The Lancet Commission on Global Cancer Surgery

4 Key Takeaways
1 Solution

www.globalsurgeryfoundation.org
The results are shocking: we are far from meeting the immense demand for cancer surgery.

What are the key takeaways, and how can we SOLVE this challenge?

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Surgical care is absolutely KEY in cancer care

An estimated 65–80% of incident cancers will require surgical care.
In 2040, there is a projected 383% gap in LMICs and a 25% gap in HICs in the surgical care workforce.
For the **anaesthesia** workforce this gap is projected to be a staggering **550% for LMICs and 31% in HICs**.
Inequity between countries is particularly concerning.

Low-income countries have less than one surgeon per 100,000 population compared with HICs, which have 57 surgeons per 100,000 population.

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Global annual economic welfare losses are estimated at $7 trillion from surgical mortality and $400 billion from cancer surgical morbidity.
Provision of cancer surgery alone would **avert $12 trillion** in direct economic losses worldwide from 2015 to 2030

The investment case for surgical care is clear.

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Yet, surgical care systems remain critically under-funded

So, how do we solve this?
Pooled financing has revolutionised the global health response to Malaria, TB, HIV/AIDS, and other areas.

Surgical care is next.

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Leading stakeholders in global health all agree that **pooled catalytic funding for surgical care systems** is urgently needed to change these statistics.
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4 Takeaways | 1 Solution

SURGfund is ready.

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Only by working together, can we tackle this gross inequity.
Don’t read the shocking numbers and move on.

Make a difference:
www.globalsurgeryfoundation.org/surgfund