

# **CASH**

## **🔗 SURGERY**

DEDICATED TO GLOBAL SURGERY

### **WHITEPAPER**

A BITCOIN CASH ORGANISATION

proud members of the  
**G4**alliance

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# GLOBAL SURGERY IN NUMBERS



THE NUMBER OF SURGEONS, ANAESTHETISTS AND OBSTETRICIANS PER 100,000 MEMBERS OF THE POPULATION IN PARTS OF AFRICA.

THE NUMBER OF OPERATING THEATRES PER 100,000 PEOPLE IN LOW AND MIDDLE-INCOME COUNTRIES.



THE NUMBER OF WOMEN WHO DIE EVERY SINGLE DAY AS A RESULT OF PREGNANCY AND DELIVERY COMPLICATIONS, EQUATING TO 303,000 EVERY YEAR.

THE NUMBER OF PATIENTS PER 100,000 PEOPLE WHO REQUIRE SURGERY AND FAIL TO RECEIVE THIS TREATMENT IN WESTERN SUB-SAHARAN AFRICA.





**1.9**  
**MILLION**

NUMBER OF LIVES THAT COULD BE SAVED EACH YEAR IN LOW AND MIDDLE-INCOME COUNTRIES IF FATALITY RATES AMONG SERIOUSLY INJURED PERSONS COULD BE REDUCED WITH LIFE SAVING SURGERY.

THE COLLECTIVE NUMBER OF DISABILITY ADJUSTED LIFE YEARS CAUSED BY JUST THREE CONGENITAL ANOMALIES IN LOW AND MIDDLE-INCOME COUNTRIES - CLEFT LIPS AND PALATES, CONGENITAL HEART ANOMALIES, AND NEURAL TUBE DEFECTS.

**21.6**  
**MILLION**

**57.8**  
**MILLION**

THE NUMBER OF NECESSARY SURGICAL PROCEDURES NEEDED THAT ARE NOT PERFORMED IN SOUTHERN ASIA EACH YEAR - THE REGION WITH THE GREATEST MAGNITUDE OF SURGICAL DEFICIT WORLDWIDE.

THE NUMBER OF PATIENTS WHO RECEIVE SURGICAL CARE EACH YEAR, FOR WHOM THE EVENTUAL OUTCOME IS FINANCIAL DESTITUTION.

**81**  
**MILLION**

**200**  
**THOUSAND**

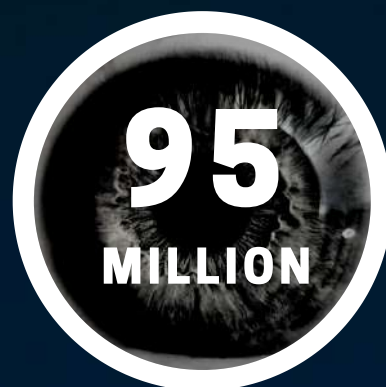
THE NUMBER OF CHILDREN BORN EVERY YEAR WITH CONGENITAL TALIPES EQUINOVARUS, ALSO KNOWN AS 'CLUB FOOT'. 80% OF THIS COHORT WILL BE BORN IN LOW AND MIDDLE-INCOME COUNTRIES, AND MANY WILL NEVER RECEIVE SURGICAL TREATMENT, DESTINED TO A LIFE OF DISFIGUREMENT AND STRUGGLE.





THE NUMBER OF WOMEN WORLDWIDE WHO SUFFER FROM OBSTETRIC FISTULA, ONE OF THE MOST DEBILITATING COMPLICATIONS OF CHILDBIRTH. ALMOST ALL OF THESE WOMEN LIVE IN IN SUB-SAHARAN AFRICA AND SOUTH ASIA.

THE NUMBER OF PEOPLE GLOBALLY WITH VISUAL IMPAIRMENT SECONDARY TO CATARACTS. DESPITE BEING SURGICALLY TREATABLE, CATARACTS REMAIN THE LEADING CAUSE OF BLINDNESS IN LOW AND MIDDLE- INCOME COUNTRIES.



THE NUMBER OF PEOPLE WHO SUFFER FROM INGUINAL HERNIA GLOBALLY. THE MAJORITY OF THESE INDIVIDUALS LIVE IN COUNTRIES WHERE THE SURGICAL BURDEN IS MAXIMAL, AND THE AVAILABILITY OF MESH REPAIR IS MINIMAL.

## REFERENCES

1. Farmer, P.E. and J.Y. Kim, Surgery and global health: a view from beyond the OR. *World journal of surgery*, 2008. 32(4): p. 533-536.
2. Alkire, B.C., et al., Global access to surgical care: a modelling study. *The Lancet Global Health*, 2015. 3(6): p. e316-e323.
3. Holmer, H., et al., Global distribution of surgeons, anaesthesiologists, and obstetricians. *The Lancet Global Health*, 2015. 3: p. S9-S11.
4. Funk, L.M., et al., Global operating theatre distribution and pulse oximetry supply: an estimation from reported data. *The Lancet*, 2010. 376(9746): p. 1055-1061.
5. Shrimpe, M.G., et al., Catastrophic expenditure to pay for surgery: a global estimate. *The Lancet. Global health*, 2015. 3(0 2): p. S38.
6. Rose, J., et al., Estimated need for surgery worldwide based on prevalence of diseases: implications for public health planning of surgical services. *The Lancet. Global health*, 2015. 3(Suppl 2): p. S13.
7. Meara, J.G., et al., Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 2015. 386(9993): p. 569-624.
8. Mock, C.N., et al., Trauma mortality patterns in three nations at different economic levels: implications for global trauma system development. *Journal of Trauma and Acute Care Surgery*, 1998. 44(5): p. 804-814.
9. Mock, C., et al., An estimate of the number of lives that could be saved through improvements in trauma care globally. *World journal of surgery*, 2012. 36(5): p. 959-963.
10. Higashi, H., et al., The burden of selected congenital anomalies amenable to surgery in low and middle-income regions: cleft lip and palate, congenital heart anomalies and neural tube defects. *Archives of disease in childhood*, 2015. 100(3): p. 233-238.
11. Alkema, L., et al., Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *The Lancet*, 2016. 387(10017): p. 462- 474.
12. Nove, A., et al., Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *The Lancet Global Health*, 2014. 2(3): p. e155-e164.
13. Kim, J., Video transcript of the opening remarks by Jim Kim, President of the World Bank, to the inaugural meeting of the Lancet Commission on Global Surgery. *Lancet*, 2014.
14. Wall, L.L., Obstetric vesicovaginal fistula as an international publichealth problem. *The Lancet*, 2006. 368(9542): p. 1201-1209.
15. Beard, J., M. Ohene-Yeboah, and J. Löfgren, Hernia Mesh Repair and Global Surgery. *Jama surgery*, 2016. 151(12): p. 1191-1191.
16. Organization, W.H., <http://www.who.int/mediacentre/factsheets/fs340/en>. url> <http://www.who.int/mediacentre/factsheets/fs241/en/>
17. Khanna, R., S. Pujari, and V. Sangwan, Cataract surgery in developing countries. *Current opinion in ophthalmology*, 2011. 22(1): p. 10-14.
18. Saltzman, H.M., Foot focus: international initiative to eradicate clubfeet using the Ponseti method. *Foot & ankle international*, 2009. 30(5): p. 468-471.
19. Lourenço, A. and J. Morcuende, Correction of neglected idiopathic club foot by the Ponseti method. *The Journal of bone and joint surgery. British volume*, 2007. 89(3): p. 378-381.

*"Five billion people across the world lack access to safe surgical and anaesthesia care."*

LANCET COMMISSION ON  
GLOBAL SURGERY, 2015

# THE MOVEMENT

In 2015, the Lancet Commission on Global Surgery, in its landmark report, found that five billion people across the world lack access to safe surgical and anaesthesia care, and that 17 million deaths per year can be attributed to surgically-treatable conditions – roughly 15 times the number of deaths due to HIV/AIDS. There is now a growing international movement to tackle this worldwide imbalance in surgical care between high income and low income countries.

In the same year, the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (a collaboration of over 170 international organisations) led a campaign to promote surgery's importance in health systems, and helped pass a new World Health Assembly policy that acknowledged the role of surgery in universal health coverage and the World Health Organization agreed to begin measuring key surgical data as part of its core global health indicators.

A wide range of prominent influencers – from Atul Gawande to Jim Kim to Madonna – have come out as major champions of the cause.

The provision of affordable, safe and sustainable surgical care globally, however, is a complex, multifactorial problem that requires an integrated, collaborative and multifaceted solution. Each element of surgical care, ranging from the development of infrastructure to the maintenance of a skilled, motivated workforce is hugely challenging. Unique local and regional variables, and a diverse array of stakeholders ultimately dictate that long lasting solutions can only be constructed with dialogue and partnerships. The diverse global surgery movement is now making important strides in tackling these issues together, both at international level through forums such as the World Health Organisation and the United Nations, and at the local level through institutional partnerships.

One.Surgery is a web based platform dedicated to this movement. Established in 2018, it has been endlessly innovating to create a suite of world class online tools and services that empower the global surgical movement at a grassroots level. Recently, it has joined the G4 alliance, and is committed to working tirelessly together with all stakeholders to achieve our collective goal - safe, affordable surgery for all.



# OUR APPROACH

One.Surgery recognises that the most important stakeholders in the global surgery movement are the patients and those that dutifully provide care to them every day.

We believe that in order to achieve sustainable, long-term provision of surgical care across the world, it is essential to empower local surgical healthcare providers to have equal access to training tools and educational resources, as well as an equal platform to share their knowledge, experience, and research on the world stage. Patients and their families should also be empowered, comforted by having access to robust surgical services that provide as best outcomes as possible.

Launched in 2018, One.Surgery is an integrated web platform that provides world class research, educational, and advocacy tools to surgical healthcare providers everywhere in the world. By doing so, we aim to inspire the global surgery movement from the grassroots to improve locally driven solutions that not only solve problems, but are designed in a low-cost, high-quality, sustainable, and joyous way.





# VOICES OF ONE SURGERY



**HOLD ON**

## OUR PROJECTS

### *A voice for all*

#### **VOICES.ONE.SURGERY**

Since 2018, One.Surgery has produced a tri-annual high-quality publication, titled Voices of One.Surgery, which allows for anyone to share their stories from the front line, describe innovative projects, and give personal insights within the global surgery field.

We have published voices from the front line of war-torn Syria and Libya; from project innovators based in Sub-Saharan Africa to insights from Brazil, Malaysia, Mexico, Papa New Guinea, and beyond.

The publication also tackles current events affecting the global surgical agenda, such as the Covid-19 crisis, and the Black Lives Matter movement.

ISSUE 10 | NOVEMBER 2020

# VOICES OF ONE SURGERY

**UNITY AND CELEBRATION**  
A JOURNAL DEDICATED TO GLOBAL SURGERY



ISSUE 5 | FEBRUARY 2019

# VOICES OF ONE SURGERY





# The front line of global surgery research

## RESEARCH.ONE.SURGERY & THE JOURNAL OF GLOBAL SURGERY

There are many obstacles preventing scientific research changing clinical practice and leading to the improvement of outcomes for surgical patients in low and middle-income countries.

One.Surgery is challenging these barriers by creating a new publishing system, designed to remove not just the current financial roadblocks to publish surgical research, but also innovate in new ways to promote the delivery of critical research to the front line of surgical care.

The Journal of Global Surgery (ONE) is designed to create a new paradigm in medical publishing - an equitable, sustainable, affordable, globally accessible peer review model that is community funded through Bitcoin Cash.

This revolutionary funding model challenges the stranglehold that the multibillion dollar publishing industry has on the dissemination of scientific work, as well as eliminates the need for piracy. This new publishing model truly allows researchers in low and middle-income countries to publish and access work with no barriers, whilst we simultaneously develop a unique global surgery research index to deliver this knowledge to the front line of surgical care.

Our [One.Surgery research index](#) archives all open access surgical research and delivers them to clinicians across the world in novel ways, such as a [beautiful monthly collection of new research](#), or giving published authors the opportunity to discuss their work in a [collective audiogram series](#).

### JOURNAL of GLOBAL SURGERY

**EMPOWERING.  
INSPIRING.  
ENLIGHTENING.**

The Journal of Global Surgery is a ground-breaking peer review journal dedicated to global surgery, and powered by Bitcoin Cash, a revolutionary cryptocurrency. The journal aims to produce a low cost, high quality journal that is sustainable, accessible, affordable and meets the needs of the entire global surgery community.

By utilising Bitcoin Cash, a borderless, permissionless peer to peer payment system, the journal offers a unique micropayment-community funded model with transparent and honest finances.

ONE WORLD  
ONE.SURGERY  
ONE NETWORK



© 2018-2021. ONE.SURGERY

#### global surgery collections



One.Surgery has already established an exceptional editorial board for our first Bitcoin Cash powered journal, comprising of renowned experts and professors from all over the world. All board members support this publishing model and understand how critical this is to liberating research for the entire scientific community.

# World class surgical training, delivered locally

## ACADEMY.ONE.SURGERY

Surgical education and training is a cornerstone of improving surgical services. We have developed an open access online academy - an educational platform that allows any teacher or organisation to host surgical courses with no running costs, and for students to freely access this content. We have already partnered with the International Federation of Rural Surgeons to launch their course on Rural Urology Practice, aimed at improving urology care in remote settings. Future courses are scheduled for release in 2022.

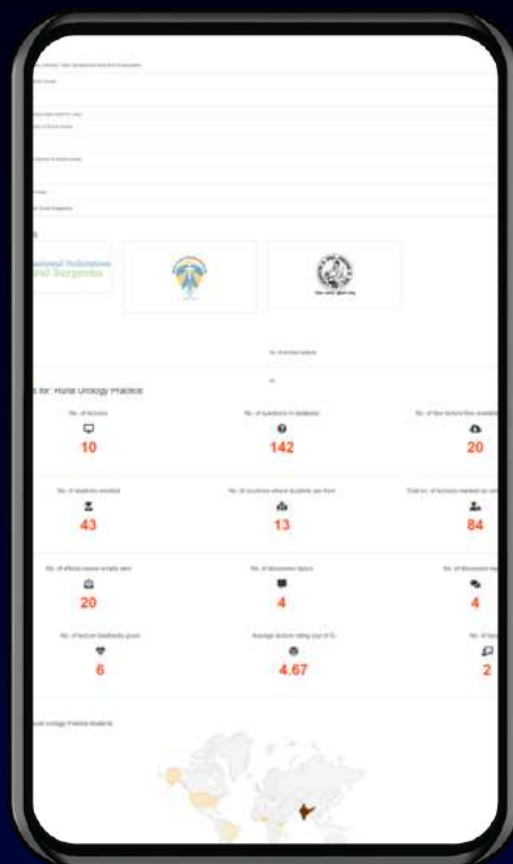
# A surgeon's log is their greatest training tool

## LOGBOOK.ONE.SURGERY

A logbook is a record of a surgeon or anaesthetists procedures - how many they have performed, and what they have learnt from each case.

Akin to a pilot's flight hours, a surgical logbook demonstrates experience and competence, with the opportunity for reflective learning. Most modern day training programmes insist on surgical trainees to maintain a logbook.

However, access to high quality logbooks are neither universal nor cheap, again creating a divide between trainees in different parts of the world. We have created a feature rich, powerful logbook, comparable to the best premium logbooks - and give free access, with no hidden costs or adverts, to every corner of the world.



# Powering community development and recognising achievements

## AWARDS.ONE.SURGERY & RESOURCES TO GROW

One.Surgery believes in the diverse global surgery community and the amazing talents within. We recently have launched a community-based awards programme, recognising and celebrating the achievements of those working endlessly to improve the lives of others.

Furthermore, our platform offers tools for individuals to develop their own projects and voices, with free hosting of a community blog and podcast network, ensuring anyone can create their own blog or podcast series, in any language, with no burden of cost or technical know-how.



Surgery and innovating in  
ience of receiving Bitcoin Cash



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Search

### Latest blog posts

One Surgery is proud to join the G4  
alliance.

May 22, 2021


Working with One Surgery and



P O D C A S T  
N E T W O R K

Celebrating Global Solidarity





*"A purely peer-to-peer version of electronic cash would allow online payments to be sent directly from one party to another without going through a financial institution."*

SATOSHI NAKAMOTO

# A PHILOSOPHICAL ALIGNMENT WITH BITCOIN CASH

One.Surgery is a non-profit organisation registered as a community interest company in the UK. The organisation is limited by guarantee, meaning it has no profit-seeking shareholders, and that all of its assets are locked within the organisation, only to be ever used for its non-profit mission of improving access to safe surgery worldwide.

Bitcoin, the world's first cryptocurrency, first began in January 2009 and was launched as an instant peer to peer cash payment system. It was invented to be accessible to anyone in the world, with no restrictions or traditional banking bureaucracy, thus designed to bring economic freedom through instant, borderless payments.

At first glance, there may not seem to be a direct relationship between the global surgery movement and digital cryptocurrencies. However, underpinning any global movement is its economic strength, for every organisation needs to receive and send funds seamlessly to achieve its mission objectives. The currency that an organisation operates in can either liberate it or constrict its activity.

The traditional banking system has its restrictions when we seek to improve equal access to healthcare throughout the world. Individuals and organisations in low and middle-income countries are often marginalized by legacy payment systems.

For example, if funds need to be transferred to different countries, each country's financial institutions will have its own barriers to send and receive money. Furthermore, if an organisation needed to receive micropayments, it would be impossible to transact equitably with every person in the world using current payment gateways.

In 2017, Bitcoin underwent a coding update to evolve into Bitcoin Cash, with Bitcoin Cash continuing to primarily develop as the decentralised, global peer to peer cash system that Bitcoin was originally designed for.

Through a passionate community, Bitcoin Cash has continued to develop its crypto ecosystem, now allowing seamless front-end useage of financial tools for its growing userbase. In December 2020, One.Surgery launched a crowdfunding campaign to begin utilising Bitcoin Cash throughout its innovative projects and has now successfully integrated its use throughout its infrastructure, making it one of the first global organisations to primarily use Bitcoin Cash as its default currency.

# INTEGRATION WITH BITCOIN CASH

## Online ledger

As a non-profit organisation, our financial transparency is important to us. Using one receiving Bitcoin Cash address, [we publicly demonstrate](#) our financial balance and transactions in realtime. We are one of the first organisations in the world to use the blockchain in such a way.

## Liberating science

Using Bitcoin Cash micropayments, One.Surgery has created a revolutionary model of peer review publishing - one that is accessible and affordable to everyone on the planet. Only the instant, cheap transactions of Bitcoin Cash technology make this possible.



## Staff payments

With our international staff, payments and salaries using a borderless global payment system ensures payments are instant with no intermediate banking or currency exchange fees. To date, we have made seamless payments to three countries to our staff.

## E-commerce

We maintain an online shop selling exclusive One.Surgery and Bitcoin Cash merchandise. We accept payments in Bitcoin Cash, allowing us to have another revenue stream to maintain our projects.

## Non-fungible tokens

Rather than developing our own token, One.Surgery has created a unique investment opportunity by creating limited edition NFTs that combine art, science, and crypto.

## Community awards

We recognise excellence in the global surgery community with a new awards programme, including giving out Bitcoin Cash and NFT awards.

# [VOICES] A UNIQUE NFT LAUNCH

Non-fungible tokens (NFTs) are one-of-a-kind tokens on the blockchain, each one completely unique. NFTs have been becoming increasingly popular in the cryptocurrency marketplace, representing digital artwork and now recognised by collectors and investors as valuable pieces of their cryptocurrency portfolios.

One.Surgery has created a new series of NFTs, a collection that is entirely unique in cryptocurrency history. The [VOICES] collection of animated images represent the voices within in our tri-annual publication, Voices of One Surgery.

The tokens are therefore tethered not only to a moment in time, but to inspirational voices that are published within the magazine.

By definition, these tokens can therefore only have a limited supply each year, with each uniquely collectible token being incredibly rare within the collection.

Each token sale will allow further development of the One.Surgery project, and with further development, the more desirable our unique token series will become, thus adding further investment value to our NFT collectors.

## Non-Fungible Tokenomics [VOICES]

**REPRESENT VOICES OF INSPIRATIONAL PEOPLE ACROSS THE WORLD STRIVING TO MAKE SURGERY SAFER FOR ALL**

**CREATED ON BITCOIN CASH / SIMPLE LEDGER PROTOCOL THEREFORE MINIMAL TRANSACTION FEES**

**DESIGNED AS COLLECTIBLE / TRADEABLE SERIES**

**ONLY ONE NFT MINTED PER ARTWORK DESIGN: HIGH RES ANIMATED GIF**

**DOCUMENT HASH EMBEDDED PERMANENTLY INTO NFT**

**HOSTED ON ONE.SURGERY SERVERS & IMMUTABLY ON IPFS**

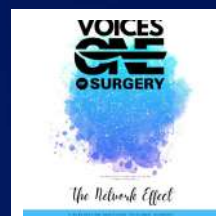
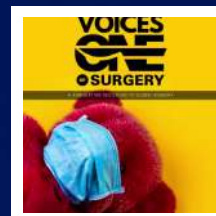
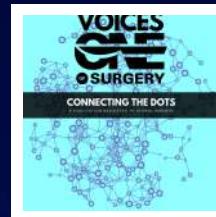
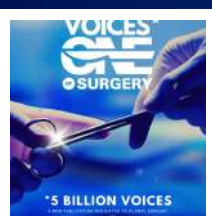
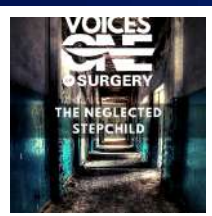
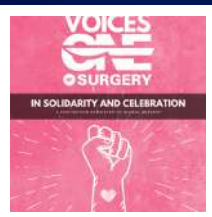
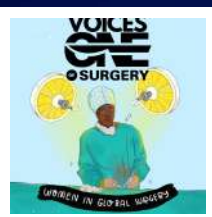
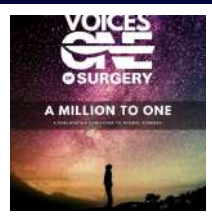
**INITIAL LAUNCH PHASE: 12 NFTS**

**MAXIMUM 8 NEW TOKENS MINTED PER YEAR**

**SOLD ONLINE VIA TRANSPARENT SALES**

**ALL PROCEEDS SUPPORT NON-PROFIT WORK**

**THE MORE WE CAN ACHIEVE AS A NON-PROFIT ORGANISATION, THE MORE PROMINENCE OUR UNITED [VOICES] GAIN**





# ONE.SURGERY ROADMAP

## **[VOICES] TOKEN RELEASE**

The first NFTs from the [VOICES] series will be released to collectors via public auction.

2021  
Q2

## **BETA RELEASE OF FIRST BCH POWERED JOURNAL**

The Journal of Global Surgery will launch in Q3 as a paradigm-changing scientific peer review publishing model.

2021  
Q3

## **ONE.SURGERY ONLINE CONFERENCE**

We aim to host our first ever online conference, discussing global surgery, cryptocurrency and our expanding projects.

2021  
Q4

## **ACADEMY UPGRADE**

We look to launch more courses on the One.Surgery academy, as well as integrate a webinar platform.

2022  
Q1

## **JOURNAL EXPANSION**

After community consultation, we will analyse opportunities to expand the number of Bitcoin Cash journals throughout 2022.

2022  
Q2

# PARTNERSHIPS

One.Surgery is uniquely positioned within two passionate communities - the global surgery community and the Bitcoin Cash community. We recognise the need to foster deep and meaningful partnerships in both spheres to achieve our mission to achieve safe, affordable surgery to everyone in the world.

We will continue to work diligently with all stakeholders to create a sustainable solution for our combined work to thrive into the future.



# MEET THE TEAM



**SAQIB NOOR**  
FOUNDER & CEO

Dr.Saqib Noor is a British trauma and orthopaedic surgeon and has worked and trained as a surgeon on five continents, with significant time spent training in South Africa, Cambodia, Australia, Canada, and the UK. Furthermore, he has volunteered in disaster zones including the aftermath of the Haiti earthquake and Pakistan floods of 2010.

In 2017, he published his surgical journey, "Surgery On The Shoulders of Giants", which was featured on the BBC as he described the scenes he witnessed in his travel abroad , sharing the inspirational stories of all he had seen. He also works as a web developer, creating innovative solutions to healthcare problems, with successful web apps designed for clinical care in a charity hospital in Cambodia and a unique medical education platform in Canada, as well as launching One.Surgery in 2018.

Florence is an aspiring anesthesiologist from Belgium. After completing a volunteering project in Tanzania, she developed a passion for global health. As a member of both the DGNN (Duke Global Neurosurgery and Neurology) and One.Surgery, she has been actively involved in a variety of advocacy and research projects to improve access to safe and adequate surgical care worldwide.



**FLORENCE VAN BELLEGHEM**  
EDITOR, VOICES OF ONE SURGERY



**ALIYU NDAJIWO**  
EDUCATION ANALYST

Aliyu is a medical doctor from Nigeria. He has been a strong voice in improving access to safe surgical care globally, founding SurgeryMatters (a global health social media platform) and InciSioNigeria (Nigeria's first global surgery group affiliated with Incision Global). He is also the SoMe editor for Africa for the World Neurosurgery Journal. He is passionate about changing the perception of the field of neurosciences in developing countries.





**MOHAMED KAHNA**  
RESEARCH CO-ORDINATOR

Mohamed is a surgical technologist from Tunisia with a masters degree's in Digital Health Policy. He is a global health enthusiast and global surgery advocate. He is passionate about technology and medical entrepreneurship in digital health to achieve real positive change in his community and worldwide.

Anne is passionate about global health, and sparked an interest in global surgery after working for 3 years in a Cambodian surgical hospital. She has had the opportunity to work on five continents in the NGO sector, with a background in project development and implementation, resource mobilisation, and stakeholder engagement. Her personal areas of interest are blood systems and paediatric oncology.



**ANNE MCMURREY**  
STRATEGY ANALYST



**AEMON FISSHA**  
PARTNERSHIPS MANAGER

Aemon is a medical student at Addis Ababa University - Tikur Anbessa Specialized Teaching Hospital in Addis Ababa, Ethiopia aspiring to become a Trauma and Orthopedics surgeon in the near future. He is the Co-founder and current chair of InciSioN Ethiopia and serves in several organizations aspiring towards global health such as IFMSA as a Development Assistant for Africa . He developed his passion for global surgery when observing the lack of accesses to safe, affordable and timely surgical care in LMICs but also the interventions that could make change.

Maryam is an aspiring surgeon from Pakistan, currently working as a research fellow in the Department of Surgery at the University of California, San Diego. Passionate about global surgery and outcomes research, she strongly believes access to safe and affordable surgical care can be achieved by creating sustainable solutions by empowering local communities in LMICs. She is the co-chair and co-founder of InciSioN Pakistan and since past one year, has been actively involved with One. Surgery as it breaks down the barriers in Global Surgery through it's pioneering work in research and education.



**MARYAM ALI KHAN**  
RESEARCH ANALYST