ACCESS TO ESSENTIAL SAFE SURGERY FOR CLEFT:
AN NGO MODEL TO INCREASE ACCESS AND TRAINING THROUGH PARTNERSHIP AND TECHNOLOGY INVESTMENT

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More than 170,000 children are born each year in the developing world with cleft lip and palate, a surgically repairable facial deformity.

Millions are living around the world with unrepaired cleft, and millions more are living with other types of treatable surgical disease.

At last estimate, at least two billion people lack access to surgical care, and there is a critical shortage in skilled surgical and anesthesia providers.
• Have a higher rate of infant and child **mortality**
• Are more likely to be **abandoned** and **exploited**
• Are less likely to attend school or earn an income
Access to essential surgical care is a key component of achieving **Universal Health Coverage**.

- Access to safe surgery is a human right
- Access to safe surgery prevents avoidable death and disability

The poorest and most vulnerable are often the least likely to access quality health services or protection against financial risk.

- **Children and people with disabilities are often at the greatest risk for missing out.**
Surgically treatable diseases are a significant cause of worldwide disability.

Costs associated with unrepaired surgical disease include:
- Decreased personal productivity
- Removing other family members from workforce
- Societal cost of caring for the individual

Preliminary research indicates economic costs averted due to Smile Train cleft surgery are in the trillions USD.
Smile Train partners with hospitals and medical professionals in the field:

**EMPOWERMENT TRAINING**

Virtual Surgery Simulator
- Used in 91 countries around the world
- Recognized at SXSW Interactive, World Innovations Summit for Health (WISH) in Qatar, TEDMED’s the Hive
- Potential for widespread application to other specialties
Closure of Oral Mucosa

The gomgraf buccal sulcus incision is closed using several oblique oriented sutures, thus will relieve tension from the margins of the mucosal reconstruction. The mucosa of the upper lip is then closed with simple sutures, with care not to incorporate the musculature in the mucosal reconstruction.
Thank you.