

A conversation with Seth Cochran, May 3, 2016

Participants

- Seth Cochran – Founder and CEO, Operation Fistula
- Sophie Monahan – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Seth Cochran.

Summary

GiveWell spoke with Mr. Cochran of Operation Fistula as part of its ongoing investigation of obstetric fistula surgery. Conversation topics included the organization's pilot of a pay-for-performance fistula surgery funding model and its future plans.

Pilot of pay-for-performance funding model

Operation Fistula recently piloted a pay-for-performance funding model for obstetric fistula surgeries in Malawi, Mauritania, Madagascar, and Zambia.

Selection of participating surgeons

Interested surgeons self-identified themselves as candidates. In Malawi and Mauritania, candidates were primarily based in urban areas, and references were sought from experienced surgeons who were familiar with their work. In Zambia, no local surgeons were involved; the only participant was a foreign-based surgeon. In Madagascar, as Operation Fistula's contacts were not familiar with the self-identified candidates, the organization set up a temporary surgery camp in collaboration with the United Nations Population Fund (UNFPA). Expert surgeons were brought in to help treat patients and qualify local Malagasy surgeons.

Participating surgeons were oriented on the following Operation Fistula protocols and systems:

1. **Safety and Quality Protocol (SQP):** This document summarizes the quality of care standards that must be met by participating surgeons.
2. **Sentinel event report (SER):** This report is used to collect information on adverse events, including patient deaths. No SERs were filed during the pilot. Mr. Cochran noted that asking people to report on their biggest failures can be challenging.
3. **Patient records:** Patient-level data was collected on these records, which consist of a one-page questionnaire.

Data collection

A variety of methods were used to collect data during the pilot:

1. **Patient surveys:** Surgeons asked patients three questions at two different points (pre-surgery and pre-discharge) to assess the quantity

and frequency of leakage symptoms and how, and to what degree, the symptoms affect patients' daily lives.

2. **Surgical outcomes:** Surgeons self-reported on surgical outcomes pre-discharge.
3. **Evidence of completed surgeries:** To prove that a surgery was completed, surgeons affixed pre- and post-surgery photographs of the patients' faces to their respective records.

Results and outcomes

Based on surgeons' self-reported data, Operation Fistula believes that the number of obstetric fistula surgeries increased as a result of the pilot. Surgical success was assessed using binary metrics collected at discharge: whether or not the fistula was closed, and whether or not the patient still experienced leakage after surgery.

Baseline data regarding the breakdown of participating surgeons' daily activities was not collected. As a result, it is not possible to assess whether surgeons' participation in the pilot displaced their performance of other types of surgery, or other activities. Mr. Cochran has observed that some surgeons receive a set salary and earn additional income by attending training sessions; it is possible that participating in the program displaced this activity.

Cost-effectiveness of the pilot project was estimated as part of Operation Fistula's self-evaluation. To calculate the project's impact on disability-adjusted life years (DALYs), cases were categorized by type: vesicovaginal fistula (VVF) or rectovaginal fistula (RVF). Discounting and age weighting were not applied. The calculation of project costs per DALY was based on Operation Fistula's incremental costs and assessed both efficiency (cost per output) and cost effectiveness (cost per impact).

The pilot project results are summarized in a pilot report available on the Operation Fistula [website](#). The Royal College of Obstetricians and Gynaecologists has selected an abstract describing the pilot as one of the top presented at their Congress. This abstract will be published in a special World Congress online supplement of BJOG.

Data validation

Pre-discharge patient outcome data was recorded and reported by surgeons or hospital staff, and was not independently validated.

In a group setting, surgeons were also asked to report the number of surgeries they had completed in the previous 12 months, as well as their success rates. In retrospect, Mr. Cochran believes that these questions should have been asked in one-on-one sessions, and asked how many surgeries the surgeons had *evidence* of completing.

According to the SQP, Operation Fistula reserves the right to audit the surgeons' work; this was not done during the pilot due to a lack of funding. In the future, Operation Fistula plans to conduct systematic, village-level follow-ups to verify surgical outcomes and ensure that surgeries were provided for free. Follow-up

contact with patients could also assess the patient's quality of life as well as the rate of incontinence and lingering complications (such as vaginal stenosis, which reduces vaginal capacity and causes pain during intercourse).

Future plans

Scaling pay-for-performance model

Obstetric fistula surgery in Malawi and Madagascar

There are roughly one million untreated obstetric fistula cases worldwide; Mr. Cochran's highest priority is to eliminate this backlog. In regions with larger backlogs, the availability of surgeons can be a limiting factor. In Malawi and Madagascar, Operation Fistula plans to scale its pay-for-performance approach nationally, which will also require investing in partner surgeons' facilities.

C-section work in Madagascar

Operation Fistula has signed a memorandum of understanding (MOU) with the government of Madagascar to roll out a comprehensive fistula treatment and prevention program in two regions. This new program proposes to use the Operation Fistula pay-for-performance approach to build and improve C-section surgery. Mr. Cochran would like to leverage fistula investments to also enable quality C-section work at all facilities where fistula surgeries are performed.

App development

Operation Fistula is developing GOFER, an eRegistry that aims to improve the breadth, accuracy, and reliability of data collection in fistula care. GOFER aims to additionally help identify patients. In many areas, a limiting factor is the identification of potential patients. Operation Fistula wants to increase the capacity of non-surgeons to identify fistula cases through verbal surveys and examinations under anesthesia (EUAs), and to use an app to help triage patients in need of surgery to specific health centers at specific times. In a second phase, the app could be adapted to help scale C-section work.

Happiness outcomes

In collaboration with Ugandan NGO Terrewode, Operation Fistula plans to work with a student who will be conducting research on happiness outcomes for fistula surgery patients during June/July 2016.

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