

## Winning the Challenges in Meeting Surgical Needs: A Viewpoint from a Developing Country

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I am really impressed by the article by Gosselin et al. [1], Challenges of Meeting Surgical Needs in the Developing World. The authors discuss the timely issues that are important in fostering the healthcare system of developing world. The strategies that are used to meet the challenges are equally applicable to upgrading the health care system in the developed world.

Although Sri Lanka is a developing country, it has very good health care indices. The aim of this letter is to explain some of the strategies that would have helped to win the challenges in meeting the surgical needs of Sri Lankan population.

Health care facilities should be freely accessible. In Sri Lanka we provide health care free of charge to all. There are operating facilities in a significant proportion of hospitals, and at least one hospital in each province has adequate tertiary care facilities. The concern and flexibility regarding development of the health sector among policy makers is fascinating.

Postgraduate surgical training in Sri Lanka covers all specialties, as suggested by Gosselin et al. [1] One year of mandatory foreign training is included in the program, and that helps trainees to gather experience, as well as knowledge of the surgical set-up in a developed country. However I do not agree with the authors' statement that the training abroad is rarely appropriate. Such opportunities are necessary as a means of transferring knowledge and skills to developing countries rather than brain draining. A local training program is optimal, as shown by the authors;

however, a short training component in a developed setting should be included. Brief visits by surgeons from developed countries would not help in clearing the disease burden of the developing country.

Beyond the need for healthcare training, the major challenge to the developing world is the cost of providing health care. Poverty weakens people's health and weakened health increases the poverty. So the first priority is to break the vicious cycle of poverty. Therefore strategies should be sought to minimize health care expenditures while providing free and quality health care. In particular, the cost of importing drugs and instruments is extremely high, so the technology and infrastructure should be provided to manufacture the necessary drugs and instruments locally. In addition, researchers should be encouraged to find cost-effective diagnostic modalities. Indigenous and traditional medicine practices should be made evidence based by researchers. For example, we use scraped, unripe papaya as a desloughing agent on chronic wounds. The expenditure for this agent is minimal because papaya is freely available in Sri Lanka.

The challenges in meeting the surgical needs of a developing country are difficult. We as Sri Lankans are gradually moving toward success in this area. As for other aspects of providing healthcare, the goal must be to break the vicious cycle of poverty.

### References

1. Gosselin RA, Gyamfi YA, Contini S (2011) Challenges of meeting surgical needs in the developing world. *World J Surg* 35:258–261

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