

The Amsterdam Declaration on Essential Surgical Care

November 27th 2014

Being concerned about the fact that:

- Two billion people have no access to essential surgical care¹ especially in low- and middle-income countries
- Five million people die from injuries every year, >90% of whom are found in low resource settings
- A third of a million women die every year from childbirth, 15-20% of whom can be saved through safe essential surgical care
- Two million women live with untreated obstetric fistula, entirely in low resource settings
- Twenty million people suffer from treatable blindness caused by cataract
- Millions of people suffer from correctable congenital deformities such as cleft lip and clubfoot
- Surgical conditions now kill more people than HIV, TB, and Malaria combined
- Surgical and obstetrical conditions approximately account for 11% of the world's disability-adjusted life years (DALYs) lost each year
- There is a critical shortage in surgically and anaesthetically trained health care workers in low- and middle-income countries (for example 0.5 surgeon per 100.000 people in Sub Saharan Africa)
- The medical infrastructure, supplies and observed procedures in low- and middle-income countries are insufficient to provide the needed essential surgical care

¹ **Definition:**

We define essential surgical care as: *'Basic surgical procedures that save lives and prevent permanent disability or life-threatening complications. Such surgery should be of appropriate quality and safety, accessible at all times and affordable to the community'*

Proposed list of 15 essential surgical conditions

Conditions	Interventions
Obstructed labour	Caesarean section. Symphysiotomy, assisted or manipulative delivery
Severe uterine bleeding	Evacuation of Retained Products of the Placenta, B-Lynch suture, repair of uterine perforation
Surgical infections	Incision and drainage of abscess, fasciotomy, dental extraction, tympanotomy, bone drilling, arthrotomy
Severe wounds (including burns)	Debridement, hemostasis, suturing, escharotomy, skin grafting
Severe head injury	Management of head injury, cranial burr holes, elevation of depressed skull fracture
Airway obstruction	Management of compromised airway, tracheostomy, cricothyroidotomy, removal of foreign body
Chest injury and infections	Intercostal drainage, thoracostomy
Acute Abdomen	Emergency laparotomy including appendicectomy
Fractures and Dislocations	Reduction of fractures and dislocations, casting and splinting, external Fixation
Severe limb ischemia, sepsis and injury	Amputations
Urinary outflow obstruction	Suprapubic catheterization
Hernia	Hernia repair
Cataract	Cataract extraction and Intra-oculair lens insertion
Clubfoot	Casting and splinting, tenotomy
Simple Cleft lip	Cleft lip repair

Taking into account that:

- At present there is limited global effort from a public health perspective to reduce the number of deaths and disabilities in low- and middle income countries caused by surgical conditions
- Essential surgical care in low resource settings is cost effective in DALYs and cost competitive to other preventive health measures
- Making essential surgical care available in low resource settings requires a multilevel approach

We make the following declaration²:

- We solicit the support of the governments of all nations, the UN, the WHO, the World Bank, institutional donors as well as other major donors, non-governmental organisations, all involved medical and surgical societies, colleges, and professional bodies.

To ensure that:

Essential surgery be made available to all regardless of age, gender, race, ethnic group, geographical location, financial status, and political and religious affiliation through the following actions:

1. Incorporate essential surgical care as part of national health services within Universal Health Coverage (UHC)
2. Realign and increase the allocation of resources to improve essential surgical care delivery
3. Make training accessible to health workers providing essential surgical care
4. Ensure the provision of supplies, equipment, and infrastructure for safe, essential surgical care
5. Develop protocols for ethical surgical practice, assessment, audit, and follow-up
6. Optimize collaboration amongst all stakeholders such as professional organizations, institutions, charities, and funding agencies to avoid duplication and maximize efforts to promote essential surgical care
7. Support the proposed World Health Assembly resolution on strengthening emergency and essential surgical care in May 2015

² This Declaration was initiated live on stage during the final session of the symposium 'Surgery in Low Resource Settings' on November the 15th 2014 in Amsterdam where the following organisations were represented: AMREF flying doctors, the Association of Surgeons of Great Britain and Ireland, the College of Surgeons of East, Central and Southern Africa (COSECSA), CAPACARE, Doctors Without Borders (MSF-Holland), Emergency, the German Society for Tropical Surgery (DTC), the G4 Alliance, the International Collaboration for Essential Surgery (ICES), the International Committee of the Red Cross (ICRC), the International Federation for Rural Surgery (IFRS), the International Federation of Surgical Colleges (IFSC), the Lancet Commission on Global Surgery, Mercy Ships, the Netherlands Society for International Surgery (NVIC), the Netherlands Society for Plastic Surgery (NVPC), Volunteers OverSeas (VSO), the World Health Organisation (WHO) and the World Orthopedic Concern (WOC)