Comments Submitted to the
Twelfth Session of the UN Open Working Group on Sustainable Development Goals
June 19, 2014, New York, United Nations Headquarters

Thank you for the opportunity to comment on the zero draft of goals and targets prepared by the United Nations' Open Working Group (OWG) on Sustainable Development Goals (SDG). We represent a network of more than 20 Global Surgery and Anaesthesia organizations dedicated to improving access to quality surgical care and anaesthesia worldwide.

This statement is submitted on behalf of the International Federation of Surgical Colleges, International College of Surgeons, the International Collaboration for Essential Surgery, the Global Surgery Initiative at Johns Hopkins University, The Lancet Commission on Global Surgery, Consortium of Universities for Global Health, and 16 other surgical and anaesthesia organizations listed below.

We would like to commend the OWG for developing a comprehensive draft of goals and targets that represent an ambitious, yet achievable plan for working towards poverty eradication and sustainable development post-2015. We note, however, that Goal 3, the attainment of a healthy life for **all** people of **all** ages, needs further revision and consideration. Our comments will focus on this goal.

Goal 3 includes non-communicable diseases, injury, and mental health. We fully support the inclusion of these items. We note, however, that there is a startling lack of focus and attention on provision of basic surgical care, an integral component of health systems that profoundly affects at least 2 billion marginalized people around the world[1] and represents an estimated 11-15% of the Global Burden of Disease.[2] To promote health for all, neglected surgical diseases must be addressed. Non-communicable diseases (NCDs) do not include treatment and care for patients with obstructed labour, congenital anomalies, hernias, cataracts and emergency care for injuries from road accidents, burns and falls. Together with essential surgical care for diabetes, cancer, cardiovascular disease and chronic lung disease, these conditions affect all age groups, all socioeconomic strata, and widely represent major disease categories.

Around the world, gross inequity in access to surgical care continues. Nearly seventy-five percent of all surgical procedures are performed in higher income countries while the poorest third have access to only 3.5% of all procedures.[3] Unsurprisingly, these countries have the most underdeveloped surgical capacity (i.e. lack of skilled surgical workforce, training and infrastructure) with corresponding higher rates of injury and maternal mortality.[4]-[5] Surgical patients and victims of **neglected surgical diseases** such as women with obstetric fistula, children with untreated cleft lip and palate, clubfoot, or other congenital anomalies, people living with large tumors or advanced cancers due to lack of access to surgical care and those living with blindness due to untreated cataracts represent some of the most marginalized members of society.

The critical role of access to surgical care and anaesthesia has been gaining significant attention and support around the world.

- The World Health Organization has slated a resolution on increasing access to emergency and essential surgical care and anaesthesia as a component of Universal Health Coverage in May 2015.[6]-[7]
- Dr. Jim Yong Kim, president of the World Bank, endorsed surgery at the Lancet Commission on Global Surgery meeting, stating its "indivisible and indispensable role in health care."[8]
- Within the UN system, the Sustainable Development Solutions Network (SDSN) has recognized that surgery and anaesthesia have a crucial role to play in reducing the burden of death and disability worldwide, endorsing an indicator for the availability of surgical care "Waiting time for elective surgery" under Goal 5.
- At the 8th session of the OWG side event on women empowerment, the Government of Tanzania issued an official statement on their proposal to increase access to essential surgery as a sustainable development goal in the post-2015 agenda within the framework of universal healthcare.[10]

Sustainable provision of surgical care and anaesthesia represents a critical part of integrated primary health care, contributing to lower mortality and morbidity from neglected surgical diseases, reducing economic and social disparities, and preventing adverse health outcomes arising from the burden of injuries and non-communicable diseases. Attaining a healthy life for all people of all ages **therefore necessitates inclusion of essential surgical care** as a sustainable development goal that must be **explicitly stated**. Without surgical care, there can be no way that true universal health coverage or Goal 3 can be achieved by 2030.

We would therefore like to propose the following recommendations and changes to Goal 3:

- 3.4 by 2030 reduce by x% premature deaths from non-communicable diseases (NCDs), reduce deaths from injuries, including road traffic deaths, **reduce deaths from neglected surgical diseases**, promote mental health and wellbeing, and strengthen prevention and treatment of narcotic drug and substance abuse.

- We also recommend that sub-goal 3.6 **contain a definition of "universal health coverage" that includes essential surgical care as an important component of UHC.** This is consistent with the WHO Executive Board's recent approval of a technical item on "Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage", which is scheduled to be introduced as a resolution in May 2015.[11]

- We support the Health cluster statement proposals, especially goal 3.7: by 2030 ensure universal availability to safe, effective, quality and affordable essential medicines, vaccines, immunizations and medical technologies, including health and assistive technologies, and services, **including essential surgical care, anaesthesia**, and rehabilitation for all.

Thank you for giving us the opportunity to comment on this excellent draft report and for considering our recommendations. We look forward to further engaging with the Open Working Group as the post-2015 goals and targets are established.

Submitted by Global Surgery and Anaesthesia Partners

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International Collaboration for Essential Surgery (ICES)
Global Surgery Initiative, Johns Hopkins University (GSI)
American College of Surgeons (ACS)
Association of Surgeons of Great Britain and Ireland (ASGBI)
International Association of Humanitarian Medicine (IAHM)
International College of Surgeons (ICS)
The Lancet Commission of Global Surgery (LCoGS)
Alliance for Surgery and Anesthesia Presence (ASAP)
Consortium of Universities for Global Health (CUGH)
Association of Surgeons in Training (ASiT)
International Federation of Medical Students' Associations (IFMSA)
Consortium of Universities for Global Health (CUGH)
Association of Surgeons of Great Britain and Ireland (ASGBI)
UCSF Global Partners in Anesthesia and Surgery (GPAS)
UCSF Institute for Global Orthopaedics and Traumatology (IGOT)
University of Utah Center for Global Surgery
International Anesthesia Education Forum (IAEF)
Operation Smile
Kupona Foundation
IVUMed
Humanity First
Lifebox
Gradian Health
The Right to Heal

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