

The Lancet Commission on Global Cancer Surgery

- 4 Key Takeaways
- 1 Solution

THE LANCET Oncology

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?





Surgical care is absolutely KEY in cancer care

An estimated **65–80%** of incident cancers will require surgical care.





The workforce is not meeting the immense need



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.**



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





Not investing in surgical care systems is costing us, big time

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.



Yet, surgical care systems remain critically underfunded

So, how do we solve this?

Pooled financing

has revolutionised the global health response to Malaria, TB, HIV/AIDS, and other areas







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





SURGfund is ready.



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

