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## **Addressable health system factors adversely affect surgical outcomes for women in Africa – UCT study**

Women in Africa have double the risk-adjusted odds of having a severe complication or death after non-obstetric, non-gynaecological elective surgery when compared to international rates. This is according to a study conducted by a team from the University of Cape Town's (UCT) Division of Global Surgery and Department of Anaesthesia and Perioperative Medicine.

"Improving surgical care for women in low- and middle-income countries is a global health priority. While obstetric care has been prioritised over the last two decades, there is a need to expand this focus in a bid for equitable surgical care for all women," said Dr Amy Paterson, the study's first author.

The study, which was recently published in [\*The British Journal of Anaesthesia Open\*](#), is a secondary analysis of data from two large, similarly designed, observational studies, the African Surgical Outcomes Study (ASOS), which included data from 25 African countries, and the International Surgical Outcomes Study, which included data from 27 countries globally.

The new analysis focused specifically on the female, elective, non-obstetric, non-gynaecological surgical outcomes for an African-based and an international, non-African-based cohort. It found that, although at first glance the rates of severe complications appeared to be similar – with 2.9% (48/1671) of women in the African cohort developing a severe complication and 2.3% (431/18449) of women in the international cohort developing a severe complication – the African cohort was almost a decade younger, and had significantly fewer comorbidities. They also typically underwent more minor surgeries. This suggested that women in many African countries are experiencing a disproportionate number of severe complications and deaths following surgery, given their preoperative risk profile.

A risk adjusted analysis confirmed that were the patients and procedures to be globally equivalent in terms of risk, women in the African cohort would have twice the odds of dying or having a severe complication after surgery. "This indicates that health system factors, such as staffing and infrastructure, are severely affecting women's surgical care and health

in Africa. This not only affects these women, but has a ripple effect on their families, communities, and the macroeconomic development of their countries,” shared Paterson.

The finding that almost half (47.9%), or 23 of the 48 women who developed severe complications in the African cohort died while in hospital versus 18.1% (78/431) in the international cohort, is a particular cause for concern, said Paterson.

“The percentage of severe complications that result in death is known as the ‘failure-to-rescue’ rate and is largely determined and prevented by the early detection of potentially serious postoperative complications in the hospital setting, and fast and effective clinical action in response. However, with severe staff shortages and limited effective early warning systems, doctors and nurses are stretched and many hospitals in these settings are resultantly under-resourced to pick up these complications and act early enough. This is a major issue in African health systems currently.”

Paterson believes that while these statistics are currently despairing, the fact that they point to ways to improve healthcare for women in Africa is a reason for hope and a call to action. “This study reveals an important and addressable health equity issue and makes a case for an expanded focus in terms of funding and resources for women’s health and global surgery.”

The research team acknowledged that there are vast differences between and within African countries’ health systems and that this study needed to be read with this in mind. They explained that while the purpose of this study was to be a broad, initial advocacy piece, the hope was that it would inspire further research and investment into women’s holistic surgical care in African settings.

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***Issued by: UCT Communication and Marketing Department***

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