Letter to global health agency leaders on the importance of surgical indicators

We are writing to Margaret Chan (WHO), Jim Yong Kim (World Bank Group), and Raj Shah (USAID) on behalf of 100 global surgical, obstetric, trauma, and anaesthesia federations, societies, academic institutions, and non-governmental organisations, representing more than 400 organisations and 2 million members from more than 150 countries, with regards to the ongoing discussions regarding the core global health indicators set forth by the Global Health Agency Leaders and the International Health Partnership (IHP+).

We are concerned that the proposed Global Reference List of 100 Core Health Indicators[1] fails to provide an adequate metric for global surgical care. Currently, surgical wound infection rate represents the only indicator pertaining to surgery. We believe that this is a flawed indicator that fails to track crucial elements of surgical care such as access, volume, safety, workforce availability, or financial protection.

Research suggests that as much as 11–30% of the global burden of disease requires surgical care or anaesthesia management, or both,[2] a figure that underscores the fundamental role of surgery as part of essential health care. Yet the present list of proposed indicators fails to reflect the integral role of surgical care and anaesthesia as part of universal health coverage and essential health service goals.

As stated by Jim Yong Kim in his recent address[3] to the Lancet Commission on Global Surgery: "surgery is an indivisible, indispensable component of health care." He issued a challenge to the Commission to come up with "time bound targets" as a means of tracking progress towards universal access to safe, affordable, surgical and anaesthesia care when needed. In recognition of the essential role of surgical care in health systems, we urge you, as global health leaders, to consider inclusion of the following surgical indicators (in order of priority): first, perioperative mortality rate (collection of total annual surgical volume and all-cause mortality rate before discharge among post-operative patients as an indicator of realised access and surgical safety); second, surgical workforce density (number of trained and licensed surgical, anaesthetic, and obstetric providers who are working, per 100 000 population), which informs the availability and accessibility of human resources; and third, catastrophic and impoverishing expense (fraction of households protected against catastrophic expense and impoverishment from out-of-pocket payments for surgical care). This indicator represents a key element of universal health coverage and provides information about payment systems, insurance coverage, and balance of public and private services.

Including these metrics as part of the core 100 indicators and promoting transparent reporting at the national and international level will help to strengthen health systems through the delivery of safe, effective, and accessible surgical care and anaesthesia.

We thank you for prioritising these surgical anaesthesia care indicators and recognising their integral role as part of universal health coverage and essential health services.

I declare no competing interests.

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1 WHO. Global reference list of core health indicators: working version 4. Geneva, Switzerland: World Health Organization, Oct 3, 2014. http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/One_M_E_Platform/Global_RefList_Core_Indicators_V4_30ct2014.pdf (accessed Nov 3, 2014).

2 Murray CJ, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380:** 2197–223.

3 The Lancet Commission on Global Surgery. Jim Kim, President of the World Bank, addresses the Commission's inaugural meeting, Boston, MA, USA. Jan 17, 2014. http://www.thelancet.com/commissions/global-surgery (accessed Nov 3, 2014).

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See **Online** for video

See **Online** for appendix