

EDITORIAL**NATIONAL SURGICAL, OBSTETRIC AND ANAESTHESIA PLANNING (NSOAP): A NEW IMPERATIVE****Medical practice employee and Social media policy.**

The desire for affordable and equitable health care system for all populations remains an important global health goal, though its attainment is still in the distant future.

Universal access to essential surgical, obstetric and anaesthesia care facilitated by qualified specialists is lacking. This is was highlighted in the Lancet Commission Report on Global Surgery published in 2015.

The key findings are that 5 billion patients lack affordable surgical and anaesthetic care, 143 million surgeries are needed every year, 33 million patients face catastrophic health expenditure following surgery and anaesthesia, investment in surgery and anaesthesia promote health and economic growth, surgery is an indivisible and inevitable part of health care.

The advanced economies in Western Europe and elsewhere do not have any unmet need for surgery while sub-Saharan Africa shows an unmet need for 5,625 per 100,000 of the population. The problem of lack of access to surgery and anaesthesia is most severe in the low and middle income countries.

The MDGs and SDGs are global initiatives which provide a multisectoral framework for addressing national development problems including health problems. Solving these health challenges require the provision of efficient health services, well-trained and well distributed health workforce, adequate infrastructure, integrated information service, adequate finance and good governance

National Surgical Obstetric and Anaesthesia Planning provides a business case which is internally driven and involves multiple stakeholders working towards a common goal of problem solving instead of the current fragmented approach adopted by many countries to solve their health care challenges. NSOAP provides national data and an opportunity for improvement in access and standard of care as well as mitigating the financial burden of patients. It is noteworthy that countries such as Zambia, Ethiopia, Senegal and Nigeria have produced National Surgical Plans ready for implementation.

The World Health Assembly Resolution 68.15 in 2015 states that by the year 2030 there would be universal coverage of surgery globally. Each nation should have indicators and monitoring tools and to report its progress every 3 years.

The health delivery system of Ghana involves the Teaching hospitals, Regional hospitals, District Hospitals, Maternity homes, CHPS compounds and private facilities. Ghana must produce a NSOAP as a matter of urgency by involving all stakeholders in order to have an estimation of our surgical burden, both met and unmet and determine how to address it.

Our Colleges that produce specialists should endeavor to harmonize their curricula in order to accelerate training and increase their output. The training of other health cadres within the surgical community should also be encouraged and promoted.

Social media and online conduct policy.

All health institutions should have an official guideline towards the use of social media. This will avoid disasters such as the misuse of license governing a software or the illegal use of technology.

Health workers should abide by all laws and policies governing confidentiality. There should be no disclosure of identifiable information about patients or coworkers. The health workers should identify themselves with the content they post on the internet and be responsible for it. It will be wise to ask for the permission of the employer before establishing a practice-hosted blog or other social media site or forum. No photos should be taken from inside the workplace which could capture documents, paperwork, patient charts or other information protected by privacy law.

Reference.

1. www.thelancet.com Vol 376 December 2010
2. <https://www.physicianspractice.com>blog>

J.D. Seffah
Editor-In-Chief