

Closing the gap of children's surgery  
in PakistanSimra Siddiqui,<sup>1</sup> Dominique Vervoort,<sup>2</sup> Alexander W Peters,<sup>2,3</sup> Haitham Shoman,<sup>2</sup> Nabeel M Ashraf,<sup>1</sup> Irum Fatima,<sup>1</sup> Lubna Samad<sup>1</sup>

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Two billion children worldwide lack access to safe surgical and anesthesia care when needed.<sup>1</sup> The global pediatric surgical workforce is limited, and children and adolescents with surgical conditions often get absorbed into adult surgical services as pediatric surgeons are absent or overwhelmed. With an estimated population of 68.5 million children younger than 15 years (35% of the total population), Pakistan also faces similar challenges in delivering adequate surgical care to children. Despite investments in maternal and child health in recent years, Pakistan was unable to attain the Millennium Development Goals in 2015. The death rate from congenital anomalies before the age of 5 years is still 77.2 children per 100 000 live births, and a quarter of all deaths among children ages 5 and 14 years are a result of injuries.<sup>2</sup> Despite this high burden, pediatric surgical care remains limited throughout Pakistan, with 0.4 pediatric surgeons per million population in the entire country, in contrast to upper-middle and high-income countries which have more than two pediatric surgeons per million population.<sup>3,4</sup>

Progress toward the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) by 2030 will require integration of children's surgery into surgical systems strengthening in all countries including Pakistan. The Global Initiative for Children's Surgery has recently released the *Optimal Resources for Children's Surgical Care* (ORECS), facilitating guidelines for emergency and essential surgical care for children in low-income and middle-income countries.<sup>5</sup>

On November 15–16, 2018, stakeholders from across Pakistan (federal and provincial ministries, professional societies, academic institutions, and public and private health sectors) and the international community gathered in Islamabad to discuss and lay the groundwork for the *National Vision for Surgical Care* (NVSC), a national surgical, obstetric, and anesthesia plan (NSOAP)

adapted to the Pakistani context. To address the persistent burden of childhood surgical conditions, children's surgery will be a major part of the NVSC and subsequent implementation through provincial surgical plans. The ORECS' framework can provide an opportunity for facilitating clear inclusion of children's surgery in the NVSC, provincial plans, and other NSOAPs around the world.

If we are to attain the SDGs and UHC by 2030, horizontal systems strengthening with a holistic focus on child health ought to replace current vertical approach to (non-surgical) disease silos. Only by doing so, in Pakistan and beyond, can we expect to ensure a healthy life for the two billion children currently without access to surgical and anesthesia care.

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