



Changing Mindsets: Why Surgery Must Be Recognized as Essential for Health Systems Strengthening

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The global health community today is facing significant turbulence. Major shifts in funding flows, geopolitical priorities, and research support, especially in low- and middle-income countries (LMICs), are compelling health systems worldwide to reconsider their organization and the allocation of scarce resources¹. In many LMICs, health systems and research are often dictated by external models that overlook local priorities. There is a growing call to empower local leaders to shape their health and development agendas. This involves fostering leadership that focuses on the community, encouraging research relevant to specific contexts, developing independent health policy systems, and transforming the dominant mindsets. The goal is to create equitable, relevant, and sustainable health systems that effectively serve their communities².

Surgical care has been overlooked in health systems due to perceptions that it is expensive, specialized, and secondary, a luxury that is considered only after basic health needs are fulfilled³. This perspective, not fully emphasized in some important historical declarations, like the Alma-Ata Declaration, has marginalized surgical care in policy and funding priorities. However, the global health agenda is evolving to recognize surgery as essential for Universal Health Coverage (UHC). Growing support from organizations like the World Health Organization underscores surgery's essential role in effective health systems and its potential to reduce health inequities.

The global health sector has traditionally viewed surgical procedures as complex and unaffordable in low-resource settings. However, new evidence indicates this view is

outdated, as many preventable deaths and disabilities, like obstetric emergencies, injuries, congenital anomalies, and certain cancers, require timely surgical intervention. Initially, community health workers (CHWs) models were resisted by physicians (and surgeons) worried about potential quality compromises. Yet, it is now recognized that CHWs are crucial for improving access, especially in marginalized and rural areas. While concerns about surgical access often stem from genuine quality issues, they can also be driven by political, financial, and professional interests, including fears of losing control over profitable medical services.

Currently, surgical success is often measured by volume rather than impact. We must adopt equity-centred metrics prioritizing lives saved, financial protection for families, and disability-free survival. Focusing on quantity over equity, such as urban-centric services, undermines the mission and purpose of surgical systems. It is essential to establish health system metrics and funding models that emphasize financial stability and health outcomes instead of merely counting procedures⁴. This shift requires technical reforms for efficiency and a cultural change in how we define success, embracing innovation, collaboration, and social impact.

The evolution also challenges the traditional one-way flow of expertise from the Global North to the Global South. LMICs are increasingly pioneering innovations that challenge this outdated paradigm. In Tanzania, nurse-led hernia camps have effectively addressed surgical backlogs in rural areas, demonstrating well-designed task-shifting models⁵. In India, anaesthesiologists



are leading the way globally in adopting low-carbon anaesthesia practices, reducing environmental footprints and costs through low-flow techniques and careful agent selection⁷. Mozambique has innovated by training mid-level “técnicos de cirurgia” to safely conduct major surgeries, including C-sections, in regions where fully trained surgeons are unavailable⁷. These innovations show that LMICs are not only adapting but also leading in creating equitable context-relevant health solutions.

Considering the carbon footprint of surgical procedures in hospitals, incorporating planetary health principles in surgical systems is essential⁸. We must evaluate the environmental impact of healthcare and adopt sustainable strategies to create systems that cater to vulnerable populations and advance global health equity, ensuring critical care for all. Traditionally, our focus has been on patient outcomes, often neglecting sustainability. Given the climate crisis, each surgical decision has environmental implications. By adopting climate-resilient practices and ethically sourced materials, we can enhance patient care and promote ecological sustainability. Using eco-friendly methods, like low-carbon anaesthetics, helps reduce emissions, minimize our carbon footprint, and improve resource efficiency while ensuring high-quality care⁹. This integration connects immediate medical outcomes to long-term environmental care, aligning surgical practices with ethical healthcare standards.

The global health community stands at a crucial crossroads. As funding landscapes evolve, priorities must be recalibrated, and long-standing assumptions reevaluated. This is not just a moment to fill funding gaps, but to rethink the structure of health systems in more just, resilient, and inclusive ways. Surgery must be recognized, resourced, and integrated as a vital pillar of strengthening health, including primary health care systems¹⁰. Surgery is critical to healthcare, especially in low-resource settings. Collaboration among governments, donors, civil society, and communities is essential to eliminate barriers and ensure access to quality surgical care for everyone and for all who need it.

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