

AB017. Assessing burden of surgical diseases in Cambodia

Ma Wai Wai Zaw^{1,2}, Hui Xiang Chia³, Kim Savuon⁴, Pheak Chhoun⁵, Hang Leang Taing⁵, Siyan Yi⁵, Hiang Khoun Tan^{2,6,7}, Chee Hsiang Liow³

¹Department of Anaesthesiology and Intensive Care, Singapore General Hospital, Singapore, Singapore; ²SingHealth Duke-NUS Global Health Institute, Singapore, Singapore; ³Saw Swee Hock School of Public Health, National University of Singapore, Singapore, Singapore; ⁴Department of Hospital Services, Ministry of Health, Phnom Penh, Cambodia; ⁵KHANA Center for Population Health Research, Phnom Penh, Cambodia; ⁶International Collaborations Office, SingHealth, Singapore, Singapore; ⁷Future Health Systems, Singapore General Hospital, Singapore, Singapore

Correspondence to: Ma Wai Wai Zaw, MMBS, MMed (Anes), MPH. Department of Anaesthesiology and Intensive Care, Singapore General Hospital, Outram Road, Singapore 169608, Singapore.
Email: ma.wai.wai.zaw@singhealth.com.sg.

Background: Despite growing recognition on the importance of global surgery and theoretical models suggesting highest unmet needs in Southeast Asia (SEA), there is paucity of literature characterising the burden of surgical diseases within each SEA country. We sought to evaluate burden of surgical diseases in Cambodia to inform health planning and priority-setting.

Methods: An anonymised survey was electronically administered with the support of health ministry and district representatives to healthcare providers to determine the proportion of patients who should or would require a surgeon in their management for a given disease category, regardless of the need for surgery. Survey was available in Khmer and English, and was endorsed by health ministry and district representatives. The proportions were then multiplied by estimates of burden of disease in Cambodia taken from the Global Burden of Diseases 2019 study to derive surgical disease burden.

Results: A total of 214 respondents participated in the survey. Thirty-seven were surgeons or anaesthesia providers. 53.5% of participants worked in national hospitals, and 43.2% interacted with surgical patients daily. Cancers, digestive and liver diseases were disease categories with the highest ratings in terms of surgical input required. Overall, respondents estimated that surgical

conditions constituted 30.1–34.5% of total disease burden in Cambodia, depending on whether burden is defined in terms of deaths or disability-adjusted life years (DALYs) lost. Providers from CPA-3 and national level hospitals predicted 35.7% and 31.2% of Cambodia's burden of deaths and DALYs lost to be surgical, respectively. Burden estimates were interestingly lower for surgeons than non-surgeons. However, no statistically significant differences were observed between surgeons versus non-surgeons, or between higher and lower levels of care.

Conclusions: Surgical disease burden estimates in Cambodia are above prior global estimates, underscoring the value of upscaling surgical health services to meet a significant portion of the country's health needs.

Keywords: Cambodia; disease burden; global surgery

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was

conducted in accordance with the Declaration of Helsinki (as revised in 2013) and approved by the National University of Singapore Institutional Review Board (NUS-IRB) (No. NUS-IRB-2021-767). Participant consent is not needed; the waiver of consent does not adversely affect the rights and welfare of the participants.

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