

GICS IV Meeting Summary

Providers Coming Together to Focus on Implementation

The time is now for the inclusion of children in the development of National Surgical, Obstetric, and Anesthesia Plans (NSOAPs). If the content of the 4th meeting of the Global Initiative for Children's Surgery (GICS) in Johannesburg, South Africa is to be summarized in one sentence, this would be it. Advocating for the inclusion of the needs of children as countries create the framework for these important health system expansions was a key focus of a meeting that occurred on 17-18 January 2020, which also focused on the theme of strategies for implementation.

More than 200 delegates from 44 different countries—a remarkable 75% from low- and middle-income countries (LMICs)—heard presentations and discussions focused on the implementation of the vision of GICS that every child has access to safe, affordable surgical care.



**225 delegates
in attendance**

**44 countries
represented**

The meeting began with a discussion of the things that GICS has achieved since its inception and the ways the organization is looking forward, presented by Professor Kokila Lakhoo, current GICS Chair and Pediatric Surgeon at the University of Oxford. The speech also focused on the role that LMIC providers have played in GICS since its beginnings, and how those on the front lines of delivering care to children in resource-constrained settings continue to represent the true strength of the organization.

The first day of presentations began with a look back at the successes of the organization and its partners in the 2 years since the GICS III conference in Vellore, India. Highlights of this group included the incredible work done by KidsOR to provide operating rooms in LMICs, and how the organization is leading the way in expanding capacity for children's surgery. Additionally, several successful collaborations were also featured, such as the monitoring and evaluation work that GICS is providing in Nicaragua in partnership with Operation Smile, as well as the budding collaboration between the pediatric surgeons in Vellore, India and the Royal College of Surgeons in England. The session concluded with discussions regarding the essential surgery project in Pakistan, one of the first countries to include children in NSOAP planning since its inception, as well as implementation of the Optimal Resources for Children's Surgery (ORECS) document produced by GICS to guide expansion of children's surgical care at all levels of a healthcare system.

The meeting also trialed a new format in which established and successful organizations gave presentations about their work, and a "reverse panel" discussion followed, providing an opportunity for LMIC delegates to explain their needs and the gaps in care that they witnessed on a daily basis to the organizations. The organizations included RunFree 2030 (a Clubfoot initiative), Lifebox, the Africa Oxford Initiative (AfOx), Smile Train, Medical Aid International, CURE, and Operation Smile.

The greatest strength of GICS meetings is, and always has been, the small group interactions and brainstorming that occurs when providers from different countries and cultures are given the opportunity to solve common problems together. This year was no exception, with the first breakout session focused on implementation methods for improving surgical care. The session was organized according to care specialty, and each specialty provided detailed information on how to improve care within its field. Some common themes within the meeting were to promote a culture of lifelong learning and commitment to excellence in patient care, to train additional providers and prevent loss



**GICS Chair
Professor Kokila Lakhoo**



GICS delegates practice “cotside care” for gastrochisis

of existing providers through “brain drain,” and the importance of protecting families from catastrophic financial burdens, so that parents help their children access care earlier in the course of their disease.

Dr. Mariame Sylla, the Chief of Health and Nutrition for UNICEF South Africa, and Dr. Salimah Walani, the Vice President of Global Programs for the March of Dimes, then joined the meeting to provide keynote addresses. They both shared messages regarding the focus of their respective organizations on children’s health and the importance of focusing on children in LMICs. A major

focus was for providers to work closely with public health experts and to frame children’s surgery in terms of contributions to Sustainable Development Goals (SDGs).

The first day ended with examples of successful integration models, started off by the team from KidsOR, followed by a group discussion regarding how to improve partnerships between individuals and organizations.

Conference Day 2: Advocacy, Research, and NSOAPs

Little time was lost, as on the morning of the second day the meeting continued to focus tightly on implementation. Addressing the academic bent, Dr. Dan Poenaru led a very successful workshop on practical research strategies. Even teatime was not wasted, as poster sessions continued from the first day of the conference, and many received training on cotside reduction and closure of gastrochisis, a model presented by the team led by Ms. Naomi Wright. The morning of the second day wrapped up with presentations from GICS members, highlighting the organization’s impact and influence on projects and research studies around the world.

After lunch, the second day of the conference moved to a discussion of NSOAPs, highlighted by a presentation by Dr. Emmanuel Makasa of Zambia on the successful development of NSOAPs there. This session included a vibrant discussion of past NSOAPs efforts and how to ensure the inclusion of children in the development of future plans, including use of GICS-led tools to assess children’s surgical needs, workforce, and service delivery plans. Throughout the conference, recognition was given to the importance of perioperative nursing care, particularly in light of 2020 being named Year of the Nurse and Midwife by the World Health Organization.

The meeting wrapped up with a session on advocacy and how to continue to push the agenda of children’s surgical care forward in the weeks and months following the meeting.

Overall, the GICS IV meeting in Johannesburg proved to be the largest GICS meeting yet, and, as always, it left everyone wishing for more. The meeting again highlighted the importance of bringing together providers of children’s surgical care from all over the world to focus on a common agenda—continuing to move the needle toward a world where every child has access to safe, affordable surgical care.

