GLOBAL SURGERY AND HEALTH CARE
Framework for Implementation

Implementation team

- **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 change
- **Resource**: Provides guidance and technical assistance for scaling

Adoptive Community (Local users)

- **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 self-contained curative care model to primary prevention and health promotion

Enabling Environment

Delivery Strategy

- **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**

Delivery Approach

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- **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