

Capstone for Impact Submission | GY2019

Project Title: National Surgical Strengthening in Cameroon: an Evaluation of stakeholder perspective and policy environment

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Branch: Systems & Hospital Based Care

Path of Excellence: Health Policy

Handover/Transition:

If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **n/a**

Summary:

Since 2015, a few LMICs, such as Zambia and Ethiopia, have initiated the development of NSOAPs to assess the extent of their surgical disparities and identify areas for improvement within their health systems. Cameroon, a central african country with a population of 24 million, also stands to benefit from the development of a NSOAP. Cameroon's current maternal mortality rate (596 per 100,000 live births) far exceeds the target set by the SDGs of reducing maternal mortality to less than 70 deaths per 100,000 live births.

Furthermore, with injuries and non-communicable diseases comprising 7.7% and 37.5% of the country's burden of disease in 2012, respectively, Cameroon needs to ensure the provision of adequate surgical services to its population. To date, national efforts have not been directed towards the assessment and improvement of surgical infrastructure. For this reason, the University of California San Francisco's Center for Global Surgical Studies (CGSS) aims to work towards developing a NSOAP with the Ministry of Public Health (MoPH) to meet the goals set by the LCoGS.

As a first step to developing a surgical plan, this study will conduct a stakeholder analysis with the objective of identifying potential actors linked to the proposed reforms outlined in the LCoGS's theoretical framework for a NSOAP. Stakeholders will be assessed in terms of their stance on this policy framework, and their overall level of influence and interest in surgical systems development.

Methodology:

To identify central actors and analyze their positions relative to the prioritization of surgical policy reform in Cameroon, a stakeholder analysis will be carried out in three phases:

Phase One

In the first phase, a comprehensive literature review will be conducted to gather factual information about Cameroon's surgical care delivery and identify potential stakeholders. These stakeholders will be categorized based on their likelihood of supporting or opposing policy reform. Leaders from professional surgical, obstetrics, and anesthesiology societies will also be consulted to finalize a preliminary list of stakeholders to be engaged.

Phase Two

Semi-structured questionnaires developed by the Harvard Program for Global Surgery and Social Change will be used to conduct one-on-one interviews and focus groups discussions with stakeholders. These are tailored to specific stakeholder groups to assess the interests, knowledge, position, resources, and power of all identified stakeholders. The questionnaires will initially be pre-tested on 2-3 non-priority stakeholders and modified as necessary for question clarity and application to the analysis. A research team comprised of personnel from the Cameroonian MoPH and the UCSF CGSS will contact stakeholders in advance to set appointments for all interviews. Over six to eight weeks, key informants will be selected for interview using a purposive sampling technique. Further stakeholders will also be identified through a snowballing technique wherein interviewees are asked for input on other key stakeholders to interview, with the aim of widespread engagement in the policy process. All interviews will be conducted in English or French, and will be recorded and transcribed with consent of the interviewees.

Phase Three

All stakeholder interviews will be transcribed and coded with ATLAS Ti using a ground theory approach. The qualitative data will generate a conceptual model of the dynamics of stakeholder power and interest, as well as an action plan for the strategic engagement of stakeholders in policy building. Findings from the thematic analysis and data assembled from the literature review will then be combined and mapped using a method adapted from the World Health Organization's Stakeholder Analysis guidelines, to assess individual actor involvement, influence, and position on the issue, as well as broader stakeholder agreement on policy priority.

Results/Conclusion:

For the six weeks of pure field research, I spent the majority of my time in

Yaoundé, with 1 week split between Kribi, a peripheral region, and Douala, the largest city in the country. Over the course of this time, I partnered with a country team, and together we successfully conducted 33 stakeholder interviews, with physicians, medical school faculty, administrators, and non-governmental organizations. During the two weeks of data preparation and analysis, I spent most of this time focused on a scoping review, which our team used to inform the interview questionnaires we created and selection of personnel.

Reflection/Lessons Learned:

I am grateful to say that I learned an incredible amount during my time spent on the ground organizing and conducting interviews. Apart from the anticipated learning about the structure and function of surgical care in Cameroon via the interviews, I felt that this project was truly a practice in creativity and resilience. On arrival, we encountered a roadblock, due to the highly centralized and bureaucratic nature of the Cameroonian government.

Although our project is partnered with the Ministry of Health, our team leader felt it was crucial to have a ministerial letter of introduction, and that otherwise, we would be unlikely to garner much participation in the interviews. Due to many challenges, including the presidential election, which occurred during my stay, by the third week, we still did not have this letter. Worried that I would leave without results, I suggested we begin

scheduling interviews by networking with the physicians our team knew, since we had all necessary ethical clearance. This worked surprisingly well, and ultimately was our primary method for scheduling. Additionally, in order to contact NGOs, I began networking with ex-pats I met from France and the USA, many of whom worked at Embassies and in the development sphere.

This allowed me to interview personnel at MSF, the World Bank, USAID, UNHCR, and International Medical Corps, all organizations which would have otherwise been extremely difficult to access. While these are just two examples, I think that the overall theme of my experience on this project was discovering that I am capable of this kind of creative problem solving and of leading of a team, all in French and in another country. Overall, while difficult at times, my time spent on this project was invaluable to by my research, professional, and personal development.