

*G4 Alliance Statements for UN High-Level Meeting Multi-Stakeholder Panels*

**High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR), 20 September 2023**

Multi-stakeholder Panel 2: "Ensuring equity through capacity building for PPPR and harnessing timely, sustainable and innovative financing and investment" from 3 to 5 p.m.

Thank you, Honorable Chair and Esteemed Colleagues, for the opportunity to make this intervention. It is my privilege to represent the 75 civil society organizations that make up the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care.

During the COVID-19 pandemic, systems for surgical and anaesthesia care played a vital role in national and local responses. The workforce, highly skilled in infection prevention and control and in delivering emergency and critical care services as part of operative care, was redeployed at the frontlines of the pandemic response. Surgical wards were transformed into critical care units for patients with COVID-19. Supply chains for surgical equipment and supplies were engaged to secure personal protective equipment, oxygen, medicines, and other devices and products.

Where available, comprehensive surgical and anaesthesia care, integrated with emergency and critical care, enabled an effective COVID-19 surge response. However, the reality is that 5 billion people—and 9 out of 10 people in low- and middle-income countries—lack access to safe, timely, and affordable surgery and anaesthesia. With 30 percent of the global burden of disease requiring some type of surgical treatment, this is a tragedy unfolding on a daily basis, and a tragedy that threatens to unfold with even more devastating consequences when we, as a global community, face the next pandemic.

As global leaders and funders look to the future, planning for important surveillance, diagnostic, and pharmacological capacity, our community is here with the reminder that the ability to provide care for critically-ill people cannot be an afterthought. Ambitious financial and technical resources for surgical, obstetric and anaesthesia care are urgently needed, as both a sound investment and a moral imperative.

Thank you for your time.

## High-Level Meeting on Universal Health Coverage (UHC), 21 September 2023

Multi-stakeholder Panel 1: "What is a primary health care approach and why does it matter?"  
from 11 a.m. to 1 p.m.

Thank you, Honorable Chair, for giving me the floor. It is my pleasure to speak on behalf of the 75 civil society organizations that make up the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care.

A primary health care approach to universal health coverage must include emergency and critical care services provided without delay, the delivery of basic surgical, obstetric, trauma and anesthesia care at first-level hospitals and health centers, and robust systems for referral and transport when more complex or specialized surgical services are needed.

Positioned at the apex of primary care, first-level hospitals play an important role in addressing the burden of disease from a wide range of conditions requiring timely surgery. Surgical services that should be readily available at early levels of care may include the surgical management of traumatic injuries, obstetric complications, and life-threatening abdominal conditions; diagnostic procedures; and treatments for a range of congenital and other neglected surgical issues as determined by local need. It is essential to advancing maternal and child health, to combating NCDs, to reducing poverty, to increasing economic prosperity and reducing inequity, and to meeting the Sustainable Development Goals as a whole.

Two-thirds of the world's population lacks access to safe, affordable surgical and anesthesia care when needed. When surgery is excluded from primary health care strategies, patients bear significant out-of-pocket and opportunity costs related to travel, missed work and school, and delays to care that lead to poorer outcomes, disability, and death. It is no surprise that surgical care is a leading contributor to catastrophic health spending.

Prioritizing surgery as part of primary health care means integrating access to these services at all levels of care, including strengthening surgical, obstetric, trauma and anaesthesia care at first-level hospitals; creating policies for financial protection, workforce optimization and quality improvement; and empowering communities to identify surgical care priorities and design access and prevention programs.

Thank you.

## High-Level Meeting on Universal Health Coverage (UHC), 21 September 2023

Multi-stakeholder Panel 2: "Aligning our investments for health and well-being in a post-COVID"  
from 3 to 5 p.m.

Thank you Honorable Chair for giving me the floor to speak. It is my pleasure to speak on behalf of the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care representing over 75 civil society organizations in the field of global surgery.

The lack of funding and political investment to strengthen surgical care globally became painfully visible during the COVID-19 pandemic. The versatile and technically trained health workforce that is able to manage anesthesia and ventilators for surgical patients, manage unstable trauma patients or react to surge events after disasters by reallocating resources and providing triage, is the same workforce that was needed to manage the COVID-19 pandemic, but proved to be absent in many settings globally.

In the care for chronic diseases such as non-communicable diseases, the surgical workforce plays an undervalued and often unrecognized role. Cancer patients require surgically-placed catheters to receive their cancer treatment, mental health patients require proper anesthesia to receive their electro-convulsion therapy, diabetic patients often require lower limb surgery related to nerve or arterial damage, and cardiac patients require cardiac interventions at a higher rate than ever before requiring anesthesia and sterile environments. Achieving goals for maternal and child health will require access to safe c-sections and repair for congenital conditions.

Recognizing this fundamental role the surgical workforce plays in the health workforce we call upon governments, funding agencies and private donors to mainstream funding for surgical care into existing funding streams for non-communicable diseases and maternal and child health as well as a policy evaluation threshold that examines the impact of health policy decisions on surgical care sustainability and expansion.