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Surgery & Health: Donor's View

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**COSECSA & RCSI Regional Training
Colloquium**

Visit to Irish Aid, Dublin

Surgery & Health: Donor's View

Diarmuid McClean, Development Specialist, Global Health

Friday 6 May, 2011, London

Health in Development

Our mission: Poverty reduction

- Health & AIDS - poverty circle
- Economic cost of poor health - investment
- Cost to public purse of poor quality services
- Public health paradigm
- Good times for health - rightly

Surgery in Health Development

- MDG 5 and MDGs 4 & 6
- 11% of global dz burden surgical
 - 66% of this obs & gynae
- Non-Communicable Diseases, incl trauma - neglected
- WHO leadership and opinion needed
- Basic expectation of public

Surgery in Health

- Quality and equity of access are now priorities - surgery is part of this
- Avoiding catastrophic household spend
 - poor access & quality keep people poor
- Attention to periphery of service
 - District & sub district

Surgery in Health

- Surgical practice is widespread
- Surgery quality unknown, variable, but unsatisfactory
- Training is traditional, outdated, unsuited to non-surgeons

Getting the job done is not good enough

- Fish or fishing
- Institutions, systems and leadership to
- deliver, oversee, network, maintain and
- be accountable
- for durable, incremental progress
- Hard and slow work

Getting the job done is not good enough

- Variety of providers is good and necessary
- Variety of players and approaches are helpful and welcome
- Plenty of room for projects

BUT

- We cannot afford fragmentation & varied standards
- Effectiveness and efficiency needs alignment and coordination - who does this?

Getting the job done is not good enough

- If you are not strengthening the wider system,
- Be sure that you fit - institutions & standards
- Are counted
- And accountable

Surgeons can't solve this...

- Essential but insufficient
- It's about surgical practice & skills, not surgeons - MOs, NPC, MLPs

BUT

- We fail without surgeons
- Move mountains with them
- Have provided inspired leadership
- Have great influence
- Passionate about public health

Regional approach works

- International standard setting
- Lends itself to North-South and South-South collaboration & p/ships
- Is invariably better involving inter-government structures SADC, EAC

Development is neither linear nor ever onwards and upwards

- Leaps and breakthroughs happen
- Innovation and research is vital
- Opportunities are time bound and moving
- It's a good time now for this
- Protecting gains requires vigilance, reflection, maintenance, admin and slog

Human resources for health is both risk and product

- Recruitment and retaining HRH is an obvious risk to success
- Systematic training and Q/A (support & supervision) is a recognised part-solution to this
- This is what many surgery initiatives are about

Are there untapped resources?

- Innovation in financing is needed and
- Single sourcing is too risky and a bit last year
- Even 'traditional' sources are underused
- Kind works as well as cash
- But does this field bring stakeholders that would like to be associated with a noble venture but need an invite?