

UICC calls for strengthening of essential surgical care for cancer

UICC addresses Ministers of Health at WHO Executive Board

Statement delivered by UICC at the 136th Session of the WHO Executive Board on “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage”

Chair, Honorable Ministers, Director General, ladies and gentlemen,

Thank you for the opportunity to deliver this statement on behalf of the Union for International Cancer Control (UICC) – representing 800 member organisations across 155 countries.

In cancer, surgery is the primary modality for loco-regional disease control of solid tumours, a necessary component of curative therapy and vital in many palliative settings. Improving surgery capacity is therefore a major contribution to reducing the 8.2 million cancer deaths annually and associated pain and suffering.

UICC therefore welcomes the focus on strengthening essential surgical care at this year’s Executive Board. We thank the Secretariat for this report, and will provide a detailed written commentary. In the meantime we highlight some key points:

- Globally, cancer surgery is second only to trauma and orthopaedics in volumes of procedures carried out and need.
- The requirements for cancer surgery (e.g. mastectomy) are more complex than the general surgical procedures needed to address trauma.
- The **availability** of services is no guarantee of their **accessibility**. As underlined in the report there are major gaps in access to surgical services including human resource limitations and financial barriers.
- We challenge the data reported, and suggest that 313 rather than 234 million surgical procedures are performed globally, resulting in a need for **143 million additional procedures annually in LMICs alone**.
- To effectively address these gaps, the Secretariat should go beyond assessment and monitoring and promote cross-cluster collaboration across WHO, international organisations organizations, and civil society professional bodies, academia and NGOs to strengthen surgical services within existing health delivery platforms including care for NCDs at the district and sub-district levels.

We offer you our continued support, and point out the pending publications from the Lancet Commission and Disease Control Priorities that will further inform this topic. We look forward to further discussions at the May WHA.