

Assessment of surgical services and needs in rural district and subdistrict hospitals in Pakistan

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Dear Editor,

I read with great interest the publication by Siddiqi et al titled "Surgical services in rural district and subdistrict hospitals in Pakistan" (1). The paper gives important details regarding workforce and infrastructure readiness, and most importantly, it covers the accessibility of obstetric procedures like caesarean sections.

Although the authors have rightfully focused on capacity, incorporating maternal and perinatal outcome variables into future evaluations could further enhance accessibility of obstetric procedures. Pakistan continues to experience a high rate of neonatal (37.6 per 1000 live births) and maternal (155 per 100 000 live births) mortality, with rural areas bearing an unjust proportion of the

cost (2). One of the most effective ways to lower this mortality is to have timely access to emergency obstetric surgery, especially caesarean sections (3).

Measuring outcomes in addition to capacity is emphasised by recent global health frameworks as a better way to assess system performance. The WHO universal health coverage monitoring report, for instance, emphasises maternal mortality as a tracer indication of the strength of the health system (4).

I thank the writers for their important work. Based on their research, subsequent assessments of Pakistan's surgical system may consider including outcome measures, particularly those related to mothers and newborns, to make sure that workforce and infrastructure investments result in quantifiable gains for those in need.

Reference

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