United Nations E/CN.6/2023/NGO/21

Economic and Social Council

Distr.: General
29 November 2022

Original: English

Commission on the Status of Women
Sixty-seventh session
6–17 March 2023
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"

Statement submitted by Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

Statement

Access to Surgical, Obstetric, Trauma, and Anaesthesia Care is Empowerment and Justice for Girls and Women

Introduction

Increasing access to surgical, obstetric, trauma, and anaesthesia care is critical for empowering girls and women to make their own medical decisions, reduce morbidity and mortality, and improve health outcomes. Over five billion people globally don't have access to surgical care, with disproportionate burden in low- and middle-income countries, rural communities, and vulnerable populations. Girls and women are particularly at high risk of being left behind given entrenched gender inequities and the fact that they alone carry the burden of pregnancy and childbirth. Girls and women must have access to safe, timely, affordable, and respectful operative care.

Surgery

Women and girls need better access to surgical care. An example of this is cancers that affect women, many of which are preventable and treatable with increased access to screenings and adequate surgical care. Research estimated 18.1 million cancer cases in 2020 with 8.8 million cases affecting women. Of all cancers worldwide, breast cancer was the most common, affecting 2.3 million people, and women's reproductive tract cancers including that of the ovary, uterus, cervix, vulva, and vagina affecting over one million women. Cancer burden disproportionately affects low- and middle-income countries where 77% of cancers present in stage III and IV compared to 11% presenting at these stages in high income countries. Prevention is critical to eliminating cancers, and for girls and women this means access to cervical cancer screenings (pap smears, Human papillomavirus screenings), mammograms, and access to medical doctors to evaluate for concerning symptoms. Following cancer diagnoses, the next step for women and girls is often a surgical treatment plan to remove the cancer and/or reconstructive procedures after cancer removal. It is estimated that 45 million surgical procedures are needed each year, yet fewer than 25% of patients with cancer have access to safe, affordable, and timely surgery.

The high surgical burden, especially in low- and middle-income countries, for cancer treatment and follow-up, highlights the need for strengthening the global surgical workforce. Technological innovation is gradually meeting this need. Shifting tasks to non-surgical clinicians is creating greater surgical access. Distance learning through digital open-source video, 3D interactive digital platforms, virtual glasses for remote training and supervision, and encrypted smartphone messaging to share scans and discuss cases across geographies are all happening in places such as Sierra Leone, Tanzania, Mexico, and the Philippines. Girls and women who can reach care sites with capacity for surgical treatment have better outcomes because surgery is the best chance of a cure, particularly in early stages of many diseases, including cancer.

Obstetrics

Pregnancy has significant morbidity and mortality with over 290,000 pregnancy related deaths per year and over 951 million women without access to emergency obstetric care should they become pregnant. Access to safe surgical obstetric and gynaecologic care is an essential part of girls and women's reproductive health. Many reproductive procedures such as caesarean sections, obstetric emergencies, abortion,

sterilization, and contraceptive insertion and removal, to name a few, require access to safe surgery.

Obstetric emergencies can happen with any delivery and are often unpredictable. Having access to the proper medical supplies and resources, trained medical personnel, space, and a functional system for each delivery is critical to reduce maternal and fetal morbidity and mortality. Currently, one in five maternal deaths is due to haemorrhage. Properly recognizing and treating obstetric emergencies such as haemorrhage, obstructed labour, and sepsis, includes having a well-trained team to provide compassionate and competent care, and a strong surgical system to reduce maternal morbidity and mortality. Research indicates that less than 20 specialist surgeons, anaesthesiologists, and obstetricians per 100,000 people correlated with lower maternal survival, but every 10 unit increase in providers decreased maternal mortality by 13.1%.

A major surgical component of reproductive care is caesarean sections. The World Health Organization estimates 21% of all births are caesarean sections. The global rate of caesarean sections has risen from 7% in 1990 to 21% in 2021 and is expected to account for more than 30% of births by 2030. To accommodate the rapid rise in caesarean sections, hospitals worldwide must strengthen their surgical systems to ensure adequate hospital resources to perform these procedures. Further research highlights the indispensable nature of surgical care emphasizing that more than 100,000 maternal deaths could be avoided with timely surgical intervention and increased access to caesarean delivery. This could also reduce neonatal mortality by 30–70%.

Accessing medical and surgical care in order to safely terminate pregnancy or to receive emergency treatment for incomplete terminations is evidence-based and essential for reproductive care. However, women still face barriers to find safe, timely, affordable, geographically reachable, respectful, and non-discriminatory abortion, often resorting to unsafe measures to obtain an abortion. According to the World Health Organization, 45% of all abortions are unsafe, 97% of which occur in low- and middle-income countries. Three million women with complications from unsafe abortion do not receive postabortion care and each year, with 4.7–13.2% of all maternal deaths are due to unsafe abortion. In developed regions, it is estimated that 30 women die for every 100,000 unsafe abortions and in developing regions, that number rises to 220 deaths per 100,000. Lack of access to safe abortion care, including medical and surgical modalities, carries a high morbidity and mortality.

Trauma

Trauma injuries often affect a specific gender more significantly. Road traffic injuries and burn injuries are the two leading causes for trauma burdens of disease. The former disproportionately affects men, while the latter disproportionately affects women. According to the World Health Organization, burns account for an estimated 180,000 deaths annually, disproportionately affecting women in low- and middle-income countries. Data indicates that the increased rate of burn trauma in women is due to higher risks associated with open fire cooking, unsafe cookstoves, and self-directed or interpersonal violence. The overrepresentation of girls and women as burn victims highlights the vulnerabilities of being a girl and a woman including increased rates of interpersonal violence which disproportionately exposes girls and women to burns injuries. According to the World Health Organization, one in three women will experience interpersonal violence and 42% of those report injury as a consequence.

Treating trauma injuries in girls and women is critical to reduce morbidity and mortality in women. Burn victims in particular can lose essential mobility, and even the ability to see, eat, and hear. These morbidities can be reduced and even cured

through surgical care. Reconstructive surgeries for burn patients are essential because it extends life by providing a means for the patient to resume daily life.

Anesthesia

Surgical, obstetrics, and trauma care are only possible with anaesthesia where medical facilities can aid in pain management. Provision of anaesthetics in low- and middle-income countries is insufficient and data about access is spotty. Without pain management, performing breast, cervical, ovarian, uterine, and other girl and women specific procedures is impossible. While anaesthesia isn't absolutely necessary until obstetric complications occur, not having access to anaesthesia and surgery for women in labour is unconscionable given the severe and life-threatening outcomes of obstetric complications. Without a caesarean section and the required anaesthesia care, complications including uterine rupture, umbilical cord prolapse, placental disorders, and shoulder dystocia, to name a few, can result in significant maternal/fetal death and injury. Pain management and anaesthetic care during surgery is foundational to providing global surgical, obstetric, and trauma care.

Conclusion

States have a responsibility to provide safe, timely, affordable, and respectful surgical, obstetric, trauma, and anaesthetic care. Access to these services is a fundamental right for all women and girls which will empower women in their own medical decisions, reduce morbidity and mortality in women and girls and will further help those in low- and middle-income countries, rural communities and vulnerable populations. Access to surgical care will help countries achieve their Sustainable Development Goals (SDGs) specifically, relating to good health and well-being (SDG 3) and gender equality (SDG 5). Access to surgical, obstetric, anaesthesia, and trauma care provides justice and empowerment for girls and women.