



This is Interplast

Repairing bodies, rebuilding lives and supporting health systems

Interplast International Program Statement

This document outlines why and how Interplast delivers its programs across its global portfolio, and how we know we are achieving what we set out to do. It is available to all stakeholders, including donors, local partners and beneficiaries. This document links the Interplast Strategic Plan 2018-2022 and the individual three-year Country Strategies.

Why does Interplast do the work we do?

Interplast recognises that access to health care is a fundamental human right for all people. We respect and respond to the needs, rights and inclusion of those who are vulnerable and those who are affected by marginalisation and exclusion¹.

Among those who don't have access to health care, particularly surgery, there is a significant unmet need for treatment for people with treatable disability and disease. This results in a substantial burden on economies, health systems, communities, families and individuals.

There is a significant disparity in access to surgical services between developed and developing countries². Recent data from the Lancet Commission on Global Surgery found while 30% of the global burden of disease can be treated with surgery, over 5 billion people worldwide cannot access surgical services³.

¹ All people, regardless of race, religion, ethnicity, indigeneity, disability, displacement, age, gender, caste, gender identity, sexuality, sexual orientation, poverty, class or socioeconomic status.

² Samuels, S; Wyner, J; Brodsky, J. 1984. Interplast: A successful model for Anaesthesia and Plastic Surgery in Developing Countries. In: *JAMA*. 1984;252(22):3152-3155

³ Meara, J; Leather, A; Hagander, L. 2016. Global Surgery 2030: Evidence and Solutions for Achieving Health, Welfare, and Economic Development. Online: http://docs.wixstatic.com/ugd/346076_713dd3f8bb594739810d84c1928ef61a.pdf.

The UN's Sustainable Development Goals echo the importance of surgery across many of the individual goals in particular, goal 3: good health and wellbeing, goal 10: reduced inequalities and goal 8: decent work and economic growth⁴.

Recognising this broader context, Interplast, alongside local organisations, works specifically within the specialty of plastic and reconstructive surgical services, in developing countries across the Asia Pacific region. These countries not only have a higher incidence of congenital and acquired conditions requiring plastic and reconstructive surgery, than in Australia and New Zealand. They also do not yet have health systems which are able to treat these conditions in a timely and effective way. These conditions, if untreated, may have significant implications for the development outcomes of individuals, families, communities and whole countries. For example, a child with an unrepaired cleft lip and palate may not be able to speak and eat properly, impacting on their education and ability to get a job when they grow up. Likewise, a healthy, productive member of society who sustains burns injuries, if untreated, may develop burns scars that contract (burns contractures), leaving them unable to move properly, and unable to work to support their family and contribute to the economy.

Through delivery of our specialised, targeted clinical and training programs, Interplast is working to address the disparity of access to essential plastic and reconstructive surgery. This work takes place through three, often overlapping, streams:

- 1) Delivery of essential plastic and reconstructive surgical services where they may not otherwise be available;
- 2) Training local health professionals so that they are equipped to deliver these surgical, medical and allied health services themselves in the future; and
- 3) Working with local partner health systems to support long-term planning and development to ensure that services are appropriately resourced to be locally delivered.

Where does Interplast work?

In close collaboration with local partners, Interplast currently delivers programs in 17 countries across the Asia Pacific region. These countries represent a diverse range of cultures, histories and peoples, and varying levels of local capacity, services and resources relating to the provision of plastic and reconstructive surgery and related health services.

Countries are at different points along the 'development continuum'. Some have been partnering with Interplast for more than 35 years, and others less than 10. The nature of local partnerships and focus of programs has changed over time in each of these countries, as local systems, resources and needs change. All share the common theme of having a locally identified need for Interplast's longer-term support.

⁴ United Nations. 2015. Sustainable Development Goals: 17 Goals to Transform our World. Online: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

Historically, Interplast has delivered ad-hoc programs in other countries and regions of the world, generally in response to specific natural disasters or particular short-term need matched with available resources and expertise (for example, countries in Africa).

However, since 2014, Interplast has maintained its focus on the current 17 countries, recognising the importance and value of working in partnership to support the development of our neighbouring countries. Similarly, Interplast has made the strategic decision, that where growth may be possible with to an increase in funding, this should be directed at expanding reach and impact within the Asia Pacific region, in response to requests from local partners.

Interplast also recognises that some developing countries both in the Asia Pacific and in the regions in which we do not work are already supported by other similar organisations who have stronger reach and connection with those regions. As such, Interplast has chosen not to duplicate these services and programs.



When and how often are programs scheduled?

Interplast programs activities are scheduled in consultation with local partners and volunteer teams, to ensure programs can be delivered in a timely, effective way. Frequency of programs varies from country to country. Depending on the type of program, however, scheduling is undertaken, to support local capacity needs, avoid clashing with other priorities or events, to address unmet surgical need, and maintain momentum for training outcomes.

Interplast does not generally deliver programs that respond to humanitarian emergencies, except on occasions where local partners request support to address specific needs related to that emergency. On these occasions, Interplast programs generally follow after the immediate emergency phase, when partners require longer-term support with issues such as trauma reconstruction or wound management.

How does Interplast help?

At the request of, and in close collaboration with local partners, Interplast supports volunteer teams of fully qualified Australian and New Zealand plastic and reconstructive surgeons, anaesthetists, nurses and allied health professionals to deliver clinical and training programs in our partner countries. These programs are 1-2 weeks in duration, and each team is put together based on the skills required to meet the objectives of the specific program activity. While individual visits are short-term in duration, they work together to meet broader objectives and build on previous outcomes.

Interplast works in partnership with local organisations in our partner countries at all stages of program design, planning, delivery, monitoring and evaluation⁵.

Interplast only goes where it is invited, and a full needs assessment is undertaken in collaboration with local partners, prior to any new program delivery. This ensures that both Interplast and the relevant local partners are clear on the locally-defined need which the programs are designed to address. For example, a burns training program may be developed where there is a high prevalence of burns in a particular province or country, coupled with a lack of local medical personnel who are trained in burns treatment.

Every country in which Interplast works is different in terms of local capacity and resources, population sizes and notable patient trends. We develop individual three-year country strategies and annual country program plans, with local partners, for each country. These strategies and plans articulate the objectives and expected inputs, outputs, outcomes and impacts for Interplast programs. The common theme across all Interplast country programs is of *working in partnership to build local capacity and address local need*.

Interplast works across a number of countries facing similar challenges, so there are often opportunities to deliver programs with a regional focus. These have the benefit of also developing and strengthening professional networks between and within countries.

Over the years, Interplast has moved from an organisation which largely focused on delivery of clinical services to one which primarily focuses on development and capacity building activities- many of which have a practical, clinical component.

Interplast's development philosophy is underpinned not only by principles of local partnership, but also flexibility to adapt to changing requirements and a respect for the leadership, integrity and locally-relevant expertise of our partners.

The specific goals, objectives, outputs and outcomes of each individual Interplast country program vary depending on the needs of that country. However, at a broad level, the goal of Interplast's programs are to support the development of plastic and reconstructive surgery in partner countries, through a multi-disciplinary approach to the building of local capacity in surgery, anaesthetics, nursing and allied health services.

⁵ Interplast's local partners may be the hospitals in which clinical service and training programs are delivered, universities (or other training institutions) through which training is delivered, local government departments, or local community NGOs or other civil society groups who support program delivery.

Interplast programs fall into one of four program ‘categories’ (often with some overlap between categories). The below pie chart shows the percentage of each category in the 2017/18 financial year, to demonstrate the proportion of each type of program:

Surgical programs

These are 1-2 weeks in duration, with a larger team of volunteer health care professionals (a mix of surgeons, anaesthetists, nurses and allied health professionals), working in partnership with a local hospital to deliver a program focused on treating patients. Training is built into the program through mentoring within the clinical context (in-theatre or on the ward), or delivery of formal lectures scheduled around operating time. Surgical programs make up approximately 15% of all Interplast activities.

Training and mentoring programs

These programs are a shorter duration, generally no more than one week. They are delivered by a smaller team. They may include some clinical work for teaching purposes (for example, surgical mentoring programs), or classroom-based teaching. These programs make up approximately 70% of all activities.

Planning and evaluation programs

While planning and evaluation work is embedded in all program activities, Interplast aims to formally evaluate all country programs every three years. Activities in this ‘planning and evaluation’ category may also include Interplast staff and/or volunteers undertaking needs assessments for new programs or monitoring visits to meet with local partners and discuss ongoing programs or establishing agreements with local governments and institutions. These programs make up approximately 10% of all activities.

System strengthening

These programs include several different types of activities which are designed to support the strengthening of the health system in the partner country where it is being delivered but doesn’t fit into the ‘training and mentoring’ program category. It may include programs to develop national curriculum in plastic surgery, national strategies or frameworks for delivery of clinical specialties (such as general plastic surgery or burns management), or to develop local monitoring and evaluation tools. They may also include the provision of direct financial and/or organisational support of local partner institutions to deliver programs directly, where they have the local capacity to deliver programs themselves, however, may lack the financial resources to do so, including supporting participants from rural areas to attend training in the city. For programs involving direct funding, local partners must comply with Interplast funding agreements, reporting requirements and be actively working towards financial and organisational sustainability. These programs make up approximately 5% of all activities.

Developing a whole team approach

Interplast knows that for most of the conditions seen by our teams, surgery is vital. However, it is often only one aspect of treating these conditions. For this reason, where a need is locally identified, Interplast also delivers a number of programs focused around anaesthetics, nursing and allied health. For



example, hand therapists may be included on programs that see a large number of hand injuries, speech therapists on programs that see numerous cleft lip and palate cases. The need for podiatrists and physiotherapists and breast care nurses has also been included on programs with a locally identified need for support in this area. Stand-alone nurse education programs are delivered where there is a need to improve post-operative care, to ensure good surgical outcomes.

How does Interplast measure our impact?

Interplast measures outputs, outcomes and impacts of its international programs through the capturing of patient data, training indicators and local partner evaluations, as well as through telling the stories of those patients and medical professionals who are beneficiaries of our programs. Our local partners are central to the monitoring and evaluation of our programs, and provide feedback on each individual activity, as well as through specific annual surveys, and specific program review visits.

Interplast has a number of different Committees and Working Groups, made up of volunteer health professionals, which provide clinical governance and oversight of its programs, through reviewing outcome reports and clinical cases, and providing input to the development of new programs. Of these groups, Interplast's Surgical Committee has primary oversight of clinical governance, and reports to the Interplast Board.