Thank you, Chair, for the opportunity to address the Board on behalf of Medicus Mundi International and its partner organisation the People’s Health Movement regarding this important and overdue initiative. We thank those individuals and organisations who have brought it to this stage and urge close attention to the following issues.

There will be no ‘one size fits all’ model. General principles are important but institutional arrangements and operational details must reflect local context. Adapting general principles to local context will require developing local capacity for operations research before, during and after the roll out.

Workforce policies will be critical. Many surgical procedures can be performed by staff with more limited training and less generous remuneration than is the case in the big hospitals. However, carefully designed training is critical.

Developing models of service delivery will involve identifying types of surgery to be carried out in local hospitals; those to be restricted to referral centres; and the more complex but less urgent surgery which can be scheduled for visiting teams. Mobile teams can also play an important role in providing in-service training.

To ensure that surgical services are effective will require systems for synthesising evidence, generating guidelines and encouraging compliance. Safety and quality will require clinical governance arrangements which ensure professional accountability - to peers, to management, to communities and to families and patients. Policy, planning and operations must be embedded within an environment of public and community accountability.

The process of developing a strategy and action plan for WHO will need to break away from the dominant culture of prolonged training, high specialisation, full clinical autonomy, private practice and high remuneration. Whatever expert committees are assembled for this exercise they should include people with experience in delivering surgery in low resource settings.

Thank you.