

Evaluation of Stakeholder Influence for National Surgical System Strengthening in Cameroon

Background

One third of all global deaths are attributable to surgically-treatable diseases, such as childbirth complications, injuries, cancers, and congenital anomalies.¹⁻² Yet, extreme inequity in access to surgery persists, as only 6% of the world's surgical procedures are performed in the poorest countries, which comprise one third of the global population. Safe and affordable surgical care is out of reach for 90% of populations in low and middle income countries (LMICs).¹ Moreover, the need for surgery will only expand as LMICs undergo an "epidemiological transition" due to increased urbanization and globalization, resulting in greater morbidity and mortality from injuries and noncommunicable diseases.²

As a response to the neglected role of surgery in LMICs, in 2015, the World Health Assembly passed a resolution (WHA 68.15) which acknowledged surgical care to be a critical public health investment and an integral component to achieving universal health coverage.³ In the same year, the Lancet Commission on Global Surgery (LCoGS) published its landmark report calling for the development of National Surgical, Obstetric, and Anesthesia Plans (NSOAPs) as a means to strengthen surgical systems in LMICs. NSOAPs are country-specific roadmaps with measurable and time-bound targets that outline capacity-building for five components of a surgical system: infrastructure, workforce, service delivery, information management, and financing.¹ Developing a NSOAP begins with a stakeholder analysis and the collection of baseline surgical metrics. A policy framework is then drafted by technical working groups and presented at a national stakeholder forum. Finally, a policy plan is implemented and monitored for its long-term impact on surgical care delivery.⁴

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.⁵⁻⁶ 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.⁷⁻⁸ 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.⁹ 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.

Theoretical approach or framework

Stakeholder theory acknowledges that political decision-making is determined by the structure and distribution of power, both formally and informally.¹⁰ For this analysis, we will adopt Freeman's broad definition of a stakeholder as any entity that can affect or be affected by the realization of this policy. Stakeholders will be categorized as primary actors, who are necessary for the eventual existence of policy reform (e.g government officials and financing bodies) and secondary stakeholders who are otherwise impacted (e.g patients and hospital staff).¹¹

Methods

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.¹² 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.¹³

Anticipated Results

We expect to find that financing and governmental institutions will have greatest power, with moderate interest in policy reform, and that civil society groups and hospitals will have greater interest with less direct power. We further anticipate that this analysis will in itself initiate stakeholder engagement, as well as point to stakeholder-specific engagement strategies for effective policy-making.

Follow-up plan and Communication of Findings

This stakeholder analysis will be used to develop an action plan to increase support for national surgical planning and guide a participatory consensus building process. Actors will be engaged in the development of a NSOAP either by participation in technical working groups and discussion forums, or provision of financial support for data collection of baseline indicators and policy implementation.

Upon completion, this analysis will be presented to the Cameroonian MoPH as a report. Additionally, a manuscript will be prepared for publication in order to contribute to the larger body of work on surgical planning.

Personal Goals

Alongside the research team, I will take part in each phase of the stakeholder analysis, including project design, literature review, data collection, and analysis. As a student engaged in both the Health Policy and Global Health and Disparities Paths of Excellence, my aim in this work is to become more adept at project planning and design for research that influences health policy in global development.

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