WORKING GROUP TERMS OF REFERENCE

## Scope

* *WORKING GROUP ON HEALTHCARE DELIVERY AND MANAGEMENT*
* *WORKING GROUP ON WORKFORCE, EDUCATION AND TRAINING*
* *WORKING GROUP ON INFORMATION MANAGEMENT*
* *WORKING GROUP ON FINANCE AND ECONOMICS*

At the first meeting in Boston each working group will identify relevant issues that should be the focus of the commission, based on the experience of the Commissioners and the available evidence. The working groups will not attempt to have an exhaustive coverage of the topics, but rather focus on significant barriers to both access to and quality of care, and potential solutions to these issues. The group should focus on scalable solutions that are practically implementable. The working groups will identify key recommendations that the commission can make on topics, and areas where the commission should investigate further before making recommendations. This further investigation will take place between the first and the second meeting and can take the form of development of white papers, literature review, primary research, or case studies to illustrate pertinent issues.

The working groups will also identify areas where countries can monitor aspects of national health systems for surgical care. These areas will be communicated to the *working group on information management* who will be developing metrics on behalf of the commission.

## Working Group Outputs

1. *Written.* By Monday 10th May 2014, each working group will submit a 4-5 thousand word output document summarizing the work delineated above. The working group output documents will be the substance of the final commission report, and will include:
	1. At least 2 tables and 2 figures to be used in the commission report.
	2. Focused recommendations to primary, secondary and tertiary audiences:
		1. Primary audiences: Heads of state, ministers of health and finance, global health agencies, large-scale funders
		2. Secondary audiences: Implementers of national surgical services
		3. Tertiary audiences: Other non-governmental organizations, academic institutions, surgical colleges, corporations, and other stakeholders as determined by each working group
2. *Presentation.* During the second commissioners meeting, each working group will present on their topic to the larger commission group. This will be a 15-minute presentation with an hour for commentary and review.

## Timeline

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| *Jan 7* | Background documents received by Commissioners |
| *Jan 17-18* | First working group session during the January Commission meeting in Boston. By the end of the meeting, the working groups will have determined: * + Content: The body of the work which needs to be done
	+ Process: The work plan for the coming months
 |
| *Jan 19 – May 10* | Area of Metrics focus communicated with the Information Working GroupEach working group will (e-)meet several additional times between January and May |
| *May 10* | Each working group will submit their Output Document, including tables, figures, and recommendations to be distributed to the commissioners for review |
| *May 23-24* | Each working group will present their findings to the whole commission group during the second Commission meeting in Sierra Leone |

## Structure and Roles

1. Each working group will be composed of the following members:
	1. Working Group Lead
	2. Commissioners
	3. Facilitator
	4. Research Assistants
	5. Other roles
2. The role of each member and reporting structure is as follows:
	1. Working Group Lead: Guides the content and structure of the meetings; ensures that key points are addressed, key areas are discussed and essential questions answered. Works closely with the facilitator to achieve working group goals.
	2. Commissioners: Participate in all the working group meetings and discussions; develop the content for the Output Document. Report to the Working Group Lead.
	3. Facilitator: Commissioner member who co-ordinates meetings and facilitates communication within the working group; works closely with the Working Group Lead to ensure tasks are accomplished; oversees the work of the research assistants.

* 1. Research Assistants: Assist the working group with primary research, document writing, presentation development, literature review, etc; take minutes during meetings; report to the Facilitator.
	2. Other Roles: There is expected to be a need for additional advisors to give expertise on particular areas, to assist particular working groups, direct primary research or to advise during the Commission process.

## Working Groups

1. HEALTHCARE DELIVERY AND MANAGEMENT

*Working Group Lead*: Nobhojit Roy

*Commissioners:* Shenaaz El-Halabi, Paul Farmer, Rowan Gillies, Edna Adan Ismail, Ganbold Lundeg, Nobhojit Roy, Edgar Rodas

*Facilitator:* Rowan Gillies

*Research Assistants:* Nakul Raykar, Hampus Holmer, Shilpa Murthy

*Suggested Subsections*

1. Practical aspects of Healthcare Delivery

Areas to consider: Surgery within Health Systems, Care Delivery Models, Infrastructure, Supply Chain, Referral systems, Equipment, Technologies, Drugs, Equity, Access, Quality and Safety

1. Management of Surgical Health Systems and Surgical Care Delivery

Areas to consider: Management, Governance, Integration of surgery into existing health policies, Leadership, Operations Management

1. WORKFORCE, EDUCATION AND TRAINING

*Working Group Lead:* Emmanuel Ameh

*Commissioners:* Emmanuel Ameh, Eunice Dérivois Merisier, Caris Grimes, Lars Hagander, Nyengo Mkandawire, Nivaldo Alonso

*Facilitator:* Caris Grimes

*Research Assistants:* Johanna Riesel, Jacky Fils, Jonathan Scott

*Suggested Subsections*

* 1. Workforce: Surgeons, Obstetricians, Anesthesiologists, Nurses, Allied Personnel, First Responders, Health care executives/managers/leaders
	2. Education and Training
	3. Supply and Demand: Migration, attrition
	4. Task Shifting/Sharing
1. INFORMATION MANAGEMENT

*Working Group Lead:* Russell Gruen

*Commissioners:* Sarah Greenberg, Russell Gruen, Thaim Kamara, Chris Lavy, Andy Leather, Richard Sullivan, Iain Wilson

*Facilitator:* Sarah Greenberg

*Research Assistants:* Meera Kotagal, John Rose, Eric Nagengast

*Suggested Subsections*

1. IT infrastructure
2. Metrics: Access and Quality
3. Data Collection: Data registries
4. Monitoring and Evaluation: Safety, outcomes
5. Research: Conduct and focus
6. FINANCE AND ECONOMICS

*Working Group Lead:* Gavin Yamey

*Commissioners:* Lesong Conteh, Anna Dare, John Meara, Gavin Yamey, Winnie Yip

*Facilitator:* Anna Dare

*Research Assistants:* Morgan Mandigo, Kathleen O’Neill, Lily Gutnik

*Suggested Subsections*

* 1. Economic Impact: Patient and Health Systems Costs of Surgical Care, Return on Surgical Investment
	2. Financing: Financing of Surgical Care, Payment Models, Insurance Vehicles