The NSOAP Theoretical Framework

Desmond T. Jumbam, MSGH
Program in Global Surgery and Social Change
Harvard Medical School
Domains of the NSOAP

- Workforce
- Infrastructure
- Governance
- Service Delivery
- Finance
- Information Management
The NSOAP Process

Ministry Leadership

Situational analysis and baseline assessment

Stakeholder engagement and priority setting

Drafting and validation

Costing

Monitoring and evaluation

Governance

Implementation

01

02

03

04

05

06

07

08
Ministry of Health Leadership

- Convening stakeholders and policy dialogue
- Mobilizing resources for implementation
- Coordinating NSOAP development and implementation
- Integration into the National Health Plan and Government policies
Situation Analysis

01 Ministry Leadership
02 Situation analysis and baseline assessment
03 Stakeholder engagement and priority setting
04 Drafting and validation
05 Monitoring and evaluation
06 Costing
07 Governance
08 Implementation
Situation Analysis

What is it?
Assessment of the current surgical capacity

Why is it important?
- Need to know where we are (baseline)
- Used to determine where we want to go (goals and targets)
- And how to get there (Activities)

How is it done?
- Review current MoH data
- Literature reviews
- Hospital Assessments

NSOAP Financing Strategy
- Fiscal Space for Health Analysis
- Stakeholder analysis
- Stakeholder engagement
Situation Analysis Tools

https://www.pgssc.org/national-surgical-planning

National Surgical, Obstetric and Anaesthesia Planning (NSOAP)
Semi-structured Hospital Interview Tool

Interviewee: CEO/Hospital Director
Name and title of interview subject:
Contact information:

Framing statement: The purpose of this interview is to understand the key factors affecting the provision of safe, affordable and timely surgical care - from a management perspective - at this facility. We would like to understand the challenges you face as well as the main areas for improvement at this facility?

1. Describe your facility’s infrastructure and how it affects your facility’s ability to provide surgical care.
   - Prompts:
     - How frequently does your facility experience interruptions in basic utilities (e.g., running water, electricity)? How do you work around these interruptions?
     - What shortages in terms of essential supplies or surgical equipment does your facility face? (e.g., ORs, CT, basic labs). What accounts for these shortages?
     - Describe what processes are in place for equipment maintenance.

2. What are the key challenges your facility faces in terms of infrastructure?
   - Prompts:
     - Does your facility face shortages in terms of space utilization (e.g., number of ORs, number of beds)?

3. Describe your facility’s human resources and how they affect your ability to provide surgical care.
   - Prompts:
     - What shortages, if any, does your facility face in terms of workforce (e.g., surgeons, nurses, techs)?
       - What accounts for this workforce shortage?
       - What policies are in place to adequately address the surgical burden of disease?
     - What problems, if any, does your facility face in recruiting and retaining workforce? What attraction and retention strategies are in place?
     - How are non-surgeon/obstetricians used to assist with surgical care of patients?

4. Describe the working environment of your facility.
   - Prompts:
     - How do you foster a positive, productive working environment?
     - How would you describe the quality of management/leadership within your facility?
     - Describe how governing bodies affect management of this facility. Both from hospital leadership and from Ministry of health

5. What are the key challenges your facility faces in terms of workforce?
Stakeholder Engagement and Priority Setting

Why?
• Reflects reality of front-line implementers
• Buy in from stakeholders

How?
• Focus groups
• Semi-structured interviews
• Workshops and committees

Workshops
• Priority setting
• Writing workshops
• Costing
• Validation

Tools
• Semi-structured group interview
• PGSSC discussion framework
Tools

National Surgical, Obstetric and Anaesthesia Planning (NSOAP) Discussion Framework

INFRASTRUCTURE

Number and Distribution of Surgical Facilities

I. Background
   1. What are the different levels of health facilities that exist in the country?
      a. How many facilities are there of each level in the country?
   2. Which of the facilities should be capable of providing the Bellwether procedures (C-section, laparotomy, and treatment of open fracture)?
      a. What is the geographic distribution of Bellwether-capable facilities?
         i. Is this distribution deliberate, and if so how?
      b. What percent of population do you estimate can reach a Bellwether-capable facility within 2 hours?
   3. Is the current number and distribution of facilities adequate?

II. Challenges & Proposed Solutions
   4. What are the major barriers to developing new facilities?
   5. What are previous and current initiatives to improve distribution and number of facilities?

III. Targets
   6. In 5 years, what changes need to be made in regards to the number and distribution of surgical facilities?

IV. Monitoring and Evaluation
   7. Key Metrics
      a. How can 2-hour access to Bellwether procedures be measured accurately?
      b. What is the frequency that access to Bellwether procedures should be measured?
   8. Which body of government or organization will lead this initiative and monitor progress?
Types of Stakeholders

- Ministry of Health
- Academic and research institutes
- Professional societies
- Clinical providers
- Ancillary surgical staff
- World Health Organization
- Funders
- Ministry of Finance
- Ministry of Education
- Private sector
- Patient and media
- NGOs
Drafting and Validation

01. Ministry Leadership
02. Situation analysis and baseline assessment
03. Stakeholder engagement and priority setting
04. Drafting and validation
05. Monitoring and evaluation
06. Costing
07. Governance
08. Implementation
Drafting and Validation

Assemble the drafting team
- Who will draft the plan?
- NSOAP core team
- Individual stakeholder
- Outside consulting group

Integrating themes and priority consensus
- Goals
- Strategic Objectives
- Outputs
- Activities
- Indicators
- Targets

Validation with stakeholders
- Ensure draft is consensus of stakeholders
- Validation workshop
- Electronic validation by email or post
Drafting and Validation

- Align with priorities of the government and ministry
- Balance views and evidence
- Reflect the views of stakeholders
Monitoring and Evaluation Plan

Why?
- Tracking progress of NSOAP implementation
- Evidence-based policy decisions

How?
- Indicators and targets
- How to collect and report indicators

Indicator selection
- Is it relevant?
- Is it feasible to collect?
- Amenable to change?
Costing

01 Assemble costing information
02 Define objects and quantities
03 Determine cost base
04 Attribute cost to cost objects
Governance Considerations

- Roles and responsibilities of actors
- Clear Accountability structures
- Reporting Mechanisms
- Data Access and Utilization
Implementation

- Disseminate
- Operationalize
- Implement
- Monitor and Evaluate
- Review and Revise
Tools for NSOAP Process

https://www.pgssc.org/national-surgical-planning
Developing an NSSOAP Financial Strategy (NFS)

Ché L. Reddy, MBChB, MPH
Paul Farmer Research Fellow,
Harvard School of Public Health
Outline

- Why?
- What?
- How?
- Policy recommendations
Why do an NFS?

- NSOAP needs funding for implementation

<table>
<thead>
<tr>
<th></th>
<th>Tanzania</th>
<th>Zambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost</td>
<td>600 million USD</td>
<td>260 million USD</td>
</tr>
<tr>
<td>Cost per year</td>
<td>85 million USD</td>
<td>51 million USD</td>
</tr>
</tbody>
</table>

- Need for a strategy
What is an NFS?

- Ministries of Health
- Assess fiscal space for health
- Strategy to mobilize resources for NSOAP implementation
NFS and the NSOAP process

- Ministry Leadership
- Situational analysis and baseline assessment
- Stakeholder engagement and priority setting
- Drafting and validation
- Governance
- Costing
- Monitoring and evaluation
- Implementation
NFS components

- Sources
- Actors
- Engagement
Fiscal space analysis

1. Macroeconomic conditions
2. Reprioritization of government budget
3. Increase health sector-specific resources
4. Efficiency of existing resources
5. External sources
6. Innovative Financing sources
## Stakeholder analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Influence</th>
<th>Interest</th>
<th>Trust</th>
<th>Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Finance</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Bilateral funder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private provider/insurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical device manufacturer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic institution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Rifat Atun, 2015
Funding Stakeholder management

Source: Adapted from A. Mendelow, 1991

<table>
<thead>
<tr>
<th>Interest</th>
<th>Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
# Policy options for NFS

<table>
<thead>
<tr>
<th>Funding/Country group</th>
<th>UMIC</th>
<th>LMIC</th>
<th>LIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>South Africa</td>
<td>Pakistan</td>
<td>Libera</td>
</tr>
<tr>
<td>Domestic</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Domestic + External</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Innovative, Macroeconomic, Efficiency</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Conclusion

• No financing = no implementation

• Must be embedded into the NSSOAP process and finance domain

• NFS ensures alignment with the health system financing process

• NFS is the systematic approach to finance an NSSOAP