and an embracing of the global surgery movement
* For example, **Smile Train & Operation Smile** are investing in surgical system strengthening and national surgery planning

The title showed the scope and magnitude of the problem-we were not going to be able to operate our way out of the gap

* Performing 143 million operations or train enough surgeons would require a political solution with large scale investments as well as a change in how we think about health care at the highest level of government.
* 350 billion dollars requires massive political momentum and a public health framework. Systems and global level intervention that requires massive amounts of intervention
* Focus of global surgery meetings: how do we train more surgeons, increase funding, garner donations from industry

**Question:** Medical students and residents think “okay let's do some work in an LMIC and get that experience” but what other ways could they get involved in this new concept of global surgery?

**Dr. Park**

* The **PGSSC (Harvard Medical School Program for Global Surgery and Social Change)**: a program for med students and residents to spend a year or two and they focus on not doing direct service work. They strategically remove that aspect to focus on research tied to policy and health systems questions. Research then translates to advocacy to the right people
* **The Global Incision Group: Advocacy from medical students interested in**
* Immerse yourself in the literature whether it be financial protection, health systems strengthening, service delivery models. Realizing that there are a number of avenues, reading the Lancet Commission or disease control priorities or seeking fellowships.

**Dr. Akire**

* Immerse oneself in the current literature. Global surgery has many avenues.
* Research and policy fellowships will provide a stronger foundation than short term medical trips

**Question:** “How would you all define global surgery?”

**Dr. Alkire**

* Recognition of the goal: universal access to timely surgical care when needed. Finding financial protection mechanisms or quality of care. Requires health systems level intervention which relies on cooperation between research and policy.
* Global health is the use of research and policy to advance our mission of providing safe and affordable timely anesthesia care when needed.

**Dr. Wiedermann**

* A systematically organized way to teach and develop sustainability within institutions and raise the level of care within an entire country from the bottom up. Done simultaneously with systems level intervention.

**Quinton Blount**

* Fulfillment of our responsibilities as humans and individuals who have taken the hippocratic oath . Health equity is a human right and as physicians/surgeons, we are largely responsible for seeing through even beyond the borders of the United States.

**Dr. Park**

* **World Federation of Neurosurgical Societies** has an official definition: Global Neurosurgery is a clinical and public health practice of neurosurgery with the primary purpose of providing timely affordable and safe neurosurgery for all.

**Question:** Can you address the inherent dangers/opportunity costs, personal, social, political, financial, working in underdeveloped countries that have a reputation for being dangerous?

**Dr. Alkire**

* I wouldn't categorize any aspects of global surgery as dangerous but I will say there are tradeoffs. Some trade higher income or income at all. Especially since the landscape of funding and research hasn’t developed robustly. But we don’t miss that income because we care about what brings us fulfillment. In many institutions, if you want to do global surgery, there is definitely a challenge in defining a path at your institution. It is welcome academically, but funding is lacking.

**Dr. Park**

* I’ve never felt danger. The financial concern is real. There’s a tax, you almost have to give up some worldly good to do public good. Why? Incentive and structure. Imagine a world where you’re provided money for providing public goods. We shouldn’t have to look at providing public goods as an expense.

**Organizations**

**The Lancet Commission**

<https://www.thelancet.com/commissions/global-surgery>

**Global Surgery Program at Harvard Medical School**

<https://ghsm.hms.harvard.edu/programs/surgery>

**WHO World Health Assembly**

<https://www.who.int/about/governance/world-health-assembly>

**Smile Train**

<https://www.smiletrain.org/>

**Operation Smile**

<https://www.operationsmile.org/>

**World Federation of Neurosurgical Societies**

 <https://www.wfns.org/>

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