Closing the gap of children's surgery
in PakistanSimra Siddiqui,¹ Dominique Vervoort,² Alexander W Peters,^{2,3} Haitham Shoman,² Nabeel M Ashraf,¹ Irum Fatima,¹ Lubna Samad¹

To cite: Siddiqui S, Vervoort D, Peters AW, *et al.* Closing the gap of children's surgery in Pakistan. *World Jnl Ped Surg* 2019;2:e000027. doi:10.1136/wjps-2018-000027

Received 6 December 2018
Revised 3 January 2019
Accepted 8 January 2019

© Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹Center for Essential Surgical and Acute Care, Indus Health Network, Karachi, Pakistan

²Program in Global Surgery and Social Change, Department of Global Health and Social Medicine, Harvard Medical School, Boston, Massachusetts, USA

³Department of Surgery, Weill Cornell Medical College, New York City, New York, USA

Correspondence to

Dr Lubna Samad; lubna.samad@ird.global.com

Two billion children worldwide lack access to safe surgical and anesthesia care when needed.¹ The global pediatric surgical workforce is limited, and children and adolescents with surgical conditions often get absorbed into adult surgical services as pediatric surgeons are absent or overwhelmed. With an estimated population of 68.5 million children younger than 15 years (35% of the total population), Pakistan also faces similar challenges in delivering adequate surgical care to children. Despite investments in maternal and child health in recent years, Pakistan was unable to attain the Millennium Development Goals in 2015. The death rate from congenital anomalies before the age of 5 years is still 77.2 children per 100 000 live births, and a quarter of all deaths among children ages 5 and 14 years are a result of injuries.² Despite this high burden, pediatric surgical care remains limited throughout Pakistan, with 0.4 pediatric surgeons per million population in the entire country, in contrast to upper-middle and high-income countries which have more than two pediatric surgeons per million population.^{3,4}

Progress toward the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) by 2030 will require integration of children's surgery into surgical systems strengthening in all countries including Pakistan. The Global Initiative for Children's Surgery has recently released the *Optimal Resources for Children's Surgical Care* (ORECS), facilitating guidelines for emergency and essential surgical care for children in low-income and middle-income countries.⁵

On November 15–16, 2018, stakeholders from across Pakistan (federal and provincial ministries, professional societies, academic institutions, and public and private health sectors) and the international community gathered in Islamabad to discuss and lay the groundwork for the *National Vision for Surgical Care* (NVSC), a national surgical, obstetric, and anesthesia plan (NSOAP)

adapted to the Pakistani context. To address the persistent burden of childhood surgical conditions, children's surgery will be a major part of the NVSC and subsequent implementation through provincial surgical plans. The ORECS' framework can provide an opportunity for facilitating clear inclusion of children's surgery in the NVSC, provincial plans, and other NSOAPs around the world.

If we are to attain the SDGs and UHC by 2030, horizontal systems strengthening with a holistic focus on child health ought to replace current vertical approach to (non-surgical) disease silos. Only by doing so, in Pakistan and beyond, can we expect to ensure a healthy life for the two billion children currently without access to surgical and anesthesia care.

Contributors SS, DV: idea development, writing, final review. AWP, HS, NMA, IF, LS: writing, final review.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0>

REFERENCES

1. Meara JG, Leather AJ, Hagander L, *et al.* Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *Lancet* 2015;386:569–624.
2. IHME GHDx. GBD Results Tool [Internet], 2016. Available: <http://ghdx.healthdata.org/gbd-results-tool>
3. Lalchandani P, Dunn JC. Global comparison of pediatric surgery workforce and training. *J Pediatr Surg* 2015;50:1180–3.
4. Saing H. Training and delivery of pediatric surgery services in Asia. *J Pediatr Surg* 2000;35:1606–11.
5. Global Initiative for Children's Surgery (GICS) Collaborators. Optimal resources for children's surgical care. *World J Surg* 2018.