The 2015 Bangkok Global Surgery Declaration: A Call to the Global Health Community to promote Implementation of the World Health Assembly Resolution for Surgery and Anaesthesia Care

Passage of the World Health Resolution A68/15 on May 22 2015 calls upon the world to "Strengthen Emergency and Essential Surgical Care and Anaesthesia as a part of Universal Health Coverage".

Recent analyses presented in the 2015 publications of the Lancet Commission on Global Surgery and the 3rd Edition of the World Bank's Disease Control Priorities in Developing Countries, Essential Surgery Volume demonstrate that investments in surgical and anaesthesia care are cost-effective and fundamental to achieving Universal Health Coverage.

Building upon tenets of the Amsterdam Declaration on Essential Surgical Care ratified in November 2014 which called for the passage of WHA A68/15 and action towards its key components, the following Declaration promotes global collaboration among all countries and regions to work towards implementation solutions for ensuring "universal access to safe, affordable surgical and anaesthesia care when needed."

The 2015 Bangkok Global Surgery Declaration

1) We recognize that up to 5 billion people - 70% of the world population – can't access safe emergency and essential surgical care and anaesthesia when they need it, and that access can be greatly improved by efforts to improve service capacity, safety, timeliness and affordability.

2) We recognize that surgical and anaesthesia care play a role in the treatment of conditions responsible for a third global mortality and disability; that surgical and anaesthesia care are cross-cutting services required for effective treatment of some patients in all Global Burden of Disease categories, with at least 25% of all hospital admissions requiring a surgical procedure.

3) We recognize that at present, more deaths and disability occur due to conditions requiring surgical and anaesthesia care than from HIV, tuberculosis, and malaria combined, and much can be learned from the important efforts and significant successes of disease-specific programs.

4) We understand that universal access to safe, affordable and timely surgical and anaesthesia care is an indivisible and indispensable part of any health system, and should be regarded as an intrinsic element of the right to medical care as prescribed in Article 25 of The Universal Declaration of Human Rights and included early in the expansion pathway to Universal Health Care.

5) We recognize that out of pocket expenses related to surgical and anaesthesia care cause many people to become impoverished, and that financial risk protection is an

important consideration for surgical care and anaesthesia in many countries.

6) We affirm that surgical and anaesthesia care are cost-effective when compared with many other established common public health interventions.

7) We acknowledge that the associated costs of scaling up surgical and anaesthesia care between now and 2030 to ensure the world's population access to safe, affordable surgical and anaesthesia care when needed are estimated at US$350 billion.

8) We also acknowledge that such an investment in scaling up surgical and anaesthesia care is a mere fraction of the projected US$12.3 trillion loss of global GDP (2% of GDP for LMICs) if such scale up is not achieved; equating to a significant return on this investment.

9) We emphasize the importance of identifying key health indicators and setting targets in demonstrating progress. We support adoption of the following indicators (advocated in the Lancet Commission on Global Surgery) and recommend their inclusion among the World Bank's World Development Indicators.

> 9.1) Capability and Timeliness: Proportion of a population that can access a facility within 2 hours capable of performing the three Bellwether procedures indicative of the ability to provide emergency and essential surgical and anaesthesia care: Caesarean Section, Emergency Laparotomy and appropriate management of a long bone open fracture.
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> 9.2) Workforce: The number of trained surgery, anaesthesia and obstetric providers per 100,000 population; with an aim of achieving a target of 20 trained surgery, anaesthesia, and obstetric providers per 100,000 population by 2030.
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> 9.3) Capacity: The number of procedures per 100,000 population conducted in an operating room under the care of a trained anaesthetist able to monitor oxygen saturation through pulse oximetry; with a goal of 5000 procedures per 100,000 by 2030.
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> 9.4) Safety: The unadjusted perioperative mortality rate (POMR) among patients undergoing a procedure in an operating theatre for each country as a whole. This metric will apprise the number of deaths before discharge from hospital or within 30 days (whichever is sooner) related to surgical and anaesthesia care. (Individual hospitals and services should undertake efforts to risk-adjust POMR for age, urgency, ASA class and procedure complexity prior to comparing results.)
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> 9.5) Affordability: The proportion of households protected against impoverishing and catastrophic expenditure from direct out of pocket payments for surgical and anaesthesia care.

10) We endorse the implementation of minimum standards for safe surgical and anaesthesia care including: trained surgical and anaesthesia providers; functional infrastructure, equipment, and supplies necessary to perform safe general anaesthesia, loco-regional anaesthesia, laparotomy, caesarean delivery, and open fracture fixation; functional equipment for materials decontamination and sterilization; access to a safe and adequate blood supply; access to essential antibiotics, pain medicines and anaesthetics; postoperative nursing care which includes a record of appropriate physiological observations; 24-hour surgical coverage with the ability to review and respond to a deteriorating patient; preoperative risk assessment and operation planning for elective surgery; and adapted quality improvement processes including audit and reporting of perioperative mortality rates.

Our Commitment:

We will work to ensure that the public, policymakers, governments and funders are aware of the gross disparities in access to safe, affordable surgical and anaesthesia care globally and the correlations to poorer outcomes.

We will collaborate with professional, government and non-government organisations and alliances to promote the messages contained within this declaration, and seek to develop and/or promote evidence-based solutions to address identified needs and disparities.

When requested and appropriate, we will undertake support of MOHs in accurate collection and reporting of required and/or relevant data on surgical and anaesthesia care, as well as serving as a resource, when requested, on efforts to implement surgical planning in National Health Plans; the development of standards and guidelines; implementing and/or improving appropriate infrastructure; training, equipping and empowering the necessary workforce; and creation of reporting frameworks to provide monitoring and oversight.

We will promote transparent reporting of financial allocations and costs for surgery and anesthesia care at the national and international levels.

We will support activities that promote global collaboration among all countries and regions to work towards implementation solutions for ensuring "universal access to safe, affordable surgical and anaesthesia care when needed;" that strengthen health systems through improving and integrating surgical and anesthesia care; that enhance surgical capacity through education, training, and ensuring appropriate infrastructure; that promote quality through the setting of standards, guidelines and reporting frameworks to provide monitoring and oversight; and that promote sustainability through empowerment of the surgical and anesthesia workforce and related industries.

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RSA Rwanda Society of Anaesthesiologists

SAHK
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