

# The Amsterdam Declaration on Essential Surgical Care

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## Introduction

On behalf of the supporting organisations and all participants of the international symposium 'Surgery in Low Resource Settings', November 2014, in Amsterdam, we present the 'Amsterdam Declaration on Essential Surgical Care'.

The situation with regard to a lack of surgical capacity in LMICs is untenable and urgent action is required to alleviate the situation. Many thousands of patients are dying unnecessarily every day because there is no one trained to operate on them. As a consequence, the death toll of surgical conditions in low resource settings currently outnumbers the death toll of HIV, malaria and TB combined.

Rarely has there been such unanimity in the field of global surgery and there is urgent action needed.

The lack of surgical care will be on the agenda during the World Health Assembly in May 2015. We solicit international health policy makers to support the initiative towards a WHA resolution on 'Strengthening Emergency and Essential Surgical Care and Anaesthesia as a component of Universal Health Coverage.'

We need to make the world realize that we completely forgot something: Surgery should be part of the United Nations' post-2015 sustainable development goals as an essential and named component of universal health coverage.

## The Amsterdam Declaration on Essential Surgical Care

### Being concerned about the fact that:

- Two billion people have no access to essential surgical care especially in low- and middle-income countries
- Five million people die from injuries every year; more than 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; all 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 obstetric 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

### 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 declaration:

- 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.

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<sup>1</sup> 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'

<sup>2</sup> This Declaration was initiated during the final session of the symposium 'Surgery in Low Resource Settings' on November 15th, 2014 in Amsterdam with the following organisations 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), Edna Adan University Hospital, 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), Mercy Ships, the Netherlands Society for International Surgery (NSIS), the Netherlands Society for Plastic Surgery (NVPC), Volunteers Overseas (VSO) and the World Orthopedic Concern (WOC).

**Conditions****Interventions**

<b>OI</b>	<b>Obstructed labour</b>	Caesarean section. Symphysiotomy, assisted or manipulative delivery
<b>Su</b>	<b>Severe uterine bleeding</b>	Evacuation of retained products of the Placenta, B-lynch suture, repair of uterine perforation
<b>Si</b>	<b>Surgical infections</b>	Incision and drainage of abscess, fasciotomy, dental extraction, tympanotomy, bone drilling, arthrotomy
<b>Sw</b>	<b>Severe wounds (including burns)</b>	Debridement, hemostasis, suturing, escharotomy, skin grafting
<b>Sh</b>	<b>Severe head injury</b>	Management of head injury, cranial burr holes, elevation of depressed skull fracture
<b>Ao</b>	<b>Airway obstruction</b>	Management of compromised airway, tracheostomy, cricothyroidotomy, removal of foreign body
<b>Ci</b>	<b>Chest injury and infections</b>	Intercostal drainage, thoracostomy
<b>Aa</b>	<b>Acute Abdomen</b>	Emergency laparotomy including appendectomy
<b>Fd</b>	<b>Fractures and Dislocations</b>	Reduction of fractures and dislocations, casting and splinting, external fixation
<b>Sl</b>	<b>Severe limb ischemia, sepsis and injury</b>	Amputations
<b>Uo</b>	<b>Urinary outflow obstruction</b>	Suprapubic catheterization
<b>Hr</b>	<b>Hernia</b>	Hernia repair
<b>Ce</b>	<b>Cataract</b>	Cataract extraction and Intra- ocular lens insertion
<b>Cf</b>	<b>Clubfoot</b>	Casting and splinting, tenotomy
<b>Cl</b>	<b>Simple cleft lip</b>	Cleft lip repair

**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 'Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage' in May 2015

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