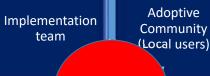
## GLOBAL SURGERY AND HEALTH CARE

## Framework for Implementation

- Leadership: Strong, committed & collaborative leadership
- Norms & Expectations: alignment on norms & processes
- Stakeholder engagement: engaging local implementers as well as state & non-state actors
- Collaboration: Using both for-profit and non-profit collaborations
- Catalyst for change: Focus on creating social
- Resource: Provides guidance and technical assistance for scaling
- · Metrics: Define intended outcomes and establish metrics
- Fit within Network: Consider how fits within social, political and organization network into which to disseminate new practices/solution
- Plan to Scale: Pilot study & scaling up plan
- Integrated solution: Fit within established systems
- Maintaining human rights

- Urgency of Need: Desire for improvement
- **Relevancy:** Relevant to community
- Sustainable: Simple & easy to implement within community
- Social/Cultural Fit: Build on existing patterns of social organization, values and traditions of language are more likely to be adopted.
  - National health sector goals
  - Intersectional collaboration to provide access to universal, equitable, high-quality and financially sustainable care
  - Prevention model: Shift from disease based and selfcontained curative care model to primary prevention and health promotion
- Environment De-educate: Unlearn habits & traditional models, understand new context
  - De-risk: Risk only what you can afford to lose; consider ways to reduce risk
  - Re-engage: Find champions & enroll key stakeholders
  - **Re-iterate:** Intentionally iterate, Adapt and Change Course (pivot) based on lessons learned to find best solution
  - Re-evaluate: Measure performance, assess unintended consequence & social impact



**Enabling** 

Delivery

Strategy

Delivery **Approach**