

Title: Prioritization of Surgical Care in National Policies of India: A Quantitative Document Analysis

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Conflicts of Interest: None (for both)

Background:

The Lancet Commission on Global Surgery (LCoGS) in 2015 reported that more than 70% of the world's population does not have access to safe and affordable surgical care. A large section of people lacking surgical access live in India. Currently, India does not possess a National Surgical, Obstetric and Anesthesia Plan (NSOAP) that forms the basis of development of a robust surgical system. Policy and political prioritization of surgical care can be a major obstacle in India's NSOAP development. We aimed to assess the prioritization of surgical care across national policy related documents of India.

Methods:

Forty major health policy and planning, national committee reports, planning commission reports, health mission and public health standard guidelines released from 1946 to 2017 were included in the document analysis. The documents were electronically searched for pre-decided 52 surgical and 7 non-surgical pre-decided keywords. The number of mentions of these keywords which was used as a proxy for the prioritization of surgery in national policies.

Findings:

Across 40 documents there were 4891 mentions for surgical keywords compared to 2324 mentions for non-surgical keywords (ratio= 2.1:1). The relative number of surgical to non-surgical mentions was maximum in the National Blood Policy 2007 (200:1) and it was minimum in the Mukerji II Committee Report 1966 (9:44). However, total number of mentions for the most important surgical root keyword *surg was 841 with maximum number of mentions in the Bhore Committee Report 1946 (269). Seven documents (17.5%) had no mentions for the keyword *surg and 2 documents (5%) had no mentions for any surgical keywords. Interestingly, the National Health Policy (NHP) 2017 had just 1 mention for *surg. Other frequently mentioned surgical keywords include "blood" (459 mentions) and "trauma" (119) across all documents. The older health committee reports from 1946-1986 showcased higher weightage to surgery compared to the recent documents post 2010.

Interpretation:

It is alarming that NHP 2017, the most recent high-level document, had low surgical care prioritization compared to preceding documents. Surgical care needs greater policy attention in India and NSOAP development is essential to combat the huge burden of surgically preventable deaths and disabilities.

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