Author's response to: Frugal solutions for the operating room during the COVID-19 pandemic

Editor

We thank Agrawal and Sharma for their comments¹ on our international Delphi process on surgical practice in COVID-19². In these comments and previous work³, they highlight some extremely important additional challenges faced by low- and middle-income countries as a result of global healthcare inequality¹.

During the pandemic, innovation has played a crucial role in an ever-changing situation. This is particularly important in situations of equipment shortage because of affordability or availability, the latter recently occurring even within many highly developed healthcare systems.

SARS-CoV-2 pays no respect to the economic development of healthcare systems and so, in devising such essential alternative methods, we must take great care to ensure they respect the properties of the virus, regardless of setting. A false sense of security could be particularly dangerous in this silently spreading disease. For example, if using existing or inexpensive air exchange systems, we must understand where the exhaust will transport airborne virus particles to; if using existing smoke filters, we must determine whether they are capable of trapping particles as small as SARS-CoV-2.

rapid global collaboration demonstrated within global research initiatives in COVID-194 has illustrated the benefits of unifying during these difficult times. Industry has also been quick to collaborate with academics, inventors and healthcare professionals to problem-solve during the pandemic⁵. Such efforts should consciously consider transferability to the LMIC setting and the specific additional challenges and inequalities presented, not least those of cost. Such principles apply not only to these uncertain and challenging times, but to global healthcare beyond COVID-19.

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