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Global Initiative for Children's Surgery

January 2018 Update: GICS III Meeting

GICS is thriving!

Freshly home from an exciting and successful third meeting in Vellore, we have come to the realization that so much is happening so quickly that we need a new way of communicating with our members to keep them abreast of our doings. Hence is born the first of monthly email missives—this one by necessity much longer than future ones. Please let us know of any information you would like included in the emails, including interesting anecdotes or partnerships that you would like featured.

We begin with one such featured story:

Serendipity and collaboration at a hotel in Chennai



The players:

- **4 GICS members**, who had just traveled by car from Vellore following the meeting to a randomly chosen hotel in Chennai
- **Luc Malemo**, a GICS member who had been refused admission to his flight to Montreal that morning because he did not have a visa to transit through the US and who was taken by taxi to the same randomly chosen hotel
- **Mr Sai Kiran Karmal**, an Indian man who had previously worked at a travel agency and who had recently arrived in Chennai

The moment:

The 4 GICS members arrived at the hotel, just as Luc returned to the lobby following a 3-hour nap in his room, and just as Mr Karmal entered the hotel to exchange some money.

The collaboration:

The 4 GICS members pool their resources to determine that Luc indeed needs a new ticket, Mr Karmal contacts his friend and former colleague at a travel agent, all hover over a computer assessing various flight options, and 2 hours later, Luc returns to the airport and is on his way again, courtesy of the kindness of strangers, collegiality developed over 2 years of GICS, and the generosity of William Harkness who paid for his new ticket.

GICS III, the meeting



Vrisha Madhuri and her local organizers at Christian Medical College, along with Naomi Wright and Jamie Anderson masterminded a fantastic third meeting of GICS in Vellore. Attended by 109 people (two-thirds of those from LMICs) from 31 countries, the meeting was hosted at the Centre for Stem Cell Research, which offered ample meeting space along with a lovely, shady outdoor setting for relaxing with colleagues during tea breaks and lunches. Kudos not only to the organizers, but also to all members who joined and contributed their voices to make this meeting such a resounding success!

The first day

After Kokila Lakhoo and Vrisha Madhuri provided opening remarks, Diana Farmer sent a welcome video outlining objectives for GICS III, to include implementation of the Optimal Resources for Children's Surgery (OReCS) document, defining bellwether procedures for children, incorporating children into National Surgical, Obstetric, and Anesthesia Plans (NSOAPs), and networking. Keith Oldham updated the group on GICS becoming a non-profit organization since GICS II, and he outlined the structure of the leadership.

Then Emmanuel Ameh, Steve Bickler, and Doruk Ozgediz presented the latest version of the OReCS document. After a few refinements by reviewers at the WHO, the intent is to publish it and

level of the healthcare system and for every subspecialty.

Next we were treated to several presentations describing current partnerships involving GICS members:

- Vellore-RCS Training Partnership (Vrisha Madhuri and Richard Stewart)
- Nicaragua Project (Neema Kaseje, Operation Smile Team)
- Kids OR (David Cunningham and Garreth Wood)
- Children's Surgery in Rural Ghana (Britta Budde-Schwartzman)
- Gastroschisis Multi-Centre Interventional Study (Naomi Wright)
- Global PaedSurg Research Collaborative (Naomi Wright)
- Met and unmet need for children's surgery in Somaliland (Tessa Concepcion and Emily Smith)
- Global Survey of Paediatric Neurosurgery - Surgical Workforce and Bellwether Procedures (William Harkness)
- Camp for free hernia surgery in Cote d'Ivoire (Rouma Bankole)
- Paediatric surgery service provision, Goma, DRC (Jacques Fadhili-Bake)
- Clinical Profile and Outcome Analysis of Surgical Patients in PICU (Rashmi Kumar)
- Starting from Nothing - Pediatric Surgery in North-East India (Prof Borah)
- Children's Surgical Care Provision in Afghanistan (Rahimullah Hamid)
- Spina bifida and hydrocephalus project, Rwanda (Laurence Ntawunga)



Following a delicious buffet lunch, we continued with workshops on manuscript writing (led by Neema Kasaje) and use of the REDCap database (led by Naomi Wright).

The afternoon began with a video lecture by Gagan Gupta, the Indian Branch Representative for UNICEF, urging collaboration to address neonatal morbidity and mortality. Then followed a very lively discussion led by Dan Poenaru regarding pediatric bellwether procedures, based on an eDelphi study he and his colleagues conducted. Suffice it to say, there was no consensus!

We then discussed ideas for implementation of the OReCS document, and introduced how GICS

Infrastructure and Service Delivery, Human Resources and Training, Research, and Policymaking and Advocacy.

Following reports from the breakout sessions, we adjourned for the day and walked to the nearby Hillside Resort Restaurant where we were treated to a delicious meal and live entertainment.



The second day

The theme of the second day was partnerships with organizations. The first session had presentations by several international organizations.

Walt Johnson, from the **World Health Organization**, showed key data highlighting the need for improved access to children's surgery. He reported some key statistics. Assuming 26% of the surgical population is <15 years of age, and assuming 85% of children need some type of surgery by 15 years of age, then over 1.6 billion children are in need of surgery. He emphasized the need for champions of children's surgery to increase awareness at a global level. Although HIV/AIDS, TB, and malaria have an annual global budget of \$5 billion dollars, total surgical avertable diseases result in 5 times as many deaths per year with a fraction of the budget. There are an estimated 30,000 new burns worldwide everyday, and many are children in low- and middle-income countries.

Strengthening surgical systems through the development of national surgical plans is happening throughout the world, after the World Health Assembly Resolution 68.15 and Decision 70.22. Other project priorities for the WHO include focusing on cancer surgery, injuries, rehabilitation, and advocacy through the UN. Possible next steps for GICS include official relations status with WHO, incorporating children's surgery as part of NSOAPs and specific country children's health initiatives, and liaison with internal and external groups.

David Rothstein spoke about his experience with **Medecins Sans Frontieres (MSF)**. From his

also provide more than just trauma care, but continue to care for the ongoing burden of surgical disease within the countries they work. Many patients have even less access to routine healthcare in settings of conflict, and MSF helps fill this gap.

Eric Borgstein, from the **Collaborative Wilms Tumour Africa Project**, discussed how Wilms tumor is treatable in Africa. They have found that through collaborative networks, they can help treat childhood cancer. Even without radiotherapy and pathology, they can complete formal nephroblastoma resections and modify chemotherapy regimens for medically challenged children.

Zipporah Gathuya, representing the **World Federation of Societies of Anesthesiologists**, reinforced the need for trained pediatric anesthesiologists and highlighted the growing demand for trained professionals throughout the world.

Miliard Derbrew, current President of the **College of Surgeons of East, Central and Southern Africa** (COSECSA), spoke about the history and current priorities of COSECSA.

Russell Gruen, from the **Alliance for Surgery and Anesthesia Presence** and **easiOR**, discussed new technology to quickly build safe operating theaters around the world through the use of prefabricated modular construction. He also emphasized the need to better leverage technology, especially focusing on infrastructure in regional and district hospitals.



Shorter presentations were also given by representatives of the following:

- Sick Kids International (Andrew Holland)
- World Federation of Pediatric Imaging (Sridhar Gibikote)
- Medical Aid International (via teleconference by Tim Beacon)
- GICS Website, Networking, and Communications Committee (Marilyn Butler)
- InterSurgeon (William Harkness)
- SmileTrain (Rebecca Jacob)
- LifeBox (Mansi Tara)
- International Quality Improvement Collaborative for Congenital Heart Disease (Kathy Jenkins)

Following lunch and a poster walk, the afternoon started off with two workshops: Practical skills for children's neurosurgery (led on the roof by William Harkness) and a panel discussion on providing pediatric anesthesia in low-resource settings (led by Faye Evans).

The primary afternoon conversation was on incorporating children's surgery into National Surgical Plans. Kennedy Lishimpi from Zambia gave a teleconference lecture describing the process of the creation of the NSOAP in Zambia. Zambia has completed its plan, including costing. The next phase is implementation. Emmanuel Ameh discussed the efforts to start the process and create a NSOAP in Nigeria, with a particular emphasis on children's surgery as well as nursing. Nigeria's national health insurance covers <5% of the population and does not cover most surgical procedures. There are also fewer than 0.1 pediatric surgeons per 100,000 people in Nigeria, compared to 2 per 100,000 in the U.S.

The afternoon continued with break-out discussions by subspecialty. Each group discussed a potential plan forward, with a special emphasis on what could be presented as innovative projects for the Nesta Surgical Equity Grand Challenge Prize. Each of the eleven groups reported out at the last session.

The meeting adjourned and some delegates went on an optional tour of the spectacular Golden Temple in Vellore. Thousands of pilgrims were paying their respects during Pongal, the annual harvest festival.



https://www.dropbox.com/sh/ag8k1lrp7yd9o9z/AACYmqekz2--kaLsRU_gnMRBa?dl=0

For those who wish to watch recordings of the presentations, they can be found as follows:

- Day 1 morning (Major GICS project presentations): <https://bluejeans.com/s/TwWpw/>
- Day 1 afternoon (Bellwether, OReCS, UNICEF, implementation breakout groups): <https://bluejeans.com/s/OJ1zk/>
- Day 2 morning (presentations from organizations): <https://bluejeans.com/s/7qh0i/>
- Day 2 afternoon (national surgical plans): <https://bluejeans.com/s/NNxsN/>
- Day 2 afternoon (breakout group reports and wrap-up): <https://bluejeans.com/s/nquk4/>

Future meetings

The tentative plan is to hold GICS meetings every 2 years, allowing for work to be done in the interim. With that said, GICS IV will likely be held in early 2020. Any suggestions for locales would be welcome, taking into consideration convenience of flights, cost of hotels, and geographical diversity. Mombasa, Kenya has been suggested as a central location.

Member resources

The current GICS website will soon be enhanced with resources for members in a password-protected area. In the coming months we will be developing some standardized messaging regarding children's surgical needs, at which point members will be provided slide templates to including in presentations, along with printable fact sheets and brochures.

Meanwhile we will soon make available 4-5 PowerPoint slides summarizing the meeting so that you can embed them in presentations as you see fit.

Thanks to all for making GICS III such a successful meeting!

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