



**World Aesthetic Medicine and Surgery Certification and Care Alliance
(WAMSCCA)
Humanitarian Access to Care Policy**

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World Aesthetic Medicine and Surgery Certification and Care Alliance (WAMSCCA)

Humanitarian Access to Care Policy

1. Purpose

The World Aesthetic Medicine and Surgery Certification and Care Alliance (WAMSCCA) is committed to ensuring ethical, safe, and compassionate access to aesthetic medicine and reconstructive surgery for individuals from disadvantaged backgrounds who lack the financial means to access such services. This policy aligns with the World Health Organization's (WHO) principles of universal health coverage, the humanitarian imperatives of Médecins Sans Frontières (Doctors Without Borders), and the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being). It addresses the needs of individuals affected by war, violence, trauma, congenital conditions, and natural disasters, prioritizing dignity, equity, and psychological well-being through aesthetic and reconstructive interventions.

2. Policy Statement

WAMSCCA upholds that access to aesthetic medicine and reconstructive surgery is a humanitarian right when physical appearance significantly impacts emotional well-being, social integration, or functional capacity. This policy ensures that WAMSCCA's outreach activities, volunteer missions, and patient selection processes are conducted with transparency, equity, and adherence to international medical ethics standards, including those set by WHO and the Declaration of Geneva. Our commitment extends to reducing health disparities and promoting social inclusion through culturally sensitive and patient-centered care, exclusively within the domains of aesthetic medicine and reconstructive surgery.

3. Scope

This policy governs all WAMSCCA-chartered medical outreach missions, volunteer treatment camps, pro bono partnerships, and affiliated professionals performing charitable procedures globally, specifically related to aesthetic medicine and reconstructive surgery. It applies to all operational contexts, including conflict zones, post-disaster settings, and underserved communities, ensuring consistency with international humanitarian law and global health frameworks.

4. Target Beneficiaries

WAMSCCA provides care to individuals who meet one or more of the following criteria, with an emphasis on inclusivity across gender, age, ethnicity, and

disability status, and all interventions are limited to aesthetic medicine and re-constructive surgery:

- Victims of war, armed conflict, or terrorism with disfigurement or visible trauma requiring reconstructive surgery or aesthetic interventions.
- Survivors of natural disasters (e.g., earthquakes, tsunamis, wildfires) with facial or bodily deformities treatable through reconstructive or aesthetic procedures.
- Individuals with congenital anomalies (e.g., cleft lip/palate, vascular mal-formations) causing social stigma or psychological distress, addressed through aesthetic or reconstructive surgery.
- Survivors of gender-based violence, including domestic violence or acid attacks, requiring reconstructive surgery or aesthetic restoration.
- Low-income or marginalized individuals facing social exclusion or mental health challenges due to untreated aesthetic conditions treatable by aesthetic medicine or reconstructive surgery.
- Refugees, internally displaced persons (IDPs), or stateless individuals with unmet reconstructive or aesthetic needs.

5. Eligibility and Prioritization Criteria

WAMSCCA employs a needs-based triage system to ensure equitable resource allocation for aesthetic medicine and reconstructive surgery, guided by WHO's principles of fairness and Médecins Sans Frontières' focus on impartiality:

- **Medical Urgency:** Conditions requiring immediate aesthetic or reconstructive intervention to prevent physical or psychological deterioration.
- **Social and Functional Impact:** Severity of stigma, discrimination, or functional impairment caused by conditions treatable through aesthetic or reconstructive surgery.
- **Socioeconomic Barriers:** Verified inability to access aesthetic or reconstructive care through private, public, or national health systems.
- **Age and Recovery Potential:** Prioritization of individuals with higher potential for long-term rehabilitation and quality-of-life improvement post- surgery.
- **Informed Consent:** Patients (or legal guardians for minors or incapacitated individuals) must provide voluntary, informed consent in their preferred language, with culturally appropriate communication support.
- **Non-Discrimination:** Eligibility is free from bias based on race, religion, nationality, gender, or political affiliation.

A multidisciplinary review panel, including aesthetic surgeons, reconstructive specialists, ethicists, and community representatives, oversees patient selection to ensure transparency and accountability.

6. Care Delivery Framework

WAMSCCA delivers aesthetic medicine and reconstructive surgery through a structured, scalable framework designed to maximize impact and sustainability:

- **On-Ground Missions:** Mobile surgical units and volunteer missions deployed to crisis-affected regions, equipped with WHO-compliant medical kits and sterilization protocols, focusing on aesthetic and reconstructive procedures.
- **Local Partnerships:** Collaborations with local hospitals, NGOs, and community health workers to build capacity and ensure continuity of aesthetic and reconstructive care.
- **Pro Bono Services:** Surgical and non-invasive aesthetic or reconstructive procedures performed by WAMSCCA-certified plastic surgeons, dermatologists, and allied professionals under strict ethical oversight.
- **Holistic Care:** Provision of pre and post-treatment counseling, psychological support, and basic rehabilitation services to address trauma and promote recovery following aesthetic or reconstructive interventions.
- **Training and Knowledge Transfer:** Workshops for local healthcare providers to enhance skills in aesthetic medicine and reconstructive surgery, fostering long term self reliance.
- **Telemedicine Support:** Remote consultations and follow-ups for aesthetic and reconstructive care to ensure accessibility in hard to reach areas, adhering to data protection standards.

All interventions comply with WHO's Essential Surgical Care guidelines and the Sphere Humanitarian Standards for quality and accountability, with a strict focus on aesthetic and reconstructive procedures.

7. Volunteer and Clinical Ethics

All professionals operating under WAMSCCA's banner must adhere to the following ethical standards, aligned with the Declaration of Helsinki and Médecins Sans Frontières' Code of Conduct, specifically for aesthetic medicine and reconstructive surgery:

- Hold valid credentials verified by WAMSCCA's credentialing committee, with licenses recognized in their home or host jurisdiction for aesthetic or reconstructive specialties.
- Comply with WAMSCCA's Code of Medical Ethics, WHO's Patient Safety Protocols, and local regulatory frameworks governing aesthetic and reconstructive surgery.
- Refrain from exploiting patients for publicity, research, or personal gain, ensuring dignity and autonomy are prioritized.

- Provide full disclosure of risks, benefits, and alternatives of aesthetic or reconstructive procedures in a language and format accessible to the patient.
- Maintain strict confidentiality, adhering to the General Data Protection Regulation (GDPR) and local data privacy laws.
- Undergo mandatory training on cultural sensitivity, trauma-informed care, and humanitarian principles specific to aesthetic and reconstructive care.

Violations of these standards result in immediate suspension and investigation by WAMSCCA's Ethics Board.

8. Funding and Resource Mobilization

WAMSCCA's humanitarian aesthetic and reconstructive care is supported through diversified, transparent funding streams:

- **Philanthropic Contributions:** Donations from individuals, corporations, and fundraising events, including annual galas, earmarked for aesthetic and reconstructive programs.
- **Grants and Partnerships:** Funding from international organizations, governments, and health-focused foundations aligned with WAMSCCA's mission in aesthetic medicine and reconstructive surgery.
- **Volunteer Contributions:** Pro bono aesthetic and reconstructive services by certified professionals, with travel and logistics subsidized by WAMSCCA.
- **Crowdfunding Initiatives:** Community-driven campaigns to support specific aesthetic or reconstructive missions or patient cases, managed with full financial transparency.

All funds are audited annually by an independent third party, with reports published to ensure donor confidence and compliance with international financial standards.

9. Documentation and Reporting

WAMSCCA maintains comprehensive, anonymized records of all humanitarian aesthetic and reconstructive cases to support monitoring, evaluation, and learning (MEL). Key practices include:

- Secure storage of patient data in compliance with GDPR and WHO's health data governance principles.
- Annual impact reports detailing outreach statistics, patient outcomes, and lessons learned for aesthetic and reconstructive interventions, accessible to stakeholders and the public.
- Case studies and success stories shared with patient consent to raise awareness and inspire action in aesthetic and reconstructive care.

- Real-time tracking of mission activities using digital dashboards for internal oversight and donor reporting.

Data is used solely for programmatic improvement and accountability, with strict safeguards against misuse.

10. Policy Review and Adaptation

This policy is reviewed biennially (every 24 months) or as needed to reflect:

- Emerging humanitarian needs and global health trends in aesthetic medicine and reconstructive surgery.
- Updates to WHO guidelines, international humanitarian law, or local regulations affecting aesthetic and reconstructive care.
- Feedback from patients, volunteers, and partners to enhance effectiveness of aesthetic and reconstructive programs.

Revisions are proposed by WAMSCCA's Policy Committee and ratified by the Board of Directors, with stakeholder consultations to ensure inclusivity.

11. Approval and Implementation

- **Approved by:** WAMSCCA Board of Directors
- **Effective Date:** May 15, 2025
- **Next Review Date:** May 15, 2027