



## A Call to Action on Global Surgery Day

2025 marks ten years since the 68<sup>th</sup> World Health Assembly, where Resolution [WHA 68.15](#) was unanimously adopted. This was a landmark moment for the global surgery community. It acknowledged that no health system is complete without Universal Health Coverage, including access to safe, timely and affordable surgical care.

Most recently, with the adoption of Resolution [WHA 76.2](#) in 2023, the Assembly affirmed the importance of integrated emergency, critical and operative care as being central to resilient health systems and protection from health emergencies.

### Ten years on, what have we achieved?

We have a lot to acknowledge and celebrate:

- The 2015 [Lancet Commission on Global Surgery 2030](#) defined scalable solutions for providing high-quality surgical and anaesthesia care for all;
- That same year, this the World Health Assembly adopted Resolution 68.15;
- The [World Bank's Disease Control Priorities: Essential Surgery](#) strengthened the economic case;
- The publication of [Optimal Resources for Children's Surgical Care](#) in 2015 established the first comprehensive global framework for delivering safe, high-quality surgical care to children;
- Several countries have now developed and implemented National Surgical, Obstetric and Anaesthesia Plans: Ethiopia (2016), Zambia (2017), Tanzania and Rwanda (2018), Madagascar (2019), Nigeria (2019), Pakistan (2020), Fiji (2021), Palau (2021), Vanuatu (2021), Zimbabwe (2022), Republic of Namibia (2023), Ecuador (2023) and most recently, Ghana (2024);
- In 2020, member states in the WHO Western Pacific Region approved the [Action Framework for Safe and Affordable Surgery](#). Work commenced in five countries - Mongolia, Cambodia, Fiji, Vanuatu and the Solomon Islands – focusing on surgical system planning;
- In 2023, member states adopted WHA Resolution 76.2, building on the foundations of earlier efforts, including surgical systems strengthening. This resolution reflects a broader, integrated agenda focused on cross-cutting system readiness and survival-focused care at all levels, notably for public health emergencies, disasters and climate-related crises.

This is real progress, and we applaud countries that have led the way, especially in the Southern African Development region.

We recognise the vital role of regional health and economic bodies and networks in accelerating progress at the national level and embedding surgical care within the broader

health system strengthening agenda. These efforts have been transformational in advancing access to safe, timely and affordable care across diverse settings.

### Ten years on, what must we do differently, for the next five years?

Despite this progress, we must also face a sobering truth: there is more work to do. In many places, access to surgical care has stagnated or deteriorated.

Too many people still lack access to even the most basic surgical and anaesthesia services. Too many countries have national plans, but no implementation. The global burden of surgical disease remains unacceptably high.

The cost of inaction is staggering – an estimated 1.3% of GDP is lost each year due to a lack of access to safe and timely surgical care. This amounts to a projected loss of 21 trillion dollars in global GDP between 2015 and 2030.

### COVID-19 impact

The COVID-19 pandemic was a significant contributor to the current state of our health systems. It exposed and widened systemic inequities, strained supply chains and diverted essential resources. Surgical backlogs are immense. Recovery has been uneven. Fragile systems have become even more vulnerable.

Despite these challenges, our community has achieved more than expected. The pandemic accelerated access to oxygen and helped catalyse reforms in critical care infrastructure. It also highlighted the interdependence of disciplines – from surgery and anaesthesia to emergency medicine, intensive care, rehabilitation and palliative care.

### We now find ourselves in a very different global health landscape

Global health financing is evolving. There is a shift away from traditional donor-driven models toward domestic investment and regionally led, locally informed partnerships that reflect national priorities and contexts.

Political instability, climate-related disasters and conflict are placing an increasing burden on surgical and trauma systems, amplifying the need for emergency, critical and operative care to treat injuries, preserve life, and support health system resilience when it is needed most.

In this context, now more than ever, we need sustained investment in surgical systems as a core component of preparedness and response.

Children are uniquely vulnerable in crisis settings and must have due priority. Trauma remains the leading cause of death among children in low and middle-income countries. Without access to surgical care, our children are not safe.

### Our recommendations

#### 1. To World Health Organization Member States:

##### Investment in systems:

Renew your commitment to resilient health systems. Invest in surgical, anaesthesia, and secondary care infrastructure as a core part of universal health coverage.

##### Investment in people:

Remember that the surgical, anaesthesia and nursing workforce are at the centre of all this.

Commit to training, equipping and supporting professionals, without which no system can deliver safe care.

### **Invest in graduate and postgraduate training:**

Ensure effective supply chains, data systems and equipment maintenance. These are not technical luxuries—they are the foundation of functioning hospitals and are essential to delivering safe, reliable care, particularly for children whose surgical needs require specialised skills, planning and equipment.

### **Investment in research:**

Prioritise fit-for-purpose data collection and internet connectivity. Data is still missing, and reporting is inconsistent. Routine surgical data collection should become standard practice.

## **2. To Civil Society and Academic Institutions:**

Commit to high standards in research and clinical practice, foster shared learning and promote equitable partnerships across global surgery and related areas, including noncommunicable diseases, primary and secondary care, respiratory health, paediatric surgery and beyond.

## **3. To Pan American Health Organizations and Global Partners:**

Make surgical care a visible, measurable and financed priority within health, humanitarian and climate resilience agendas.

Collaborate with governments and multilateral financing institutions to implement concrete, localised mechanisms for delivering safe, timely and appropriate care.

## **Conclusion**

Ten years on, we stand not just in reflection but in renewed determination.

This is not the time for complacency. It is the time for recalibration and renewed commitment, as countries strive to meet their Sustainable Development Goals and help shape the post-Universal Health Care global health agenda beyond 2030.

Progress is possible – but only with political will, sustained financing and a shared recognition that surgical care is not an isolated intervention but a vital part of integrated, resilient health systems – essential to saving lives, protecting dignity and building stronger, more equitable societies.

**Published by Royal College of Surgeons of England on behalf of the following stakeholders:**

African Partnership for Perioperative and Critical Care Research (APPRISE)

African Perioperative Research Group (APORG)

Association for Socially Applicable Research (ASAR)

Association of Academic Global Surgery (AAGS)

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Surgery Obstetrics Trauma Anaesthesia Convoys (SOTAC)

Surgical Society of Kenya

The International Federation of Surgical Colleges and Societies (IFSCS Ltd)

University of California San Francisco - Center for Health Equity in Surgery and Anaesthesia (UCSF CHESA)

University of Cambridge - Public Health & Primary Care Unit University of Ghana Medical Centre

University of Global Health Equity University of Utah Center for Global Surgery

University of Witwatersrand-SADC (Southern African Development Community) Regional Collaboration Centre for Surgical Healthcare (WitSSurg)

World Federation for Societies of Anaesthesiologists (WFSA) World Federation of Neurosurgical Societies

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