



How to set up a
Global Surgery
National Working
Group



InciSioN's Global Surgery National Working Group Toolkit

This toolkit is your step-by-step guide to setting up a Global Surgery National Working Group affiliated to InciSioN - International Student Surgical Network.

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1. Background

Introduction

In his address to the XXII biennial world congress of the International College of Surgeons in 1980, Dr. Halfdan Mahler, then Director General of the World Health Organization (WHO), recognised disparities in access to surgical care as the “...*most serious manifestation of social inequity in health care*”. In calling for an internationally agreed upon list of essential surgical procedures, Dr Mahler also acknowledged the important role surgery has to play in primary health care stating: “*Without it ... people will not have faith in primary health care*”. Yet, not until over 30 years later, the Lancet Commission on Global Surgery (LCoGS) was established and declared that 5 billion people still lack access to safe, affordable surgical and anaesthesia care when needed. Dr. Jim Kim, president of the World Bank, addressed the launch of the report declaring: “*Not only is improving access to surgery the right thing to do morally, but it is also important to ending extreme poverty and boosting shared prosperity*”.

Global Surgery is defined as “*an area of study, research, practice, and advocacy that seeks to improve health outcomes and achieve health equity for all people who need surgical and anaesthesia care, with a special emphasis on underserved populations and populations in crisis. It uses collaborative, cross-sectoral, and transnational approaches and is a synthesis of population-based strategies with individual surgical and anaesthesia care*”. Until recently, it has been termed “*the neglected stepchild of global public health*” by Dr. Paul Farmer and Dr. Jim Kim. The findings in the LCoGS report strongly affirm their claims, as it has been reported that nine out of ten people cannot access basic surgical care in low- and middle-income countries (LMICs). The inequity in access is most apparent when considering the proportion of surgical procedures undertaken worldwide, where only 6% of the 313 million procedures performed annually occur in the poorest countries, where over a third of the world’s population lives. Dissecting this massive deficit in access yields multiple barriers to the realisation of surgical care. Financially, 33 million individuals face catastrophic health expenditure due to payment for surgery and anaesthesia care each year, with the nonmedical costs causing an additional 48 million cases of catastrophic expenditure. Furthermore, the burden of catastrophic expenditure for surgery is highest in

LMICs and, within any country, lands most heavily on poor people. Addressing health systems, one finds an enormous shortage in both physical and human resources for surgical and anaesthesia care. People seeking care are met with feeble health care systems with a shortage in surgeons and/or anaesthetists, and lack of medications, oxygen, and/or blood. In Africa, there are fewer physicians per population than any other continent; surgeons are rarer still, and almost all of them work in urban districts. For instance, Rwanda, Uganda, Liberia, and Ethiopia each have fewer than one physician surgical provider per 100,000 people. This unequal distribution is found almost all over the globe, with a greater SAO (Surgeons, Anaesthesiologists, and Obstetricians) density in urban areas compared with rural areas. This further complicates the journey to reaching surgical care for many hit with the cruelty of geographical distance and lack of safe travel infrastructure.

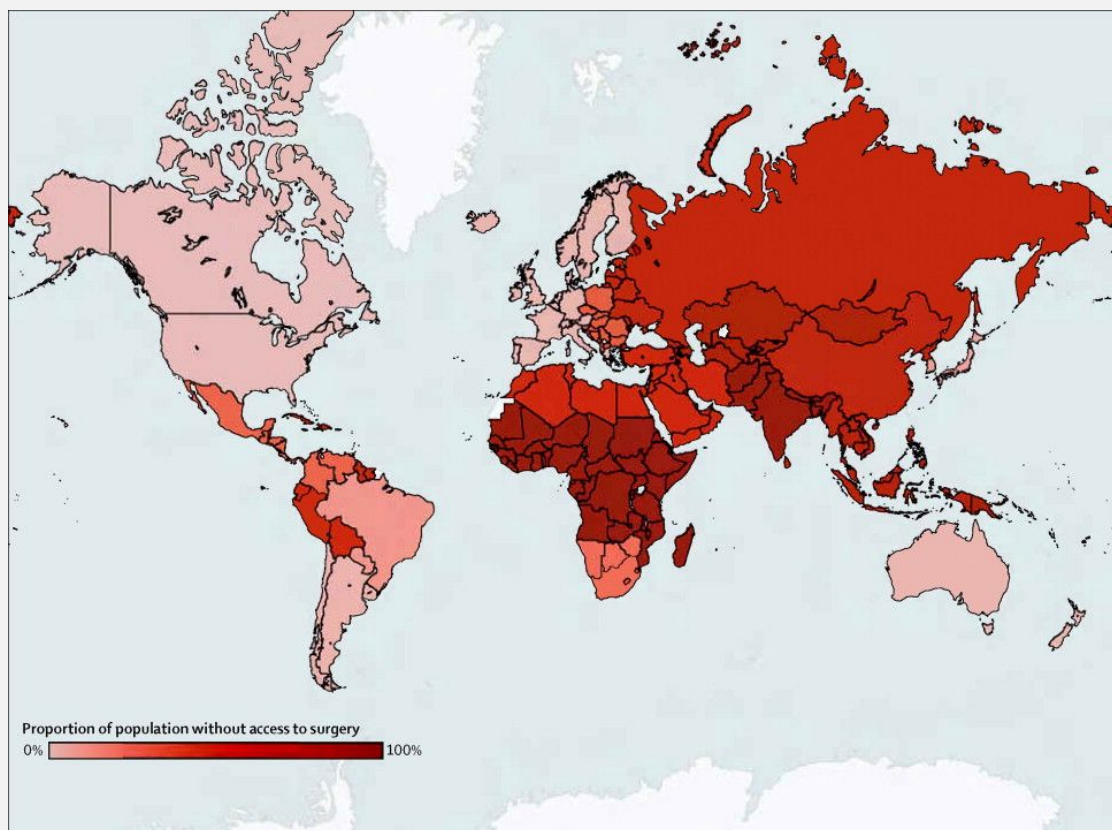


Fig 1. Proportion of population without access to surgery. From: *Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development*

The Case for Global Surgery

The necessity for the integration of surgical and anaesthesia care in universal health coverage (UHC) and the sustainable development

goals (SDGs) agendas cannot be underestimated as the burden of non-communicable diseases (NCDs) and injuries is increasing significantly, not to mention the already guaranteed right to health. Evidence shows that surgical conditions are responsible for nearly one-third of the world's burden of disease and that providing surgical treatment can be highly cost-effective. Moreover, every Global Burden of Disease subcategory requires surgical intervention at least part of the time. Considering maternal health, for example, more than 300,000 women die each year in childbirth due to the absence of surgical services and means of stopping postpartum haemorrhage or providing caesarian sections to overcome obstructed labour.

Without the recommended scale-up of 143 million additional surgical procedures each year, even minor surgical pathologies are often transformed through time and inattention into lethal conditions. Economically speaking, the scale-up of surgical services can have a profound, positive economic impact on communities, regions and nations. The current scandalous absence of surgical care is estimated to reduce the gross domestic product of LMICs by as much as 20% by 2030. The untreated burden of surgical diseases, musculoskeletal injuries and trauma, for example, can render the individual unfit to work, potentially troubling the economic status of whole families. This vicious scenario which could mostly be avoided with a single operation deeply affects the productivity of the world's poorest, being those with the worst access to surgical care.

Challenges

Even though the global surgery movement has accomplished some groundbreaking advancements in the last two years, most prominently the approval of the WHO resolution WHA68.15 *"Strengthening emergency and essential surgical care and anaesthesia as a component of Universal Health Coverage"* by the WHO and its 194 Member States during the 68th World Health Assembly in May 2015, as well as the inclusion of multiple surgical indicators in the WHO's Global Reference List of 100 Core Health Indicators assisting countries in creating national surgical plans and reaching their designated targets by 2030, many challenges still face the advancement of global surgery. Some have termed it "a marketing problem", as global surgery still lacks the ability to emotionally capture the community's attention adding to the common misconceptions regarding the complexity and cost of surgery.

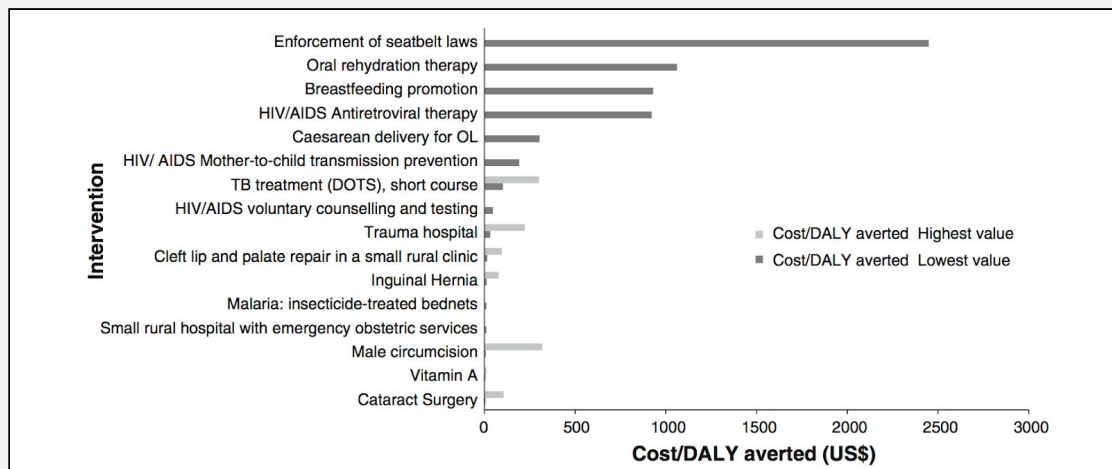


Fig 2. Cost-effectiveness of surgical interventions compared with other public health interventions. From: *Cost-effectiveness of surgery in low- and middle-income countries: a systematic review*.

Directly speaking, there is no surgical equivalent to a vaccination campaign or a mosquito net, yet simple cost-effectiveness analyses reveal that surgery compares favourably with interventions such as antiretroviral therapy for HIV or bed nets for malaria. It is true that the proper provision of surgical care requires not only a surgeon but anaesthesia, an operating room, the steady flow of consumables, not to mention postoperative care and blood banking, supplemented by the challenges of long term maintenance, yet this much needed investment in infrastructure is essential for the realisation of health related SDGs and impressively intersects with the requirements of universal health coverage and health systems strengthening.

Moreover, it has been reported that no major global health donor provides more than minimal resources for surgery owing to the horizontal nature of surgery as opposed to the vertical nature of most aid collectors. It is essential that the development of basic surgical services, ranked as one of the most promising investments for improving the health of the world's poorest people, ensures financial risk protection to guarantee its realisation by those who need it the most. This can only be achieved by the investment in public health infrastructure protecting the right to health for all. These advancements should go hand-in-hand with the prioritisation of the research and clinical needs of LMICs, the inclusion of surgical care early within universal health coverage pathways, and, finally, the funding of surgery at levels compatible with its burden of disease for the accomplishment of total parity in surgical and anaesthesia care access.

2. Setting up the group

a. FAQ

What is a Global Surgery National Working Group?

A National Working Group (NWG) is a group of people -traditionally medical and public health students, residents, and young doctors- who aim to analyze and report on a particular question and make recommendations based on their findings within a specific country. In this case, the central focus is Global Surgery to the extent outlined above.

What is the aim of a Global Surgery National Working Group?

In many ways this is up to you and your colleagues. Global Surgery is a rapidly developing field with new discoveries, events, and challenges emerging every day. One aim could be to promote research, education, and advocacy in order to achieve health equity for all people requiring surgical and anaesthesia care. The ‘mission and vision’ of the group will be addressed below.

What is the structure of the National Working Group?

We’ll discuss this more in “Setting up your team”. Essentially, you need to find something that works well for the group. If you have one really active member that is both motivated and able to carry the workload and responsibilities, that person would be considered a great potential coordinator. If a member has a particular interest and experience in research, then make them head of research. If two people are interested in advocacy, you could split the role. The most important thing is to be flexible and to work to people’s strengths to get the best out of the group.

Who can I ask if I run into difficulties?

There will always be someone there to help you when you are setting up a NWG. If we haven’t answered one of your questions in this toolkit, please contact InciSioN per mail on incision.students@gmail.com or the Vice-President for Internal

Affairs (VPI) of InciSioN, responsible for the coordination of NWGs, on vpi@incisionnetwork.org.

What will I need to set up the group?

- A good group of people: try contacting societies and groups within your university and other universities in your area.
- The ability to store and share materials: as we move through this document you will be creating strategic plans and task lists, and determining the roles of your group. It is important that you create a system for storing all your files, preferably electronically. Google Drive is an excellent choice as it allows multiple people to access documents and make changes when needed.

b. Setting up the Team

Choosing the team for the NWG is really important. There are some key factors you have to think about:

- Are you all able to communicate regularly with each other?

You have to be able to meet on a regular basis to keep the group running. You could use WhatsApp, Facebook Messenger, Email, Skype, and/or Google Hangouts for updates and general messages.

- Can everyone make online or in-person meetings?

The group has to meet regularly to update everyone on new aims, tasks and events. You need to make sure that everyone on the team will be able to attend this meetings.

- Is everyone on the team interested in Global Surgery? Why are they interested?

This is really important. Everyone needs to think about what really interests them and why. When someone is working on something they enjoy, they will be happier and the group will work well together.

- What are your team's strengths and weaknesses?

If someone has worked on a newsletter before, maybe they could create some blog posts. If they have done research before, they could work on the research subteam. Maybe someone wants to try something new. As mentioned above, flexibility is key.

Be sure to also prepare for possible difficulties and find ways to overcome these. Often, this is a matter of organization and keeping a clear overview and transparency. We are so busy as medical students and residents, it is easy to let side-projects like this slip.

6 Steps to create a National Working Group (NWG) on Global Surgery

1) Send us an email!

If you've read the Toolkit, we are available at incision.students@gmail.com for any questions you might have.

2) Create your NWG Application Proposal

Attached to this toolkit (Appendix A), you can find the application proposal for your National Working Group as a template to submit your proposal to start an InciSioN NWG in your country. Make sure to make it as detailed and correct as possible to ensure the best chances of not only becoming an official NWG, but also one with strong sustainability and drive in order to achieve the most with your group.

Once accepted by both parties, you can proceed with bringing the work of InciSioN and Global Surgery to your country.

2) Create social media accounts to let the world know you exist and see what great things you are up to.

Twitter is a powerful tool in Global Surgery (see "7. Further Reading" to find out how to get started with Twitter), whereas Facebook pages/groups allow students to more easily find you and connect.

3) Organize an event or a training session on global surgery.

Arrange for a notable speaker to attend. Inspire students with knowledge that surgery is an **affordable and effective**

measure and that it is a necessary part of primary health care and a part of universal health coverage. If you would like materials, videos, and advice for how to run this, we can help: as an InciSioN NWG, you will have access to our database full of materials (PowerPoints, workshops, papers, etc.) to get started and keep going with your local and national activities.

4) *Have a signup sheet* for anyone who is interested in getting involved in a global surgery working group: name and email address will do.

4) *Email all the people* who signed up with a link to a Facebook group for your NWG.

5) *Start discussing how you can act further, either by arranging OLMs or in person meetings.*

These meetings could just be for existing members or you could invite guest speakers and advertise throughout your NWG to recruit even more meetings. Think about how global surgery is applicable in your country. Write blog posts that we can post internationally and participate in international projects and advocacy campaigns.

6) *Create a strategic plan* of your goals and objectives for the current term.

c. Defining Roles and Responsibilities

Once you know the strengths and weaknesses of the group, it's time to define the roles and responsibilities of each person. Try and ask yourselves the following questions:

- What is that person's background and what do they want to do?
- What are the key tasks that this member will be expected to do?
- What responsibilities does that person hold?
- Who will keep people accountable for tasks?

In general, the following basic structure works well. We've also included some of the basic responsibilities of that member. You can change this structure to suit your needs, as it is flexible in use.

Coordinator: oversees all areas of the organization's general planning and structure. Ensures all projects work together efficiently. Provides general guidance and leadership.

Secretary: this role is absolutely essential to the success of the team. Utilizes organizational skills to ensure that all projects run on a specific time frame. Organizes meetings, webinars, calls, task lists. Ensures agendas, minutes, and debriefs are completed for each call. Ensures a task list is accountable. Checks emails daily.

Head of Research: encourages and generates high quality research in the field of Global Surgery. The aim of this role is to link students with researchers working in the field of Global Surgery and to put student research Global Surgery on the map.

Head of Education: ensures student access to high quality structured learning resources for Global Surgery. Tries to develop a curriculum filled with open access Global Surgery learning resources open to all students.

Head of Advocacy: develops and runs projects aimed at advocating for safe, affordable surgical care for all that is free at the point of care. Utilizes the student body to bring awareness regarding the burden of surgical disease.

d. Mission and Vision

It is shown that groups having a clearly defined mission and vision that are aligned with a strategic plan do better than those without. To create this, make sure you sit down as a group and allow everyone to talk about what they think the aims and aspirations of the group are.

What is a Vision Statement?

- Defines the optimal desired future state of what the National Working Group wants to achieve over time.
- Provides guidance and inspiration as to what the National Working Group is focused on achieving in five, ten, or more years.
- Reference used by all members of the group to understand their work and long term accomplishments.

- To be written succinctly in an inspirational manner that makes it easy for all members to repeat it at any given time.

For example, the vision statement for the UK NWG is:

To promote collaboration and leadership amongst medical students worldwide to pursue careers in surgery and public health.

What is a Mission Statement?

- Defines the present state or purpose of the group.
- Answers three questions about why an organization exists
WHAT they do;
WHO they do it for;
HOW they do what they do.
- Is written succinctly in the form of a sentence or two, but with a shorter timeframe (one to three years) in mind than a vision statement.

For example, the mission statement for the UK NWG is:

To achieve health equity for all people who need surgical and anaesthesia care, with a special emphasis on underserved populations and populations in crisis. Support the provision of safe operative, perioperative, and non-operative management; anaesthesia; and obstetric care for all surgical conditions through study, research, practice, and advocacy.

e. Strategic Plan

Your strategic plan is a roadmap for the next few years. It should include broad overarching aspirations that are consistent with your vision and mission statements. Quite simply, goals are broad statements of overall intent. One simple way to start is using a task list template like this:

Goal	Action Steps	Person(s) Responsible	Completion Date	Evaluation

You can also include some year plans in your strategic plan. Try and think about where you want to be and what you want to achieve in 1 year, 2 years, and 5 years. Write these down and store them for future meetings.

3. Running the Group

Congratulations! By this stage, you have started setting up an InciSioN National Working Group. This next section will talk you through the different areas of running the group. You will see that there is a lot of overlap within the structure that follows, which is positive as it allows members to work very closely with one another. First, we will talk about some concepts you might want to include in your day-to-day tasks. Then, we will go over how to ensure these topics are constantly addressed and tasks are completed when required. Remember, as you become more established as a group, this will change and adapt. What we have provided below is some advice for getting started.

a. Research

Research in Global Surgery has been developing extremely fast, making it exciting times to be a medical student in. There are multiple reasons to involve students in Global Surgery research, being as follows:

- Students can learn research principles and skills in data analysis that can be applied to other subject areas in their medical careers.
- Students can assist with more laborious data analysis or literature reviews. Often, senior surgeons are extremely busy and might need a student to take up the majority of research and analysis whilst they act as a supervisor.
- Students can produce high quality research as has already been done in the field of Global Surgery, with a key example being the [GlobalSurg Collaboration](#).

We recommend creating a research task list that is updated and monitored by the head of research. If the group gets bigger the research lead can create a sub-committee of members focused purely on Global Surgery research. Some simple first steps can be:

- Talk to heads of departments at Universities to see if there are any surgeons available to supervise projects.
- Work with the Education lead of the group to set up research evenings (e.g., a journal club).
- Stay on top of new research done and papers published around the world.

- Many students are eager to set up their own research projects in Global Surgery, but **watch out** as this can be extremely difficult without senior supervision, a clear plan, and a well formed team. If you think that there is important research that is not being performed, feel free to contact InciSioN or other NWGs for some further advice.

b. Education

As we have mentioned before, Global Surgery is a relatively new field. However, that does not mean that there is not a lot to learn. Education is a key component of any working group. The Education Lead should make sure the team is up-to-date on new studies and aware of previous research. We have a responsibility as future surgeons and healthcare practitioners to keep ourselves informed on any developments in the field we are interested in. As with research, the education lead should make up a task list with clear, achievable goals (based on SMART criteria) and deadlines.

Some simple first steps might include:

- Creating a platform for students to learn about Global Surgery
 - This could be a blog, newsletter or lecture evenings.
 - You can always coordinate with the InciSioN and other NWGs to help find educational resources or to organize online webinars.
 - Thinking of creating a website? Note that this can be an arduous process that takes up a lot of time. That said, a simple website can be created for free. Ask yourself what you would get from having a website, why you need it, and how it would be useful to other students in your country.
- Work with advocacy and research leads to ensure that everybody is on the same page and kept up to date.
- Work with the lead of advocacy to set up events at your medical school to encourage student awareness and participation.

c. Advocacy

We know that 5 billion people lack access to safe, affordable surgical and anaesthetic care when needed. However, there is still a distinct lack of public knowledge of these striking facts. What can we, as students, do to increase both public awareness and health care

practitioner interest?

The answer: well-timed, appropriate, thought-provoking and stimulating advocacy projects. Indeed, trainees can often achieve more widespread, sustainable change with a greater impact than possible with grassroots research programs alone.

First, let's define **advocacy** as:

“An activity by a group which aims to influence decisions within political, economic, and social systems and institutions. It allows individuals to express their views, access information and services defend and promote their rights and responsibilities and explore choices and options.”

More specifically, for Global Surgery this means performing activities to influence higher powers (e.g., WHO, World Bank, NGOs, and Local Governments) with an aim of increasing access to safe, affordable surgery and anaesthesia care.

What is an ‘advocacy project’?

Well, it is really anything you want it to be! An advocacy project should be an event, lecture series, research, protest, piece of art/music or an online drive. Whatever it may be, you have to ensure that the advocacy project you chose has a clear message, is well planned, executed appropriately, and reviewed upon completion. We have created a small step-by-step guide to running your own advocacy campaign, and make sure to check in with InciSioN to see what advocacy campaigns we are currently running.

The Advocacy Project Checklist

1. Strategy development
 - i. Research and analysis into issues – their causes and consequences.
Use the 'why?'-technique. Always ask why things are the way they are in order to identify the root cause of the problem.
 - ii. Identification of the solutions and changes needed
 - iii. Power mapping – *who has the ability to change things? Politicians? Surgeons? Media? How are you going to approach them/get their attention?*
 - iv. Stakeholder analysis – *who are the important people involved in change?*
 - v. Setting issue and process objectives – *what issue have you chosen and what are your goals?*
 - vi. Outline your methods and approach – *your message should be very clear and easy to understand. How will you approach the problem?*
 - vii. Create a timetable of activities and assigning responsibilities
2. Lobbying – *this is your direct attempt at influencing policy makers, public officials or other decision makers through personal interviews and persuasion. You need to find the best way to do this via your advocacy project.*
 - i. Networking - *who are your friends and potential colleagues during your lobbying?*
 - ii. Conferences/seminars – *during your campaign you can run events outside to raise awareness.*
3. Campaigning – this is it. Time to start spreading the message of your campaign. This can be done in many ways: e.g., leaflets and other materials for public distribution, posters or advertisements, public meetings, media work – newspapers, radio or TV, 'stunts' or events to attract media attention (be safe), encouraging celebrities to support your cause, letter writing campaigns (e.g., to politicians influential in Global Surgery), petitions, competitions, mass lobbies, demonstrations, mass events - cycle rides, street theatre etc.
 - i. Media work – *during your campaign it is important to keep a strong social media presence (e.g., Facebook,*

Twitter, Instagram, etc.)

4. Review – *it is important to review your advocacy campaign in order to understand what went well and what could have gone better. Try to determine what has changed because of your campaign. What would you have done differently the next time and what would you keep the same.*

d. Conferences

If you have just set up your group running an international conference can be really challenging. That's why it may be better to start with evening lecture series, then move on to regional and national conferences. However, if planned properly and in time, conferences can be a huge success to kick-start your NWG, as greatly exemplified by InciSioN Sierra Leone, InciSioN Somaliland, and InciSioN Bosnia & Herzegovina. These events can also give students a chance to present scientific research and to practice public speaking. To get you started, here is a step-by-step guide to running a lecture, event or conference:

1. Is it the *right time* to run the event?
 - a. Do you have a good team?
 - b. Are there other events taking place at the same time?
 - c. Has it already been done before?
2. Do you have a *clear message and purpose* behind running your event?
 - a. What is the theme?
 - b. What is the aim?
3. Start to think about *who* will speak *very* early on. Lecturers are often extremely busy and difficult to get in contact with. Plan in advance.
4. *Choose a venue.* This could be your University, a government or private location. Make sure it is comfortable and has all the facilities you require (e.g., projector, laptop, speakers, etc.)
5. Create a *task list* for your team.
 - a. Who is in charge of coordinating speakers?
 - b. Who will handle ticket sales?

- c. Who will handle the tech/IT side of things?
 - d. Who will moderate the day to make sure everything runs smoothly and keeps to time?
- 6. Repeat steps 1-5 as many times as required to ensure the event will be successful.
- 7. *Get feedback*
 - a. From attendees
 - b. From speakers
 - c. From your team

4. Maintaining the group

OK, so if you have made it this far you have set up your group, determined your vision, mission, aims, and responsibilities. Maybe you have even run an event or advocacy campaign. Now comes the difficult part: maintain the group!

People are constantly changing and medicine is no different. Ideas develop, interest grows or falters, people decide on different specialties or some people just find that Global Surgery is not actually what they were looking for in the first place. These are all normal things.

However, a working group can fall apart even though everyone in the group is really interested in Global Surgery. Here we are going to explore how keep a good group infrastructure can ensure this doesn't happen.

a. Meetings

In order to keep up momentum it is important your team meets regularly. This can be in person or online. One of the easiest ways to meet online is using Google Hangouts or Skype.

Keep in touch about small tasks using Facebook messenger, WhatsApp, text, or email. For larger meetings, try using Doodle Polls to find out when everyone is free.

b. Agendas

In order to hold a successful meeting, it is good to create an agenda before the meeting takes place. This can be created by either the secretary or the coordinator. An agenda is essentially a list of items to be discussed at a formal meeting.

c. Tasks

One simple and effective way of making sure that everyone stays on point is to develop a task list. We've talked about task lists before in other sections. However, when the group becomes more active and

bigger the task list can become complicated. Try splitting it into sections based on people. For example:

Member Responsibility	Goal	Action Steps	Status	Completion Date
Head of Research	Choose an article for the research evening	Search pubmed for 'task-sharing' articles	In progress	1/1/2017
	Research at the University	Email surgeon X	Done	1/1/2017

Keeping to a task list is also an easy way for individuals to see what other members of the group are doing. For example, the head of research might see that the head of advocacy is doing a similar project so they can coordinate between them on how best to proceed. You can use Excel to create a task list or use Google Spreadsheets in your Google Drive page.

d. New members

Finding out where everyone fits is really important. Your group will most likely change over time as people come and go. Make sure you run through the steps in this toolkit regularly with new members. A new person in the group has to be brought up to speed with events and information. Furthermore, both they and the other members have to consider how they might best be placed to get the most out of their time in the working group. It's good to keep the core roles such as head of research, education and advocacy. But don't be afraid to create new roles for new members or change the roles as time passes.

5. Recruiting Members

At this point, your working group is all set to recruit members or you already have a working group for quite some time but are looking ways to recruit more members. In what follows, we will share some suggestions you could use to recruit members, but by all means, remember that you should act in a way that you think would work best in your university, city and/or country.

- Social media campaigns: these days, the far majority of the younger population is using social media in one way or another. Make use of your school's or student societies' Facebook groups, create an Instagram or Twitter account for sharing facts, figures, and events. Options to approach social media campaigns are endless, but be sure to make use of this,
- Writing and sharing articles in your university's/societies' newspaper or magazine;
- Hanging/sharing posters and leaflets around campus;
- Create a local event or online webinar with (preferably) a higher-profile speaker (e.g., well-known surgeon at your university hospital, head of a bigger organization, etc.)
 - Possible events: lecture series, conference, film night, field trip

Recruitment of and, even more so, keeping members has been and will always be a tough part of any working group. Do not be discouraged when attendance is initially low or some projects do not work out as expected.

6. Handover

After a year, you will probably need to elect another chair. When a leadership team finishes its term, it is always challenging to transition to the next leadership team. The handover period is really important to share information, data and to mentor the next team for a few weeks. Make sure to dedicate enough time for handover. You will also need to let us know who the next team is so we can update our contact list. Please send us an email at incision.students@gmail.com

7. Closing words

Thank you for taking the time to read through this toolkit. We hope you found it useful. We wish you all the best in your future careers in Global Surgery or wherever life may take you!



8. Further Reading

Global Surgery 2030 - LCoGS Report

http://media.wix.com/ugd/346076_713dd3f8bb594739810d84c1928ef61a.pdf

Global Surgery: An Introduction

[https://issuu.com/dominiquevervoort/docs/global surgery- an introduction](https://issuu.com/dominiquevervoort/docs/global_surgery-_an_introduction)

Advocacy

<http://www.theg4alliance.org/advocacy-toolkit/>

#GlobalSurgery101 - How and Why you Should Tweet in Global Surgery

https://issuu.com/dominiquevervoort/docs/globalsurgery_101_twitter

9. Contact Details

- Email: incision.students@gmail.com
- Facebook: <https://www.facebook.com/incisionstudentnetwork/>
- Twitter: @StudentSurgNet
- Instagram: @studentsurgnet
- Website: <http://www.incisionnetwork.org>

APPENDIX A

Application Proposal Template

InciSioN [name of the country]: longer name

National Working Group Application Proposal

Introduction

A short explanation as to why setting up a National Working Group (NWG) affiliated to InciSioN would be relevant in your country and your motivation to start an InciSioN chapter in your country.

Vision

A Vision statement outlines what the organization wants to be. It focuses on the future. Please refer to the NWG Toolkit for examples and in-depth advice.

Mission

The Mission describes why it is important to achieve the Vision. Please refer to the NWG Toolkit for examples and in-depth advice.

Executive Team

Who does your Executive Board/Team consist of, what are their projected or assigned positions, what are their backgrounds and its relevance to the position.

Priority Areas

Areas within Global Surgery that are priorities to be addressed within your country.

Strategic Plan

How are you going to work for the areas stated above, with specific goals and objectives along with the means by which you will achieve them. You can also state how they will be integrated in the InciSioN global context.

i.e.:

Goals:

Improve visibility of Global Surgery in my country.

Specific objectives:

- Raise awareness amongst peers about Global Surgery.*
- Advocate for inclusion of Global Surgery with Governments/Ministry of Health.*

Methods:

- Setting up social media accounts to spread information*

- Apply InciSioN Policy Documents in my country.

- XX

Timeline:

- XX

Evaluation:

- how you are generally going to follow up on that activity, to understand impact.

Sustainability

How will you ensure sustainability and growth of your NWG throughout the mandates?

Conclusion

A final statement to rest your case, why your proposal should be accepted.

NOTE:

Remember that this is only a template. You can make it as pretty as you want and as extensive and comprehensive as you find it relevant.