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Surgical care is not a luxury; it is a human right – UCT virtual summit told

Clinicians must start thinking about what quality care could look like in the African context, as well as what global surgery entails as a component of universal access to care, and not only access, but quality of care for Africa's patients.

This was the overarching message during the recent "Global Surgery As A Value" virtual summit hosted by the University of Cape Town's (UCT) [Global Surgery division](#) in partnership with Values 20.

Values 20 was formed in 2020 to deepen the understanding of values in public policy and provide the G20 with evidence-based, human-centred policy solutions to address global challenges.

"Generally, whenever we talk about values and care, it always pertains to the people we look after, but I think to extend our lens to imagine what does that look like for recording our progress for the health workforce? What does quality care look for us as healthcare workers? How do we support them in our environments that are under austerities, whether it be with resources, overcrowding and understaffing," said Dr Lebo Moloi, who represented UCT's Global Surgery Division and set the scene at the summit.

She said it was not all doom and gloom as some of that space had changed over time and some work had gone into improving the "value-based care that we aspire to obtain in our context".

Dr Tabea Tshesane of Value 20 said her organisation was part of a global community of value experts and practitioners that seek to actively engage the G20 community. "Our global vision is to add depth to the understanding of values in terms of public policy, and to provide G20 with evidence that is human-centric and that informs the policies they put forward in terms of G20 activities," she said.

"As part of the work we do, we have a two-pronged approach to our work in G20. The first one is to produce a policy document. And this policy document will be sent to G20 to provide evidence that there are human-centric solutions that are based on values. So, we provide a policy document as they start with their discussions, wherein we give them

actionable guidelines of how to integrate values into the national as well as the Global Development Initiative.

"We have a team of researchers that have been working on this, and the information from the different sectors was integrated into one document that we will share. The second part of our agenda is advocacy, and what we have purposed to do is to create awareness, as well as embed values in South Africa as a society, as well as in the whole of Africa," she said.

Dr Ntuli Kapolongwe, director-general of the East, Central and Southern Africa Health Community (ECSA-HC), said over five billion people, including nearly two billion children, lack access timely for lifesaving surgical care.

"About 90% of them live in low- and middle-income countries, and that includes our home, Africa, which holds 18% of the world population, yet it remains drastically underserved. Most of the countries have fewer than one surgical obstetric and anaesthesia provider per 1 000 people, a far cry from recommended 25 000. This gap contributes to 18 million preventable deaths each year, and countless lives lived in disability and economic hardship in Africa," said Kapolongwe during his keynote address.

"The challenges are not new. There are severe shortages of trained surgical personnel; fragile infrastructure, especially in the rural and remote areas; limited equipment and medicines; weak integration, integration of surgical services into health national health systems in many communities.

"We must change this narrative, because surgical care is not a luxury, it is a necessity. It is a right. This is not just a technical or clinical issue. It is a values issue. It's about equity justice. In the African spirit of Ubuntu, I am because we are. It is about shared responsibility.

"Let me be clear, when a woman dies for lack of c-section, when a child grows up with a correctable deformity, when a family is pushed into poverty to afford and simple pressure... these are violations of dignity, of humanity and of basic human rights," he emphasised.

Kapolongwe said we must ask ourselves who is considered a human enough to receive surgical care too often. "If we honour our values, we must build systems that are equitable, accessible, affordable, sustainable and embedded in resilience, people centred health system. Achieving this requires political will and bold leadership," he said.

He said there was a need for increased domestic investment in health system, ECSA regional and global partnership, rooted in mutual respect and African led solutions, robust surveillance system for such outcome, strong implementation research to guide policies and improve.

Kapolongwe said quality surgical care was not just about surgeons or operating rooms. "It is multidisciplinary and much sectoral. No surgery can happen without electricity, oxygen. No mother can reach care without reliable transport; no system can improve without digital health and data driven decisions. We need an ecosystem, not a silo. Surgical care must be embedded in national development strategies, not just a health sector issue, but a whole of the government agenda in East Central and Southern Africa," he said.

"I especially wish to recognise South Africa for its leadership in the Values 20 initiative, and the University of Cape Town for pioneering these values-based lens in global surgery," he said.

Ms Lilian Mwape, principal nursing officer at Zambia's ministry of health, said they have been involved in "building a system around nursing that can support all the efforts being done in surgery, and also under ECSA, we are building a regional curriculum that will ensure that we standardize practice in the region and strengthen our already existing systems". Mwape is also the president of the Perioperative Nurses Association of Zambia, driving the agenda to ensure that Zambia really champions universal health coverage.

She said very few countries in Africa have trained nurses in perioperative care, and even where there are few, most of them move to greener pastures in developed countries, and "we therefore continue lagging behind".

To have a sustainable solution to these problems, she said there's a need to strengthen trained programmes for nurses. "The need to upskill the nursing profession cannot be overemphasised. For every surgeon trained, you need three perioperative nurses trained."

Professor Salome Maswime, UCT's head of Global Surgery and chairperson of the South African Technical Working Group on Safe Surgical Care, thanked all the participants and the keynote speaker. "I think more than anything, it's the conviction in which you shared with us that access to surgery is not just a clinical issue. It's a human issue. It's a family issue, as you said, it's a multidisciplinary healthcare worker issue. It's a multi sectoral issue. It's a policy issue with ministers of health and regional leaders, where we should all come together and work together."

Maswime said they have spent 10 years as a global surgery community advocating for access to surgery, reminding everyone that five billion people lack access to safe and timely surgical care.

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