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Gaps and Priorities in U.S. Contributions to Global Disease Challenges: What has the U.S. done well and not as well?

SURGERY IN THE DISTRICT HOSPITAL
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IOM Working Group Meeting



Challenges: The Burden of Surgical Disease

11.2% OF ALL DALYS, WORLDWIDE

- Injuries 4.3% *
- Malignant tumors 2.1%
- Congenital abnormalities 1.0% *
- Obstetric complications 0.7% *
- Cataracts & glaucoma 0.5% *
- Perinatal conditions 0.5% *
- Acute abdomen, infections, etc. 2.1% *

* = effective surgical Rx at the district level



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What Works & What is Cost Effective?

The District Hospital

For 250,000 people:

- 100 beds
- Operating room and maternity
- Laboratory and blood bank
- X-Ray
- Ambulance
- 6 "doctors", 26 "nurses", 25 other staff

In Africa:

Annual cost of surgical services: \$875,000

Cost per DALY: \$33 (in 2001)



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Gaps in Knowledge

- ❑ Cost and Relative Cost-effectiveness; Conflict and Synergy
 - District vs. Tertiary
 - Hospital vs. Malaria, TB, AIDS
- ❑ Value of new technology
- ❑ Referral
- ❑ Human Resources – who should do what?
- ❑ Supervision and Training
- ❑ Supply
- ❑ Information Systems
- ❑ Blood for transfusion – a model of the confusion



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U.S. Contribution

□ The U.S. as a Model:

- Wrong training
- Wrong technology
- Wrong system
- Wrong priorities

□ Is there anything useful?

- The surgical residency program
- Quality control
- Operations research – cost and effectiveness
- ??Big programs – Smallpox, Family Planning, TB, AIDS, Blood.
(But not solo, please!)



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Recommendations for U.S. Action

- Infrastructure expansion: SMALL, PUBLIC hospitals, patient transport, APPROPRIATE equipment.
- Tests of effective expansion: More transport v. more very small hospitals. Cost-effectiveness.
- Measures of progress: Met Need.
- APPROPRIATE training: mid-level providers, in-service training, guidelines and supervisor training.
- Tests of pay for performance.
- Supply systems.
- Safe blood, delivered where it's needed.

Strengthening Health Systems: The Right People in the Right Place with the Tools They Need

- A Time of Crisis: Privatization
Technology
Elitism
- Professional leadership and education.
Pull v. push.
- Professional and Financial incentives.
- SWAP, District Control, and Pay for Performance
- Transport and Education.