## Battling against the Great Disruption to Surgical Care in a Pandemic: Experience of Eleven South and Southeast Asian Countries

Authors: Naomi Huang Wenya, Xin Xiaohui, Vijaya Rao, Wong Ting Hway, Chow Kah Hoe Pierce, Tan Hiang Khoon Abstract: Background: The majority of the cancelled elective surgeries caused by the COVID-19 pandemic globally were estimated to occur in low- and middle-income countries (LMICs), where surgical services had long been in short supply even before the pandemic. Therefore, minimising disruption to existing surgical care in LMICs is of crucial importance during a pandemic. This study aimed to explore contributory factors to the continuity of surgical care in LMICs, in the face of a pandemic. Methods: Semi-structured interviews were conducted over zoom, with surgical leaders of 25 tertiary hospitals from 11 LMICs in South and Southeast Asia, from September to October 2020. Key themes were subsequently identified from the interview transcripts, using Braun and Clarke's method of thematic analysis. Results: The COVID-19 pandemic affected all surgical services of participating institutions but to varying degrees. Overall, elective surgeries suffered the gravest disruption, followed by outpatient surgical care, and finally, emergency surgeries. Keeping healthcare workers safe and striving for continuity of essential surgical care emerged as notable response strategies observed across all participating institutions. Conclusion: This study suggested that four factors are important for the resilience of surgical care against COVID-19: adequate COVID-19 testing capacity and effective institutional infection control measures, designated COVID-19 treatment facilities, a whole-system approach to balancing pandemic response and meeting essential surgical needs, and active community engagement. These findings can inform healthcare institutions in other countries, especially LMICs, in their effort to tread a fine line between preserving healthcare capacity for pandemic response and protecting surgical services against pandemic

Keywords: COVID-19, pandemic, LMICs, continuity of surgical service

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