



Letter to Editor: Can Mainstreaming Surgery Advocacy into NCD Advocacy Help Us Overcome the NCD Epidemic?

Manon Pigeolet¹ · Isobel Marks² · Zineb Bentounsi³ · Waruguru Wanjau⁴

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Sixty per cent of patients with cancer and 80% of patients with an injury are expected to need a surgical intervention [1]. Both are considered non-communicable diseases (NCDs), the topic of the 2018 UN General Assembly High-Level Meeting (UNGA HLM). Unfortunately, when examining the meeting's declaration [2], “surgery” is nowhere to be found, while pledges for integrating NCD care into Universal Health Coverage (UHC) are abundant. But is UHC truly achievable without integrating surgery and anaesthesia care into the health benefits package, which offers essential health services under a publicly funded UHC scheme?

Surgery is often considered as too expensive for low- and middle-income countries (LMICs) and has thus been neglected by global health advocates [3]. In fact, surgery can be a cost-effective intervention: caesarean sections and orthopaedic surgery are more cost-effective than medical treatment for ischaemic heart disease or antiretroviral therapy for HIV [4]. Why, then, can't the international community be bolder in their approach and political commitment towards surgery?

Surgery, as a treatment modality rather than a disease process, seems to be less appealing to the broader public. It lacks a clearly demarcated patient population that can speak up with one voice as a grass-roots group. However, in a Sustainable Development Goals (SDGs) era that

promotes integrated health services and prioritizes UHC, the establishment of safe and effective surgery and anaesthesia should be part of a holistic approach to health systems improvement. To overcome this long-standing neglect of surgery in NCD policy, we suggest moving away from the traditional vertical approach and a paradigmatic shift towards health system approaches. For what is the point in curing a child of malaria for them then to die of appendicitis? Integration is necessary not only for longevity but also for health equity, and the creation of systems is to serve communities rather than funders.

Mainstreaming is a process of assessing the implications of any planned action, including legislation, policies or programmes, in all areas and at all levels. The mainstreaming of surgery offers the possibility of integrating surgery-specific needs of patients in NCD policy. When mainstreaming surgery into NCD policy, we should not only ask ourselves what the impact would be for patients in need of medical or preventive care, but also what the impact would be for the surgical patient suffering from a NCD.

The earlier successes of introducing gender mainstreaming at various levels ranging from UN to governmental institutions offers us evidence on how to generate a cultural shift on the terrain [5]. Consequently, we suggest surgery-mainstreamed policy to be holistic, targeting both the international policy level and the local healthcare providers, surgeons themselves and patients.

Considering the pledges towards UHC in the SDGs and the upcoming UNGA HLM on UHC in 2019, we urge the international community to take a brave step into the direction of true health for all and consider surgical care as an integral part of NCD care. We advocate for a holistic approach to surgery and NCD care with new policy created

✉ Manon Pigeolet
manon.pigeolet@outlook.com

¹ Department of Political Sciences, Faculty of Social Sciences, University of Antwerp, Antwerp, Belgium

² Imperial College Healthcare NHS Trust, London, UK

³ Green Templeton College, University of Oxford, Oxford, UK

⁴ Maralal County Referral Hospital, Maralal, Samburu, Kenya

in an interdisciplinary manner and with a multi-level approach.

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Compliance with ethical standards

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