

Global Surgery Foundation: Rethinking Surgical Care as a Cornerstone of Global Health Systems

While the global health community has made significant strides in combating infectious diseases and is increasingly addressing the growing burden of non-communicable diseases (“NCDs”), universal access to safe surgery remains largely off track as 5 billion people currently lack access to surgical care¹. Each year, at least 160 million patients are unable to receive necessary surgeries², resulting in 17 million preventable deaths annually³ - more than the combined toll of HIV, tuberculosis, and malaria⁴. Often assumed to be complex and expensive, the development of surgical infrastructure has historically suffered from siloed interventions and under-prioritization in low-resource settings. However, the Global Surgery Foundation (GSF) challenges the notion that surgery is a “luxury” or the last frontier of healthcare. Through its model, GSF demonstrates that safe surgery can be delivered affordably and serve as the core foundation of a resilient health system. Because surgical systems touch almost every domain of care - maternal health, pediatrics, trauma, oncology - strengthening them creates positive spillovers throughout the whole health infrastructure. Focused on developing self-sustaining local ecosystems, GSF leverages collaborative financing and innovative interventional models to transform health systems and close one of the largest neglected gaps in global health.

Surgery as the Hidden Face of Health Inequality

The global community’s investments of over \$5 billion annually⁵ have succeeded in considerably reducing mortality for communicable diseases. However, reductions in communicable-disease burden in Low- and Middle-Income Countries (LMICs) have increased the relative weight of non-communicable diseases and injuries, exposing a structural weakness: surgical systems remain underdeveloped. Surgical conditions now represent roughly 28% of the global burden of disease, yet

¹ WHO, Ensuring safe and affordable surgery, <https://www.who.int/westernpacific/activities/ensuring-safe-and-affordable-surgery>

² Surgical health policy 2025–35, Nepogodiev, Dmitri et al., The Lancet, Volume 406, Issue 10505, 860 – 880, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00985-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00985-7/abstract)

³ The Global Surgery Foundation website, <https://www.globalsurgeryfoundation.org/why>

⁴ WHO, UHC Communicable and NCDs Dashboard, <https://data.who.int/dashboards/ucn/overview>

⁵ The Global Fund website, <https://www.theglobalfund.org/en/>

less than 1% of global health funding goes to surgical care⁶. Overall, only 26% of LMICs⁷ are on track to achieve access to essential surgery within 2 hours, and none has reached the recommended benchmark of 5,000 procedures per 100,000 people per year.

Even a simple bone fracture, routinely treated in high-income nations, can lead to lifelong disability in LMICs and plunge families into poverty. Consequences can be fatal: for example, the inability to access a caesarean section when needed or the complications arising from unsafe procedures are a major contributor to the 287,000 maternal deaths occurring annually⁸. Because a functional surgical system demands trained multidisciplinary surgical teams along with facility readiness, including reliable electricity, sterile supply chains, blood banking capacity, anesthesia services, and comprehensive networks of care including for post-operative care in the communities, surgical capacity constitutes a litmus test for broader health system strength. Recognizing this relationship, GSF reframes surgical care not as a specialized medical service but as an essential pillar of Universal Health Coverage and the Sustainable Development Goals themselves.

SURGfund and SURGhub: Financing and Training Built for Lasting Change

GSF's approach does not focus on short-term missions but on constructing the financial and educational scaffolding that enables sustainable local systems to function independently.

The first mechanism is SURGfund, a pooled financing mechanism inspired by other global funds but streamlined for agility. Unlike standard grant-making, SURGfund operates using an accompaniment approach. In addition to SURGfund providing seed funding for locally led demonstration projects, the GSF accompanies the local implementing partners throughout the duration of the initiatives by providing clinical expertise and technical support with ongoing mentorship. The accompaniment model combines workforce training with quality improvement, facility readiness, networks of care as well as data and evidence, fostering the right conditions for the local authorities to then take the proof-of-concept to sustainable scale through local investment from national governments or international development banks. A key feature is the layered, collaborative funding design: once a project demonstrates efficacy in a locale (e.g., maternal health initiatives in Nakuru County, Kenya or Kano State in Nigeria), new capital can be injected to expand that proven model across the whole county, as

⁶ The Global Surgery Foundation website, <https://www.globalsurgeryfoundation.org/>

⁷ Surgical health policy 2025–35, Nepogodiev, Dmitri et al., The Lancet

⁸ WHO, The urgent drive to save women's lives across the world, <https://www.who.int/news-room/feature-stories/detail/donors-making-a-difference-to-maternal-health--the-urgent-drive-to-save-women-s-lives-across-the-world>

well as into adjacent counties and regions , thus reducing donor risk while accelerating scaling. With GSF as a neutral broker, private sector partners (including Johnson & Johnson Foundation, Takeda, GE Healthcare Foundation and others) can pool resources alongside philanthropic and public funds without facing reputational risks from perceived commercial bias, unlocking private capital that previous models left untapped.



*The surgical team at Nakuru Provincial Hospital
photo by Frank Kimaro/Jhpiego*

Simultaneously, to address the acute shortage of surgical workforce, GSF has established SURGhub: UN-linked, and the fastest growing digital learning platform in the surgical space, with more than 65,000 registered health professionals across 202 countries and territories. SURGhub is a joint initiative of GSF and UNITAR, supported by RCSI, and in association with the J&J Foundation. Partnering with over 40 leading institutions as content providers, SURGhub offers standardized knowledge through more than 150 peer-reviewed courses. Its flipped classroom model maximizes efficiency of training programs by requiring trainees to complete specific digital modules before attending in-person sessions. This ensures that valuable face-to-face time can focus on intensive, hands-on skill development, thus improving the cost-efficiency and outcomes of training programs.

Creating Self-Sustaining Ecosystems through Local Ownership

GSF puts local ownership first through a principle of non-displacement to align support with local implementation and strategy. A defining example is the "Building Bridges for Broken Bones"⁹ project in Northern Tanzania, a region facing high rates of amputation following road traffic accidents - caused not only by trauma, but also by the practices of traditional bonesetters, whose application of tight splints often caused ischemia and gangrene. Rather than pushing the bonesetters out and risking driving patients away, the project instead integrates them into the solution. Through targeted training, bonesetters learned to treat simple fractures and identify complex cases requiring hospitalization, effectively transforming a possible barrier to implementation into a functioning referral network. The project's success in reducing amputations eventually secured independent funding from the Dutch government, allowing GSF to withdraw while the program continued autonomously under local stewardship.



A focus group discussion with local bonesetters and fracture patients

Beyond technical skills, GSF also focuses on workforce culture and safety protocols to maximize quality of care in high-pressure, resource-constrained environments like district hospitals. The organization prioritizes locally based team-based training over surgeon-centric models, organizing multidisciplinary training sessions that include physicians, nurses, midwives and anesthesiologists to strengthen communication and workflow. This approach is reinforced through a hub-and-spoke model, in which each center of excellence (hub) provides ongoing support to a maximum four other facilities (spokes). The model utilizes ongoing blended mentorship, combining in-person training by local mentors with

⁹ The Global Surgery Foundation website, Treating extremity fracture patients in rural Tanzania, <https://www.globalsurgeryfoundation.org/building-bridges-for-broken-bones>

continuous virtual engagement, and leveraging SURGhub to sustain ongoing mentorship and clinical education. Critically, staff receive training empowering them to act as safety champions in their own setting based not on traditional hierarchies but on standardized protocols like the WHO Surgical Safety Checklist, contributing to a cultural shift that can save lives as much as the surgery itself.

From Pilot Projects to National Transformation

GSF's systems approach has generated compelling evidence that surgical investment can narrow inequities quickly. In 2026 alone, GSF will have trained and mentored around 660 health-care workers across 31 facilities in Nepal, Kenya and Nigeria, improving the quality of care for about 136'000 mothers and newborns, including estimated 19'000 cases of caesarean sections. Initial results show significant improvement in patient's safety and health outcomes, such as decrease in newborn mortality by 71% in Kenya and 45% in Nigeria, 42-45% decrease in newborn ICU admissions, and reduction of surgical complications by roughly 50% in Nigeria - resulting in shortening hospital stays, reducing antibiotic use, and substantial cost savings for health ministries. Taken together, these outcomes point to surgery as both a rapid equity lever and a high-value health system investment.

A growing body of evidence is indeed showing that investments in surgical care have very strong cost-effectiveness. On the level of individual procedures, laparotomies, for example, show an estimated cost of \$17 per DALY (disability-adjusted life year) averted¹⁰, which compares favorably with cross-country estimates of the implied cost per DALY averted from marginal health spending (\$998 in low-HDI and \$6,522 in medium-HDI settings)¹¹. On a global scale, the macroeconomic payoff could be immense: research by the NIHR Global Health Research Unit on Global Surgery estimates that scaling up breast, stomach, colon, and rectal cancer surgery in LMICs could enable 884,000 people to return to work and add over \$80 billion annually to the global economy¹².

As such, the ultimate measure of GSF's success is the transition from donor-funded projects to locally owned and self-sustained programmes integrated within national health systems and policies. Following the success of district-level pilots, the governments of Kenya and Nigeria, are now actively exploring to expand these models to the national or state level. As GSF shares their achievements and methodologies at global forums like the [World Health Assembly](#) or the [United Nations General](#)

¹⁰ Cost-effectiveness of surgical interventions in low-income and middle-income countries: a systematic review and critical analysis of recent evidence, Ifeanyichi, Martilord et al., BMJ Global Health 2024, <https://gh.bmj.com/content/9/10/e016439>

¹¹ Cost per DALY averted in low, middle- and high-income countries: evidence from the global burden of disease study to estimate the cost-effectiveness thresholds, Daroudi R, Akbari Sari A et al., Cost Eff Resour Alloc., 2021

¹² Surgical health policy 2025–35, Nepogodiev, Dmitri et al., The Lancet

[Assembly](#), the organization is actively scaling local learnings into pillars of national health systems.

Global evidence shows that true health equity cannot be achieved without closing the gap in access to safe surgical care - covering roughly one third of the global burden of disease. GSF's approach turns this gap into an opportunity for the next great success story in global health. Its work shows it can be done - through consistent and sustainable investment in local surgical care and systems that support it.