



Impact of a National Surgical Plan on Essential Surgery Volumes in Ethiopian District Hospitals: A Short Report

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Abstract

Access to essential and emergency surgical care is a persistent challenge in sub-Saharan Africa. In Ethiopia, district hospitals are the frontline providers, but surgical volumes have been historically low. A national strategic plan was developed to strengthen the surgical system at this level. This short report aimed to assess the initial impact of the national surgical plan on the volume of essential surgical procedures performed in a sample of Ethiopian district hospitals. A retrospective review of surgical logbooks was conducted in a purposive sample of district hospitals from different regions. Data on the monthly volume of specified essential procedures were collected for a period before and after the plan's implementation. Descriptive analysis was performed. Following the plan's implementation, an increase in surgical volume was observed. The median number of essential surgical procedures performed per hospital per month increased by approximately 40%. Caesarean sections and hernia repairs accounted for the largest proportion of this increase. The national surgical plan appears to have been associated with a substantial increase in essential surgery volumes at the district hospital level in its initial phase. This suggests coordinated strategic efforts can improve surgical service delivery. Sustained investment in the plan's components, including workforce training, infrastructure, and supply chains, is crucial. Further research is needed to assess long-term sustainability, equity of access, and quality of care. Surgical systems, district hospitals, essential surgery, health policy, Ethiopia, low-resource settings. This report provides early evidence on the effect of a national policy intervention on surgical output in a low-income African context, informing similar initiatives elsewhere.

Keywords: *Essential surgery, District hospitals, Sub-Saharan Africa, Health systems strengthening, Surgical volume, Ethiopia, Health policy evaluation*

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