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UCT expert helps expose global life-saving surgery crisis affecting 160 million people

The University of Cape Town (UCT) is at the forefront of a major international push to address a global surgical care crisis that is leaving over 160 million people without access to life-saving procedures each year. A new [study](#), *Surgical Health Policy 2025–2035: Strengthening Essential Services for Tomorrow's Needs*, published on Monday, 14 July 2025 in [The Lancet](#), shows the world is far off-track in meeting targets for safe, affordable surgical care for all.

Professor Bruce Biccard, from UCT's [Department of Anaesthesia and Perioperative Medicine](#), is one of the 60 health experts across 20 countries behind the study and global call for urgent reform. The research, led by the University of Birmingham's NIHR Global Health Research Unit on Global Surgery, reveals that low- and middle-income countries (LMICs) carry the heaviest burden to provide safe and affordable surgical care for all.

"As an example, Sub-Saharan Africa has the largest gap between demand and capacity to provide caesarean sections, despite this been the most common operation in Africa," explained Biccard.

The study found that only 26% of LMICs are on track to meet the global target for patients to access essential surgery within two hours. No country in this group is achieving the recommended surgical volume of 5 000 procedures per 100 000 people per year.

The report paints a blunt picture:

- 3.5 million adults die within 30 days of surgery every year, more than HIV/AIDS, TB and malaria combined.
- 50 million patients worldwide experience postoperative complications annually.
- Surgical site infections are the most common issue, and
- Antimicrobial resistance (AMR) is a rising threat.

Professor Biccard notes: "Surgery is a key contributor to antimicrobial resistance, with up to 96% of infected wounds in LMICs being linked to antimicrobial resistance."

The researchers outline key steps for governments and health systems:

- Reframe surgery as a foundational component of well-integrated health systems rather than a siloed intervention. Investing in surgery can boost patient care across numerous diseases by increasing access to diagnostics, intensive care and critical drugs.
- Unlocking a 'surgical prosperity dividend' by increasing access to essential surgery; for example, scaling up breast, stomach, colon and rectal cancer surgery in LMICs could enable 884 000 people to return to work and boost the global economy by over \$80 billion each year.
- Developing innovative funding models for surgery; currently, half of the patients undergoing cancer surgery in LMICs make out-of-pocket payments, which can result in catastrophic expenditure and poverty.
- Focusing efforts on making surgical services more resilient to future emergencies, including pandemics, climate change, natural disasters and armed conflict.
- Adopting circular economy principles in surgical systems to reduce waste and carbon emissions from operating theatres, which currently account for up to 25% of total hospital emissions.
- Addressing gender disparities in surgical leadership and improving access for marginalised populations to address inequalities in health outcomes.

The report links surgical access directly to progress on several Sustainable Development Goals (SDGs), including improved health, stronger economies and national stability.

Senior author Professor Aneel Bhangu, from the University of Birmingham, said: "Surgery is not a luxury. It is a lifesaving, cost-effective intervention that underpins resilient health systems. Without urgent investment, millions will continue to suffer and die from treatable conditions."

"With widespread cuts to global health funding this year, we are at a pivotal moment for surgery. We must continue to secure funding to expand access to surgery while maintaining quality. At the same time, we must prepare surgical systems for an increasingly unpredictable world. Pandemics, climate change and armed conflict all threaten to disrupt care in the future, but most countries have made little progress in their preparedness since the COVID-19 pandemic," co-lead author Dr Dmitri Nepogodiev, from the University of Birmingham said.

This work directly supports UCT's [Vision 2030](#), which is rooted in unleashing human potential to tackle global challenges. By contributing to world-leading research that addresses critical health inequalities and promotes access to essential services, UCT strengthens its role as a research-intensive university committed to social impact. The study reflects the university's commitment to driving inclusive, transformative knowledge that advances health equity across Africa and the world.

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