



PROGRAM IN GLOBAL SURGERY  
AND SOCIAL CHANGE

Harvard Medical School

# STRATEGIC PLAN

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2021-2025



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# OUR STORY

PGSSC was founded in 2010 in response to the lack of surgery in global health. In 2015, The Lancet Commission for Global Surgery drew global attention to the urgent need for development in providing safe and timely access to surgical care. This led to significant expansion within this field, establishing a global network of partnerships. PGSSC has since evolved from clinical fellowships to fellowships focused on research and policy, always striving to respond to the current needs in the growing field of global surgery.

In 2020, racism was declared a public health crisis here in the USA. The events of that year were the catalyst to inward reflection for many institutions, including our own. The initial move to institutional change was the restructuring of our strategic framework, acknowledging that to lead in social change we must first address our shortcomings. This document outlines our five-year strategic plan and is accompanied by our detailed strategies, goals, and metrics. These will serve as a roadmap for social change, both within our organization and in how we work with our partners. Ultimately we are accountable for our actions. We pledge to lead by example and to demonstrate through action our commitment to the delivery of global surgery and social change.

Boston, 2019



# STRATEGIC MAP

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## VISION

Universal access to safe, affordable, and timely surgical, obstetric, and anesthesia care

## MISSION

Strengthening surgical systems as part of universal health coverage through research, policy development, advocacy, capacity building, and training of leaders in global surgery

## VALUES

Social Justice and Equity  
Zero Tolerance of Discrimination  
Accompaniment and Solidarity  
Evidence-based Innovation  
Implementation and Solution

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## Strategic pillars

RESEARCH

POLICY AND  
ADVOCACY

CAPACITY  
BUILDING

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## Strategic priorities



Health equity through universal access to safe, timely, and affordable SOA care



Leadership in the field of global surgery



Social change through equitable partnerships

# SOCIAL JUSTICE & EQUITY

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Social justice and equity are the interconnecting cornerstones that support the five pillars of PGSSC: training of global surgery leaders, research, policy, advocacy, and capacity building. Our work and how we consciously choose to operate is underpinned by respect and equal value for human life with a stated goal to leave no one behind. Cultural diversity and inclusion, demonstrated through active engagement and equitable partnerships, are foundational qualities we firmly maintain.

At the PGSSC, we seek to continuously understand the institutional history of these determinants here at Harvard and in the countries in which we work. Our new strategic plan actively takes a stand against neocolonialism, or in other words, using economic, political, or cultural pressure to exert influence, while acknowledging the colonial roots of our work. Similarly, the demographics of the PGSSC team have grown more diverse in culture, race, gender, sexuality, and geographic origin, in stark contrast with PGSSC teams in the past. This has emphasized to us the importance of having a wide variety of voices and perspectives in global surgery, and we stand firm in our zero tolerance policy of any form of discrimination.

To be anti-racist is to actively advocate for and deliver anti-racist policies in all spheres of influence to which we are privileged to have access. In full acceptance of our historical past, our program policies will ensure equity between racial groups. Recognizing the need to educate our team on structural and systemic racism in addition to historical and present injustices of slavery and colonialism, we will implement a year-long anti-racism curriculum for global health researchers. This course will be undertaken by all faculty, fellows and research associates who join the program henceforth and be periodically reviewed and updated.

Within the larger global surgery community, the PGSSC's focus on equity requires empathic collaboration with our many in-country partners to achieve mutually desired health outcomes. We must acknowledge historical context and traditions, and elevate the voices and agendas of leaders within each community. The PGSSC is committed to fostering trust as paramount to producing high quality and sustainable interventions. This includes respecting and honoring the expertise of our in-country partners, promoting ownership of interventions by those whose communities and priorities the interventions affect, and being mindful of cultural values.



By grounding our program in social justice with equity at its core, our understanding of the intersectionality between race, socio-economic class, gender, sexual orientation, history, and culture guides our thinking and how we operate. Through understanding that the biases within our sociopolitical systems lean towards those who “have”, we can begin to work towards dismantling them. We believe maintaining this viewpoint will ultimately lead to the improved delivery of surgical care and strengthening of health systems.

# ANTI-RACISM STATEMENT

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**Racism murders. Racism destroys. Racism dehumanizes.** We live in a racist world and all play active and passive roles in perpetuating racism: the system of prejudice and discrimination based on the ambiguous social construct of race backed by unequal and unjust power dynamics. Racism is inherent to every aspect of our lives; it is woven into the fabric of society and consequently its effects interface with our work as the research associates, fellows, and faculty at the Program in Global Surgery and Social Change. Therefore, the absence of conspicuous racist actions is not enough. We must be actively anti-racist. We absolutely, unapologetically denounce our wretched racist system and its proponents without exception.

Racism systemically places higher value and opportunity in the hands of a specific race, and as a direct consequence disadvantages another racial group. It is this benefiting of one group to the detriment of another that has led us to focus on anti-racism. The work of anti-racism is allied to that of anti-discrimination and the evaluation of inequities based on gender, sexual orientation, caste, religion, ability, tribal affiliation or socioeconomic status. However, given the distinct relationship of racism, colonialism, and global health, we in the global health community have a moral imperative to shine a bright light specifically on racism within our sphere.

Racism is inherently linked with colonialism. Our work in global health is rooted in colonialism, which provided power to white Europeans through subjugation and exploitation of others. Colonialism subsequently allowed for the creation of the construct of race to justify the dehumanization of those the colonizers exploited. This practice has lived on in global health through the racist belief that those same colonial powers possess medical knowledge that is superior to that of the cultures they denigrated. Consequently, global health is built on a foundation that, at its core, is antithetical to the principle of shared human dignity and respect. Affirming our commitment to anti-racism also affirms our commitment to being anti-colonial.

Academic institutions in high income countries are complicit in and the product of centuries of historic institutional colonialism and racism with over-representation of white voices that are heard on a global scale. We interact with a diverse group of international partners, but cannot truly be equitable partners until we acknowledge and address the place of power and privilege from which we operate.

**To implement our commitment to antiracism, we will begin by confronting issues of racial inequity in three distinct but related areas.**

**I. PEOPLE:** The voice and actions of PGSSC are defined by those that constitute its people and partners. We will focus on measures designed to improve recruitment, hiring, retention, and promotion of Black, Indigenous, and People of Color as RAs, Fellows, Faculty, Program coordinators, and support staff at PGSSC, and engage partners who have direct, personal knowledge of the issues we intend to address.

- Increased diversity does not guarantee that power is distributed equitably.
- Practicing accompaniment means that our partners are active members of our community, integral to the partnership. We must be intentional in accompanying the marginalized, and actively engaging in anti-racism in all our collaborations. This means recognizing and including our Black, Indigenous, and colleagues of color in setting the agenda in all aspects of our academic, policy and advocacy work.
- We will continue to seek out, cultivate, and support partnerships with diverse groups of people.
- We commit to pursuing increased and innovative methods of funding to support RAs, Fellows, and Visiting Scholars participating in the PGSSC.

**II. CULTURE:** In addition to recruiting diverse voices and viewpoints, we must elevate those voices by advancing a culture that ensures Black, Indigenous, and People of Color in our organization feel valued, respected, and heard.

- We will participate in and lead informed discussions about antiracism through a dedicated anti-racism curriculum; we will educate ourselves about the history of racism and colonialism in health, and address racism in our spheres of influence.
- Further, we will foster these conversations in our broader communities, actively seeking understanding of how racism manifests in the countries where we work through engaging with antiracism groups in each country.
- In instances of conflicting perspectives, we will work to educate regarding the effects of racism, keeping an open mind while remaining constant and unyielding in our stance. Racism is not limited to acts of active discrimination, and we hope to meet each person and group where they are in the process of developing a commitment to active anti-racism.



**iii. CIVIC ENGAGEMENT:** Although we are a global health organization, we must form a coalition with groups even outside the health sector who share our commitment to anti-racism work. There is a societal obligation to manage complex problems of racism with complex solutions; these solutions require cross-sector input, and we must join forces with groups who share our convictions regarding the importance of antiracism work and the need for enduring, widespread change.

- We will engage with new, different, previously marginalized groups and organizations who share our values regarding issues of racism and systemic oppression due to race.
- We will collaborate with individuals and organizations from different sectors in order to combat silos and disseminate and promote what we learn to our larger community.
- While we plan to engage with alacrity in the formation of coalitions to address anti-racism in myriad domains, including health policy, advocacy, and capacity building that is at the core of PGSSC's work, there are two that bear specific mention in their reach across sectors and fields.
  - **Economic Injustice:** The history of slavery and colonialism and resultant race-based economic policies that persist to this day have limited the accumulation of intergenerational wealth, restricting opportunity, creating hardship, and systematically disenfranchising of Black, Indigenous, and People of Color in the United States and worldwide. We will collaborate across sectors to reverse the effects of these policies while also working to dismantle and replace them.
  - **Academia:** We acknowledge the role that academia plays in perpetuating structural racism. Academic excellence requires equity, yet despite statements denouncing prejudice, many academic systems are fraught with biases. Notably, it is often Black, Indigenous, and People of Color who are expected to be, and inevitably are, the most engaged in issues of structural racism in academia. This engagement results in activities and efforts leading "diversity, equity and inclusion" initiatives that are not traditionally valued in academic promotion criteria. This reality highlights the need for a paradigm shift in two ways - who shoulders anti-racism efforts, and how anti-racism work is valued and supported institutionally to ensure that personal and professional goals are being met. We will engage in the broader academic system, outside of our specific purview of global health, to catalyze meaningful change in the culture of academia.
- We will develop these coalitions and partnerships to deepen our cultural competency and approach them from a place of humility.

# There is no one simple action that will eradicate racism. ■

Rather, it will take continued vigilance and sacrifice from the PGSSC to eradicate this brutal and evil institutional inequity. The PGSSC team must be proactive in the anti-racism fight. We must ensure inclusivity in color, culture and commitment to social justice at all levels. This is the charge required to be an active agent of change. Without it, we do not stand a chance against a racist system so intertwined in our daily lives that we mistake it for normal. It is not normal. And it is not right.

## PILLAR I Research

Mexico, 2019



New York, 2019



## PILLAR II Policy and Advocacy

Rwanda, 2019



## PILLAR III Capacity building





## Pillar I: Research

The PGSSC is committed to conducting high-quality evidence-based research through integrated strategic initiatives to advance global surgery. Our primary areas of inquiry will focus on gaps in access to high-quality, affordable surgical care; systems strengthening and integration of SOA care into larger health systems; and innovations to improve quality of SOA care and patient outcomes.

We will nurture regional partnerships and develop our research in close collaboration to ensure the relevance of our research and reduce the gap between knowledge production and policy and program change.

Within our research work we will interrogate the root causes of disparities in access to safe surgery, obstetrics and anesthesia, and produce research that is designed, conducted, and reported ethically and equitably. Our research questions and our research processes will proactively address inherent power imbalances due to race, gender, age, socioeconomic status, religion, and/or sexual orientation. We will utilize research methods that safeguard the dignity and privacy of participants.

PGSSC remains firmly committed to the principles of social justice and equity, as this is the cornerstone of all our work: Failures of access to surgical care are extreme examples of failures of social justice and equity.

## STRATEGIC INITIATIVES

### 1. Global Surgery Research

Develop research initiatives focused on integration of SOA care into larger health systems, with emphasis on:

- Gaps in access to surgical care
- Health and surgical systems strengthening
- Innovation

### 2. Strategic partnerships

Nurture strong global collaborations and research partnerships to strengthen the technical aspects and relevance of our research

## PARTNER COLLABORATION

Develop expertise in a range of methods to assess/evaluate surgical needs, surgical procedures and contexts with a focus on the following areas:

- Scoping and systematic reviews
- Implementation science
- GIS modeling for access assessments
- Approaches to estimate system and individual costs and catastrophic expenditures
- Mathematical modeling, with a focus on cost-benefit and cost-effectiveness analyses

Establish at least three core research collaboration sites – each with academic institutions and NGO partners. Core collaboration sites will be engaged to:

- Initiate new (single or cross-sites) research projects
- Identify PGSSC RA and Fellow candidates
- Host PGSSC RA and fellows

Identify strategies to invest in the individual and institutional capacity of these sites according to their priorities

Develop structure/process for pursuing funding for research and dissemination:

- Small internal grants to pursue research projects or present at conferences.
- Grant writing working groups for fellows/RAs/faculty

Develop multi-institution working groups on disease-specific or methods-specific topics

Ensure representation from broad communities, including non-surgical communities with shared goals

## SOCIAL JUSTICE AND EQUITY

Develop and apply an equity framework in order to incorporate equity assessments in our research.

Strive for equity in all research collaborations

Develop and deliver training on power dynamics in global health research

Identify strategies to ensure better partnerships and collaboration in all our work

Undertake strategic assessments of collaborative practice in SOA research

Establishment of PGSSC Research Planning and Review Committee that will provide:

Semiannual report on authorship, presentations

Semiannual internal MMR

Biannual report using the equity framework



# PILLAR II: POLICY AND ADVOCACY

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The PGSSC is committed to the development of evidence-based policies and advocacy efforts directed at achieving universal access to safe, timely, and affordable surgical, obstetric, and anesthesia care.

The PGSSC will work with Member States and all three levels of the World Health Organization, Headquarter, Regional Offices, and Country Offices, to support the development of policies for the implementation of surgery related to World Health Assembly Resolutions. As a World Health Organization Collaborating Center for Surgical System Strengthening, we will do this through the dissemination of best practices surrounding National Surgical, Obstetric, and Anesthesia Plan (NSOAP) development, and the provision of technical assistance to Member States on the following critical topics:

1. **Enhancement of surgical, obstetric and anaesthesia service delivery and information management**
2. **Examination and advocacy of innovative financing for surgical system scale up**
3. **Monitoring and evaluation of surgical system strengthening programs**
4. **Development of managerial and governance capacity**

We will equip the members of the PGSSC team with the necessary knowledge and skills to effectively engage in health policy dialogue and advocacy efforts. This will be done through their participation in the ongoing PGSSC projects complemented by our internal educational curriculum.

Finally, we recognize social justice as the core value driving the achievement of true health equity and will make this a cornerstone of all of our policy and advocacy work. We pledge to speak out actively and fight against racist, neocolonialist, and discriminatory policies that further structural violence.

## STRATEGIC INITIATIVES

### 1. Implementation and impact

Focus policy and advocacy strategies on implementation and impacts of NSOAPs

### 2. Finance

Focus policy and advocacy on emerging issue of finance as a key driver of global surgery

### 3. Strategic partnerships

Partner with key stakeholders at national, regional, and global levels to develop policy and advocacy initiatives

### 4. Global health security

Develop initiatives to integrate SOA care into planning for pandemics, natural disasters and conflicts

## PARTNER COLLABORATION

Policy and advocacy efforts should focus on implementation and impact, and be developed with partners at global, regional and national levels

Participate in policy analysis research or policy generating research that is supported by people from the policy field

Establish functional collaborations with external partners active in this domain

Develop network of strategic partners that have expertise and/or interest in financing implementation of NSOAPs

Develop policy and advocacy platforms that will enable Global, Regional and National partners to integrate finance into their implementation work

Fulfill our commitments as a WHO collaborating center

Engage partners in ongoing policy discussions and advocacy efforts

Support existing and new partners in development of NSOAPs in inclusive manner with attention to power dynamics

Establish relationships with large international professional surgical and non-surgical societies

Align with partners on incorporating SOA care as an integral component in planning for pandemics, natural disasters and conflicts

Determine how best to incorporate global health security as an essential element of NSOAPs

## SOCIAL JUSTICE AND EQUITY

Ensure that all policies include focus on equity for all members of society, particularly those groups that have traditionally been excluded

Dismantle systems of oppression that delay progress in achieving UHC in SOA care

Apply equity framework to ensure that all work is done with a focus on equity and social justice

Develop partnerships with stakeholders outside the health sector to develop sustainable and equitable policy

Collaborate with marginalized groups in order to ensure equity

Develop global health security preparedness plans through the lens of equity and social justice so that the needs of all populations are included

## PILLAR III: CAPACITY BUILDING

PGSSC is committed to capacity building in two ways: through actual systems strengthening for surgical care in low- and middle-income countries, and through the development of the next generation of leaders and allies in global surgery.

PGSSC is focused on strengthening health systems so that surgery becomes an integral part of health care for all. We will build on the “4S” model of health systems strengthening: Staff, Stuff, Space and Systems. Our focus will be on training both surgeons and non-surgeons in meeting local surgical health care needs and conducting research (“Staff”); helping to develop policies and advocate for critical surgical equipment (“Stuff”) and essential surgical facilities (“Space”); and collaborating with our partners to support development of health care systems that include and support surgery (“Systems”).

The PGSSC is equally committed to developing the next generation of leaders and allies who will advance the field of global surgery through research, evidence-based policy development and advocacy, and development of equitable partnerships to strengthen health systems. We are committed to training and developing a diverse and distinguished cadre of PGSSC Fellows, Research Associates and Visiting Scholars, and will work collaboratively with our partners to enable them to develop their own talent.

PGSSC will ensure that its partnerships are equitable and bilateral, and that we do everything in our power to provide all potential applicants equal access to participation in our program.

Rwanda, 2019



## STRATEGIC INITIATIVES

### 1.Strategic Partnerships

Establish strategic global, regional and national partnerships to ensure that PGSSC research, policy and advocacy, and capacity-building efforts are mutually reinforcing

### 2. Systems strengthening

Align initiatives with the "4S" model of health systems strengthening: Staff, Stuff, Space and Systems

### 3. Global talent development

Provide training and development to cadre of potential leaders in research and policy and advocacy initiatives

### 4. PGSSC talent development

Provide training and development to cadre of PGSSC Fellows and RAs in research as well as policy and advocacy initiatives

## PARTNER COLLABORATION

Leverage strengths of regional and global partners to develop cadre of talented leaders and allies in global surgery through regional partnerships

Consult with partners to develop programs that will build upon the needs of each partner

Establish learning hubs with partners for aspiring leaders

Provide opportunities for PGSSC Fellows, RAs and Visiting Scholars to develop skills in research, policy and advocacy, and to apply skills in partnership with global, regional and national partners

Explore partnerships with academic institutions, NGOs, multilateral agencies and private sector in order to expand reach

Ensure capacity-building is aligned with PGSSC research efforts as well as policy and advocacy initiatives

Co-develop programs and curriculum that partners can utilize in developing new leaders

Provide academic materials as well as developmental opportunities for aspiring leaders to develop skills

## SOCIAL JUSTICE AND EQUITY

Develop pipeline of diverse talent who can lead initiatives in global surgery

Consult with strategic partners to focus on regional and national needs as they define them

Ensure diverse and equitable slate of researchers

Ensure diverse and equitable recruitment for all programs

Create PGSSC's capacity building projects in consultation with partners

Ensure that all efforts will benefit all members of society

Remove barriers that may have prevented under-represented groups from opportunities

Institutionalize the anti-racism curriculum as core element of PGSSC training

Ensure that partnerships are inclusive and focus on social equity

Provide leadership training and ensure that mentoring is part of fabric of PGSSC

Create scholarship programs to support accepted applicants from LMICs within five years

# APPENDIX I: List of contributors

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