

## Side event application / Formulaire de demande de réunion parallèle

### Contact

Name/Nom: <b>Dr Jemesa Tudravu/ Ms Sereima Vatuvalu</b>	Date of application/Date de la demande: <b>04 March 2019</b>
Delegation(s)/Délégation(s): <b>Fiji, Tonga</b>	
Telephone, Email/Téléphone, courriel: <b>+679 9906946; <a href="mailto:jemesa.tudravu@govnet.gov.fj">jemesa.tudravu@govnet.gov.fj</a>; <a href="mailto:sereima.vatuvalu@govnet.gov.fj">sereima.vatuvalu@govnet.gov.fj</a></b>	

### Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers\* /  
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs\* :

#### Side Event On Safe and Affordable Surgery

Background: A 2015 Lancet Commission on Global Surgery (LCoGS) reported that depending on the methodology used, between 11-32% of the global burden of disease (as measured by Disability Adjusted Life Year) would require surgery with major causes being related to maternity, injury and neoplasms. The same commission reports that 5 billion people do not have access to safe, affordable surgical and anaesthesia care and that 33 million individuals globally face catastrophic health expenditures due to payment for surgery and anaesthesia care. In addition, an additional 143 million additional surgical procedures are needed globally each year to save lives and prevent disability. Furthermore, many types of surgery such as orthopaedic surgery, caesarean sections and general abdominal surgery were found to have cost per Disability Adjusted Life Year (DALY) saved similar or lower than that for Anti-retroviral therapy for HIV or aspirin/beta blocker for ischaemic heart disease.

A three delay framework has been developed as part of the LCoGS work showing the following:

- Delay in seeing care – for geographic, financial, cultural reasons, etc.
- Delay in reaching care – nearest facility are hours or days away
- Delay in receiving care – hospital is ill equipped or ill staffed

As a result of this framework and further research, the LCoGS proposed the following sets of indicators as seen in Table 1 using a set of three “bellweather procedures” being caesarean section, laparotomy and treatment of open fractures:

**Table 1 Basic Surgical Indicators**

Category	Indicator	Definition	Target by 2030
Timeliness	2-hour access	% of population that can access a surgical facility capable of performing “bellweather” procedures within 2 hours	80%
Capacity	Surgical, Anaesthetic and Obstetric Provider (SAO) Density	Number of licensed SAO per 100,000 population	20/100,000
Capacity	Surgical Volume	Number of procedures done in an operating theatre per 100,000 population	5,000/100,000
Quality	Perioperative mortality rate (POMR)	Rate of death prior to discharge after undergoing surgical care	100% tracking of POMR
Affordability	Protection against impoverishing expenditures	% of population protected from impoverishing expenditures from accessing surgical services	100% protection
Affordability	Protection against catastrophic expenditures	% of population protected from catastrophic expenditures from accessing surgical services	100% protection

In May, 2015 the 68th World Health Assembly (WHA) endorsed agenda item 17.1 for “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage”. The agenda item 17.1 (68th WHA Assembly) called for regular monitoring and evaluation of emergency and essential surgical and anaesthesia care; promotion of emergency and essential surgery/anaesthesia as components integral to achieving universal health care and identification/prioritization of a core set of emergency and essential surgical and anaesthesia services at PHC and first-level referral hospital with more effective use of task-sharing and timely referrals as part of an integrated surgical care network.

Event:

Welcome: Ministers of Health Fiji (5 minutes)

Presentation of Basic Surgical Indicator Results for Pacific Island Countries – Pacific Island Surgical Association Representative (10 minutes)

Human resource for health in surgery and anaesthesia: task shifting, expansion of surgical workforce and telemedicine – Minister of Health Fiji (10 minutes)

Service delivery improvements in surgery: using national surgical, obstetric and anaesthesia strategic plans and participation of relevant surgical/anaesthesia/nursing associations – Minister of Health Tonga (10 minutes)

Specialized surgical care and related overseas medical care referrals – WPRO/DPS (10 minutes)

Questions and Answers (10 minutes)

Wrap Up and Way Forward – Minister of Health Tonga (5 minutes)

#### Event details / détails de la réunion

Date	21 May 2019	Time/Heure	12:45-13:45 (lunch time)
Expected number of participants/Nombre de participants attendus : 50			
Exact title of the event/Titre exact de la réunion: Side Event On Safe and Affordable Surgery			

#### Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2568 CHF; 3 languages: 5136 CHF; 6 languages: 11985 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2568 CHF; 3 langues : 5136 CHF; 6 langues : 11985 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ?		Yes/Oui <input type="checkbox"/>	No/Non <input type="checkbox"/>
(If yes, which languages)/(Si oui, en quelle langue) <input type="text"/>			
English/Anglais <input type="checkbox"/>	French/Français <input type="checkbox"/>	Russian/Russe <input type="checkbox"/>	Spanish/Espagnol <input type="checkbox"/> Chinese/Chinois <input type="checkbox"/> Arabic/Arabe <input type="checkbox"/>
Other language/autre langue: <input type="text"/>			

**Invoice to be sent to/ Facture à envoyer à:**

Name/Nom **Idrish Khan**

Postal address/ Adresse postale **Ministry of Health & Medical Services ; PO Box 223, Government Building, Suva**

E-mail/Courriel **ikhan001@govnet.gov.fj**

**Room Layout/Aménagement des salles**

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:

[http://www.unog.ch/80256EE60057CB67/\(httpPages\)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)

Le type de mobilier et les installations techniques dans les salles ne permettent pas de modifier l'aménagement de celles-ci. Pour tout renseignement sur l'emplacement ou la disposition des salles au Palais des Nations voir le lien :

[http://www.unog.ch/80256EE60057CB67/\(httpPages\)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)

**\*Badges/ Badges d'accès**

WHA side events are for participants of the WHA and, as such, panelists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

**Please complete the form and send it to / Merci de remplir le formulaire et de l'envoyer à**

[hggoverningbodies@who.int](mailto:hggoverningbodies@who.int)

**by 29 March 2019**