

The Amsterdam Declaration on Essential Surgical Care

Matthijs Botman¹ · Rinse J. Meester¹ · Roeland Voorhoeve¹ · Henning Mothes² ·
Jaymie A. Henry³ · Michael H. Cotton³ · Robert H. S. Lane⁴ · Pankaj G. Jani⁵ ·
Hugo A. Heij¹ · Edna Adan Ismail⁶

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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 Na-

Matthijs Botman and Rinse Meester contributed equally to this work.

✉ Matthijs Botman
matthijsbotman@gmail.com

¹ Netherlands Society for International Surgery, Amsterdam, The Netherlands

² German Society for Tropical Surgery, Homburg, Germany

³ International Collaboration for Essential Surgery, New York, USA

⁴ International Federation of Surgical Colleges, London, UK

⁵ COSECSA, Nairobi, Kenya

⁶ Lancet Commission on Global Surgery, Bellagio, Italy

tions' 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 care¹ especially in low- and middle-income countries

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, arthroscopy
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 appendectomy
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-ocular lens insertion
Clubfoot	Casting and splinting, tenotomy
Simple cleft lip	Cleft lip repair

- 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 declaration²:

- We solicit the support of the governments of all nations, the UN, the WHO, the World Bank,

² 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).

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. Optimise collaboration amongst all stakeholders such as professional organisations, institutions, charities and funding agencies to avoid duplication and maximise 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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John Meara
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Medical School



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Pauline Philip

Pauline Philip



Michael Cotton
International Collaboration for Essential Surgery

Michael Cotton



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Robert Lane



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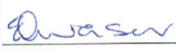


Roeland Voorhoeve
Netherlands Society for International Surgery

Roeland Voorhoeve




NVPC
 Nederlandse Vereniging voor Plastische Chirurgie
 handchirurgie, reconstructieve en esthetische chirurgie

Henri Winters
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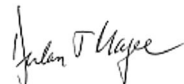



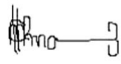
Ruben Ayala
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Susan Koshy
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Sara Anderson
 ReSurge International



RCSI
Declan Magee
 Royal College of Surgeons in Ireland



Rosemaru Mukunzi
 Rwanda Society of Anaesthetists



Emile Rwamasirabo
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Safe Anaesthesia Worldwide

Roger Eltringham
 Safe Anaesthesia Worldwide



Shivani Garg Patel
 Samahope





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Hugo Heij
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Jaymie Henry
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John McGrath
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Antoon Schlosser and Michael Laurence
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