The Absence of Surgical Care on the Public Health and Global Health Agendas: Insights from a Global Surgery Community

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INTRODUCTION: Surgical care has made limited inroads on the public health and global health agenda despite increasing data showing the enormous need.

METHODS: The 176 members of the non-governmental organization Surgeons Over Seas (SOS), were surveyed and asked why surgical care is not receiving recognition and support on the public health and global health agenda. Responses were categorized using the Shiffman framework on determinants of political priority for global initiatives and the number of responses for each of the 11 factors were calculated.

RESULTS: Seventy-five SOS members replied (75/176; 42.6% response rate). A total of 248 individual reasons were collected. The most common responses were related to external frame, defined as public portrayals of the issue (60/248; 24.2%) and lack of effective interventions (48/248; 19.4%). Least cited reasons related to global governance structure and policy window.

CONCLUSIONS: The Shiffman framework was a useful tool to help analyze why surgical care is not more visible on the public health and global health agenda. Although the recognition of the enormous surgical needs of populations around the world is increasing, much remains to be studied. This survey of a global surgery community identified a number of important reasons such as improving the public portrayal of the problem; developing effective interventions and seeking strong and charismatic leadership. Of note were the limited recommendations to mobilize civil society, develop guiding institutions and enhance the political context. Ideally patient groups can be approached to help move the issue forward.

Global Public Health Impact of Recovered Supplies from Operating Rooms: A Critical Analysis With National Implications

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INTRODUCTION: In modern operating rooms, clean and unused medical supplies are routinely discarded and can be effectively recovered and redistributed abroad to alleviate the environmental burden of donor hospitals and to generate substantial health benefits at resource-poor recipient institutions.

METHODS: We established a recovery and donation program to collect clean and unused supplies for healthcare institutions in developing nations. We analyzed items donated over a three year period (September 2010 to November 2013) by quantity and weight, and estimated the projected value of the program under potential nation-wide participation. To capture the health benefits attributable to the donated supplies at recipient institutions, we partnered with two tertiary-care centers in Guayaquil, Ecuador and conducted a pilot study on the utility of the donated supplies at the recipient institutions (October 2013). We determined the disability-adjusted life years (DALY) averted for all patients undergoing procedures involving donated items and estimated the annual attributable DALY as well as the cost per DALY averted both by supply and by procedure.

RESULTS: Approximately 2 million lbs (907,185 kg) per year of medical supplies are recoverable from large non-rural US academic medical centers. Of these supplies, 19 common categories represent a potential for donation worth US $15 million per year, at a cost-utility of US $2.14 per DALY averted.

CONCLUSIONS: Hospital operating rooms continue to represent a large source of recoverable surgical supplies that have demonstrable health benefits in the recipient communities. Cost-effective recovery and need-based donation programs can significantly alleviate the global burden of surgical diseases.

The Effect of Direct and Indirect Trauma Transfer to a Tertiary Care Center on Survival in a sub-Saharan African Setting

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INTRODUCTION: Strengthening trauma care in developing countries is crucial to reducing global trauma mortality. To assess effectiveness of a developing trauma system, we hypothesize that there are survival differences between trauma patients transferred from a referral facility and those taken directly from the trauma scene to a trauma center.

METHODS: We conducted a retrospective analysis of patients in the Kamuzu Central Hospital (KCH) trauma registry from 2008 to 2012. Analysis of patient characteristics and logistic regression modeling for survival comparing patient groups was performed.

RESULTS: There were 4,997 patients transferred from referring facilities and 41,088 patients transported from the scene. The transferred and scene cohorts were similar in age and sex. The mechanism of injury for transferred patients was 78.1% blunt, 14.5% penetrating, and 7.4% other, whereas for the scene group was 70.7% blunt, 24.0% penetrating, and 5.2% other. Mean time to presentation were 51.3 and 16.8 hours for transferred patients.