

Defining Priorities for the National Surgical Obstetric and Anesthesia Plan in Ecuador – Consensus from a Stakeholder Meeting

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Introduction

Surgical care is recognized as a key component of Universal Health Coverage (UHC) and integral to the achievement of multiple Sustainable Development Goals (SDGs).

Ecuador is the first country in Latin America to engage in the development of a National Surgical, Obstetric, and Anesthesia Plan (NSOAP) to strengthen its surgical system. The development of this national framework (Figure 1) to be integrated into health policy (Figure 2), first involves a situational analysis of the existing surgical care system, which is underway within a subset of the public health system.

The preliminary results of this analysis were presented to facilitate group discussion and develop a detailed list of priorities spanning key domains for inclusion in the NSOAP: Infrastructure, Workforce, Service Delivery, Information Management, and Financing.

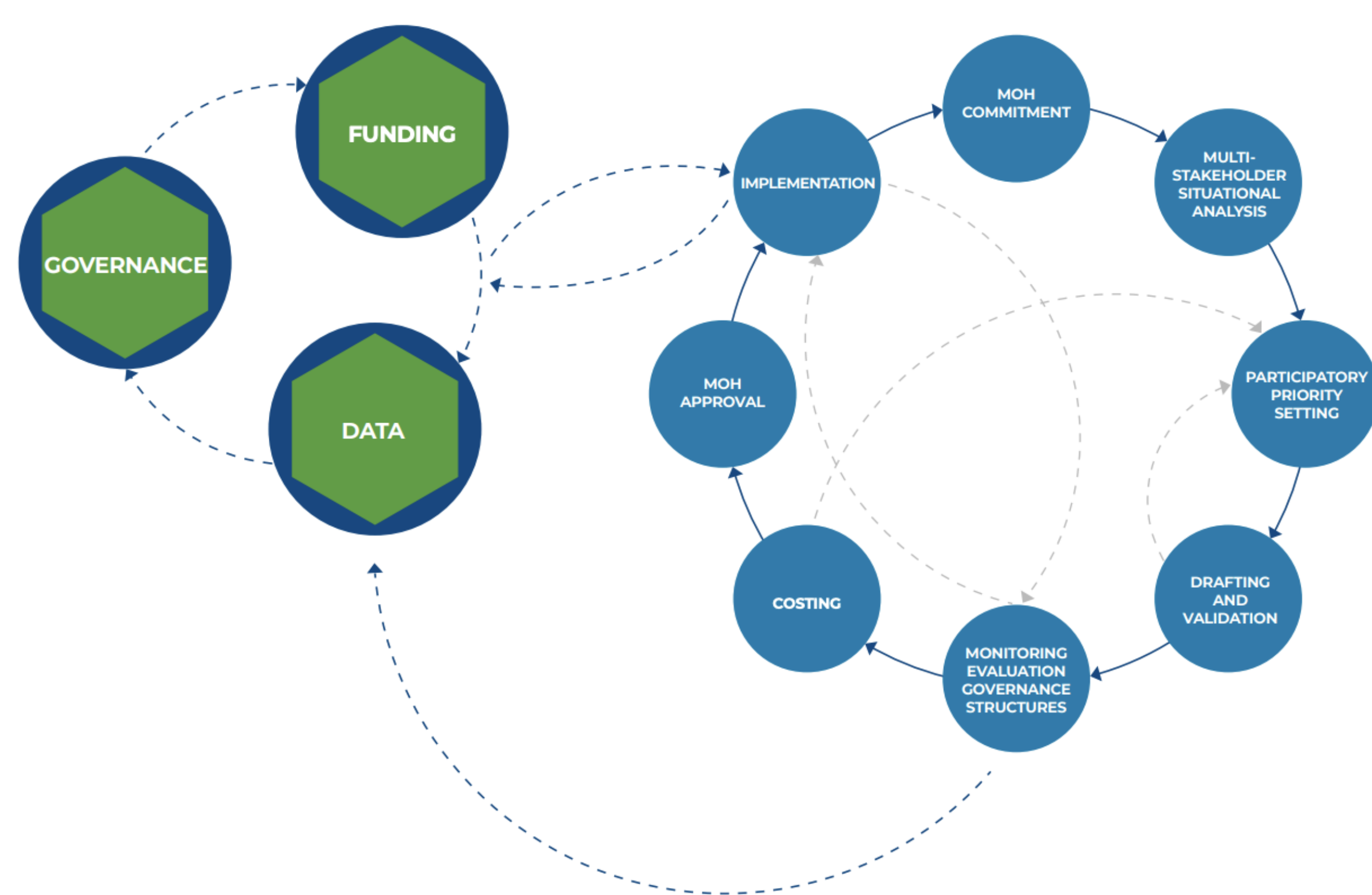


Figure 1. Steps for the development of an NSOAP

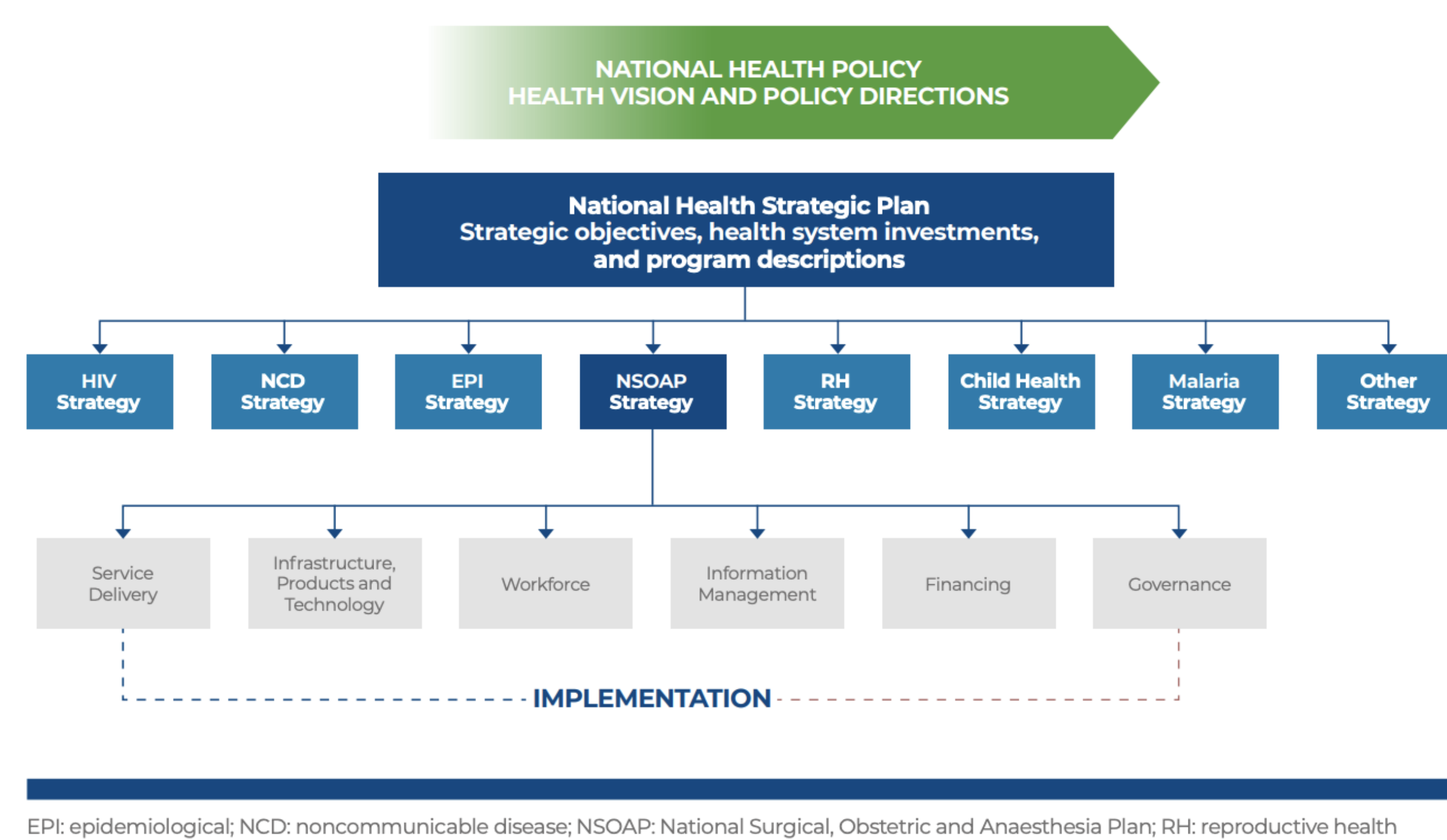


Figure 2. Integration of NSOAPs into health policy



Methods

A 3-round modified Delphi consensus was conducted in Quito, Ecuador during a 2-day stakeholder meeting to establish high-priority themes for inclusion in the national surgical system strengthening policy.

Round 1: Theme Generation

Results of the surgical capacity assessment conducted within a subset of the public health system were presented and discussed in working groups composed of multisectoral stakeholders, focusing on key domains (Infrastructure, Workforce, Service Delivery, Information Management, and Financing).

Round 2: Prioritization

On Day 2, Delphi questionnaires were created containing the themes by domain. Participants were asked to prioritize each item using a Likert scale of 1 to 9, and responses were recorded by team members. Results were sorted into high, low, and uncertain priority groups.

Round 3: Prioritization of Uncertain Themes

The results of Round 2 were presented to participants. High and low priority themes were recorded, and uncertain priorities were then sorted into high or low categories by voting, which was accomplished by a count of raised hands.

The highest-ranked priorities in Rounds 2 and 3 with a median rating of 9 are included in Table 1.



Figure 3. Sustainable Development Goals

Results

Table 1. Highest-ranked priorities by consensus

Theme	Relevant Sub-Theme	Priority
Prevention		Simplify and expedite the purchase of supplies and equipment
		Implement processes for repairs or preventative maintenance of equipment, supplies, and infrastructure
		Optimize the use of [currently] non-operative operating rooms by redistributing resources and purchasing missing equipment
		Procurement of high-quality medical supplies and devices
Maintenance and optimization of equipment		Guarantee the provision of basic resources (drinking water, energy, etc.)
		Verify that operating rooms meet international standards
		Strengthen reprocessing and sterilization services for medical instruments and devices
		Modernize operating room equipment
Investment		Create a renewal plan for equipment based on their useful life cycle
		Invest in medical technology (equipment, instruments, diagnostics, imaging)
Regulation		Modify the regulatory health framework to facilitate the acquisition of medical equipment and devices
		Reform the payer system with a focus on quality [of care]
Quality of care		Reach 100% capacity in the provision of surgical care to meet patients' growing demand
		Prioritize the optimization of services offered at the most basic level of care to avoid saturation of the higher levels [of the health system]
		Provide supplies according to the surgical capacity of personnel to increase the services offered
		Redistribute and optimize personnel, supplies, and equipment to meet the surgical needs of each institution
Referral systems		Improve the ability to reduce referrals [to a higher level of care] that can be resolved at the present level [of care]
		Avoid administrative burden on surgical staff
Training		Plan specialty and subspecialty positions with academic based on existing gaps in workforce
		Increase nursing and ancillary staff positions
Recruitment and hiring model		Incentives and benefits for the recruitment of personnel in the public health sector
		Personal incentives based on surgical productivity
		Management/director appointments based on merit and not political preferences
		Distribute human resources according to the capacity and needs of a center
Distribution of human resources		Support the surgical team to increase surgical productivity
		Estimate the number of national surgical specialists required based on future population growth
Continuing education		National regulation of medical school acceptances
		Standardization of medical education using international parameters
Leadership		Incentivize good performance, avoiding attrition of personnel in each workforce unit, among others.
		Incentivize training and research among professionals, with greater opportunity for research involvement
Non-clinical Responsibilities		Create a system that includes integrated clinical information
		Increase computing resources (computers, internet, speed)
Creation of a computer system for all levels of care within the MPH		Monitor the quality of medical information
		Modify regulations to allow autonomy of centers and streamline/facilitate the process of purchasing resources
Quality of information		Production-based budget allocation
		Identify a specific surgical budget for each center

Conclusions

Surgical care is integral to the achievement of Universal Health Coverage and the Sustainable Development Goals (Figure 3)

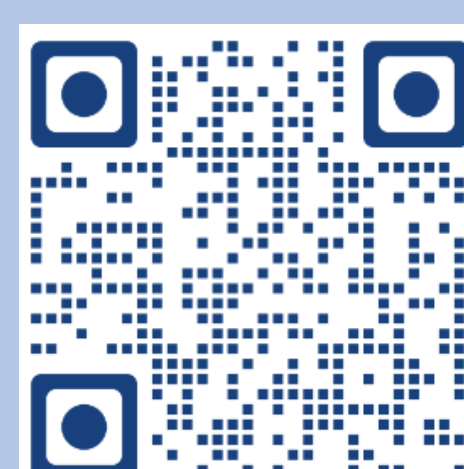
Sustainable policy to strengthen surgical system requires multisectoral engagement to define themes of high priority and consensus

The priorities of high consensus shown above will be included in Ecuador's National Surgical, Obstetric, and Anesthesia Plan

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Abstract



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