

Promise 2030

Interplast's Ten Year Pledge to Partner Countries

Interplast Australia and New Zealand (Interplast) was established in 1983, following a collaboration between the Royal Australasian College of Surgeons and Rotarians across Australia. Interplast is dedicated to addressing surgical inequity across the Asia Pacific region, providing volunteer plastic and reconstructive surgical services, and capacity building, to 17 developing countries. This ten-year pledge commits Interplast to addressing the challenges of surgical inequity, and to achieve our vision.

OUR VISION

Quality and accessible surgical care, for all

OUR MISSION

Enhancing quality of life through positive surgical and health outcomes

OUR VALUES

In all that we do, we will demonstrate our values of integrity, respect, and collaboration.

PROMISE 2030

Promise 2030 articulates Interplast's ten year pledge on delivering our vision of achieving *Quality and accessible surgical care, for all*; and outlines our commitment to partner countries in Asia and the Pacific where our volunteers work, and to our supporters and stakeholders in Australia and abroad.

Promise 2030 describes a set of ambitious targets which Interplast commits to meeting by 2030, and a plan for achieving those targets under four strategic areas:

Provision of outstanding patient care

Building a sustainable surgical workforce

Strengthening hospitals and clinical institutions

Delivery of systemic change

Interplast's vision, mission, and strategic focus is consistent with global health commitments; specifically Sustainable Development Goal Three; *Ensure Healthy Lives and Promote well-being for all at all ages*¹; the World Health Organization (WHO) General Programme of Work 2019 to 2023, which focusses on the global triple billion targets to achieve measurable impacts on people's health²; and the World Bank Group's World Development indicators³.

OUR GUIDING PRINCIPLES

Interplast's guiding principles seek to ensure that surgery and related health services across the Asia Pacific region should be:

Effective Accessible Equitable Sustainable Patient-centred

¹ United Nations Sustainable Development Goals; <https://www.un.org/sustainabledevelopment/health/>

² WHO Thirteenth General Programme of Work 2019-2023; <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>

³ *Dedicated to Impact*, Interplast Australia & New Zealand 2021-2024 Strategic Plan, p.4.

Interplast works to a suite of key documents which provide us with the roadmap for working toward achieving the vision, and its long-term targets. **Promise 2030** provides the high-level strategic direction for the next ten years, whilst each strategic plan outlines a forward program of work that guides how Interplast will meet each target, and measure whether we have achieved the commitments we have made to our stakeholders.



Supporting the five-year country strategies and the three strategic plans spanning the life of **Promise 2030** is Interplast’s *Theory of Change*⁴, which describes the *Impact* that our programs will have, supported by the long to mid-term outcomes; the outputs required and the activities we undertake to deliver on our vision; and the points where we may need to adjust our programs to ensure they meet the impact we are committed to delivering. Interplast has developed a robust monitoring, evaluation and learning framework which will help us apply the lessons learned from our programs and inform future planning, and to adjust our programs accordingly in order where necessary to remain responsive.

As a learning organisation, Interplast is committed to a rigorous, best practice application of monitoring and evaluation principles, including independent evaluation involving all stakeholders; patients and their families; volunteers and their counterparts; partner institutions and partner governments; and domestic stakeholders, donors and Australian government agencies.

By committing to **Promise 2030**, Interplast is accountable to partners and stakeholders; demonstrating how each of our programs contribute to achieving the vision; measuring the impact of the work that we do; sharing our stories, both successes and where we can improve.

Who is Promise 2030 for?

In setting out our ten year strategy, Interplast is reaching out to its stakeholders:

- partner countries in Asia and the Pacific where Interplast volunteers work, and where Interplast has pivoted its programs toward online education and remote mentoring

⁴ *Measurement, Evaluation and Learning Framework*; Interplast Australia and New Zealand; 15 April 2021.

- institutions and individual clinicians, and their patients, in partner countries
- the Australian government, particularly through the Department of Foreign Affairs and Trade's Australian NGO Cooperation Program (ANCP); and Australia's Embassies, Consulates and High Commissions in our partner countries
- our volunteers
- our domestic partners, including the Royal Australasian College of Surgeons, and Rotary
- our corporate partners and donors, and individual donors.

Partners

Our partners are integral to our ability to implement programs. These include formal, institutional partners and others, such as individual donors. Our in-country partners include governments and ministries of health; hospitals; training institutions; clinicians and professional bodies. Our domestic partners include benefactors and supporters; the Australian Government, Rotary, the Royal Australasian College of Surgeons and other professional bodies.

Without in-country partners, Interplast could not deliver programs. Institutional partners; such as ministries of health, hospitals and professional organisations ensure that surgical and capacity building programs, direct patient support and institutional strengthening programs are focussed and meet identified needs. Our volunteers have also long established, one of one mentoring relationships with key counterparts, and these relationships have sustained our programs over many years, including when an in-country presence has been suspended due to COVID19 restrictions.

RATIONALE FOR PROMISE 2030

Access to safe and affordable surgical care is key to achieving the health-related Sustainable Development Goals, and is recognised as an essential component of primary healthcare. Indicators that measure improvements in robust surgical systems have been adopted by the World Bank Group, along with indicators covering the surgery, obstetrics and anaesthesia workforce⁵.

Research conducted by the WHO estimated that in low and middle income countries, essential surgical services could prevent between 6-7% of all avertable deaths⁶. Surgically treatable diseases are amongst the top 15 causes of disability worldwide; and in low and middle income countries, an additional 143 million surgical procedures are needed annually to prevent death and disability⁷. In recognition of global unmet need for surgical and anaesthetic services, at the 68th World Health Assembly (2015), member states adopted the first global resolution on Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage⁸. Following the adoption of the 2015 resolution, Western Pacific members developed an Action Framework for Safe and Affordable Surgery in the Western Pacific (2021-2030) the purpose of which is to guide member countries through the operational changes needed to achieve universal access to safe and affordable surgery⁹.

⁵ Op.cit *Dedicated to Impact*, p.4

⁶ *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021-2030)*; World Health Organization, Western Pacific Region, 2021. p.vi

⁷ *ibid*, p.2

⁸ *ibid*, p.v

⁹ *ibid*, p.1

WHO's South East Asia Region has integrated surgical system strengthening into its aim of achieving universal health coverage; a flagship priority and one of the three *triple billion* targets at the heart of Sustainable Development Goal Three. It notes, among other things, the need to ensure that surgical system strengthening plans are supported with adequate human resources, medicines, equipment and infrastructure¹⁰.

Development assistance and humanitarian aid

The Australian Council for International Development, of which Interplast is a member, defines development and humanitarian assistance as¹¹:

Activities undertaken in order to reduce poverty and address global justice issues. In the non-government organisation sector, this may occur through a range of engagements that includes community projects, humanitarian response and emergency management, community education, advocacy, volunteer sending, provision of technical and professional services and resources, environmental protection and restoration, and promotion and protection of human rights.

Further to the above, the OECD Development Assistance Committee defines humanitarian responses as 'actions that save lives, alleviates suffering and maintains human dignity following conflict, shocks and natural disasters.'¹²

Most of Interplast's efforts focus on development, rather than on humanitarian and emergency responses, via programs delivering clinical capacity building and mentoring. While some country programs do have an element of humanitarian work, the primary purpose is capacity building.

Where we work

Interplast programs are focused on countries in the Asia-Pacific region, where our mission of *enhancing quality of life through positive surgical and health outcomes* aims to improve access to plastic and reconstructive surgical and related services to people in countries where these services are not affordable or available.

Our work is guided by a contextual analysis of each partner country, and our goals are consistent with international development goals, and by taking into account WHO priority areas. Each contextual analysis is informed by data on existing capacity; for example, the proportion of clinical workforce to population, and where capacity building and systems strengthening programs will make a sustainable and measurable difference.

Key to this is having a clear understanding of unmet need for plastic and reconstructive surgery and related services, the capacity of partner health systems to work with our teams in-country, and a willingness of partner governments to work in collaboration with Interplast.

Challenges

Working in developing countries has challenges; some which are predictable and able to be managed, whilst others are sudden or unforeseen. This ten year strategy is drafted in FY22, against a backdrop of

¹⁰ WHO South-East Asia <http://who.int/southeastasia>

¹¹ <https://acfid.asn.au/content/general-definitions>

¹² <https://www.oecd.org/dac/>

uncertain global events. At the time of writing, conflict in partner countries; the military coup in Myanmar, and civil unrest in the Solomon Islands in the late 2021, has meant the complete suspension of all programs (such as in Myanmar) or potential delays to project deliverables. The COVID19 global pandemic continues to be challenging; with new variants of the virus leading to concerns around the efficacy of the newly developed vaccines, the prospect of snap border closures either in Australia or in partner countries, and the reinstatement of quarantine regulations and public health orders. The UN reports that the COVID19 pandemic has disrupted and, in some cases, reversed the development gains made in previous decades¹³. At its annual reflections on 1 December 2021, the Department of Foreign Affairs and Trade's ANCP acknowledged that COVID19 remains a challenge for all program delivery in our region, and this is likely to continue into the near future.

Despite these challenges, global commitments such as the Sustainable Development Goals and the WHO 2019-2023 *triple billion* targets remain in place; and to meet commitments, organisations such as Interplast must be able to redeploy efforts in the face of these uncertainties, as we did in early 2020 at the start of the COVID19 pandemic.

Other challenges vary within and between countries; where strategies and plans may have admirable goals but have limited local ownership, making it hard to achieve the long-term systems changes needed to address critical health issues, such as access to safe and affordable surgery. The COVID19 pandemic has shone a light on system deficits, further demonstrating the need for strengthening existing health systems to make them responsive and resilient¹⁴.

¹³ UN Sustainable Development Goals infographic; https://www.un.org/sustainabledevelopment/wp-content/uploads/2019/07/E_Infographic_03.pdf

¹⁴ op.cit WHO 2021, p.1

ACCESS TO SAFE AND TIMELY SURGICAL CARE

Of 11 Pacific Island countries surveyed by the WHO, only six can provide 80% of their population with access to facilities within two hours travelling time for access to the ‘Bellwether’ procedures of caesarian section, laparotomy and the treatment of open fractures¹⁵. Based on 2016 data, the research further suggests that as an arbitrary surgical rate, a minimum threshold to maximise outcomes is 5,000 procedures per 100,000 people. Although surgical rates differ, many countries in the Western Pacific region fall short of this threshold. For example, in Solomon Islands and in Papua New Guinea respectively, rates range from 868 to 1,264 procedures per 100,000 people; whereas in Mongolia and Tonga, the rates respectively are 7,666 to 5,061 procedures per 100,000 people. By comparison, in the same data period, the number of surgical procedures in Australia was 10,156 per 100,000 people. As noted above, generally COVID19 has exacerbated deficits in access to surgical care; and, assuming that the countries surveyed by the WHO increased their normal surgical volumes by 20%, it is estimated that a median of 45 weeks would be required to clear backlogs¹⁶. Combined with existing lower rates of surgical procedures in many of Interplast’s partner countries, surgical backlogs make access to safe and timely surgical care even more delayed, and this has implications for an increase in preventable deaths, long term health complications and disability, and additional pressure on the capacity of health systems.

Timely and appropriate surgical care is not only life changing, but also has economic benefits. Whilst universal access to essential surgical services has the potential to avert over 1.5 million deaths annually in low to middle income countries, inadequate access to surgical care also has real economic consequences, with economic losses globally estimated to range from USD12.1 trillion to USD33.2 trillion for the 2015-2030 period. Further, such losses are experienced at a higher rate in low to middle income countries, at an estimated 2.5% in lost economic output¹⁷. A 2015 survey found that 11 countries in the Western Pacific region experienced estimated economic losses between 0.9% to 2.4% (compared with an average estimated loss of 1.25% in higher income countries). Despite these quantifiable economic impacts, surgical interventions are often overlooked as a health investment, rather than being recognised as a prudent way of preventing greater costs to health systems, and to individuals, by averting disability¹⁸. A lack of access to essential surgical services has real economic impacts for individuals and systems in many of the countries where Interplast works.

Our response



PROVIDE OUTSTANDING PATIENT CARE

Between 2021 – 2030, Interplast seeks to support an additional **20,000 individuals** with direct care. From the delivery of preventative health initiatives to surgical intervention and post-operative rehabilitation, quality care is core.

¹⁵ *ibid*, p.3

¹⁶ *ibidem*

¹⁷ *ibid*, pp.12-13

¹⁸ *ibid*, p.13

A SKILLED MEDICAL WORKFORCE

Many developing countries in Asia and the Pacific have challenges in establishing and maintaining a sustainable and skilled workforce. This can be exacerbated for countries with small populations and geographical remoteness, leading to a reliance on visiting medical teams¹⁹. Data on surgical workforce capacity is often limited, making planning and resourcing even more challenging.

Coverage of the specialist surgical workforce per 100,000 people varies across developing countries in Asia and the Pacific. Some countries have very low coverage (Papua New Guinea at 2.3, and Samoa at 1.6), whilst others have significantly higher rates (Nauru at 30.0, Mongolia at 45.0). By comparison, Australia and New Zealand have a surgical workforce density of 45.1 and 43.0 per 100,000 people, respectively.

The COVID19 pandemic has dramatically demonstrated the invaluable role of the global health workforce and the importance of ensuring adequate investment in this area. To meet the health workforce requirements of the Sustainable Development Goals and universal health coverage targets, the WHO estimates that over 18 million additional health workers are needed by 2030. An increasing challenge for low to middle income countries in the Asia Pacific Region are gaps in supply and demand of health workers, and retention of qualified and experienced health workers. Investments from both public and private sectors in health worker education will be essential, as well as in the creation and filling of funded positions in the health sector and the health economy²⁰.

The consequences of a lack of system and workforce capacity to provide essential surgery – with subsequent increases in waiting times – places populations at a higher risk of death and disability. Low surgical volumes also impacts the skills development of providers, placing patients at risk and making it difficult to attract and retain a skilled workforce.

Our response



BUILD A SUSTAINABLE WORKFORCE

The global burden of treatable disability can only be addressed through sustainable workforce measures. By 2030, Interplast will provide workforce development and training activities to an additional **7,500 clinicians** across the Asia Pacific region.

¹⁹ Ibid, p.8

²⁰ WHO [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

QUALITY HEALTH SERVICES NEED STRONG AND WELL-FUNCTIONING HOSPITALS AND INSTITUTIONS

One of the essential factors in achieving quality and accessible surgical care is access to essential health care services, in well-functioning and well-equipped health settings, such as hospitals and other health care institutions. Research shows that between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low and middle income countries; representing an avoidable 15% of overall deaths in these countries. Of these, 60% of deaths in low and middle income countries are related to conditions that, whilst requiring health care, the care is of poor quality; with the remaining deaths resulting from non-utilisation of the health system. These statistics highlight the need for improvements not only in quality, but for higher rates of access. Higher quality health systems could prevent annually an estimated 2.5 million deaths to cardiovascular disease; 900,000 deaths from tuberculosis; 1 million newborn deaths and half of all maternal deaths each year. The economic costs of inadequate quality in care is estimated at USD1.4-1.6 trillion annually in lost productivity in low and middle income countries²¹.

The WHO states that quality health services should be effective (from an evidence base); safe; people-centred; timely; and equitable, integrated and efficient. In 2019, world leaders reaffirmed commitments to progressively cover one billion additional people, by 2023, with quality essential health services, with the aim of covering all of the world's peoples by 2030.

Interplast commits to helping our partner institutions in their efforts to provide their populations with quality essential services, throughout their hospitals and other health care settings.

Our response



STRENGTHEN HOSPITALS & INSTITUTIONS

Quality surgery, and exceptional patient outcomes cannot be achieved without strong and sustainable health settings (e.g. hospitals). Interplast will proactively work with **80 hospitals** in the region to ensure they are well-equipped to provide safe and effective plastic & reconstructive surgical care.

²¹ WHO <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>

FUNCTIONING SYSTEMS ARE VITAL TO MEETING UNIVERSAL HEALTH CARE SUSTAINABLE DEVELOPMENT GOALS

Universal health coverage is a critical component in health care, and is one of the targets of the Sustainable Development Health Goals. Enabling people to access the spectrum of health services without facing financial hardship has broader benefits than simply those related to health; it protects vulnerable populations from poverty and provides the basis for long-term economic development²². In addition, access to emergency and essential surgery is an integral component of universal health coverage; and timely access to surgical care saves lives, reduces disability and can correct physical deformities²³. Each year in the Western Pacific region, 80 million people face out of pocket expenses for health services, with economic impacts at both individual and community level²⁴.

If universal health coverage means that people get access to the health services they need, it follows that resilient systems are fundamental to achieving this. Resilience in health systems ensures that health providers and institutions have capacity to absorb shocks and can sustain gains. Supported by effective governance, the core dimensions that need to be in place to assure resilient health systems are: health information systems enabling evidence-based decision making; finance systems which allow the mobilisation of resources when needed; and appropriate human resources²⁵, responsive systems and evidence-based policies. National policies and strategies aimed at improvements in quality of care need to be closely aligned with broader national health policy and planning²⁶.

Interplast is committed to working with partner governments to help them improve their policy settings so that they are best placed to deliver on their commitments to providing their citizens with better access to quality health services.

Our response



DELIVER SYSTEMIC CHANGE

Interplast recognises that an effective workforce and quality hospitals are only part of the solution to providing quality patient care. We will work alongside governments to strengthen their policy settings. By 2030, Interplast will regularly work with **20 countries** in the Asia Pacific region.

²² ibidem

²³ *Global Health Strategic Plan, 2017-2021*. Royal Australasian College of Surgeons, p.5

²⁴ *Working for better health in the Western Pacific*; World Health Organization, Western Pacific Region, 2019. p.1

²⁵ *People-centred and resilient health systems in Asia: an introduction*; Asia Pacific Observatory on Health Systems and Policies, 2018, p.6

²⁶ WHO; <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>