All Members of the Global Initiative for Children’s Surgery (GICS) agree to abide by the principles set down in the Declaration of Geneva as adopted by the 2nd General Assembly of the World Medical Association in 1948 and subsequently amended and revised, most recently in 2017. All members of GICS shall follow the Core Humanitarian Standard on Quality and Accountability.

Specifically, members of GICS should:
- At all times practice their profession with conscience and dignity
- Place the health and well-being of their patients above all other considerations
- Respect and Maintain Patient Confidentiality
- Respect colleagues and co-workers
- Provide care to any patient irrespective of age, disease or disability, creed, race, ethnic origin, gender, nationality, political affiliation, sexual orientation, social standing or any other factor
- Agree not to use medical knowledge to violate human rights or civil liberties even under threat
- Maintain the utmost respect for human life

Humanitarian aid should:
- Be appropriate and responsive to the needs of the recipients
- Be in response to a local request and in close collaboration with local medical and where appropriate, government agencies
- Be designed to strengthen the knowledge and effectiveness of the local team
- Incorporate aspects of teaching and training to local medical staff and allied health professionals and be planned as part of a long-term collaborative partnership
- Based upon a knowledge of the local political and economic situation such that no member of the team should be placed unawares in a position of risk
- Based upon frank and open communication on both sides so that feedback and complaints should be encouraged and treated with respect, openness and dealt with in a timely fashion
• Take place in an environment of continuous medical education and improvement
• Use available resources in the most efficient and effective way

Effective Collaborative Partnerships for the delivery of surgical care should include:
• Preliminary discussions on aims and intentions of the partnership with the inclusion of assessable goals and outcomes
• Initial site visits to assess local physical infrastructure and manpower resources, with any deficiencies addressed prior to surgeries taking place
• Clear agreement on essential resources necessary for delivery of safe surgical care in the pre-, peri- and post-operative period
• Briefing of both parties on relevant social and cultural issues that are likely to affect a successful working relationship
• Audit of surgical outcomes to include morbidity and mortality and benchmarking of these and of functional outcome from surgery; outcomes should be published with the local team maintaining ownership of the data and intellectual property
• Informed consent to patients and/or their families or carers with written and verbal information provided in the appropriate language or dialect with the use of translators where necessary
• The adoption of the WHO Surgical Checklist to encourage good and clear communication within the surgical team, no surgical procedure taking place if any essential factor is absent
• The delivery of surgical intervention only by an appropriately trained surgeon or, in respect to those in training, under the close supervision of an appropriately trained surgeon
• The delivery of anaesthetic and nursing care should be by appropriately trained staff
• Close supervision of visiting trainees with preference always given to the teaching of local rather than visiting trainees
• Careful and ethical management of any financial transactions between visiting surgeons, host and patient
• Sustainable delivery of disposable items and donation of equipment with clear strategy for its servicing, repair and maintenance
• Use of local reusable items and resources where appropriate
• Planned delivery of clinical care, education and training in a long-term and sustainable fashion
• Engagement, where appropriate, with local administrative or governmental bodies to improve and develop facilities and manpower and contribute to the development of National Surgical Plans