



## Title: The future of Global Surgery amidst funding cuts

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The landscape of Global Surgery is facing a huge challenge due to significant cuts in overseas aid from major donors, particularly the United States and the United Kingdom. Historically, these two nations have provided essential funding for care and research programmes in low- and middle-income countries (LMICs). However, recent policy shifts have seen drastic cuts in international health funding, with the UK government reducing its overseas aid budget from 0.7% to 0.5% of Gross National Income, a reduction amounting to over £4 billion annually. The US has also implemented substantial funding reductions, with USAID's global health budget cut by approximately 20% and the National Institutes of Health (NIH) facing a 9% reduction in funding for international collaborations. These cuts directly impact programmes under USAID and the President's Emergency Plan for AIDS Relief (PEPFAR), which have historically played a crucial role in global surgical capacity building.

These funding reductions have had immediate and far-reaching consequences. The NIH in the US and the National Institute for Health Research (NIHR) now have limited ability to support global health initiatives. NIH funding supports surgical research grants and partnerships between US institutions and LMIC hospitals, while NIHR funds major global surgery trials and capacity-building projects. The reduced financial support from these entities places additional strain on remaining funders, particularly philanthropic organisations. With limited governmental support, the burden shifts to non-profits and private donors, who may not have the capacity to sustain long-term, large-scale Global Surgery initiatives.

For patients and surgical teams in resource-limited settings, the effects are stark. Fewer resources mean reduced access to essential surgical procedures, leading to increased morbidity and mortality from treatable conditions such as hernias, appendicitis, and obstructed labour. Training programmes for local surgeons may also be affected, exacerbating workforce shortages in areas already struggling with insufficient surgical capacity. The long-term impact is a widening disparity in global health outcomes, with LMICs bearing the brunt of policy decisions made in high-income countries.

In this issue of *Impact Surgery*, we feature a significant collaborative research study from PT Surg, focusing on the influence of ultrasound in determining the choice of surgical technique for inguinal hernia repair. This prospective multicentre cohort study, involving 911 patients across 33 Portuguese hospitals, found that despite ultrasound being widely used, it had no meaningful impact on the choice of surgical technique. Given the costs associated with unnecessary imaging, this study underscores the need for evidence-based practice to optimise resource allocation and improve surgical decision-making.

Such research highlights the importance of continued publication in medical journals. Despite concerns that academic publishing is in decline, peer-reviewed dissemination of surgical evidence remains crucial. In an era of misinformation and financial constraints, journals serve as a reliable platform for validating research, ensuring that scientific advancements reach policymakers, clinicians, and researchers worldwide.



As funding landscapes shift, publications become even more vital in advocating for policy changes and resource allocation based on empirical evidence.

At *Impact Surgery*, we are committed to integrating artificial intelligence (AI) to enhance the efficiency and accuracy of our editorial and post-acceptance processes. AI-driven tools assist in formatting, language refinement, and consistency checks, ensuring high publication standards. However, we maintain that AI should never replace human authorship in de novo writing. Instead, it should serve as a supportive tool for editing and refining content. We strongly encourage all authors to disclose any use of AI in their writing process, adhering to our previously published *Generative Artificial Intelligence Transparency (GAIT)* guidance.

As we navigate these challenging times, *Impact Surgery* remains dedicated to contributing in the field of rapid scientific publishing. Long-peer reviews, delayed rejections, and rejection after a resubmission are all extremely harmful to researchers. With cuts in funding ahead, surgical journals should avoid this.

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## References

1. GAIT 2024 Collaborative Group. Generative Artificial Intelligence Transparency in scientific writing: the GAIT 2024 guidance. *Impact Surgery*. 2025 Jan. 29;2(1):6-11.