WFSA represents global anaesthesia at 71st World Health Assembly

The World Health Organization (WHO) Thirteenth draft general programme of work 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, since 5 billion of the world’s 7 billion people are unable to access safe and affordable anaesthesia and surgical care when needed, scale-up is essential to achieving universal health coverage (UHC), one of WHO’s key targets. It was this message that the World Federation of Societies of Anaesthesiologists (WFSA) brought to the 71st World Health Assembly (WHA) held in May 2018 in Geneva. As a non-state 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 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 & Communications Officer). We were also delighted to include representatives from the Nigerian Society of Anaesthesiologists, Lifebox, Nesta, an innovation foundation based in the UK, and the International Surgery Society in our delegation. While 2018 was not an official year for member states’ reporting progress against the 2015 WHA Resolution 68.15: “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage”, there was a strong anaesthesia presence at the WHA as a number of organisations joined Dr Walter Johnson, Lead of Emergency and Essential Surgical Care at the WHO, in advocating for increased attention on anaesthesia and surgery within the global health agenda.

In advance of the 71st WHA, the WFSA launched an update of the WHO-WFSA International Standards For A Safe Practice of Anaesthesia, co-published with World Health Organization (WHO) for the first time. The standards are recommended for anaesthesia professionals throughout the world and are intended to provide guidance and assistance to these individuals, their professional societies, hospital and facility administrators, and governments for improving and maintaining the quality and safety of anaesthesia care. The latest version was developed by the WFSA alongside the WHO, a momentous achievement in positioning anaesthesia and surgery on the world stage.

As part of efforts to outline the importance of anaesthesia and surgery within health systems the WFSA presented 5 official statements during the WHA and met with various key WHO personnel. WFSA statements highlighted that whilst the WHO and the global health community increasingly focuses on non-communicable diseases (NCDs), related language and action has centred on the prevention of these diseases but has ignored detection, management and treatment. Other statements highlighted the importance of discussing anaesthesia, pain management and palliative care when considering aging populations, and the need to ensure anaesthetic medicines, including ketamine and potent opioids, remain available for adequate patient care.

As well as making statements at the plenary sessions, the WFSA co-hosted a side event entitled “How Can We Scale-up Surgery and Anesthesia to Achieve Universal Health Coverage”, together with Lifebox and Nesta. The briefing event highlighted the important work being undertaken to support WHA Resolution 68.15, including the launch of the WHO-WFSA International Standards, the ten year anniversary of the WHO Safe Surgical Checklist, and the Surgical Equity Prize being launched by Nesta.
Similarly, the WHO Emergency and Essential Surgical Care (EESC) Programme 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 and collecting and disseminating indicators, as well as how the building blocks of surgical systems could be financed.

At the EESC event, the WFSA had the opportunity to present the WHO-WFSA International Standards, as well as launch the recently developed Anaesthesia Facility Assessment Tool (AFAT). The AFAT tool was designed in order to help regional and national anaesthesia and health care leadership to gather data about anaesthesia workforce, equipment, medicines and practice at the facility level. It is part of a shared effort to improve data collection and knowledge management in support of the implementation of Resolution 68.15 and to ensure that anaesthesia is represented in national health planning and in NSOAPs. The WFSA delegation also met with government representatives from Pakistan, Namibia and Kosovo to discuss the early planning of NSOAPs and the importance of collecting data on existing anaesthesia services in order to successfully plan the scale-up of surgical, obstetric and anaesthesia services. A follow-up meeting with the Pakistan Ministry of Health is already scheduled for November in Islamabad.

Previously Dr Tedros has stated that “surgical capacity is an essential part of universal health coverage and our political commitment and programmes must reflect that.”3 and as the next reporting year on WHA Resolution 68.15 approaches in 2019, it is essential that our community comes together to ensure our voice is heard in high-level discussions. Together we must advocate to strengthen anaesthesia within the strengthening of surgical systems in low- and middle-income countries (LMICs) in order to achieve Universal Health Coverage by 2030.