



The Pan African Surgical Healthcare Forum 2023

Consensus Statement

32 African Ministries of Health gathered for two-days (13 and 14 July 2023) in Kigali, Rwanda and shared insights on surgical healthcare planning from Francophone, Lusophone, Spanish speaking, and Anglophone countries in 17 plenary sessions, and explored the current state of surgical policies across Africa in 4 moderated multi-country working groups. The Health Ministries developed a consensus statement on National Surgical Healthcare Plans/Policies through an iterative, evidence-based consensus development process.





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Country delegates unanimously agreed that national surgical healthcare plans/policies are important to Africa.

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Country delegates agreed that all African countries should complete their plans/policies at the soonest.

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Country delegates recognized that the building blocks of the plan/policy can be modified to address each country's needs.

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There was emphasis on "not being married" to the acronym NSOAP, as it may result in lack of buy-in from some key stakeholders.

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Country delegates agreed that surgical healthcare plan/policy implementation can lead to National Health Systems Strengthening.



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Country delegates urged all countries to accelerate progress towards UHC and the SDGs to meet the 2030 goals as specified in the WHA resolution 68.15.

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Countries need to urgently implement schemes for health insurance that cover all surgical conditions.

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The leadership of a "surgical healthcare plan/policy champion" would add value to the planning/policy-making and implementation.

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However, all country delegates cautioned NSOAPs alone are not the ultimate solutions to the lack of access to surgical care in the continent.

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Surgical plan/policy serves as the foundation, but implementation of the plan/policy is critical.





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Governments should commit to improve the surgical infrastructure and equipment and supply chain structure in their countries as part of plan/policy implementation.

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Country delegates recommended that surgical plans/policies should be designed to serve as integral components of the existing health care policy framework in countries.

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Country delegates agreed that surgical healthcare plan/policy development and implementation should be based on solid local evidence and data (from district level to national level).

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They also recommended that countries should strengthen and use their national health information systems and other healthcare data sources to capture surgical data.

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Countries should have clear surgical care monitoring and evaluation tools, and clear sets of indicators.





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- 16** Country delegates recognized the following opportunities in surgical healthcare plan/policy development and implementation: regional partnerships for sharing of resources and expertise; existing success stories in surgical planning/policy-making in African countries; a young and energetic workforce in African countries.
- 17** Country delegates identified the following barriers to surgical plan/policy development and implementation: inadequate financing for planning/policy-making and implementation; reduced political will and governmental ownership; competing priorities at a national and local level; human resource issues (lack of expertise and motivation resulting in brain drain); the systematic exclusion of surgical care in the last few decades from primary healthcare; shortage of resources; insufficient technical equipment and biomedical support; disparity between written budgets and actual financing of surgical care.
- 18** Country delegates agreed that proposed steps for National Surgical Healthcare Policy development are appropriate.
- 19** Country delegates agreed that the process should also include the community (end user) in planning, implementation, and leadership.
- 20** Country delegates concurred that policies should focus on the entire spectrum of surgical care (prevention, peri-operative care, and rehabilitation).
- 21** Plans/policies should also emphasize capacity building, quality of care, access to care and sustainability.
- 22** Country delegates proposed the creation of a Pan-African/regional Surgical Healthcare Policy monitoring system composed of member states to follow up the continental progress.
- 23** Monitoring and evaluation need to be aligned with Quality Assurance.
- 24** Countries encouraged the creation of a dedicated surgical care leadership department/directorate at the MoH level with dedicated and qualified professionals.
- 25** Country delegates want to see surgical healthcare plans/policies institutionalised within the national healthcare systems to allow for continuity.





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Countries should bring stakeholder sector ministries into an inter-ministerial task force for joint leadership and supportive supervision.

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Country delegates recommended this plan/policy should be embraced at the highest level of government (cabinet and parliament).

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Ministries of Health should create a committee (Technical Working Group) or advisory council of experts to advise and monitor the implementation of the plans/policies. The leadership structure should also be reflected at the district level.

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The World Health Organization should be an integral part of the planning/policy-making and implementation, in close partnership with Ministries of Health.

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Country delegates recommended that Ministries of Health should establish a budget line specific to Surgical and Anesthesia care.



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Budgets for surgical care should be managed at every level- from the Ministries of Health, Hospitals, and Health Centers. Budgets should be dynamic and incremental.

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The national essential drug and resources list should include the appropriate surgical equipment and consumables.

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Countries should implement innovative ways of surgical healthcare financing.



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Countries should engage the private sector to mobilize resources for surgical system strengthening

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Country delegates identified critical stakeholders in the process of surgical healthcare plan/policy development: including local governmental level leadership (Ministries of Health, Ministries of Finance); end users (patient groups and the community) such as women groups; the private sector and industry; professional societies; academia; Non-Governmental Organizations; the military; the World Health Organization and other global bodies; the African Union; funding agencies such as the World Bank, International Monetary Fund, the African Development Bank; regional bodies such as the Southern Africa Development Community, the East African Community, the West African Health Organization, the Economic Community of West Africa, the Economic and Monetary Community of Central Africa, and the Common Market for Eastern and Southern Africa among others.



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Ministries of Health should strengthen their partnerships with international organizations, regional bodies and development partners.

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Partnerships should be equitable and transparent.

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Stakeholders should be engaged early in the process of Surgical Healthcare Plan/Policy development.

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Country delegates underscored the value of celebrities as advocates for surgical planning/policy-making.

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All country delegates agreed that community level advocacy is essential to promote prevention of surgical diseases



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The role of the media as a positive influencer for surgical plans/policies is key for the implementation of African surgical healthcare plans/policies.

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Surgical systems improvement should be advanced as a public health concern.

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Country delegates recommended the following: facilitated and fast-tracked importation of equipment; taxation-free importation of surgical consumables and equipment; regional harmonization of training curricula; unified regional procurement system; standardization of care delivery guidelines and protocols; strengthening of biomedical and infrastructure maintenance.

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PASHeF should be an annual platform for countries to share experience, request for technical exchange and support, and engage global partners.

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PASHeF should invite other global partners to the annual sessions.



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PASHeF should be hosted by alternating countries.



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Each African country should have a focal person represented at the PASHeF.

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PASHeF should develop an inclusive governance system that is representative of the whole continent.



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All country delegates requested this consensus document to be formally submitted to their Ministers of Health for accelerated implementation.



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All country delegates recommended that issues of surgical healthcare should be an agenda item on ministerial meetings, both at the African Union meetings and at sub-regional meetings.





PASHeF

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