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Opinion paper

Moving forward the Lancet Commission on Global Surgery: The Karad Consensus Statement



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In 1993, a group of surgeons focused on serving the Indian poor split away from the predominant surgical professional society in India to form the Association of Rural Surgeons of India (ARSI).¹ Surgical access for the Indian poor, they argued, was not getting the attention it needed. Providing high quality health care to the vast majority of Indians would require innovative thinking on training more providers, making rural service more attractive, and building the requisite systems to enable surgical care in hospitals far away from the major cities.

Almost twenty years later, the global community would come to the same consensus. The vast majority of the world's population was without access to surgical care, said *Global Surgery 2030*, the report from The Lancet Commission on Global Surgery, and the solutions lay in a multidimensional approach encompassing infrastructure, service delivery, workforce training and education, information management and financing.² Surgeons from ARSI were critical partners in The Lancet Commission's *Global Surgery 2030* report; its members provided key inputs that gave the report rich, local context and credibility.³

It was no surprise, then, that upon release of *Global Surgery 2030* in April 2015, the Indians who had contributed much to the Commission asked the reciprocal question: What would the Commission do for India? Their request was simple: partner with ARSI and leverage the brand of The Lancet Commission and its institutional partners to highlight surgery and anesthesia for the Indian underserved. Thus began a collaboration between Harvard Medical School's Program in Global Surgery and Social Change and ARSI to adapt the Commission's global findings and core recommendations to the Indian context, covering a broad range of issues from maintenance of surgical equipment to standardizing policy on blood transfusions.

The recommendations that now comprise the Karad Consensus Statement (KCS) reflect short and medium-term solutions to surgical

access for India's poor, from the perspective of the clinicians focused on serving them. The KCS attracted broad support amongst civil society to academia to the public sector and to private industry at a World Health Organization, Lancet Commission on Global Surgery, and ARSI-sponsored surgical forum in New Delhi. These recommendations are seen as not only a stimulus for further debate and focus on these critical issues but as a starting point for guiding resource allocation, informing advocacy, and generating focused research. Perhaps ironic is that a collaboration that began with Indian clinicians demanding 'assistance' from their international counterparts has, in fact, been the perfect vehicle to cement the legacy of *Global Surgery 2030* as a research-policy document with real-world relevance – and it has been driven by Indian clinicians. We hope you join us in saluting the leaders in ARSI for advancing these issues in their country and those around the world who strive to do the same.

Conflict of interest

The authors have no conflicts to report.

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