EDITORIAL

Safer surgery in Africa

Earlier in 2024 *African Urology* published its first special edition focused on Bladder Exstrophy. I was fortunate to travel to Uganda to join Paediatric Urology colleagues supported by the Association for the Bladder Exstrophy Community (A-BE-C) from the United States. These same colleagues authored the articles in the special edition.

Their surgical outreach takes place annually at the *Children's Surgical Hospital* in Entebbe. This is a unique facility. It is modern Italian build, equipped and part Italian staffed. The hospital opened its doors in 2021 and offers free service to children under six years. The hospital has performed an amazing 4 500 surgeries since then.

***Children's Surgical Hospital* in Entebbe, Uganda**

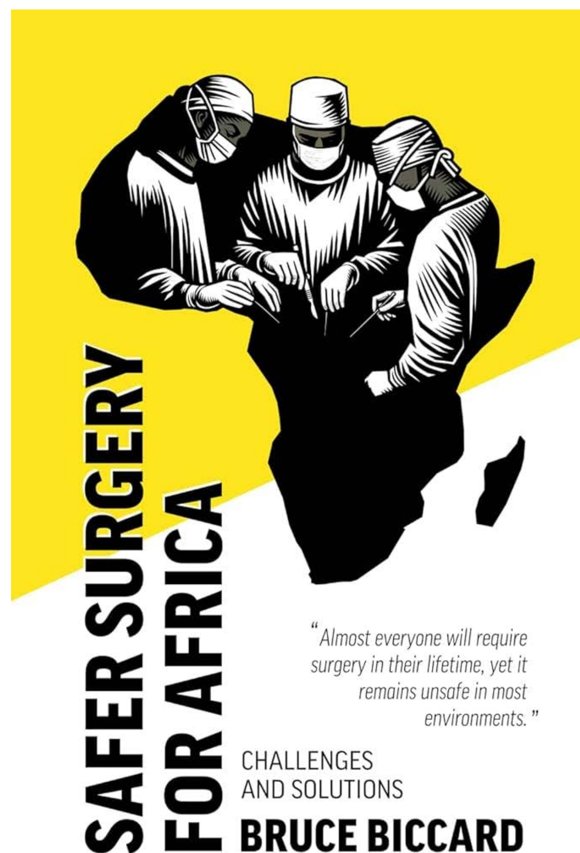
The funding comes from a non-profit based in Milan called *EMERGENCY.* Like *Médecins Sans Frontières* their aim is to provide healthcare to poorly-resourced areas. By contrast, the Italian group focuses on providing infrastructure, equipment, consumables and personnel training. Then, after a period of joint management of the hospital, the charity hands over the facility to – in this case – the Ugandan government to run.

Uganda faces considerable challenges in the provision of paediatric urological care. The mortality rate for children under the age of five is approximately 69 deaths per 1 000 live births – one of the highest in the world. Only 10 medical specialist students are trained per year, surgical outcomes are poor, as is infrastructure.

Inspired by my trip to Uganda, I decided to read a book about how we can achieve safer surgery in Africa. The book pictured below is authored by Prof Bruce Biccard, a chair in Anaesthesia at the University of Cape Town and a colleague who is often in our urology theatres at Groote Schuur Hospital where I work.

As Prof Biccard says, "in Africa nearly 95% of the population do not have access to safe and affordable surgery and anaesthesia. More people die after surgery than from HIV, TB, and malaria combined".

I recommend you get a copy of *Safer Surgery for Africa*. It is an inspiring read, particularly to those of us practising urological surgery on the continent. The book is rich with entertaining anecdotes from his time at the coalface of the "blood/brain barrier". His presentation of illustrative data is fast paced and easy to digest.



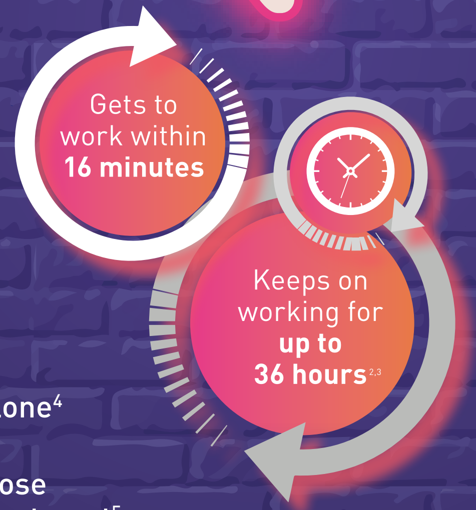
Prof Biccard was lead investigator on several landmark continent-wide trials. This work sought to investigate the origins of poor surgical outcomes.

From this research he is able to assert that "in Africa, adults are twice as likely to die after surgery, and for children that number rockets to eleven. Mothers who need caesarian sections face the greatest risk: the mortality rate is fifty times higher than high-income

get turned ON[2]

No.1 *Tadalafil** in South Africa[1]

Special moments should be spontaneous and not hampered by timing or finances



- Up to 54 % cost saving vs. the originator and 21 % vs. the clone[4]
- Daily CYFIL allows continuous PDE-5 inhibition for men whose sexual satisfaction is impaired by planning and timing of treatment[5]
- 20 mg CYFIL gets to work after just 16 minutes, and lasts up to 36 hours with a single dose[2,3]
- May be taken any time of the day[6]
- Intercourse is possible again the next day[6]
- Accessible and affordable to more South African men.[7]

cyfil tadalafil

ACCORD – QUALITY PRODUCTS MADE ACCESSIBLE AND AFFORDABLE TO MORE SOUTH AFRICANS

*Number 1 dispensed tadalafil molecule

References: 1. Based on internal analysis by Accord Healthcare using data from the following source: IQVIA Dispensed Data for the period MAT/06/2024, Script Lines, ATC3 G04B (Tadalafil-containing brands only) reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved. **2.** CYFIL (Film coated tablet) prescribing information, March 2021. **3.** Levine SB. Erectile Dysfunction: Why drug therapy isn't always enough. *Cleve Clin J Med* 2003;70(3):241- 246. **4.** Accord data on file. **5.** Wrishko R, Sorsaburu S, Wong D, Strawbridge A, McGill J. Safety, efficacy, and pharmacokinetic overview of low-dose daily administration of tadalafil. *J Sex Med* 2009;6:2039-48. DOI: 10.1111/j.1743-6109.2009.01301.x. **6.** Tolrà JR, Campaña JMC, Ciutat LF, Miranda EF. Prospective, randomized, open-label, fixed-dose, crossover study to establish preference of patients with erectile dysfunction after taking three PDE-5 inhibitors. *J Sex Med* 2006;3:901- 909. DOI: 10.1111/j.1743-6109.2006.00297.x. **7.** Accord Data on File.

S4 CYFIL 5 (film-coated tablet). Each 5 mg film-coated tablet contains 5 mg tadalafil and 91,572 mg lactose (as monohydrate). **Reg No.:** 50/7.1.5/0772. **S4 CYFIL 20** (film-coated tablet). Each 20 mg film-coated tablet contains 20 mg tadalafil and 367,584 mg lactose (as monohydrate). **Reg No.:** 50/7.1.5/0773. For full prescribing information please refer to the professional information approved by the Regulatory Authority (SAHPRA).

Accord Healthcare (Pty) Ltd. Reg. No.: 2004/011257/07. Tel: +27 11 234 5701/2/3. Building 31, Woodlands Office Park, 20 Woodlands Drive, Woodmead, 2191, Gauteng, SOUTH AFRICA. Postnet Suite 182, Private Bag X51, Rivonia, 2128. Email: medinfo@accordhealth.co.za. CYF/001/SEP24/AD.

accord

countries. Most of these deaths do not happen in the theatre, but on the ward during recovery".

I learnt three things from the book. Firstly, surgery suffers in terms of relative underfunding. Infectious diseases – HIV, TB and malaria consume an outsized bulk of funding compared to surgery. This legacy continues even as non-communicable overtake communicable diseases in deaths on the continent. We need to highlight the inequitable skewing of funding and advocate for surgical services.

Secondly, on the continent it is estimated that there are only 0.7 specialist surgeons, obstetricians, and anaesthesiologists per 100 000 people. Yet Prof Biccard's research into surgical outcomes warns us that more specialists are not a panacea. His insights teach models to understand the complexity of health systems and how to move the needle to improve them.

He references the *Inverse Care Law* – "those with the least means receive the least care". In the figure below you will also note that "in places of wealth, over-servicing, an excess of care results in unnecessary harm". It is tempting to imagine that on the continent, we are on the steep part of the curve where small changes in resources would result in big changes in outcomes.

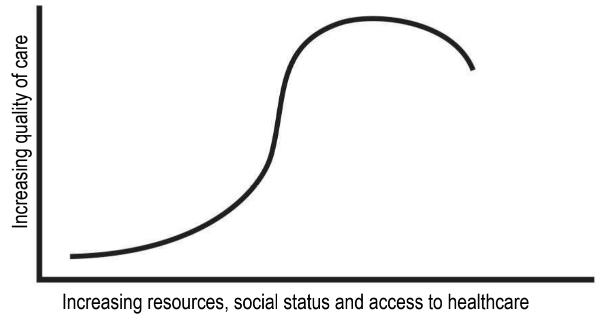


Figure 1: The inverse care law

The Inverse Care Law

Lastly, one is reminded that the personal is political. Prof Biccard is impassioned in his striving for safer surgery in Africa. He argues that each of us has the capacity to learn from his and other's research findings as they relate to surgical outcomes and put them into practice to achieve what he calls "health systems strengthening".

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