

# GHO, ASA and Lifebox: One Year On ...

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A year ago this issue, the ASA Committee on Global Humanitarian Outreach (GHO) asked ASA members to imagine walking into an O.R. in a far-off country, encountering a laboring mother in critical condition on the table – and no pulse oximeter to monitor her saturation.<sup>1</sup>

We introduced the Lifebox Foundation, a new not-for-profit organization that had developed the ideal pulse oximeter and education package for use in low-resource settings, which could be sent to a colleague in need for just \$250. We asked you to join us in supporting Lifebox.

Your response was overwhelming. In the last year, ASA members have donated more than \$150,000 to Lifebox, making a sizeable dent in the global pulse oximetry gap of more than 77,000.<sup>2</sup> Lifebox has now distributed more than 2,500 oximeters to O.R.s across 60 countries and coordinated nationwide education workshops in Uganda, Eritrea and Sierra Leone.

Today, your contributions are helping safeguard the lives of millions of patients in countries where lack of resources and training means that surgery can often be life-threatening, rather than life-saving.

This engagement with the ASA's commitment to global anesthesia is part of a growing awareness that these far-off O.R.s, patients and colleagues are no longer as distant as they once seemed. Infamously called the “neglected step child of public health” by Partners in Health founder and President



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Global Humanitarian Outreach  
American Society of Anesthesiologists

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If you are interested in joining our Global Humanitarian Outreach Program, please contact GHO directly. Thank You for Your Support!

## “Working Toward Safe, Effective Anesthesia Worldwide”

There is an anesthesia crisis in low income countries around the world. Most of them have fewer than 1 physician per 10,000 people and fewer than 1 anesthesiologist per 100,000 people. A recent Lancet article concludes:

“In People without access to emergency and essential surgery worldwide (for anesthetics are delivered annually without pulse oximetry (or oxygen or a provider))

where nurse and technical anesthesia providers exist, the lack of physician anesthesia exposure means higher education is limited and the level of care is limited. These countries need swift and substantial action to address this global crisis. By providing safe anesthesia for surgery, labor and delivery and other duties, by providing acute and chronic pain relief strategies, and by providing the level of intensive care available, those populations can experience decreased risk, improved maternal mortality ratios, and higher survival rates from trauma and emergencies which threaten health.

ASA Committee on Global Humanitarian Outreach is addressing this crisis through:

- Encouraging volunteerism and providing opportunities with reputable aid and mission organizations
- Supporting anesthesia education and training in low and middle income countries
- Advocating for long term academic partnership with hospitals and universities in countries of need
- Providing for collaboration of organizations, institutions and initiatives with common missions and philosophies.

**ANESTHESIOLOGISTS WORLDWIDE**

Republic of Mali	1 Anesthesiologist for every 396,876 People
POPULATION: 12.9 MILLION	
Republic of Rwanda	1 Anesthesiologist for every 808,333 People
POPULATION: 9.9 MILLION	



Saving lives through safer surgery

Donate Through Lifebox  
Lifebox is a not-for-profit organization saving lives by improving the safety and quality of surgical care in low-resource countries.

Paul Farmer,<sup>3</sup> surgery and anesthesia have only relatively recently been recognized as an integral part of public health in low- and middle-income countries (LMICs).<sup>4</sup>

The GHO Committee and Lifebox believes that education is essential for a sustainable improvement in access to safe anesthesia and surgical care. These services are often considered a luxury in LMICs, with anesthesia death rates reported to be as high as 1/500 and the anesthesia workforce either absent or critically understaffed.<sup>5</sup> To have a real impact, we need to work

collaboratively and responsively with local partners. We need to understand how we can be most useful, and we need to stand by the commitments we make.

"I think the highlight was the fact that something was promised, and it was delivered," explained Eva Manciles-Roberts, M.D., one of just five anesthesiologists in all of Sierra Leone. She was referring to the recent donation of Lifebox pulse oximeters to the Sierra Leonean Association of Nurse Anaesthetists (SLANA). Dr Manciles-Roberts ran a Lifebox workshop at Connaught Hospital in Freetown this May, training more than 60 nurse anesthetists in pulse oximetry and introducing the World Health Organization (WHO) Surgical Safety Checklist. Thanks to the generosity of Lifebox supporters, every government hospital in the country now has access to a pulse oximeter and education materials for ongoing learning.

"Training is the most valuable," urged Dr. Manciles-Roberts. "Medical missions still have a role to play because we still don't have in-country specialists in, for example, neuro or plastics – but we can't just depend on them. We need access to regular journals and ongoing connections with sister groups to ensure our own staff are able to develop and continue learning. Our people have to train, and they want to train."

ASA has supported education in low-resource countries for more than 20 years. Nicholas M. Greene, M.D. established the Overseas Teaching Program (OTP) in 1990 with the aim of increasing "the quality and availability of anesthesia care in countries unable to recognize their full educational potential due to economic constraints."<sup>6</sup>

In 2008, the ASA House of Delegates approved two additional committees, representing a new and robust effort to collaborate with the global anesthesia community: the GHO, growing out of the OTP with a wider remit for engaging members in international humanitarian efforts, and the World Federation of Societies of Anaesthesiologists (WFSA) Committee, in collaboration with the University of Ghana Medical School's Department of Anaesthesia (UGMS), to increase the numbers of physician anesthesiologists in Ghana.

The Lifebox Foundation, co-founded by the WFSA, the Association of Anaesthetists of Great Britain and Ireland (AAGBI), the Harvard School of Public Health and the Brigham and Women's Hospital, is an ideal organization with which the GHO can collaborate. Working through professional and membership networks ensures that oximeters are sent to O.R.s where need is known and appropriate education and follow-up is possible. Engaging ministries of health raises the profile of safe anesthesia and surgery, encouraging long-term support for within countries. And the availability of low-cost, high-quality O.R. oximeters for purchase and hand delivery is a complementary and long-lasting resource for the many ASA members who participate regularly in volunteer anesthesia and surgical trips to underserved populations.

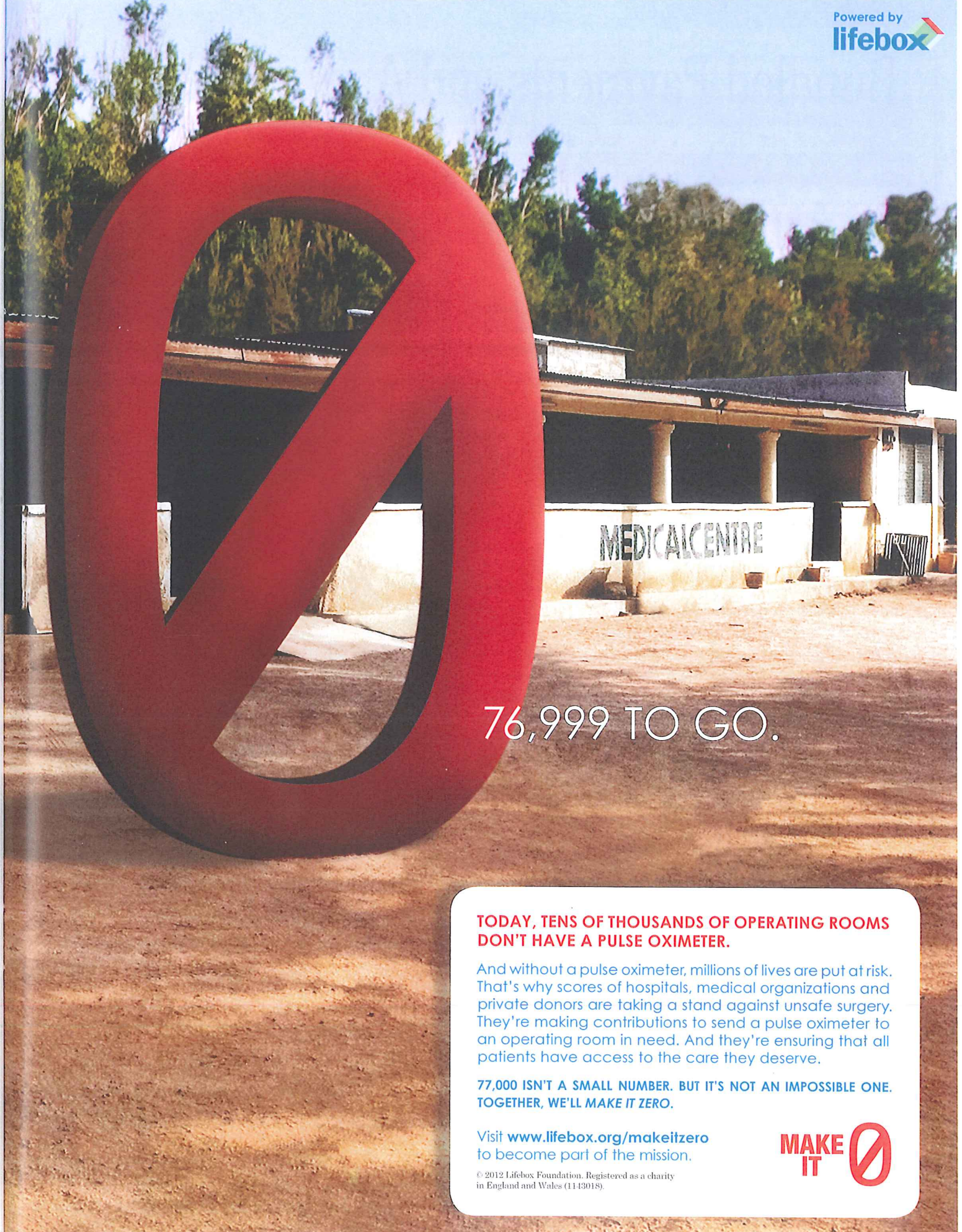
At ANESTHESIOLOGY 2011 in Chicago last year, Lifebox chairman Atul Gawande, M.D. delivered the keynote address, announcing ASA's campaign to put Lifebox pulse oximeters in O.R.s that need them, and asked members to become a part of the "Make It 0" mission.<sup>7,8</sup>

This year, GHO and Lifebox aim to take things a step further: a train-the-trainers workshop at ANESTHESIOLOGY 2012 that will give members the opportunity to learn more about how they can deliver the Lifebox pulse oximetry course in low-resource countries. We're thrilled to announce that Dr. Stephen Ttendo, past president of the Uganda Society of Anaesthesia and leader of the inaugural Lifebox training program in Mbarara, Uganda last summer, will be in Washington, D.C. for the annual meeting.

ASA members are to be commended for their contribution to the global anesthesia community. We are grateful for your support, and through our ongoing engagement with Lifebox and a commitment to education and collaboration, we will continue to develop opportunities for you to play a part in the delivery of safe anesthesia the world over.

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76,999 TO GO.

**TODAY, TENS OF THOUSANDS OF OPERATING ROOMS  
DON'T HAVE A PULSE OXIMETER.**

And without a pulse oximeter, millions of lives are put at risk. That's why scores of hospitals, medical organizations and private donors are taking a stand against unsafe surgery. They're making contributions to send a pulse oximeter to an operating room in need. And they're ensuring that all patients have access to the care they deserve.

**77,000 ISN'T A SMALL NUMBER. BUT IT'S NOT AN IMPOSSIBLE ONE.  
TOGETHER, WE'LL MAKE IT ZERO.**

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**MAKE  
IT** 