

LETTERS TO THE EDITOR

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Optimal resources to reduce the unmet surgical needs in low-resource settings



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To the Editor:

The Global Initiative for Children's Surgery, a consortium of providers and experts recently produced, through consensus, a document on Optimal Resources for Children's Surgery (OReCS) [1]. Hitherto, there has not been consensus on resources required to equip surgical facilities for children in low-resource settings in spite of the magnitude of unmet surgical needs [1].

Resolution A68/15 of the World Health Assembly [2], which was based on findings from the Lancet Commission on Global Surgery [3] and others, involves strengthening emergency and essential surgical care and anesthesia but did not emphasize the role of children's surgical care in achieving universal health coverage (UHC). Children have different perioperative concerns from adults, hence requiring special considerations if the goals of UHC are to be attained and safe surgery ensured. Children are vulnerable and often lack access to surgical care [1, 3, 4]; this is most evident in South Asia and sub-Saharan Africa where as much as 95% lack access to surgical care [4].

The OReCS publication highlights the benefits of safe surgery in children and facilities available for surgical care and provides template for functioning and equipment required for levels of basic, intermediate, and complex/advanced care [1]. Healthcare facilities were designated according to the specification of care expected, the range of procedures to be performed, and the surgical instruments and equipment available to safely perform the operations.

Optimal resources required for the surgical care of children include trained human resources for health; skills in

clinical care, surgery, nursing, and anesthesia; physical infrastructures and equipment; and supplies [1]. Provision of resources based on designation of level of care each facility, responsibilities, and clinical capabilities; provision of anesthesia for different age groups and complexities of conditions; and institution of mechanisms for quality assurance will be a good step in improving access to care. It also provides an opportunity for incorporation of children's surgical care into National Surgical, Obstetric and Anesthesia Plans, in low-resource settings.

Abbreviations

GICS: Global Initiatives for Children's Surgery; OReCS: Optimal Resources for Children's Surgery; UHC: Universal Health Coverage

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Author's information

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