



Attending the IFMSA General Assembly in Taiwan this summer was a life changing event, there are no two ways about it. This incredible federation (the International Federation of Medical Student's Associations to be exact) showed me more people, places, experiences, cultures and opportunities in

10 days than I thought could be possible in a lifetime. People from places I had vaguely heard of but never considered, like Macedonia. Places I wouldn't even attempt to spell, countries that are not officially countries but are fighting to be so, students living in warzones but complaining about their physiology homework, students running refugee programs for thousands of displaced people, students giving speeches on the international stage, students campaigning and working like only medical students know how for a better future, a fairer future, sustainable health systems, transparent trade deals, fairer research into infectious diseases, open access to research and many, many, many other things besides. Sound overwhelming? It was.

PreGA

For my part, I started my IFMSA adventure with 4 days of preGA training in Global Surgery. I chose this training – over many other fantastic opportunities including Disaster Risk Management, Climate for Health and Mental Health - firstly, because I have always known that my medical studies would lead to my specializing in some form of global health, and secondly, because I love surgery. I didn't really know what to expect from Global Surgery. Before I saw it as an option, I had no idea that there was even a conceptual space entitled Global Surgery, but I was delighted to be discovering what I thought sounded like the perfect area for me to expand my knowledge.

So here lies the first problem; what is global surgery? Global surgery is a call by health professionals to reexamine what is traditionally included in health provision by the international community. Those who advocate for global surgery have used a convincing array of statistical analysis to prove that surgery is not an expensive, inappropriate or unworkable solution to the vast health problems facing those in poverty around the world. But that in fact it is a sustainable and highly necessary part of the solution. To give you a flavour, the poorest third of the world's population receive only 3.5% of all surgery¹. In 2005 over a quarter of a million women died from complications of childbirth, most could be avoided by access basic obstetric and surgical care². These numbers ought to speak for themselves, but for many they are unfamiliar, and not part of the more familiar mantra of Sub-Saharan Africa: Malaria, TB and HIV.

¹ (2008) *An estimation of the global volume of surgery: a modelling strategy based on available data* Thomas G Weiser, Scott E Regenbogen, Katherine D Thompson, Alex B Haynes, Stuart R Lipsitz, William R Berry, Atul A Gawande http://www.who.int/surgery/global_volume_surgery.pdf?ua=1

² Bellagio Essential Surgery Group *Increasing Access to Surgical Services in Sub-Saharan Africa* S.Luboga etc

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Why do people not see surgery as a global health solution? It looks expensive from the outside, when you think about the operating table, the drugs, the expensive equipment and lighting and the large team of staff. But if you look at the quality of life and the years lost by disability – using the DALY index (Disability Adjusted Life Years) surgery actually works out as a cheaper and more efficient method of improving health than the likes of single disease prevention programmes like TB. Another reason there is a general feeling that surgery is not part of global health is arguably the fact that it does not have the ‘magic bullet’ solution. We cannot invent a pill for surgery, or provide a mosquito net for every sort of trauma, domestic violence, birth defect or whatever other problem should come along. Surgery takes long training and experience as well as equipment, but this does not mean we can ignore the huge statistical evidence that shows that the world’s surgical procedures require redistribution, and the low income settings need surgery.

During 4 hot and humid days in Taiwan, we explored these issues in a seminar room of Taipei Medical School writing statements, having debates, listening to speakers and hearing stories from each other. If that wasn’t enough, we then had 5 days of the actually General Assembly, which involved voting, training, writing policy reading statements and a million conversations in between. To give a full account of the GA is beyond the remit of a 2 page submission but could certainly be given upon request! Suffice to say that a new international team was voted in to lead this federation, representative of 1.2 million medical students worldwide, I attended workshops on refugee and migrant health, ethics of practicing medicine in dangerous settings and inter-professional care, as well as seeing at the projects fair the vast range of student initiatives being run worldwide: from obesity campaigns in Hong Kong, to sign language lessons in Greece to Stop Smoking Campaigns in Turkey. The world’s medical students have been busy it would seem!

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So where am I now? Since attending my first General Assembly of the IFMSA in Taiwan, I have become the co-coordinator of the IFMSA Permanent Small Working Group in Global Surgery. We have amassed a committee of 18 students from as many countries and 5 continents; all passionate about educating others in global surgery, researching and advocating for its inclusion within primary healthcare provision. I will hopefully attend the World Health Summit next May, in order to watch the Global Surgery Resolution pass, with input from our international student working group, and get to understand more about how policy, research, personality, ethics and culture interact on the international stage, in front of the world, and in the name of those who are underrepresented; the poor and the unhealthy. I couldn’t have hoped to achieve any of these things without going to Taiwan in August 2014.



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