Global Surgery 2030

Template for a National Surgical Plan

Infrastructure

Components	Recommendations	Assessment Methods
Surgical facilities Facility readiness Blood supply Access and referral systems	• Track number and distribution of surgical facilities • Negotiate centralised framework purchase agreements with decentralised ordering • Equip first-level surgical facilities to be able to perform laparotomy, caesarean delivery and treatment of open fracture (the Bellwether Procedures) • Develop national blood plan • Reduce barriers to access through enhanced connectivity across entire care delivery chain from community to tertiary care • Establish referral systems with community integration, transfer criteria, referral logistics, protections for first-responders and helpful members of the public	• Proportion of population with 2 hour access to first-level facility • WHO Hospital Assessment Tool (eg, assessment of structure, electricity, water, oxygen, surgical equipment and supplies, computers and internet) • Proportion of hospitals fulfilling safe surgery criteria • Blood bank distribution, donation rate

Workforce

Components	Recommendations	Assessment Methods
Surgical, anaesthetic and obstetric providers Allied health providers (nursing; operational managers; biomedical engineers; radiology, pathology and laboratory technician officers)	• Establish training and education strategy based on population and needs of country • Require rural component of surgical and anaesthetic training programmes • Develop a context-appropriate licensing and credentialing requirement for all surgical workforce • Training and education strategy of ancillary staff based on population and needs of country • Invest in professional health-care manager training • Establish biomedical equipment training programme	• Density and distribution of specialist surgical, anaesthetic, and obstetric providers • Number of surgical, anaesthetic and obstetric graduates and retirees • Proportion of surgical workforce training programmes accredited • Presence of task sharing or nursing accredited programs and number of providers • Presence of attraction and retention strategies • Density 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	• All first-level hospitals should provide laparotomy, caesarean delivery and treatment of open fracture (the Bellwether Procedures) • Integrate public, private, NGO providers into common national delivery framework; promote demand-driven partnerships with NGOs to build surgical capacity • Prioritise healthcare management training • Prioritise quality improvement processes and outcomes monitoring • Promote telemedicine to build system-wide connectivity • Promote system-wide connectivity for telemedicine applications, clinical support and education	• Proportion of surgical facilities offering the Bellwether Procedures • Number of surgical procedures done per year • Surgical and anaesthetic related morbidity and mortality (perioperative) • Availability of system-wide communication

Financing

Components	Recommendations	Assessment Methods
Health financing and accounting Budget allocation	• Cover basic surgical packages within universal health coverage • Risk pool with a single pool; minimise user fees at the point of care • Track financial flows for surgery through national health accounts • Use value-based purchasing with risk-pooled funds	• Surgical expenditure as a proportion of gross domestic product • Surgical expenditure as a proportion of total national health-care budget • Out-of-pocket expenditures on surgery • Catastrophic and impoverishing expenditures on surgery

Information Management

Component	Recommendations	Assessment Methods
Information systems Research agenda	• Develop robust information systems to monitor clinical processes, cost, outcomes and identify deficits • Identify, regulate, and fund surgical research priorities of local relevance	• Presence of data systems that promote monitoring and accountability related to surgical and anaesthesia care • Proportion of hospital facilities with high speed internet connections

The components addressing surgical care should be incorporated within a broader strategy of improvement of national health systems. NGO = non-governmental organization.
WHO = World Health Organization

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