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Recommendations for including surgery on the public health agenda

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ABSTRACT

Background: Surgical care has made limited inroads on the public health and global health agendas despite increasing data showing the enormous need. The objective of this study was to survey interested members of a global surgery community to identify patterns of thought regarding barriers to political priority.

Materials and methods: All active members of the nongovernmental organization Surgeons OverSeas were surveyed and asked why surgical care is not receiving recognition and support on the public health and global health agenda. Responses were categorized using the Shiffman framework on determinants of political priority for global initiatives by two independent investigators, and the number of responses for each of the 11 factors was calculated.

Results: Seventy-five Surgeons OverSeas members replied (75 of 176; 42.6% response rate). A total of 248 individual reasons were collected. The most common responses were related to external frame, defined as public portrayals of the issue (60 of 248; 24.2%), and lack of effective interventions (48 of 248; 19.4%). Least cited reasons related to global governance structure (4 of 248; 2.4%) and policy window (4 of 248; 1.6%).

Conclusions: This survey of a global surgery community identified a number of barriers to the recognition of surgical care on the global health agenda. Recommendations include improving the public portrayal of the problem; developing effective interventions and seeking strong and charismatic leadership.

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1. Introduction

Globally, an estimated 2 billion people lack access to an operating room [1], and between 5 and 25% of populations in sub-Saharan Africa are estimated to need surgical evaluation [2,3]. In addition, surgical care is recognized as a vital component of a functioning health system and necessary to provide truly universal health care [4,5]. However, despite the documented need, surgery has made limited inroads onto the public health and global health agendas.

A number of organizations and initiatives have developed specific programs, documented the substantial burden of surgical disease, and advocated for surgical care. In addition, efforts are underway to further evaluate the problem [6,7]. In 2007, Shiffman and Smith [8] described a framework on determinants of political priority for global initiatives and looked specifically at maternal mortality. Preliminary investigations have begun to focus on the reasons why surgical care and anesthesia are not more prominent on the global health agenda [9,10].

One global surgery community, Surgeons OverSeas (SOS), is a United States-based nonprofit organization with a mission to save lives in developing countries by improving surgical care. Founded in 2007, this society comprises members representing over 15 subspecialties and with experience in over 31 different countries [11]. In this context, we sought to survey the SOS membership and apply the Shiffman framework to identify potential barriers to political priority and to plan for broader inclusion of surgical care by the public health and global health communities. These data should lead to a more consistent, systematic, and focused effort by those involved in providing surgical care.

2. Materials and methods

2.1. Data collection

Similar methods have previously been used to document the benefits of international rotations for United States surgical trainees [11]. Briefly, to elucidate potential barriers to the inclusion of surgical care on the global health agenda, over a 3-wk period in December 2013, all active members of SOS were contacted via e-mail and queried: "Please reply with 3 (or more) brief reasons why surgery is still not receiving recognition and support on the public health and global health agendas." The answers provided were free-text and not limited by space or scope. Respondents were allowed to provide more than three answers if desired, so as to not limit potential contributions. The respondents' country of origin was also noted. This study was approved by the SOS Research Committee.

2.2. Data analysis

All responses were noted verbatim and collected in an electronic spreadsheet (Microsoft Excel; Microsoft, Redmond, WA). To use the Shiffman framework to organize the responses, all free-text answers were analyzed by two independent investigators (A.L.K. and E.G.W.) and categorized into one of the 11 Shiffman factors for shaping political priority, which have been previously described in detail [8]. Briefly, these 11 factors used as categories included

1. Policy community cohesion: level of coalescence among those involved
2. Leadership: commitment of strong champions for the cause
3. Guiding institutions: leadership provided by coordinating organizations
4. Civil society mobilization: recruitment of grassroots organizations
5. Internal frame: degree of agreement of the policy community on root causes and solutions
6. External frame: portrayal of the problem to the external audience
7. Policy windows: capacity to capitalize on favorable global political opportunities
8. Global governance structure: extent to which current institutions are conducive to collective action
9. Credible indicators: availability of effective measures
10. Severity: extent of the problem
11. Effective interventions: availability of solutions to the problem

Any discrepancies were discussed between the two investigators until consensus was achieved. Equal weights were attributed to each response, and total responses for each factor were summed. Responses were also divided based on SOS member location, grouped as either high-income countries (HICs) or low- and middle-income countries (LMICs) according to the World Bank definitions.

3. Results

From 176 active SOS members who were contacted for their opinion, a total of 75 responses were received for a response rate of 42.6% (75 of 176). Of the respondents, 61 were from HICs and 14 were from LMICs. Most respondents included three reasons, although the number ranged from 1–9. Therefore, a total of 248 individual reasons were collected.

Examples of verbatim responses collected according to their classifications in the Shiffman framework is provided in Table 1.

The number of responses categorized by factor for HICs, LMICs, and overall is displayed in Table 2. Respondent answers were most commonly (60 of 248; 24.2%) related to external frame, defined as public portrayals of the issue in ways that resonate with external audiences, especially the political leaders who control resources. The second most cited reason was a lack of effective interventions, defined as the extent to which proposed means of addressing the problems are clearly explained, cost effective, backed by scientific evidence, simple to implement, and inexpensive (48 of 248; 19.4%). The least cited reasons were categorized as global governance structure (4 of 248; 1.6%), policy window (6 of 248; 2.4%), and civil society mobilization (6 of 248; 2.4%).