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The World Health Organization (WHO) 13th draft general programme of work¹ begins with a quote from Dr Tedros Adhanom Ghebreyesus, WHO Director General:

Health is a human right. No one should get sick or die just because they are poor, or because they cannot access the services they need.

However, with 5 billion of the world's 7 billion people unable to access safe and affordable anesthesia and surgical care when needed,² scale-up is essential to achieving universal health coverage (UHC), one of the WHO's key targets. This was the message that the World Federation of Societies of Anaesthesiologists (WFSA) brought to the 71st World Health Assembly (WHA) held in May 2018 in Geneva, Switzerland.

The WHA is the decision-making annual meeting of the WHO, bringing together delegates from 194 WHO member states. As a nonstate actor in official liaison with the WHO, the WFSA has the opportunity to send a delegation to the event and make statements in the plenary sessions on key issues in the agenda. This year, the WFSA delegation comprised of Dr Jannicke Mellin-Olsen (President-Elect), Professor Adrian Gelb (Secretary), Julian Gore-Booth (Chief Executive Officer), and Niki O'Brien (Advocacy and Communications Officer). We were also delighted to include in our delegation Dr Bisola Onajin-Obembe (G4 Alliance/Nigerian Society of Anaesthesiologists), Dr Atul Gawande (Chairman, Lifebox), Kris Torgeson (Global CEO, Lifebox), Sarah Kessler (Director of Communications, Lifebox), Dr Thomas G. Weiser (Trustee, Lifebox), and Professor Andrew Graham Hill (International Surgery Society) as key partners of the WFSA. Also invited were representatives from Nesta, an innovation foundation based in the United Kingdom,³ who are launching a challenge prize in global surgery and anesthesia.

While 2018 was not an official year for member states to report progress on the 2015 WHA Resolution 68.15—*Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component Of Universal Health Coverage*⁴—(2019 will be), there was a strong anesthesia and surgery presence at the WHA. A number of organizations joined Dr Walter Johnson, lead of Emergency and Essential Surgical Care (EESC) at the WHO, in advocating for increased attention to anesthesia and surgery within the global health agenda.

Until recently, anesthesia and surgery have had a relatively low profile at high-level meetings such as the WHA because policy makers have devoted much of their time to communicable diseases such as malaria, Ebola, and other infectious diseases. However, at the 2018 WHA, there was the unmistakable sense that this tide is turning. In advance of the 71st WHA, the WFSA launched an update of the WHO–WFSA International Standards for a Safe Practice of Anaesthesia,⁵ copublished with the WHO for the first time. The standards are recommended for anesthesia professionals throughout the world and are intended to provide

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guidance and assistance to these individuals, their professional societies, hospital and facility administrators, and governments for improving and maintaining the quality and safety of anesthesia care.⁵ They were first adopted by the WFSA in 1992, with revisions in 2008 and 2010.⁵ The latest version was published in May 2018 and was developed on behalf of both the WFSA and the WHO, a momentous achievement in positioning anesthesia and surgery on the world stage.

As part of efforts to outline the importance of anesthesia and surgery within health systems, the WFSA presented 5 official statements⁶ during the WHA, related to:

- Item 11.1: WHO draft 13th general programme of work 2019–2023, specifically highlighting that access to anesthesia and surgery is essential to achieve UHC, and appealing to the WHO to include surgical system strengthening within the final programme of work
- Item 11.5: Addressing the global shortage of, and access to, medicines and vaccines
- Item 11.7: Preparation for the third high-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, to be held in 2018
- Item 20.3.D: Progress reports: noncommunicable diseases—public health dimension of the world drug problem
- Item 20.3.I: Progress reports: promoting health through the life course—global strategy and action plan on ageing and health 2016–2020: towards a world where everyone can live a long and healthy life

Given that anesthesia and surgery are medical specialties as opposed to single diseases or conditions, the scale-up of these services will have impact across the health system. WFSA statements highlighted that, while the WHO and the global health community increasingly focus on noncommunicable diseases (NCDs), related language and action have centered on prevention but have ignored detection, management, and treatment. It is therefore essential to advocate for a more comprehensive approach and to highlight the need for anesthesia and surgical services to be expanded to treat NCDs, as many will require a surgical intervention over the life course. Other statements highlighted the importance of discussing anesthesia, pain management, and palliative care when considering aging populations, and the need to ensure that anesthetic medicines, including ketamine and potent opioids, remain available for adequate patient care.

As well as making statements at the plenary, the WFSA cohosted, with Nesta and Lifebox, a side event entitled, "How Can We Scale-up Surgery and Anesthesia to Achieve Universal Health Coverage (UHC)?"⁷ The briefing event highlighted the important work being undertaken to support WHA Resolution 68.15,⁴ including the launch of the WHO–WFSA International Standards,⁵ the 10-year anniversary of the WHO Safe Surgical Checklist,⁸ and the Surgical Equity Prize being launched by Nesta.⁹ Representatives from each organization included Professor Adrian Gelb (Secretary, WFSA), Dr Walt Johnson (Lead of EESC, WHO), Dr Atul Gawande (Chair, Lifebox Foundation), and Daniel

Berman (Lead for the Longitude Prize, Nesta), each sharing their views on the importance of anesthesia and surgery in achieving UHC and what they view as priority areas going forward.

In a similar vein, the WHO EESC Programme¹⁰ technical event entitled, “Scaling Up Universal Health Coverage With Surgical, Obstetric and Anaesthesia Care as Part of Strengthening Health Systems and Sustainable Development” brought key contributors together to discuss the progress of the EESC Programme and the creation of National Surgical, Anaesthesia and Obstetric Plans (NSOAPs) in various country contexts, including Ethiopia, Pakistan, Rwanda, Tanzania, and Zambia. There were also important discussions around the importance of data collection and disseminating indicators, as well as how the building blocks of surgical systems could be financed.

The WFSA had the opportunity to present the WHO-WFSA International Standards for a Safe Practice of Anaesthesia,⁵ as well as to launch the recently developed Anaesthesia Facility Assessment Tool (AFAT).¹¹ The AFAT was designed to help regional and national anesthesia and health care leadership to gather data about anesthesia workforce, equipment, medicines, and practice at the facility level.¹¹ It is part of a shared effort to improve data collection and knowledge management and to ensure that anesthesia is represented in national health planning and in NSOAPs. The AFAT has been included in the key documents put together by the Harvard Programme in Global Surgery and Social Change,¹² who are helping to lead the facilitation and creation of NSOAPs globally. Additionally, the WFSA, WHO, and Programme in Global Surgery and Social Change met with government representatives from Pakistan, Namibia, and Kosovo to discuss the early planning of NSOAPs and the importance of collecting baseline data on existing anesthesia services to successfully plan the scale-up of surgical, obstetric, and anesthesia services. The discussion with the Pakistan delegation was about creating an NSOAP for Pakistan, resulting in an agreement in principle that the Pakistan Ministry of Health would start the process next year. A follow-up meeting of the participants for more detailed planning is scheduled for mid-November 2018.

Several other events focused on global surgery and anesthesia also took place during the week. The first was “Global Surgery: A Powerful Strategy for Advancing Women’s Health¹³” organized by the G4 Alliance¹⁴ in partnership with GE Foundation and the Partnership for Maternal, Newborn & Child Health. Speakers included Dr Atul Gawande, Michelle Bachelet (former President of Chile), and Edna Adan (Founder and Director, Edna Adan Maternity Hospital/former Foreign Minister of Somaliland). Additionally, The Graduate Institute held an event with Dr Atul Gawande in conversation with Professor Ilona Kickbusch, Director of the Global Health Centre, entitled, “From Paper to Policy in 10 Years: How a Checklist Is Transforming Global Surgery.¹⁵”

The WFSA delegation also participated in a range of other meetings during the WHA, including meetings with key WHO personnel, discussing availability and access to medicines and equipment, NCDs, human resources for health, and patient safety. Meetings were held with the International

Committee of the Red Cross, nongovernmental organizations, industry, Women in Global Health, and the G4 Alliance. As a founding member of the G4 Alliance,¹⁴ an organization dedicated to advocating for the neglected surgical patient and promoting universal access to safe, essential surgical, obstetric, trauma, and anesthesia care, the WFSA attended the G4 Alliance Board and Council meetings where discussions centered on future priorities of the alliance and leveraging the combined membership of its 85 organizations.

Previously, Dr Tedros has stated that “surgical capacity is an essential part of UHC and our political commitment and programmes must reflect that.”³⁷ As the next reporting year on WHA Resolution 68.15⁴ approaches, it is essential that our community comes together to ensure that our voice is heard in high-level discussions as we advocate to strengthen anesthesia within the strengthening of surgical systems worldwide. The WFSA will continue to work with our existing partners and seek to engage with organizations that share our objectives. There is increasing awareness that surgical system scale-up will not only save millions of lives each year but that it is also highly cost-effective, and indeed essential, if we are to achieve UHC by 2030.¹⁶

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DISCLOSURES

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