

## GLOBAL INITIATIVE IN CHILDREN'S SURGERY (GICS): PRIORITISING NEEDS IN LOW AND MIDDLE INCOME COUNTRIES (LMIC)

Ashika Morar<sup>1</sup>, Naomi Wright<sup>1</sup>, Kokila Lakhoo<sup>2</sup>, Miland Chitnis<sup>3</sup>, Zipporah Gathuva<sup>3</sup>, Anand Lamahevage<sup>3</sup>, Tahmina Banu<sup>3</sup>, Vrisha Madhuri<sup>3</sup>, M Milano<sup>3</sup>, Luc Malemo<sup>3</sup>, Miriam Gavami<sup>3</sup>, Ritesh Shrestha<sup>3</sup>, Stella Eguma<sup>3</sup>, Bello Shehu<sup>3</sup>, S Martin<sup>3</sup>, John Sekabira<sup>3</sup>, Francis Abatanga<sup>3</sup>, Zaitun Bokhari<sup>3</sup>, Laura Goodman<sup>1,2</sup>, Guy Jensen<sup>1,2</sup>

<sup>1</sup>GICS Trainee Group, Global, UK, <sup>2</sup>GICS Steering Group, Global, UK, <sup>3</sup>GICS Needs Assessment Group, Global, UK

**Background:** GICS is a collaboration of surgical providers from all the different specialties within children's surgery working together towards the unified goal of providing safe, affordable surgical care to all children across the world.

**Aim:** To identify specific needs requiring priority within the centres and countries represented within GICS.

**Methods:** Prior to GICS second global meeting in Washington, October 2016, delegates were asked to complete a needs assessment on the infrastructure, services, supplies and consumables, human resources, training and research available at their centre and within their country. They were asked to identify their greatest needs and priorities. Results are represented as mean (range).

**Results:** 15 countries completed the assessment from Africa, Asia, South East Asia and the Pacific Islands. All were LMIC countries. These countries represent a population of 3 billion, of which 40-56% are children. Two countries had no children's hospital; the others had 1 children's hospital/ 41million population. There were 0.05 paediatric surgeons/ 100,000 population (0.006 – 0.1).

Infrastructure to provide children's surgery varied widely; 5 centres reported most areas as partially equipped, 4 centres had no paediatric surgery infra-structure. 11 centres had no paediatric or neonatal intensive care, 10 had no access to parental nutrition. Lack of specialised burns treatment, radiology, and pathology and paediatric sub-specialty services including neurosurgery, orthopaedics, ENT and cardiac surgery was an overriding theme. Only 8 centres had complete paediatric surgery instrument sets; all but one had incomplete or no sets for paediatric sub-specialty operations. 10 centres had variable access to anaesthetic and resuscitation equipment for children.

**Conclusion:** Four key priorities were highlighted across all settings: increased human resources for paediatric surgery with appropriate training, designated paediatric surgery facilities and dedicated children's hospitals, free treatment for children and research capacity building.