

The NSOAP Theoretical Framework

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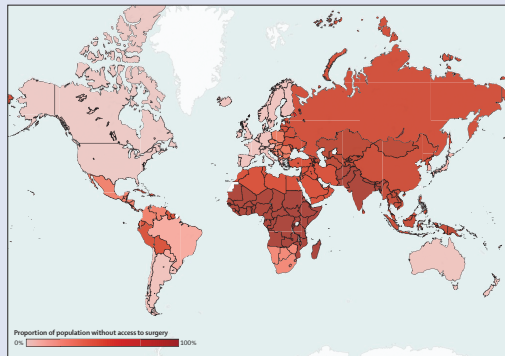
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Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development

The Lancet Commission on Global Surgery



"Universal access to safe, affordable surgical and anaesthesia care when needed."

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Global Surgery 2030

Template for a National Surgical Plan

Infrastructure		
Components	Recommendations	Assessment Methods
Surgical facilities Facility readiness Blood supply Access and referral systems	<ul style="list-style-type: none">Track number and distribution of surgical facilitiesNegotiate centralized framework purchase agreements with decentralized ordering and treatment of open fracture (the Belcher Procedures)Develop national blood planReduce barriers to access through enhanced connectivity across entire care delivery chain from community to tertiary careEstablish referral systems with community integration, transfer criteria, referral logistics, protection for first responders and helpful members of the public	<ul style="list-style-type: none">Proportion of population with 2 hour access to first level facilityWHO Hospital Assessment Tool (eg, assessment of structure, equipment, supplies, computers and internet)Proportion of hospitals fulfilling safe surgery criteriaBlood bank distribution, donation rate
Workforce		
Components	Recommendations	Assessment Methods
Surgical, anaesthetic and intensive providers Allied health providers (nursing, operational managers, biomedical engineers, radiology, pathology and laboratory technicians)	<ul style="list-style-type: none">Establish training and education strategy based on population and needs of countryRequire rural component of surgical and anaesthetic training programmesDevelop a context-appropriate licensing and credentialing requirement for all surgical workforceTraining and education strategy of ancillary staff based on population and needs of countryInvest in professional health-care manager trainingEstablish biomedical equipment training programme	<ul style="list-style-type: none">Density and distribution of specialist surgical, anaesthetic, and intensive providersNumber of surgical, anaesthetic and intensive graduates and traineesProportion of surgical workforce training programmes accreditedPresence of task sharing or nursing accelerated programmes and number of providersPresence of attraction and retention strategiesDensity and distribution of nurses, ancillary staff including operational managers, biomedical engineers, and radiology, pathology, and laboratory technicians
Service Delivery		
Components	Recommendations	Assessment Methods
Surgical volume System coordination Quality and safety	<ul style="list-style-type: none">All first-level hospitals should provide laparotomy, caesarean delivery and treatment of open fracture (the Belcher Procedures)Integrate public, private, NGO providers into common national delivery framework, promote demand-driven partnerships with NGOs to build surgical capacityPrioritize quality improvement processes and outcomes monitoringPromote telemedicine to build system-wide connectivityPromote system-wide connectivity for telemedicine applications, clinical support and education	<ul style="list-style-type: none">Proportion of surgical facilities offering the Belcher ProceduresNumber of surgical procedures done per yearSurgical and anaesthetic related morbidity and mortality (postoperative)Availability of system-wide communication
Financing		
Components	Recommendations	Assessment Methods
Health financing and accounting Budget allocation	<ul style="list-style-type: none">Cover basic surgical packages within universal health coverageRisk pool with a single pool, minimise user fees at the point of careTrack financial flows for surgery through national health accountsUse value-based purchasing with risk-pooled funds	<ul style="list-style-type: none">Surgical expenditure as a proportion of gross domestic productSurgical expenditure as a proportion of total national health-care budgetOut-of-pocket expenditure on surgeryCatastrophic and impoverishing expenditures on surgery
Information Management		
Component	Recommendations	Assessment Methods
Information systems Research agenda	<ul style="list-style-type: none">Develop robust information systems to monitor clinical processes, cost, outcomes and identify deficitsIdentify, regulate, and fund surgical research priorities of local relevance	<ul style="list-style-type: none">Presence of data systems that promote monitoring and accountability related to surgical and anaesthesia careProportion of hospital facilities with high speed internet connection

The components of the National Surgical Plan are: Infrastructure, Workforce, Service Delivery, Financing, and Information Management.

GS2030

GS2030

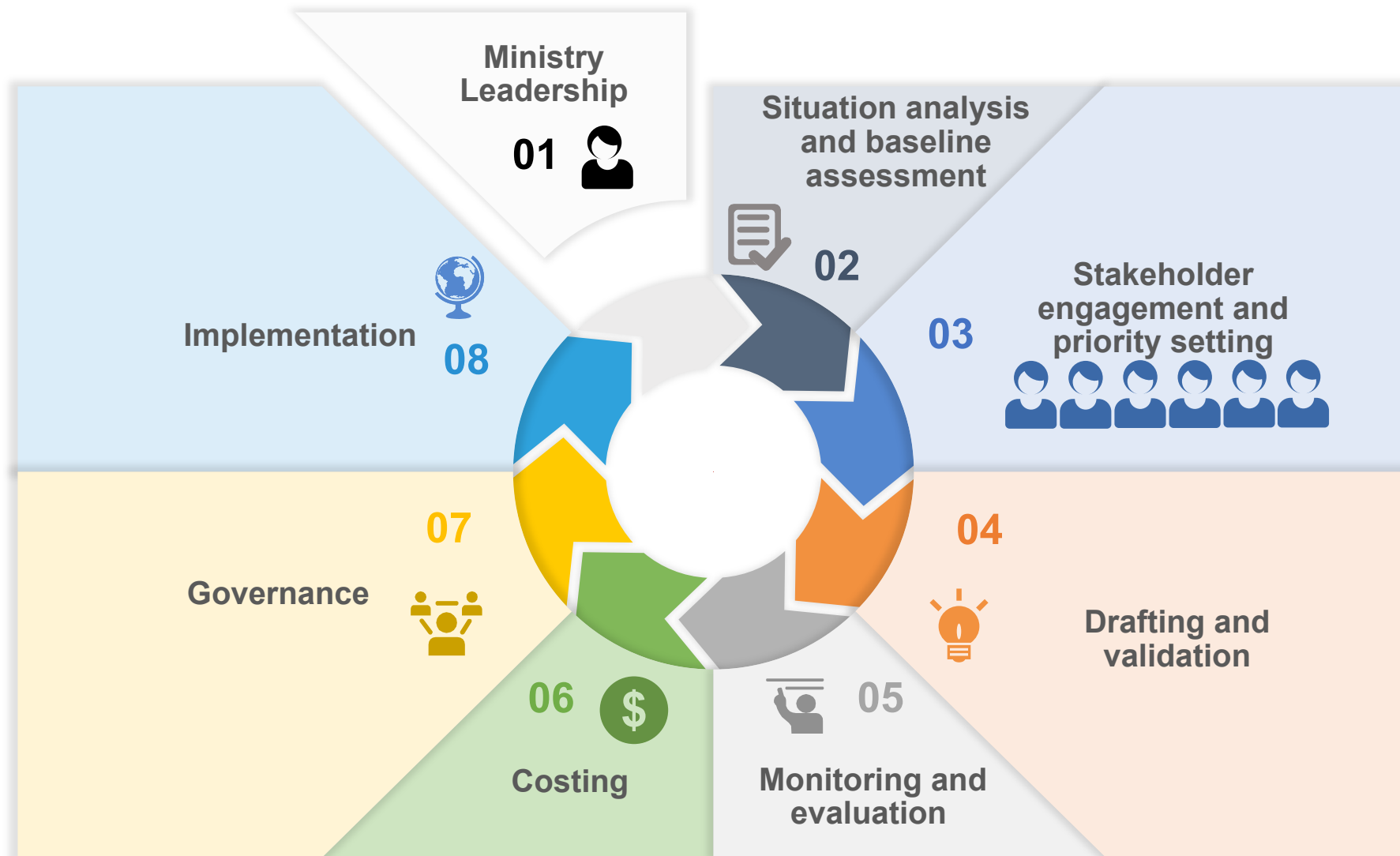
Domains of the NSOAP



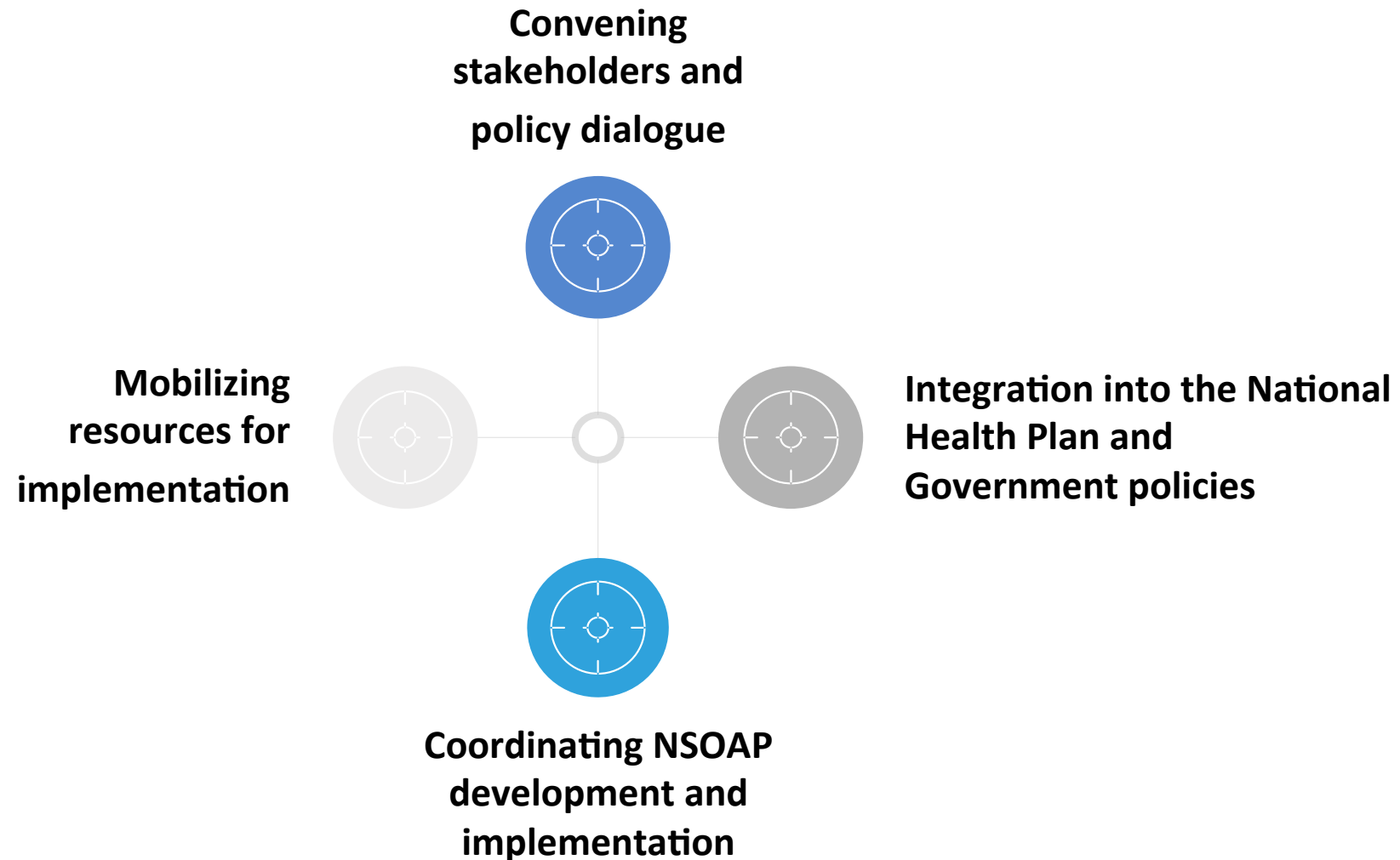
The NSOAP Process



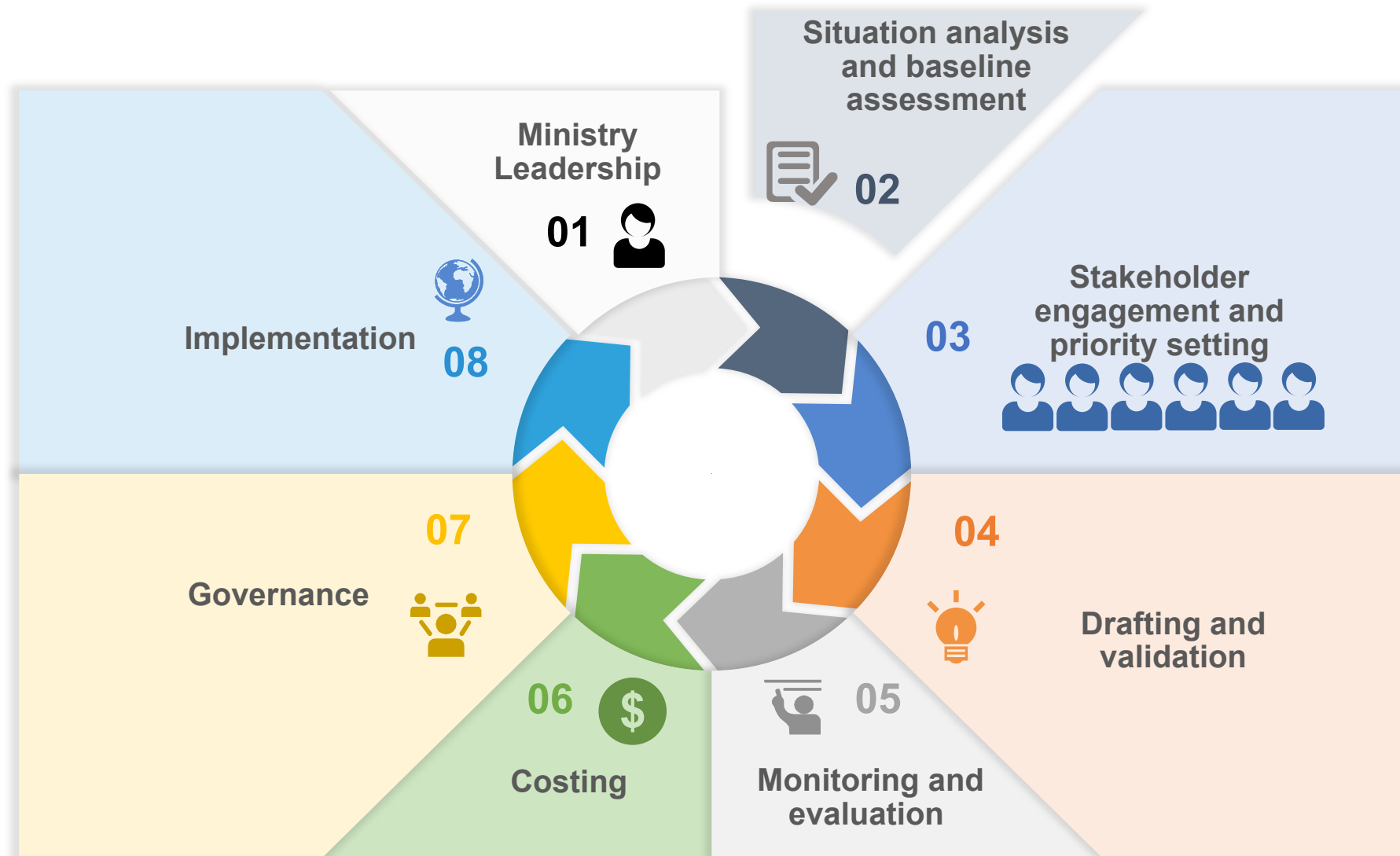
Ministry of Health Leadership



Ministry of Health Leadership



Situation Analysis



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

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?

INFRASTRUCTURE

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. XR, 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)?

WORKFORCE

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 would your facility need (i.e. what specific healthcare providers) to more 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-surgeons/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?

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

WHO-PGSSC Surgical Assessment Tool (SAT) Hospital Walkthrough

GENERAL QUESTIONS

Country:

Name of health care facility:

Address of health care facility:

Phone number and email of health care facility:

Date of data collection (dd/mm/yyyy):

Name and professional title of staff filling out form:

Contact information of staff completing this assessment (phone and email):

Level of facility being evaluated

- ☐ Health Centre/Clinic ☐ District/Rural Hospital/First referral Hospital
☐ Provincial/Secondary Hospital
☐ Tertiary/Teaching/Specialized Hospital

Type of facility being evaluated

- ☐ Public ☐ Private ☐ NGO ☐ Mission ☐ Other

INFRASTRUCTURE

General Infrastructure - How often is this item available and functional?

Electricity/operational power generator

- ☐ 0 (Never) ☐ 1-25% (Rarely) ☐ 26-50% (Sometimes) ☐ 51-75% (Often) ☐ 76-99% (Almost always) ☐ 100% (Always)

Running water

- ☐ 0 (Never) ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100% (Always)

Internet

- ☐ 0 (Never) ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100% (Always)

Oxygen

- ☐ 0 (Never) ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100% (Always)

Total number of admissions in a year

#

Total number of outpatients seen in a year

#

Total number of inpatient hospital beds

#

Total number of surgical beds

#

Total number of functioning operating rooms (major and minor)

#

Stakeholder Engagement



Stakeholder Engagement and Priority Setting

Why?

- Reflects reality of front-line implementers
- Buy in from stakeholders

How?

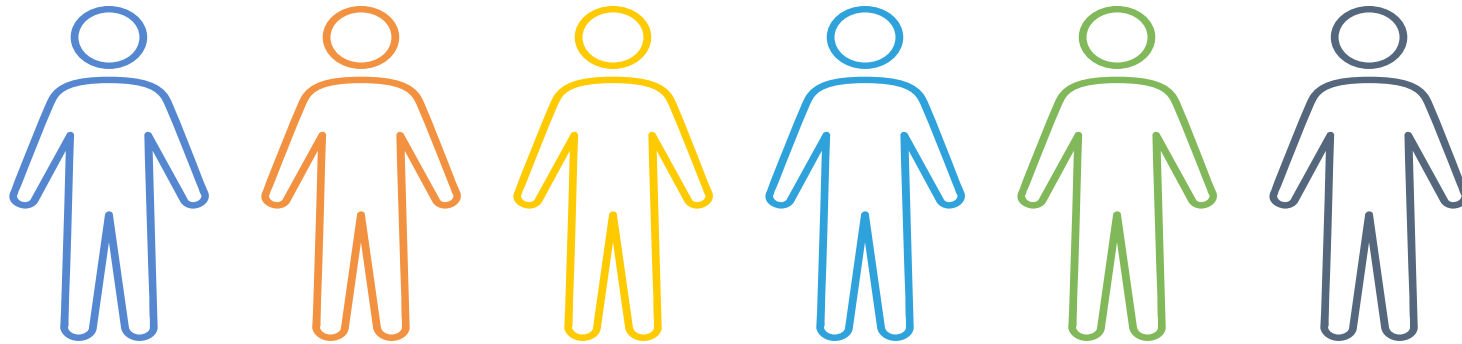
- Focus groups
- Semi-structured interviews
- Workshops and committees

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



Drafting and Validation



Drafting and Validation

Assemble the drafting team

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

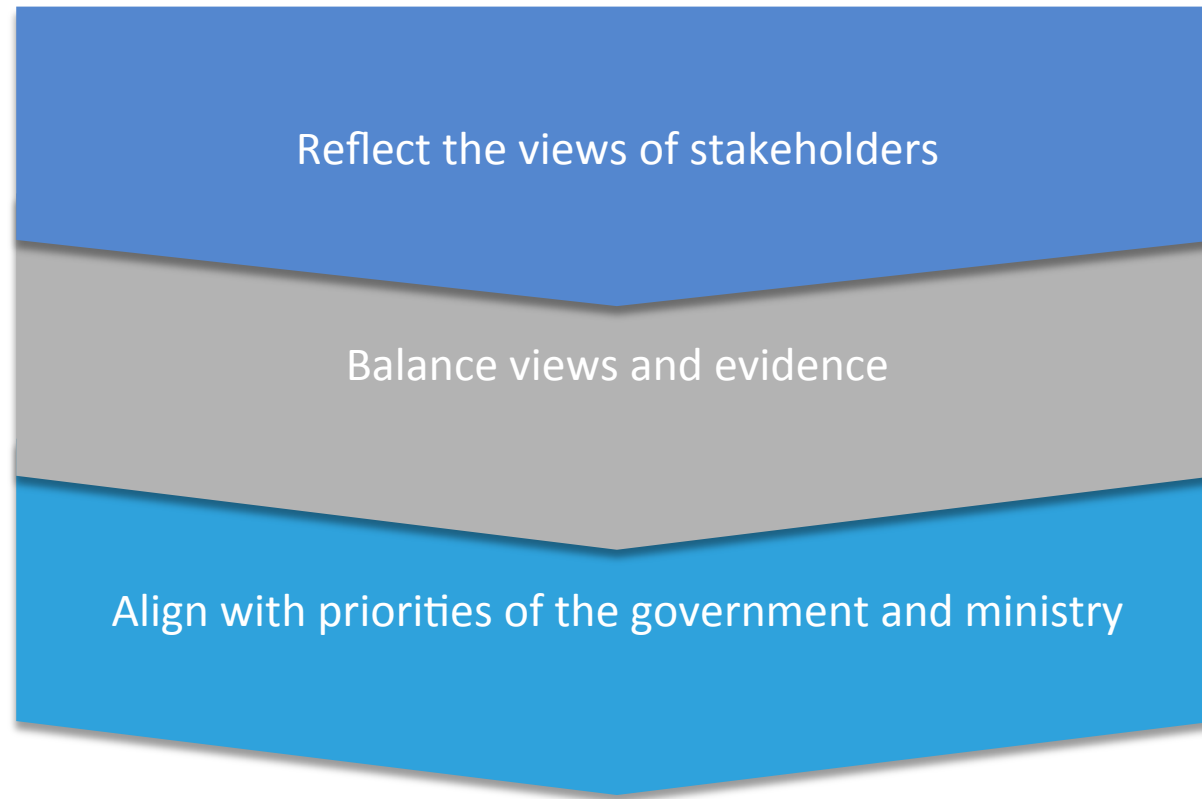
Integrating themes and priority consensus

- 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



Monitoring and Evaluation



Monitoring and Evaluation Plan

Why?

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

How?

- Indicators and targets
- How to collect and report indicators

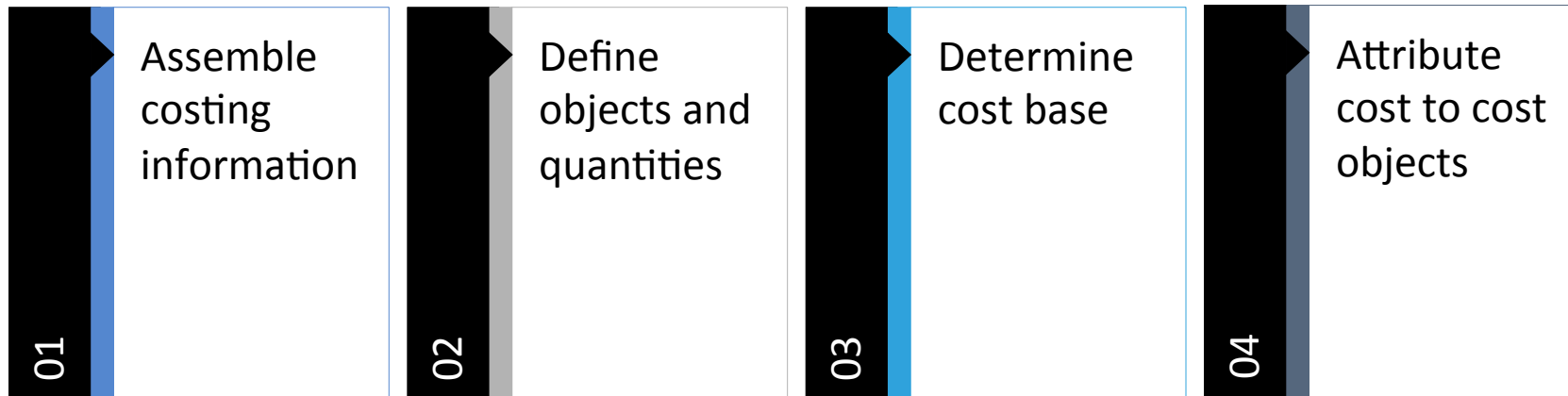
Indicator selection

- Is it relevant?
- Is it feasible to collect?
- Amenable to change?

Costing



Costing



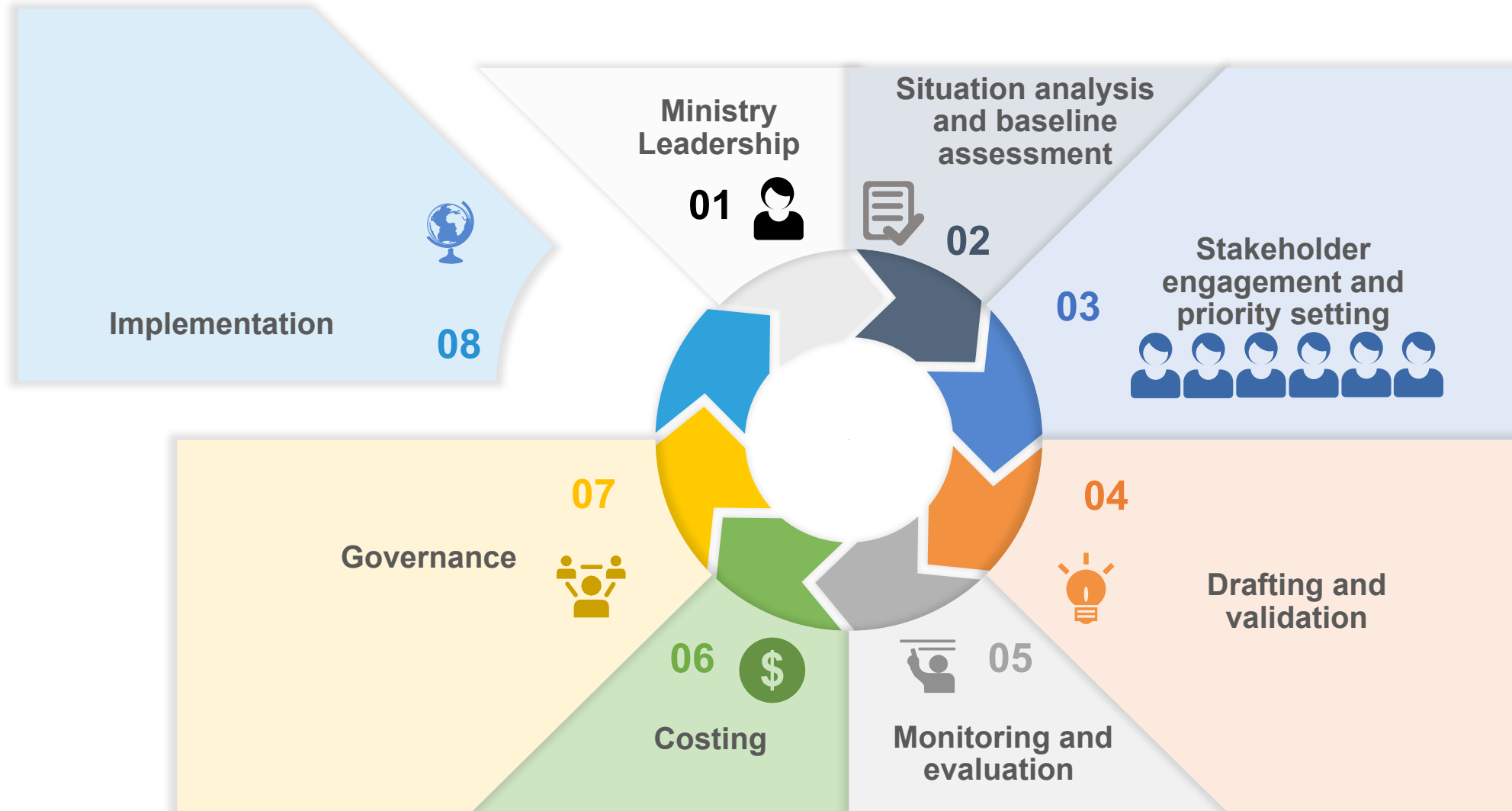
Governance Framework



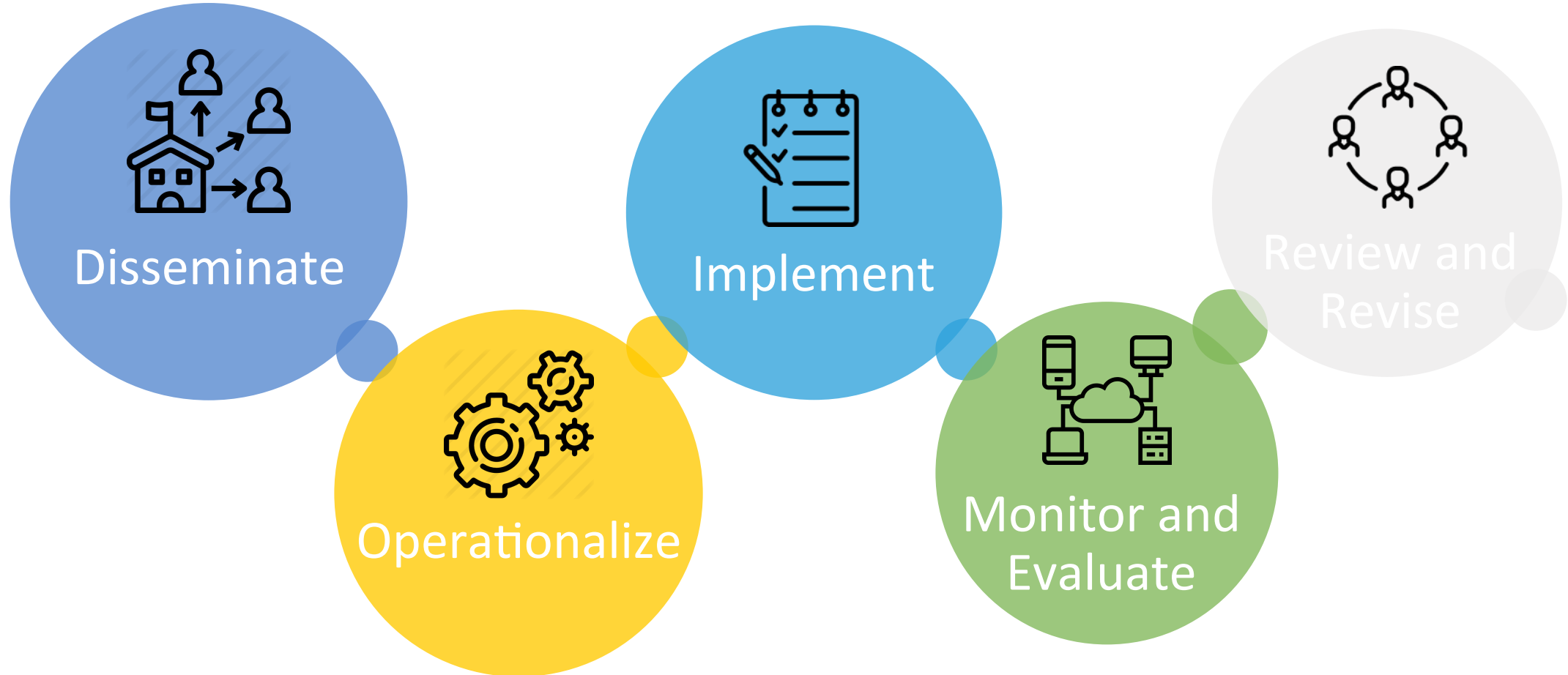
Governance Considerations



Implementation



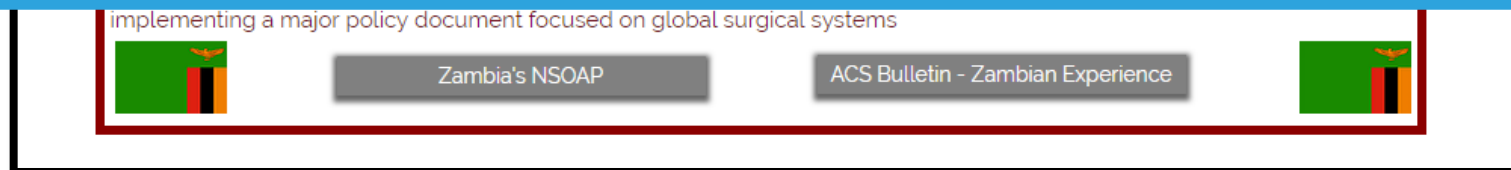
Implementation



Tools for NSOAP Process



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



Developing an NSOAP Financial Strategy (NFS)

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Outline

- Why?
- What?
- How?
- Policy recommendations

Why do an NFS?

- NSOAP needs funding for implementation

	Tanzania	Zambia
Total cost	600 million USD	260 million USD
Cost per year	85 million USD	51 million USD

- Need for a strategy

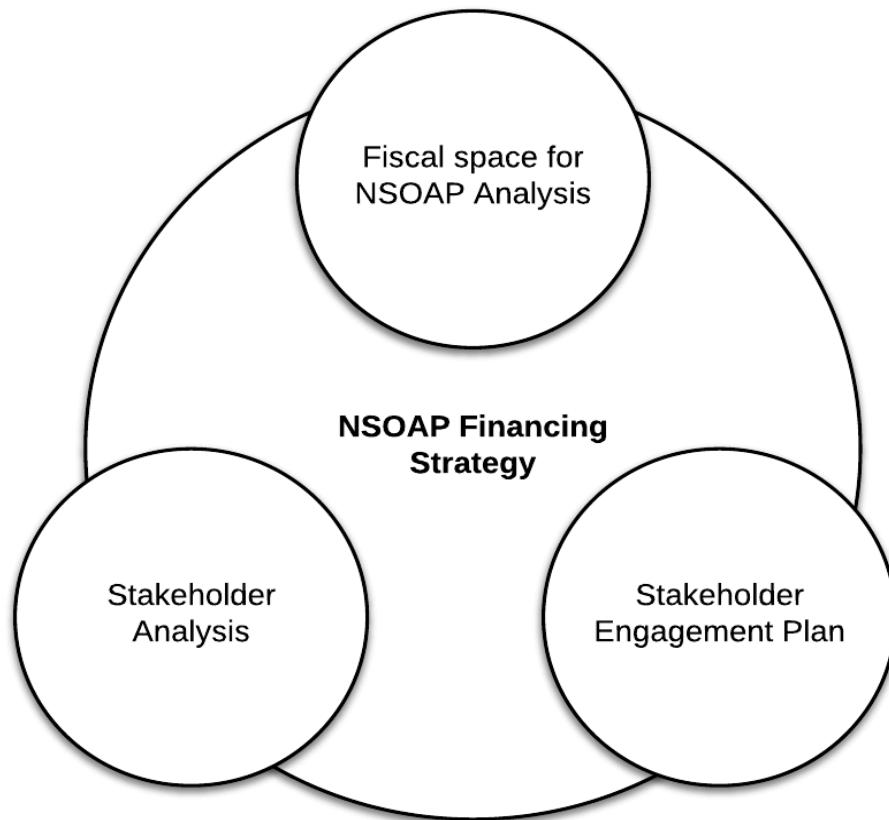
What is an NFS?

- *Ministries of Health*
- *Assess fiscal space for health*
- *Strategy to mobilize resources for NSOAP implementation*

NFS and the NSOAP process



NFS components

















- Sources
- Actors
- Engagement

Fiscal space analysis

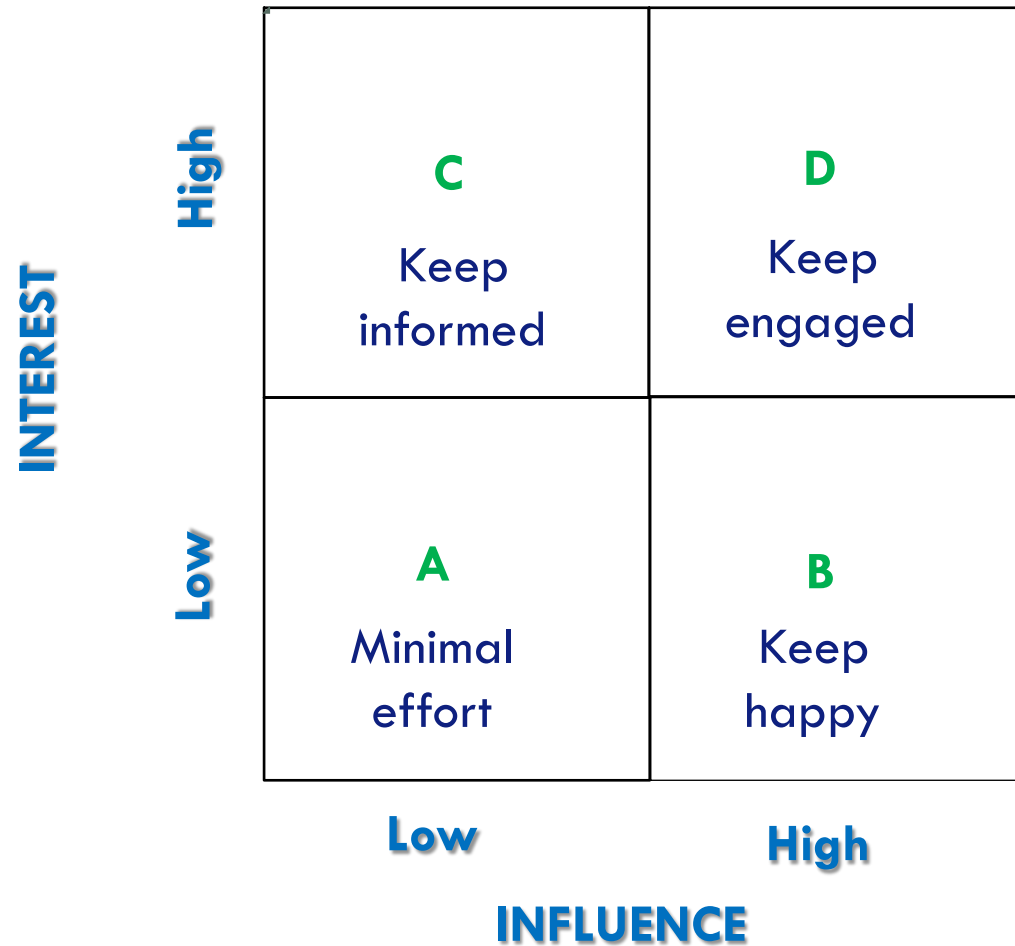
- 1. Macroeconomic conditions**
- 2. Reprioritization of government budget**
- 3. Increase health sector-specific resources**
- 4. Efficiency of existing resources**
- 5. External sources**
- 6. Innovative Financing sources**

Stakeholder analysis

 High
 Medium
 Low

Stakeholder	Influence   	Interest   	Trust   	Potential   
Ministry of Finance				
Bilateral funder				
Private provider/insurer				
Surgical device manufacturer				
Academic institution				

Funding Stakeholder management



Policy options for NFS

Funding/Country group	UMIC	LMIC	LIC
	South Africa	Pakistan	Liberia
Domestic	✓		
External			✓
Domestic + External		✓	
Innovative, Macroeconomic, Efficiency	✓	✓	✓

Conclusion

- No financing = no implementation
- Must be embedded into the NSOAP process and finance domain
- NFS ensures alignment with the health system financing process
- NFS is the systematic approach to finance an NSOAP



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