

# OUR MISSION (©)



To advocate for the neglected surgical patient

# OUR VISION (©



Universally available, accessible, acceptable and quality emergency and essential surgical, obstetric, trauma, and anaesthesia care.





# WHO WE ARE

A coalition of associations and organizations around the world working to increase awareness, foster political will, shape policy, and mobilize resources to make access to quality, safe, timely, and affordable emergency and essential surgical, obstetric, trauma and anaesthesia (SOTA) care a global health priority and a reality for all.







# OUR ADVOCACY TARGETS / MINDS WE WANT TO CHANGE

Multilateral organizations, national governments, global funding bodies, media, and people everywhere

# **OUR THEORY OF CHANGE**

Universal access to SOTA care can be achieved by raising awareness at grass-roots, national, regional, and global levels; securing commitments; and engaging in strategic partnerships which all help enable each country to advance through the stages of:

awareness of the gap,

commitment to the goal,

initiating a planning process,

completing a plan to strengthen SOTA care systems at all levels of service delivery,

funding that plan,

and implementing the plan.

Advocacy and civil society have a role in each stage.



# The G4 Alliance Theory of Change: A Path to Achieving the Vision

#### **Problem**

5 billion people do not have access to necessary surgical care

Context: Unanimous World Health Assembly Resolution in 2015 on Emergency and Essential Surgical, Obstetric, Trauma & Anaesthesia (SOTA) Care

Needs Assessment: Lancet Commission on Global Surgery established baseline measurement, indicators, and targets for surgical care capacity development

Vision: Universal access to emergency & essential SOTA care

Priorities: Global, regional, national and local political priority, effective policy, sustainable funding, and civil society coordination for surgical care

Resources: Engaged network of member organizations, including advocacy leaders, subject matter experts, and locally-based professionals

## Stakeholders

Civil society allies:
communities,
nonprofits and
NGOs,
professional
societies, schools,

Multilateral bodies: World Health Organization and regional offices, United Nations, World Bank....

Country partners: national and regional governments in low- and middleincome countries

#### **INTERVENTIONS**

#### **Mobilizing civil society**

Ongoing collaboration with and support for the World Health Organization

Policy briefs, investment cases, peer-reviewed research, and news articles produced by G4 Alliance Working Groups

National surgical planning meetings in LMIC countries, led by government with stakeholder support

Annual membership meetings convened by the G4 Alliance to enhance coordination, build consensus on key issues, and share knowledge

National and local civil society stakeholder development meetings convened by G4 Alliance member organizations

#### **OUTPUTS**

## Building blocks for awareness of and commitment to SOTA care

Formal policy and action frameworks for surgical care with multilateral bodies, developed through consultative process with the G4 Alliance

LMIC and HIC country advocacy strategies developed through multi-stakeholder consensus

A single platform for third-party-verified progress reporting on surgical indicators at the country level

A global funding mechanism for government-led surgical system strengthening

National plans for surgical care capacity development

#### **IMPACTS**

# Leverage points for achieving universal access to SOTA care

A universal definition of surgical care that is available, accessible, acceptable, and of high quality

Sustainable, transparent, government-led capacity development to expand surgical care for all who need it, on track to meet global targets

A strong and coordinated civil society, working in support of national and local governments

Alignment of priorities and resources for surgical care within the global health and development agenda



#### **Assumptions, Preconditions, Risks**

National governments amenable to human rights and sustainable development rationale for health system strengthening, ability to align priorities rather than compete with existing global health and development agendas, G4 Alliance members geographically representative

#### Evaluation

Surgical care incorporated within national health planning (including AAAQ language), national registers of civil society organizations contributing to government surgical plans, funding mechanisms for surgical care share criteria with funds for other priorities, surgical care integrated within health system strengthening initiatives

#### Narrative

The G4 Alliance is leveraging a global, civil society network for sustainable surgical system strengthening to achieve universal access



# I. AWARENESS

Build awareness of the need, gap, and capacity for SOTA care, by building a united civil society voice for the global SOTA care agenda

### **GOALS**

- A. Recognition of surgical, obstetric, trauma, and anaesthesia care as part of the global public health agenda
- B. Understanding of the gap between the need for and provision of SOTA care
- C. Understanding of the resources required to close the gap
- D. Acceptance of government accountability for SOTA care as part of Universal Health Coverage and human rights.

### **STRATEGIES**

- A. Amplifying stories of patients, health providers, and communities.
- B. Emphasizing the need for greater government accountability for surgical care as part of Universal Health Coverage and human rights.
- C. Communicating with evidence about challenges, solutions, and opportunities.
- D. Quantifying and tracking progress in closing the gap in SOTA care.
- E. Addressing knowledge gaps through data collection and research.
- F. Highlighting the work of G4 members.
- G. Building coalitions to support collective action.



# II. POLICY

Support an enabling environment for SOTA care capacity development by leading civil society to analyze, develop, and promote policies with governments and other stakeholders

### **GOALS**

- A. National plans for SOTA care in place in each country
- B. Policies in place at local, national, and multi-national level which support strengthening SOTA capacity and implementing plans for SOTA care
- C. Systems in place to track and report on countries' progress in their commitments toward SOTA care
- D. Plans for SOTA care implemented through collaboration and cooperation

### **STRATEGIES**

- A. Advancing the policy agenda of WHA Resolution 68.15, including the development of national surgical plans.
- B. Developing principles of the right to emergency and essential SOTA care in policies.
- C. Leading civil society to hold governments accountable to their commitments to SOTA capacity building.
- D. Creating and promoting evidence-based policy development tools.
- E. Building equity and inclusion into all policies affecting SOTA care.



# III. RESOURCE MOBILIZATION

Grow, align, and optimize resources from all sources for SOTA care capacity building

### **GOALS**

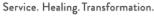
- A. National and global funds committed to develop and implement national plans for SOTA care
- B. Funding available to eliminate backlogs and strengthen capacity in SOTA care
- C. Human, technical, and product resources aligned to the areas of need globally

### **STRATEGIES**

- A. Building and promoting the investment case for surgical capacity development.
- B. Addressing the gaps in resources that prevent the advancement of SOTA care.
- C. Promoting mechanisms for generating resources directed at SOTA care.
- D. Ensuring resources are going to places of greatest need.
- E. Facilitating knowledge sharing and collaboration among G4 Alliance members.

# Member Organizations of the G4 Alliance



























Alliance for Surgery and Anesthesia Presence













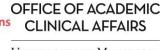


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