

## Preface

Surgery is required to save lives, cure cancers and improve the quality of one's life. Yet if you have surgery in Africa, these benefits of surgery come at a cost. Patients are twice as likely to die following surgery than if they had surgery elsewhere.<sup>1</sup> Sadly in Africa, a mother is 50 times more likely to die following a caesarean delivery than in the United States,<sup>2</sup> and children are 11 times more likely to die following surgery compared to children in high-income countries.<sup>3</sup> Nearly a billion people in Africa, do not get surgery when it is needed, or receive surgery too late, or when they do get surgery, they are at increased risk of death following surgery.

To many people in high-income countries, Africa may seem a world away, and out of sight. Following a lecture I gave on these poor surgical outcomes in London in 2019, a delegate's response was "*so what?*" I had missed an opportunity to clearly communicate this health travesty. The importance and relevance of these poor surgical outcomes in low resource environments had been lost on some of the audience. This book is my response, as poor surgical outcomes in Africa will ultimately affect everyone, not just Africans.

On the occasions that people from well-resourced environments venture into Africa, the dangers of an under-resourced health system is superficially kept at arm's length by the potentially false security of 'medical insurance'. Whether one can access the best healthcare, should it be needed on an African safari for example, is mired by numerous impediments. While these impediments to quality care may befall the privileged when they least expect it, they are unfortunately an everyday occurrence for most who live in Africa, and other under-resourced environments.

Good health is dependent on a functional health system. It is not dependent on pockets of excellence, but rather on a fully integrated health system. The ability to provide quality surgical care is the backbone of any functional medical system. Surgery provides the building blocks to quality care across medical disciplines, by ensuring that the specific skills and resources needed for emergency and critical care are available to all disciplines. The ability to provide quality healthcare for a population is therefore intricately tied to the ability to provide a functional surgical service. This integrative role of surgery and anaesthesia across disciplines is largely unseen to most people. Without a functional surgical system, we experience the poor outcomes evident in Africa. It is time that everyone understands the need for safe surgery and anaesthesia, otherwise we will never achieve health equity in Africa.

This is a story of surgery in Africa. It is a story of mothers who die, and babies who, if they are fortunate to survive a surgical delivery, are often left with physical and mental challenges for the rest of their lives.<sup>2</sup> It is a story of poorly resourced and challenging surgical health systems, which are further compromised by the sheer vastness of the continent. It is a story of inadequate funding and foreign aid which is often inappropriate in allocation further driving inequitable healthcare.

This is a story of society's blindness to the need for global surgical equity. Africa is neglected, but it is a continent which will shine large in the coming decades. It will be of immense global importance, even to those who sit in their beautiful, warm homes miles away from Africa, because Africa (together with India) will be the centre of the universe for future generations, accounting for nearly 80% of the global population by 2100. This has important implications for ensuring the health and productivity of Africa, and more broadly, the world. Addressing

the inequity of surgical health in Africa will go a long way to improving the health of Africa. Good health contributes tremendously to global productivity, and conserves global funds which would have been wasted on the consequential management of poor patient outcomes associated with inadequate access to a holistic healthcare system. These funds could then contribute to other global priorities.

We know what needs to be done to reduce surgical inequity. But it is how to do it, that remains the challenge. There is tremendous learning that can help us overcome this challenge to deliver equitable surgical care, and these principles are discussed in this book. Some of these principles may be universal extending beyond mothers and surgery in Africa, to other low (and high) resource environments. These lessons may have impact for broader surgical and global health, and therefore contribute to health equity globally.

Global health is a collective responsibility. This is a story of the responsibilities that governments, funders, clinicians, patients, civil society, and the person in the street, all need to simultaneously embrace and own, if we truly want global health equity. Until we address the most basic physiological and health needs of our population, we will never be able to fully address the other planetary challenges facing the world.

I tell this story from the African perspective, as I have some familiarity with the African environment, but it is likely that a similar narrative is playing out across Asia, Oceania and other low and middle-income countries and regions. Finally, this is a story of hope and a new dawn for medicine and surgical health in Africa, and the people who are leading this phenomenal change.

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2. Bishop D, Dyer RA, Maswime S, et al. Maternal and neonatal outcomes after caesarean delivery in the African Surgical Outcomes Study: a 7-day prospective observational cohort study. *Lancet Glob Health* 2019;7(4):e513-e22. doi: 10.1016/S2214-109X(19)30036-1 [published Online First: 2019/03/19]
3. Torborg A, Meyer H, Elfiky M, et al. Outcomes after Surgery for Children in Africa a Fourteen-Day Prospective Observational Cohort Study (ASOS-Paeds). *Lancet* 2023:under review.