



# Humanitarian Surgery Initiative

## Report Writer - Consultant

### 1. SUMMARY

Title of Post	Report Writer - Consultant
Location of Post	United Kingdom (Virtual with potential meetings in London)
Reports to	Head of Global Affairs
Accountable to	Humanitarian Advisor Global Programmes Officer
Collaborates with	Humanitarian Surgery Innovation Fellows Partners & Stakeholders
Anticipated Start Date	02 October
Duration of contract	35 working days between 02 October – 20 December 2023

### 2. CONTEXT

2.1 The [Humanitarian Surgery Initiative \(HSI\)](#) is an international collaboration led by the Royal College of Surgeons of England (RCS England), funded by the UK Humanitarian Innovation Hub, that seeks to examine the potential role and contribution of technology and data-driven evidence in building humanitarian surgical capacity, resilience and preparedness in low resource settings. A central component of this collaboration involves exploring potential platforms and tools that can be used to develop sustainable models for delivering training, mentorship, knowledge exchange, data management and evidence-based policy research. The collaboration is funded by the UK Humanitarian Innovation Hub (UKHIH) and the partners comprise of Médecins Sans Frontiers (MSF), the Center for Innovation in Global Health (CIGH), Stanford University and the Global Surgery Policy Unit (GSPU), which is a strategic collaboration between RCS England and the London School of Economics and Political Science (LSE).

2.2 Funding has enabled HSI to undertake the following activities:

- Recruit and appoint seven Humanitarian Surgery Innovation Fellows on 12-month funded fellowships to support the scoping and fact-finding phase of the initiative. Fellows have been based in the UK, Cameroon, Egypt, Kenya, Palestine and Yemen.
- Appoint a part-time Humanitarian Advisor.
- Undertake an international Delphi process to develop an agreed definition of 'humanitarian surgery' and its characteristics as distinct from the term "global surgery". It is hoped that the



resulting paper will be published in a peer-reviewed journal as a key HSI output and to encourage further discussion and debate within the international surgical, development and humanitarian community.

- Conducted a study to assess the effectiveness of high-quality, peer-reviewed videos of surgical procedures in transferring knowledge and skills in low and middle-income countries (LMICs). The study was delivered in partnership with the Journal of Medical Insight (JOMI) in five countries and included English and French-speaking participants (surgeons, trainees and residents).
- Undertook a preliminary mapping exercise to identify specialist humanitarian surgery-related courses with the aim of establishing an overall picture as to (a) accessibility; (b) fees/costs; (c) course content; (d) course location; (e) method of delivery (i.e., in-person/ online/ hybrid); and (f) target audience.
- Created a directory of all available courses and fellowships for those interested in following this line of surgery in their careers.
- Surveyed participants who had taken part in the RCS England Surgical Training for Austere Environments (STAE) course in the last four years to understand how the skills gained/ learnt had been used since attending the course. Established in STAE is a five-day interactive course designed for medical professionals working in and/or travelling to conflict and catastrophe zones. It equips doctors with the skills to make resource-based triage decisions, perform a range of surgical procedures, and handle common abdominal emergencies affecting civilian populations in challenging environments. STAE is a cadaveric course, focusing on cases associated with conflict and catastrophe, from penetrating and crush injuries to trauma to the limbs, head, thorax and torso. The course also looks at post-disaster procedures, including skin flaps and grafts, and the management of orthopaedic fractures using external fixation and traction. One day of the course is held at the Royal College of Obstetricians and Gynaecologists (RCOG) and deals with the decision-making and management of obstetric emergencies, including post-partum haemorrhage and caesarean section.
- Analysed the curricula components of all the active humanitarian and military-related surgical courses that have been or are being run over the last five years, to identify the mandatory elements of a humanitarian surgery training and competency framework.
- Undertaken a qualitative study to understand the issues and impact on the local surgical workforce during a conflict or humanitarian disaster.
- Delivered a series of webinars called, "Surgical Voices from the Global South" (SVGS), which have been curated and moderated by our Humanitarian Surgery Innovation Fellows.
- Developed a framework and action plan to support RCS England's response to the conflict in Ukraine. This has included (a) engagement with Ukrainian medical professionals and surgeons both in the UK and in Ukraine; (b) the signing of a Cooperation Agreement between RCS England and Kharkiv National Medical University (KhNMU); and (c) the establishment of an 'on-demand MDT' service providing clinical decision-making assistance to KhNMU surgical teams on complex trauma cases. The service is coordinated by one of the HSI Fellows and the cases cover patients in the military and civilian hospitals in Kharkiv and Odessa.
- Established a network of surgeons from LMICs who can consult with each other about cases, equipment, new techniques and other themes which impact their work and the outcomes of their patients.

- Emerging partnerships and discussions with the International Federation of the Red Cross (IFRC); Augmented Reality (AR) and Virtual Reality (VR) platforms; initiatives using smart glass technology; the Global Alliance on War, Conflict & Health and the Africa Emergency Medical Team (EMT) Training Centre in Addis Ababa, Ethiopia.

### 2.3 The remaining steps for HSI include:

- (a) A stakeholder mapping exercise to determine who are still the most active players in the field post-pandemic.
- (b) A project report outlining the main issues facing humanitarian surgery, highlighting the ecosystem, and describing the current thinking of recognised experts and practitioners in the field and propose a call to action for key stakeholders to address these issues and find realistic solutions.
- (c) To show case work of the HSI to-date and set a clear future strategic direction.

## 3. AIM AND OBJECTIVES

### Aim

To produce a report that advocates for a paradigm shift in the prevailing global humanitarian surgery model, drawing on evidence generated by HSI and co-developing forward looking research and innovation priorities for the sector.

The aim of this work is to provide RCS England, its partners and the wider humanitarian surgery ecosystem with a clear set of recommendations/calls to action focused on building humanitarian surgical capacities in low resource contexts, moving away from the less sustainable traditional model of recruitment and deployment of surgeons and surgical care teams from other countries.

The report will be underpinned by learning generated by the HSI and partners to-date, supported by supplementary research and a process of user consultation. It is also expected to inform the future strategic direction for HSI.

RCS England is seeking an agency or consultant(s) to take the work forward and produce the report.

### Objectives

1. Identify the main barriers and enablers to building humanitarian surgical capacities in low resource contexts.
2. Plan and co-ordinate a humanitarian surgery stakeholder mapping exercise relevant to low resource settings.
3. Prepare a project report that draws and builds upon learning from the HSI to:
  - (a) Summarise the barriers and enablers to building humanitarian surgical capacities in low resource contexts, including an analysis of key stakeholders involved.
  - (b) Sets out priorities for future building of sustainable humanitarian surgical capacity and capabilities in low resource settings.
  - (c) Generally, showcases the work of the HSI work to-date.

4. Conduct an idealisation exercise, engaging stakeholders to explore options/solutions for addressing priority barriers/enablers for future building of sustainable humanitarian surgery in low resource settings.

#### 4. SCOPE OF WORK

- The work and the report will focus on [low resource contexts](#), which often represents parts of the work worst hit by conflict and nature and man-made disasters.
- Required inputs into identifying the barriers and enablers to building surgical capacities are: (1) conduct a review of published and grey literature (2) draw upon learning generated by the HSI (3) carry out structured interview of humanitarian surgical stakeholders (global, national, and local). Ideally, a diverse selection of 10-15 per stakeholder group.
- The engagement process should include an exercise to rank the barriers and enablers in order of priority. Within this, to explore if/where it is important to address barriers in sequence, starting with those which – unless overcome – render other barriers less important or even irrelevant.
- An initial stakeholder mapping exercise is required to inform the selection of key informants and will serve to paint a picture of the ecosystem relevant to low resource settings for analysis and inclusion in the report. The requirement is to plan and analyse the results of the mapping, with the practical searching element to be supported by the RCS England team
- Key stakeholders for inclusion in the map may include, although not be limited to: (1) global level humanitarian actors providing humanitarian surgical services (2) training and capacity building actors (building on directory already developed by HSI) (3) coordination and collaboration mechanisms e.g., humanitarian clusters (4) policy and advocacy actors (5) research and innovation actors (6) data collection and monitoring actors (7) funders and donors. It is anticipated that the map will be published as a resource. This means that steps should be taken to cleanse the data to ensure initial accuracy.
- The stakeholder map should highlight actors and their current activities relevant to the barriers and enables / the aim. Given the ongoing evolution of the ecosystem, we consider it to be important to understand the wealth of activities that are currently underway to reduce overlap with the HSI.
- The final report should cover and showcase the development and innovation areas that have been the focus of the HSI to-date, in addition to identifying gaps and priorities as driven by the sector to achieve the aim. These existing areas have been (which could be condensed into tighter themes): (1) new definition of 'humanitarian surgery' (2) digital approaches to transfer knowledge and skills (3) specialist humanitarian surgery training landscape (4) awareness of humanitarian training landscape and associated funding (5) humanitarian surgery training curricula and competency framework (6) issues facing host humanitarian surgical workforces (as per the qualitative study conducted by HSI to understand the issues and impact on the local surgical workforce during a conflict or humanitarian disaster) (7) network(s) to support humanitarian surgical workforce in low resource settings (8) innovative technologies to support humanitarian surgery.
- The idealisation exercise should be user driven, involving a series of workshops with representatives from across the humanitarian surgery sector to explore actionable solutions, framed around the following high-level problem statement, "How can we build the capacity and capabilities of humanitarian surgery in low resource settings".

- Given the scope of the challenge, it is anticipated that the idealisation exercise will focus on a selected number of the barriers/enablers identified at an early stage. The precise approach of the exercise can be designed by the supplier in discussion with the HSI and in consideration of the resource available.
- Frontline surgical settings and practitioners should be at the heart of the overall work:
  - Striving for a minimum of 50% of representatives from low resource settings in consultations i.e., national and local actors and practitioners. With the remaining 50% representing a cross section of key actors in the global humanitarian system.
  - Including supportive data and case studies in the report that illustrates the issues faced by national and local actors and practitioners.

## 5. OUTPUTS

No	Outputs
1	Stakeholder map of the humanitarian surgery sector relevant to low resource settings.
2	A project report with explicit calls to action on the topics and challenges raised.
3	User driven options/solutions for addressing priority barriers/enablers to building humanitarian surgery capacity in resource-limited settings.

## 6. REQUIRED EXPERIENCE AND COMPETENCIES

No	Experience/ Competencies
(a)	Advanced university degree in Communications, Journalism, Creative Writing, Public Relations, Social Sciences, or any related field.
(b)	At least 5 years of relevant professional experience.
(c)	Excellent report writing skills, with demonstrated ability to organise materials, research and re-write content.
(d)	Experience in producing corporate products.
(e)	Previous experience of ideation processes.
(f)	Previous experience in copy-editing will be an asset.
(g)	Strong research and excellent writing skills in English
(h)	Advanced proficiency in Microsoft Office, namely Word, Excel, and PowerPoint
(i)	Practical proficiency in Adobe Photoshop, Adobe Illustrator, or other related graphics software.
(j)	Excellent organizational skills.
(k)	Ability to meet deadlines and work under pressure.
(l)	Strong interpersonal skills, able to communicate and work with a diverse range of people and surgeons.

## 7. CONSULTANCY BUDGET & DURATION

- (a) The consultancy will consist of 35 days across 3 months from 02 October to 20 December 2023.
- (b) The total budget for this consultancy, excluding VAT shall be no more than £21k.

## 8. SUPERVISION ARRANGEMENTS

The consultant will report to Rosemary Emodi, Head of Global Affairs, will be supported by Mai Seida (Global Programmes Officer) and Jonathan Barden (Humanitarian Advisor). The consultant will also work closely with the Humanitarian Surgery Innovation Fellows and some partners/ stakeholders.

It is envisaged that the majority of the work will be online with the possibility of a limited number of in-person meetings at RCS England's offices in Lincoln's Inn Fields in London. Travel expenses will be reimbursed for any in-person meetings at the College.

## 9. SUBMISSIONS

8.1 Applicants should submit the following information by **23:59pm on Sunday 24 September 2023**:

- (a) A Capability Statement (no more than 3 sides of A4), outlining your suitability for the role:
  - Your understanding of the subject area.
  - Examples of similar work (including links where available).
  - How you would approach this assignment, including phases and number of days.

(b) An up-to-date CV, including 2 references.

(c) Pdfs of previous reports produced (where no links are available) – no more than 3 reports.

8.2 Submissions should be emailed to Mai Seida ([humanitarian@rcseng.ac.uk](mailto:humanitarian@rcseng.ac.uk)) by the deadline. Clearly state, **HSI Report Writer - Consultant** in the subject line.

## 9. TIMETABLE (TENTATIVE)

Date/ Week Commencing	Milestones	Staged Payments
Sunday 24 September 2023	Submission deadline	
28/29 September 2023	Interviews (online via Teams)	
w/c Monday 02 October 2023	Report writer appointed.	
w/c Monday 09 October 2023	Inception meeting	£5,250
Friday 27 October 2023	Report outline/ structure (submitted, reviewed/ revised & accepted)	£3,250
Friday 17 November 2023	Submission of draft report (submitted, reviewed/ revised & accepted)	£5,250



Date/ Week Commencing	Milestones	Staged Payments
Thursday 30 November 2023	Final report	
December 2023	Review & acceptance of final report.	£7,250

## 10. FURTHER INFORMATION/ ENQUIRIES

10.1 If you would like to discuss any aspect of this brief, please do not hesitate to contact: Mai Seida ([humanitarian@rcseng.ac.uk](mailto:humanitarian@rcseng.ac.uk)).

August 2023