



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

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Global surgery strategies, systems crucial to ensuring timely, safe surgery – especially for women



UCT's Professor Salome Maswime has argued that worldwide, there's an unmet need for access to safe, affordable surgery and anaesthesia when needed.

Photo: Lerato Maduna/UCT

The first rural hospital patient who died on Professor Salome Maswime's watch precipitated a crisis most young doctors in community service experience. Was it her? Did she lack skills? In fact, she had done all she could, in a situation that was symptomatic of a larger, national crisis in healthcare systems – one reflected globally, and shaped by politics, economics and geography.

Of a population of almost 1.5 billion people in Africa – representing 16.72% of the world’s population – approximately one billion people lack access to safe and timely surgery, said Maswime, who later specialised in obstetrics and gynaecology at the University of Cape Town (UCT).

Now a professor and the head of Global Surgery in the Department of Medicine at UCT, she was speaking at her inaugural lecture on 12 July. The fifth in the UCT Inaugural Lecture Series, it was titled “From Caesarean-section-related complications to global surgical systems strengthening”.

Maswime is the president of the South African Clinician Scientists and chair of the Health Systems Trust Board. A strong advocate for women’s health rights and equity in surgical and maternal care, Maswime also advises and consults for several institutions, including the World Health Organization.

Sobering statistics

The global statistics also make for sobering reading. According to the Lancet Commission on Global Surgery, five billion people across the world lack access to safe, affordable surgical and anaesthesia care when needed. It is estimated that 143 million additional surgical procedures are needed each year to save lives and prevent disability, she said.

But the gap between surgical services and systems is widening. Global surgery strategies are needed to increase the number of surgeons and surgeries, improve surgical outcomes, decrease the need for surgery, and increase the cost-effectiveness of surgery.

“Worldwide, there’s an unmet need for access to safe, affordable surgery and anaesthesia when needed,” Maswime added.

But in low-income countries the surgical crisis is dire, particularly for pregnant women.

While caesarean sections are the most widely performed surgery in the world, an African study Maswime and colleagues conducted in 183 hospitals involving 3 792 patients across 22 countries showed that African women are 50 times more likely to die from caesarean section and infection complications than women in high-income countries.

“African women have worse surgical outcomes than women in high-income countries, even when they are healthier and younger at the time of surgery,” she said. “And the outcomes were worse during the COVID-19 pandemic.”

The drivers of these poor surgical outcomes are lack of access to care and delayed access to care; a shortage of specialists, equipment and resources; lack of multi-disciplinary care; poor infrastructure, pre-operative and post-operative care; and poor rehabilitation.

“Women in Africa are dying from preventable complications of surgery.”

Citing former United States president Barack Obama, who said that “change requires more than righteous anger; it requires a programme, and it needs organisation”, Maswime said, “That programme is global surgery”.

New, interdisciplinary field

Global surgery is a relatively new, interdisciplinary field of enquiry, research, practice and advocacy. It aims to bridge the gap between surgical services, surgical systems and surgical leadership. The field also proposes novel and innovative methods to strengthen surgical systems, by improving the quality of surgical care and increasing access to surgical care, and by reducing the need for surgery.

“The aim is to improve health outcomes and achieve health equity for all people who need surgical, obstetric and anaesthesia care, with a special emphasis on underserved, marginalised populations and those in crisis,” Maswime explained.

“But we are dependent on a functional system for us to have good outcomes. So global surgery is about looking beyond the theatre to what’s happening outside the theatre: access to care for everyone.”

One of the strategies for global surgery is to increase the number of surgeons and the number of surgeries, improve surgical outcomes, and decrease the need for surgery by looking at preventable conditions.

“Women survive surgical complications in settings with a functional health system; with access to multidisciplinary specialist teams and services, and efficient referral systems.”

Maswime’s recommendations include developing a pipeline of African global surgery scholars and developing surgical leadership. In Africa, this rests on vital collaboration between faculties, nations and governments, to design and lead evidence-based projects to improve surgical outcomes.

Story by Helen Swingler, UCT News

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Ridovhona Mbulaheni

Media Liaison Assistant
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 2333
Cell: (064) 905 3807
Email: ridovhona.mbulaheni@uct.ac.za
Website: www.uct.ac.za