



**Ministry of National Health**  
 Services Regulations & Coordination  
**GOVERNMENT OF PAKISTAN**



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United Nations Institute for Training and Research

# National Vision for Surgical Care 2020-25

*The Official Launch of  
Pakistan's National Surgical Plan*

**12 July 2021**

With the support of:



**PROGRAM IN GLOBAL SURGERY  
AND SOCIAL CHANGE**

Harvard Medical School



**INDUS HOSPITAL  
&  
HEALTH NETWORK**



**THE  
GLOBAL  
SURGERY  
FOUNDATION**

**LAUNCH EVENT REPORT**

## Executive Summary

As a signatory to WHA Resolution 68.15, Pakistan has taken a lead as Asia's first country using a tailored approach to develop a national surgical plan using the [NSOAP framework](#), Pakistan's Ministry of National Health Services, Regulation and Coordination (MoNHSR&C) has fully endorsed the vision as part of National Health Vision 2016-2025.

Pakistan's surgical plan, titled National Vision for Surgical Care (NVSC) 2020-25, was completed in 2020 after a rigorous development process involving key stakeholders from government, private sector and donor agencies, as well as national, and international experts. After careful evaluation and approval by the MoNHSR&C, NVSC 2020-2025 was formally launched at an event in Islamabad in July 2021. The event was jointly hosted by the MoNHSR&C Government of Pakistan and the United Nations Institute for Training and Research (UNITAR), with the support of Harvard's Program in Global Surgery and Social Change, Indus Hospital & Health Network (IH&HN), and the Global Surgery Foundation (GSF). Broad participation with high level government representation as well as a broad range of experts and donors made this a well-attended event. Participants agreed on the urgent need to translate NVSC into an actionable plan to upscale surgical care as a pathway towards achieving Universal Health Coverage, and offered full support to achieve this goal.

# The Official Launch of Pakistan's National Surgical Plan

Monday, July 12th, 2021 @ 3:30-5:00 PM (PKT)/12:30-2:00 PM (CET)

The event was organized as a hybrid face-to face / online meeting in which Pakistan delegates met in the Committee Room of the MoNHSR&C, while international delegates and speakers attended online. The event marked the acceptance by the Government of Pakistan's surgical plan with its mission to ensure that all Pakistanis have access to safe, timely, and affordable emergency and essential surgical, obstetric, and anesthesia care services so that they may live healthy and productive lives.

The event recording can be watched [here](#).

## Background

Safe surgical and anesthesia care in low-and-middle income countries (LMICs) has not progressed substantially during the last 25 years despite significant advancements in global health. Worldwide, five billion people lack access to surgical care due to a paucity of health facilities, poor infrastructure, inappropriate health workforce, and low financial protection. An estimated 16.9 million people die each year from surgically preventable causes of death, with 95% of these deaths occurring in South Asia and sub-Saharan Africa. It is important to note that while the mortality rate due to surgical diseases is four times more than due to HIV/AIDS, malaria, and tuberculosis combined, very little investment has been made to strengthen surgical systems. Recognizing this gap, in May 2015 the World Health Assembly passed a resolution (WHA68.15) that commits to "strengthening emergency and essential surgical care and anaesthesia as an essential component of universal health coverage". In the same year, the Lancet Commission on Global Surgery (LCoGS) published its findings and highlighted the inequity in surgical care. The LCoGS proposed the national surgical, obstetric and anaesthesia plan (NSOAP) as a strategic framework to guide countries to strengthen surgical platforms and emphasized the need for collection of defined surgical indicators to track progress. Subsequently, four out of these six indicators were adopted as part of the World Development Indicators.

## Pakistan's National Vision for Surgical Care

As a signatory to WHA Resolution 68.15, Pakistan has taken a lead as Asia's first country to develop a national surgical plan named as NVSC 2020-25. Pakistan has a devolved health system with a federal ministry of health (MoNHSR&C) and four provincial health departments, working autonomously to implement strategic plans developed under the National Health Vision 2016-2025 (NHV2025). Previously, surgery and surgical services were not a stated priority area and subsequently overlooked by planners and policy makers at key forums. Utilizing the NSOAP framework, NVSC 2020-25 was developed by a broad spectrum of relevant stakeholders to highlight current gaps in surgical care delivery and provide a strategic direction to strengthen surgical systems in the country.

The NVSC process was led by the MoNHSR&C in collaboration with IH&HN, and technical support provided by the Program for Global Surgery and Social Change (PGSSC), Harvard Medical School and the World Health Organization's Programme in Emergency and Essential Surgical Care. A National Stakeholders' Conference was convened in November 2018 to develop a board stakeholder engagement with public and private, national and international stakeholders committing to a roadmap for improving surgical care in Pakistan through a "Consensus Statement" that was released at the end of the conference. This summary statement was expanded based on stakeholder input provided during the two-day conference as well as during provincial consultations held in March 2019, leading to finalization of the NVSC 2020-25 document. Subsequently, this draft document was finalized and approved by MoNHSR&C in April 2021.

The implementation of the Universal Health Coverage-Benefit Package (UHC-BP) Pilot Project in Pakistan provides a unique opportunity for integration of surgical systems strengthening as a key component of overall health system optimization. Technical expertise on the surgical component of UHC-BP was provided by IH&HN team; in particular, the need for surgical care for children is an essential part of this package. Thus, UHC-BP provides a timely vehicle for implementation of NVSC.

## A dire need for surgical systems strengthening in Pakistan

- Pakistan has an established public sector health infrastructure but lacks utilization of services due to inappropriate distribution of workforce and resources, especially at the secondary level of healthcare.
- Pakistan has a high maternal mortality rate of 186 per 100,000 of population. Many of these deaths could be prevented with ready access for emergency obstetric surgical care, particularly at the secondary level.
- With a population of around 227 million, the need for surgical care is rapidly increasing and current surgical systems are unable to cope with this growing demand.
- An estimated additional 10 million surgeries need to be performed every year to address this unmet need.
- Pakistan has only 6 surgeons, obstetricians and anesthesiologists (SOA) per 100,000 of population against the minimum target of 20 per 100,000 proposed by the LCoGS.



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15:35-15:45 | Pakistan's commitment to Universal Health Coverage



**Dr. Faisal Sultan**  
Special Assistant to the Prime Minister on Health, Pakistan

15:45-15:55 | The key role of surgical care in achieving SDGs



**Mr. Nikhil Seth**  
UN Assistant Secretary-General  
Executive Director of UNITAR

15:55-16:10 | Surgery as an integral part of UHC-EPHS for Pakistan



**Dr. Ala Alwan**  
Emeritus Regional Director, World Health Organization  
EMRO

16:10-16:25 | Strengthening surgical systems in Pakistan



**Dr. Lubna Samad**  
Paediatric Surgeon, IHHN  
Director, IRD Global

16:25-16:40 | Challenges in NSOAP implementation: a call to action



**Dr. Kee Park**  
Director of Policy and Advocacy, Program in Global Surgery and Social Change, Harvard Medical School

16:40-16:50 | GSF's commitment to scaling surgical care in Pakistan



**Dr. Geoff Ibbotson**  
Senior Health Advisor, UNITAR  
Executive Lead, Global Surgery Foundation

15:30 (PKT)/ 12:30 PM (CET)

15:30-15:35 | Recitation

Moderator



**Mr. Alex Mejia**  
Director, Division for People and Social Inclusion  
UNITAR

16:50-17:00 | Closing Remarks



**Dr. Nausheen Hamid**  
Parliamentary Secretary for Ministry of National Health Services, Regulations and Coordination

## Event Summary



### **Dr. Faisal Sultan** **Special Assistant to the Prime Minister on Health, Pakistan**

1. Dr. Sultan commenced by highlighting challenges facing Pakistan's health system, in particular in terms of expanding population and the lack of a "safety" net for those falling ill.
2. He stressed the government's commitment to further improve the health of the population by offering safe, high-quality services, as well as the availability of a universal health insurance plan.
3. Dr. Sultan closed his speech by voicing his aim for today's event: to go beyond a discussion and work towards implementation with concrete actions.



### **Mr. Nikhil Seth** **UN Assistant Secretary-General Executive Director of UNITAR**

1. Mr. Seth welcomed the government of Pakistan's commitment to strengthen its health systems towards attaining universal health coverage. He noted the country's leadership in finding solutions to increase access to surgical, obstetric and anesthesia care solutions that will ultimately save thousands of lives, with the new surgical plan being a pivotal step forward for the country.
2. He stressed that even before the COVID-19 pandemic, there was a great need to establish UHC in every country. Strong surgical care systems can be rapidly and effectively repositioned to deal with the needs of treating COVID-19 patients. The importance of investing in surgical care has never been more evident as we begin the slow recovery from the terrible effects of the COVID-19 pandemic.
3. Mr. Seth also referenced the challenge of addressing NCDs which have become the leading cause of premature death globally. Surgical care systems are the foundation of treatment for many of these NCDs, including cancer traumatic injury and complications due to childbirth. He offered UNITAR's commitment to support the improvement of access to safe and affordable surgery for all people and underlined the important work done through The Global Surgery Foundation which serves as a common platform for all global surgery stakeholders.



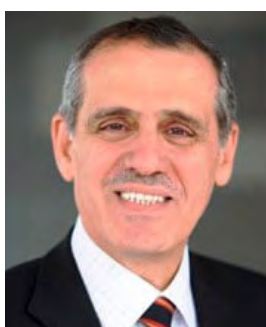
### **Dr. Muhammad Safi Malik** **Advisor UHC at the Ministry of National Health and Services Regulations and Coordination, Pakistan**

1. Dr. Malik introduced Pakistan's UHC-BP and its development process, while highlighting surgery as an integral part within the package, with 20 surgical interventions included.
2. He outlined the Global Initiative on Disease Control Priorities (DCP3), funded by the Bill & Melinda Gates Foundation, and led by the University of Washington, USA. The UHC-BP was based on the interventions proposed in the DCP3 and includes both health sector interventions and intersectoral interventions. Dr. Malik noted that Pakistan was the first country to use this approach of evidence and cost-effective interventions to develop the essential package of health services across different levels of the healthcare system.
3. He concluded that the National Vision for Surgical Care has now become part of a larger national vision and has also been embedded within the essential package of health services. Implementation will be based on very meticulous planning and a gradual scale-up so that the key objective of reducing the burden of surgical disease in Pakistan and improving the health of its population can be achieved.



**Dr. Lubna Samad**  
Paediatric Surgeon, Indus Hospital & Health Network

1. Dr. Samad commenced by emphasizing the need for a national surgical plan in Pakistan, echoing a growing global momentum, whereby countries realize that the surgical system forms an integral part of their health system.
2. She noted that the country of Pakistan faces a severe need to upscale the provision of safe and affordable surgical care, highlighted by the fact that 10-17 million additional surgical procedures are needed every year. She also noted the low density of SAO service providers in the country, the urban-rural divide in terms of surgical service availability, as well as the large drain on financial resources surgical care places on the population.
3. Dr. Samad provided a comprehensive overview of the development and substance of the National Vision for Surgical Care which resulted from a strong push from within the country as well as from the international global surgery community.



**Dr. Ala Alwan**  
Emeritus Regional Director, World Health Organization EMRO

1. Dr. Alwan congratulated the government of Pakistan for the great commitment and the intensive engagement in developing the UHC package and applauded the uniquely inclusive approach taken in developing the package in Pakistan in a process that included all stakeholders through intensive collaboration.
2. He further noted that surgery is critical for achieving UHC and that conditions requiring surgical interventions are globally responsible for a substantial burden of disease, which was also reflected as one of the conclusions of DCP3.
3. Dr. Alwan's talk also explored major challenges to the implementation of surgical services, including the financial risk it can pose to patients, as well as human resources constraints. To implement the NVSC 2020-25, it will be essential to focus on addressing the overall health system and to redesign it, addressing key gaps that currently exist within.



**Dr. Kee Park**  
Director of Policy and Advocacy, Program in Global Surgery and Social Change, Harvard Medical School

1. Dr. Park spoke about the global surgery movement in a broader context. Currently, there are over 50 countries that have completed, or are in the process of developing a national surgical plan - a number representing more than half of all LMICs. Within this group of countries, Dr. Park highlighted Pakistan as being one of the leaders.
2. He continued by covering key challenges facing NSOAP implementation, being a very complex issue that needs to be approached in a framework that builds on the foundation of a health system. Dr. Park introduced the NSOAP Manual, recently published by UNITAR, The Global Surgery Foundation and Harvard PGSSC, as providing such a framework ([download](#)).
3. Dr. Park identified a lack of financial resources as a top challenge to NSOAP implementation. There needs to be access to sustainable sources of funds. The recent decision of USAID to open up support for strengthening surgical health systems can create additional funding streams. He concluded with a clear call to action: there has never been a better time than now to attack this issue of surgical despair, surgical care, and surgical equity. He invited ministries of health to engage with representatives of USAID, the World Bank, and other major donors in their countries, to convey the great need for financing efforts to scale surgical care provision.



### **Dr. Geoff Ibbotson**

**Senior Health Advisor, UNITAR and Executive Lead, Global Surgery Foundation**

1. Dr. Ibbotson introduced The Global Surgery Foundation (GSF), the concept for which was developed by global leaders over the past six years and formally established as an initiative within the UN system in early 2019, with a formal launch at the annual World Economic Forum Annual Meeting 2020 in Davos, Switzerland. Since then, the GSF has gained considerable momentum through the building of diverse partnerships with leading academic centers professional societies, funders, and frontline implementing partners.
2. He noted that the GSF serves as a common platform, embedded in the UN system, for all stakeholders and can facilitate the upscaling of surgical care systems through research, policy shaping, monitoring, and educational platforms, alongside digital marketplace that aims to offer equitable access and simplify the procurement process for equipment and supplies. In addition, the GSF can serve as a coordinated funding platform using a similar approach employed successfully by the Global Fund and GAVI.
3. Dr. Ibbotson emphasized that mobilizing external development assistance that can supplement a government's commitment continues to be a key challenge to NSOAP implementation – even though financial benefits far outweigh the costs. He offered GSF's support to governments seeking to develop and implement their surgical plans integrated into their national health strategies, providing a strong collaborative platform for all stakeholders involved in the process.



### **Dr. Nausheen Hamid**

**Parliamentary Secretary for Ministry of National Health Services, Regulations and Coordination, Pakistan**

1. Dr. Hamid highlighted today's launch of the national surgical plan is a key event for healthcare in Pakistan. She echoed the comments made by the experts from all over the world and noted that there was consensus that surgical care needs to be included as an important part of public health policy.
2. She stressed that, in a setting with limited resources, such as in Pakistan, it is even more important to base intervention on good evidence – so that available financial and human resources are used most efficiently. In this light, she was pleased to see how the surgical plan is linked with the government's broader National Health Vision.
3. Finally, Dr. Hamid applauded the surgeons, obstetricians, anesthesiologists who are taking the lead in developing and implementing the surgical plan, as their understanding of the patients' needs as well as of the current surgical system in Pakistan is unparalleled. She thanked the team that worked on developing the surgical plan, organized the launch, and supports the implementation.

## Key results

1. Official recognition of NVSC 2025 as a key strategic document and an addendum to NHV.
2. NVSC to guide surgical care strengthening in Pakistan through the implementation of Essential Package of Health Services as a part UHC-BP developed for Pakistan.
3. A call to action by MoNHRS&C leadership to prioritize implementation of NVSC.
4. A clear call to action to major funding agencies for engagement in funding the implementation of the plan.

## Next steps

1. Baseline survey of public and private sector surgical care in identified districts of Pakistan.
2. Based on the survey results, developing a plan for upscaling surgical care especially at the secondary level.
3. Incorporating surgical system strengthening initiatives into provincial health strategy and plans.
4. Working with professional societies and credentialing bodies to adapt training of required surgical, anesthesia, obstetric and allied providers to meet national needs.



Figure 1 – The event brought together a group of distinguished speakers.



Figure 2 - Dr. Faisal Sultan, Special Assistant to the Prime Minister on Health, Pakistan addresses the audience.