Noen refleksjoner rundt verdien av tiltak som BEST/Lifebox/Saving Lives at Birth

Dr Jannicke Mellin-Olsen, Bærum sykehus og President-Elect WFSA
Jannicke Mellin-Olsen
Conflicts of Interest:

• Secretary ESA
• President Elect WFSA
• Past President European Board of Anaesthesiology
• Consultant Anaesthesiologist Bærum Hospital, Norway

→ Many hats but not involving money
Anaesthesia and surgery unrecognised as public health issue

234 million operations are done globally each year

2015: a pivotal year for global anaesthesia

The Lancet Commission on Global Surgery

Disease Control Priorities – Third Edition (World Bank)

World Health Assembly Resolution 68.15
The Global Anaesthesia and Surgery Crisis

- 25 commissioners
- Advisers, researchers from 110 countries

www.thelancet.com/commissions/global-surgery
Global Surgery 2030

THE LANCET Commission on Global Surgery
Commission Launch | April 27, 2015 | London, UK
The Lancet Commission Survey on Global Surgery and DCP revealed:

• **5 out of 7 billion** people do not have access to **safe and affordable** surgery and anaesthesia when they need it.

• **16.9 million** lives were lost from conditions needing surgical care in 2010. In the same year, **3.84 million** people died from HIV/AIDS, TB and Malaria **combined**.

• There is a shortage of more than **2.28 million** specialist **surgeons, anaesthesiologists and obstetricians** worldwide.
the number of procedures needs to increase by 143 million per year (46%)

Of 313 million procedures, only 6% performed in the poorest 1/3 of the world
Catastrophic Health Expenditure

33 million people face catastrophic health expenditure due to payment for surgery and anaesthesia care each year.

Additional 48 million people face catastrophic expenditure due to non-medical costs (e.g. transport)

Poorest people and poorest countries affected most

Lancet Commission on Global Surgery, 2015
Anaesthesia and surgery can be remarkably cost effective...

• $3 billion is needed annually for universal coverage of essential surgery in district level hospitals

• This would create a return on investment of $30 billion
Global Anaesthesia and Surgery

• “Surgery is the neglected stepchild of global health.”
  • Paul Farmer

• “Anaesthesia is his invisible friend.”
  • Craig McClain
21 May WHA resolution A 68/31 on "Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage".
Uniting Anaesthesiologists to Improve Patient Care and Access to Safe Anaesthesia

Anaesthesiology is the practice of medicine dedicated to the total care of the patient before, during and after surgery. Anaesthesiologists are also experts in resuscitation, pain management and intensive care.

With a network of hundreds of thousands of anaesthesiologists in over 150 countries WFSA facilitates learning and promotes the highest standards of patient care around the world. Find out more about what we do.
What Workforce Density?

• LCGS Target: 20 SAO providers per 100,000

• How many PAPs (anaesthesiologists) are needed?
  • Development of anaesthesia services – leaders and teachers
  • Delivery of patient care

• Interim target: At least 5 PAPs per 100,000
  • First step towards adequate provider numbers

www.wfsahq.org
Information from 153 countries
97.5% of the world’s population
Massive workforce disparities
   Between WHO regions
   Between WB income groups
World Anaesthesiology Workforce

Density of Physician Anaesthesia Providers per 100,000 population

25.5
Norway

Population: 5,211,000
Physicians: 21,238
Surgeons: 3,751
Physician anaesthesia providers: 1,329
Nurse anaesthesia providers: 2,000
Other anaesthesia providers: 0

Click Country For More Info
World Anaesthesiology Workforce

Central African Republic

Population: 4,900,000
Physicians: 72
Surgeons: 9
Physician anaesthesia providers: 0
Nurse anaesthesia providers: 24
Other anaesthesia providers: 0
Even when NPAPs are included: 70 countries had a total anesthesia provider density <5/100,000.

>136,000 additional PAPs needed immediately to achieve a minimum density of 5<100,000 in all countries.
The Education Paradox

The places that most need to train people usually don’t have the time or the resources to do it.

Nepal
Anaesthesia Safety Is Improving...

Event rates for anaesthetic sole mortality by year

Bainbridge et al Lancet 2012 380: 1075-81
Anaesthesia Safety Is Not Improving In Low And Middle Income Countries...

Event rates for anaesthetic sole mortality by year

Bainbridge et al Lancet 2012 380: 1075-81
Anaesthesia Mortality Is Not Improving In Low And Middle Income Countries...

Event rates for anaesthetic sole mortality by year

- High income countries (HDI≥0.8)
- Low-income and middle-income countries (HDI<0.8)
- Small studies, low-income countries

Bainbridge et al Lancet 2012 380: 1075-81
SAFE Global Progress

• SAFE Obstetric Anaesthesia has now trained 1,554 anaesthesia providers in 18 countries.
  Bangladesh, Benin, Burkina Faso, Colombia, Congo, Ethiopia, Ghana, Honduras, Kenya, Liberia, Madagascar, Malawi, Papua New Guinea, Rwanda, Sierra Leone, Swaziland, Uganda, Zambia

• SAFE Paediatric Anaesthesia has now trained 653 anaesthesia providers in 8 countries.
  Uganda, Kenya, Ethiopia, Zambia, Malawi, Madagascar, Benin, Bangladesh
Trauma epidemiology

• **10%** of the world’s deaths are caused by injuries.

• Trauma makes **5.8 million victims** every year, mostly children and young adults in LMICs.

Poor countries have half the world’s cars but almost all of its fatal car accidents.
Life Saving Action

We exist to save lives and prevent disability in developing countries.

We teach front-line health workers how to deliver emergency medical care with only basic equipment.

This life saving training is completely free, funded by donations. Read more.

www.primarytraumacare.org
>300 courses annually

WHERE WE WORK
Assessing and managing the severely injured patient

The theory for early, rational and streamlined in-hospital management of the multiply injured patient

BEST Foundation: Better & Systematic Trauma Care
www.bestnet.no
Ketamine: a growing global health-care need

T. T. Dong¹, J. Mellin-Olsen² and A. W. Gelb³,*

KETAMINE: YOU WON'T FIND THIS SPECIAL K ON THE BREAKFAST TABLE

It won't be in anyone's cereal bowl, but Special K (ketamine) is finding its way into the hands of young people today at an alarming rate. Everyone has heard of 'date rape' drugs these days. Special K or ketamine is sometimes used as one of those date rape drugs because it is an anesthetic which makes it highly popular with sexual predators. The victim is somewhat incapacitated by the drug. Because it is colorless, odorless, and tasteless as a liquid, or a white or off-white powder, it is easily slipped into unattended drinks.
Is it possible to ensure the availability of Ketamine for medical use if labelled as a controlled drug?

The example of morphine:
Access to essential medicines that are controlled under the UN conventions is often limited, especially in LICs.

Access to morphine for pain treatment has increased over the past two decades - but only in a small number of countries.

2003:
6 HIC accounted for 79% of the total global morphine consumption
LIC, representing 80% of the world's population, accounted for just 6%.

Medicines: access to controlled medicines (narcotic and psychotropic substances)
WHO Fact sheet Nº336
June 2010
Morphine – the India experience

“In November, 1985, India enacted the Narcotic Drugs and Psychotropic Substances Act..

The resulting string of procedures to acquire opioids and narcotics for scientific or medicinal purposes is dizzyingly complex: up to six licenses are required for every consignment of morphine.

Many hospitals and medical schools have reacted by simply not stocking morphine. Most manufacturers, which are subject to the same legal restrictions, in turn have stopped producing it, and over the years, since the N.D.P.S. Act came into force, treatment for acute pain in India has greatly diminished.

Data from the International Narcotics Control Board and World Health Organization shows that medicinal use of morphine dropped by ninety-seven per cent in the country after the law was enacted, from seven hundred kilograms in 1985 to a low of eighteen kilograms in 1997.”
Baghdad, Iraq 05/16/03 A man screams in pain as a stab wound in his arm is stitched without anaesthetic in the Yarmouk hospital emergency room. Due to shortages in supplies the doctors were unable to treat the man with anaesthetic, or sterile sutures and gauze. Photo / Thorne
The EPM Approach - RAT

- **Recognize**
- **Assess**
  - Severity
  - Classification
  - Other factors
- **Treat**
  - Non-drug
  - Drug treatments
Interactive Teaching

• Short lectures
• Brainstorming
• Case discussions
Local Instructors – The “Cascade”

“One-half-one”

• One-day EPM workshop
• Half-day instructor workshop
• Runs / teaches more one-day workshops
Essential Pain Management
## WHO Surgical Safety Checklist

**Before induction of anaesthesia**

- **(with at least nurse and anaesthetist)**
  - Has the patient confirmed his/her identity, site, procedure, and consent?
    - Yes
  - Is the site marked?
    - Yes
    - Not applicable
  - Is the anaesthesia machine and medication check complete?
    - Yes
  - Is the pulse oximeter on the patient and functioning?
    - Yes
  - Does the patient have:
    - Known allergy?
      - No
      - Yes
    - Difficult airway or aspiration risk?
      - No
      - Yes, and equipment/assistance available
    - Risk of >500ml blood loss (7ml/kg in children)?
      - No
      - Yes, and two IVs/central access and fluids

**Before skin incision**

- **(with nurse, anaesthetist and surgeon)**
  - Confirm all team members have introduced themselves by name and role.
  - Confirm the patient’s name, procedure, and where the incision will be made.
  - Has antibiotic prophylaxis been given within the last 60 minutes?
    - Yes
    - Not applicable

**Before patient leaves operating room**

- **(with nurse, anaesthetist and surgeon)**
  - Nurse Verbally Confirms:
    - The name of the procedure
    - Completion of instrument, sponge and needle counts
    - Specimen labelling (read specimen labels aloud, including patient name)
    - Whether there are any equipment problems to be addressed
  - To Surgeon, Anaesthetist and Nurse:
    - What are the key concerns for recovery and management of this patient?
www.lifebox.org
Safety & Quality

Patient Safety Movement

ICRC

International Committee for the Red Cross (ICRC) Partnership

Lifebox

Occupational Wellbeing

The Helsinki Declaration on Patient Safety in Anaesthesiology

ISO

International Organization for Standardization

WFSA Liaison with the ISO

Official Liaison with WHO

WFSA Liaison with the ISO
The SAFE-T Campaign

• WFSA first produced the International Standards for a Safe Practice of Anaesthesia in June 1992

• The latest update of these Standards is a shared publication with the World Health Organisation (WHO).

It is now more important than ever to promote these standards particularly in areas around the world where they are most challenging due to shortages in workforce, infrastructure, medicines and equipment.

Sign up to the SAFE-T Network today!

www.wfsahq.org/SAFE-T
safe-t summit 2018

Date  Friday 13 April 2018
Venue  Royal Society of Medicine
       1 Wimpole Street
       LONDON
       W1G 0AE
Organised by  Anaesthesia Section, World
              Federation of Societies of
              Anaesthesiologists
Accreditation  6 CPD Points

about this event
The first ever SAFE-T (Safe Anaesthesia For Everybody - Today) Summit aims to advance the global patient safety agenda. Bringing together leading providers from the perioperative team we will highlight the importance of working together to address the healthcare challenges identified by the Lancet Commission on Global Surgery. In partnership with related industry, governments and NGOs, this one day Summit will
WFSA campaigns for global anaesthesia scale-up at 70th World Health Assembly
The Role of the WFSA in reaching the Goals of the Lancet Commission on Global Surgery

My experience from 20 years of Africa is that the seemingly impossible is possible.

— Hans Rosling —
THANK YOU

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linkedin.com/company/WFSA
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twitter.com/WFSAorg