

# COSECSA TRAINING SURGEONS IN THE ECSA REGION

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SURGERY IN LOW RESOURCE SETTINGS AMSTERDAM

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# MISSION OF COSECSA

The Mission of  
COSECSA is:

- To promote access to and excellence in Surgical Care, Training and Research.







# COSECSA OPERATION

- COSECSA works *through* the Country Chapters
- Each surgical society is the Country Chapter
  - Therefore the Country Chapters *are the face of* COSECSA in each country
- The two country representatives on Council are the link between COSECSA and the Country surgical society



# COSECSA OPERATION

- COSECSA is a “**College without Walls**”
  - We use national resources to train:
    - Established training institutions
    - Health care delivery institutions
    - Practitioners and employed educators deliver training
    - Trainees are employees engaged by health delivery systems
  - The whole country is a training ground
- Students do not need to be relocated in order to train



# SATELITE COUNTRIES



Niger, Cameroon, Gabon, Lesotho

# COUNTRIES LIKELY TO JOIN



Sudan, S. Sudan, Somaliland, Swaziland,  
Botswana, DRC

# NUMBER OF SURGEONS IN ECOSA COUNTRIES

Country	Population (m)	Surgeon per 20000 population	Present
Kenya	40	2000	520 (26%) <b>25</b>
Uganda	27	1350	100(7.4%) <b>7.5</b>
Tanzania	34	1700	110(6.4%) <b>7.5</b>
Zambia	11	550	77(14%) <b>15</b>
Zimbabwe	12	600	70(11.6%) <b>10</b>
Malawi	13	650	30(4.6%) <b>5</b>
Ethiopia	83	4150	300(7.2%) <b>7.5</b>
Mozambique	18	900	59(6.5%) <b>7.5</b>
Rwanda	10	500	35(7%) <b>7.5</b>





# DISTRIBUTION OF SURGEONS IN THE ECSA REGION

85 % of the Surgeons serve 15% of the **urban population**

The main aim of COSECSA is to train surgeons in the non-metropolitan areas



# COSECSA ACHIEVEMENTS

# COSECSA PARTNERS

- RCSI – Irish Aid – Financial support/Courses/e-learning
- PAACS – Run Hospitals in 6 countries and Train surgeons
- OXFORD UK – COOL project / CURE hospitals
- ASGBI - Courses
- O.I.S. Toronto – SIA
- 20 others
- CBM – Initial funding





# RELATIONSHIP WITH PAACS

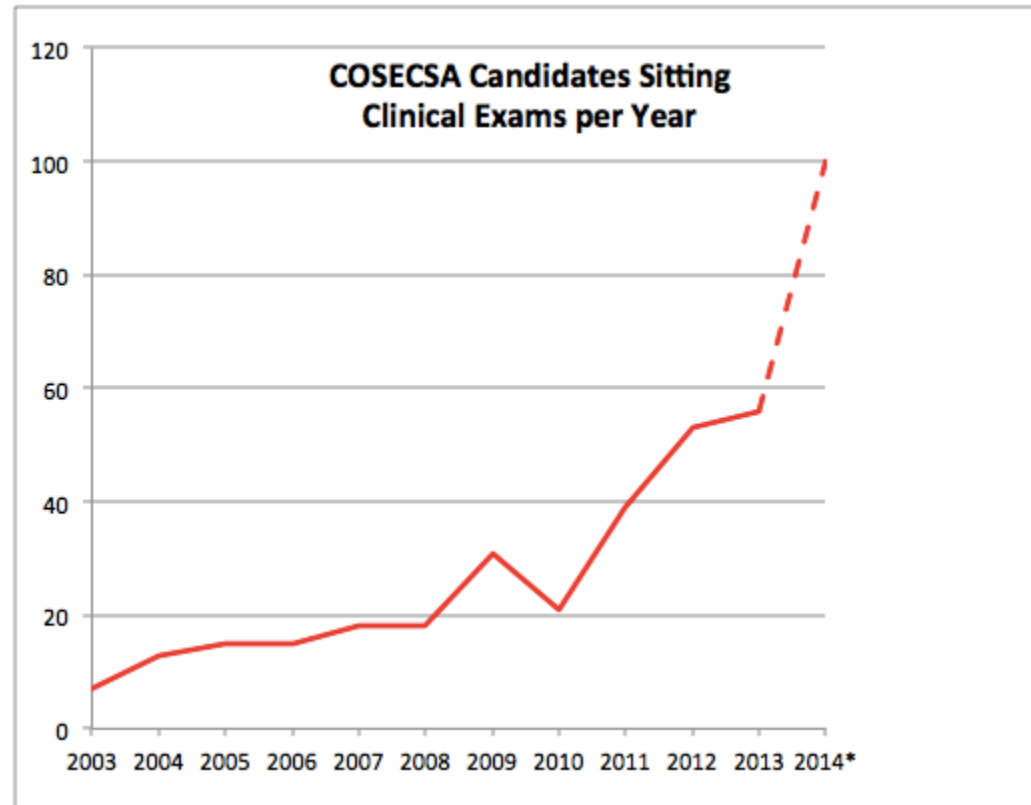
- CAMEROON – BINGO HOSPITAL
- GABON – BONGOLO HOSPITAL
- ETHIOPIA – SODO HOSPITAL
- NIGER – SIM GALMI HOSPITAL
- KENYA – KIJABE & TENWEK HOSPITALS
- TANZANIA – LUTHERAN, ARUSHA
  
- ALL ACCREDITED FOR MCS TRAINING



# COSECSA ACHIEVEMENTS

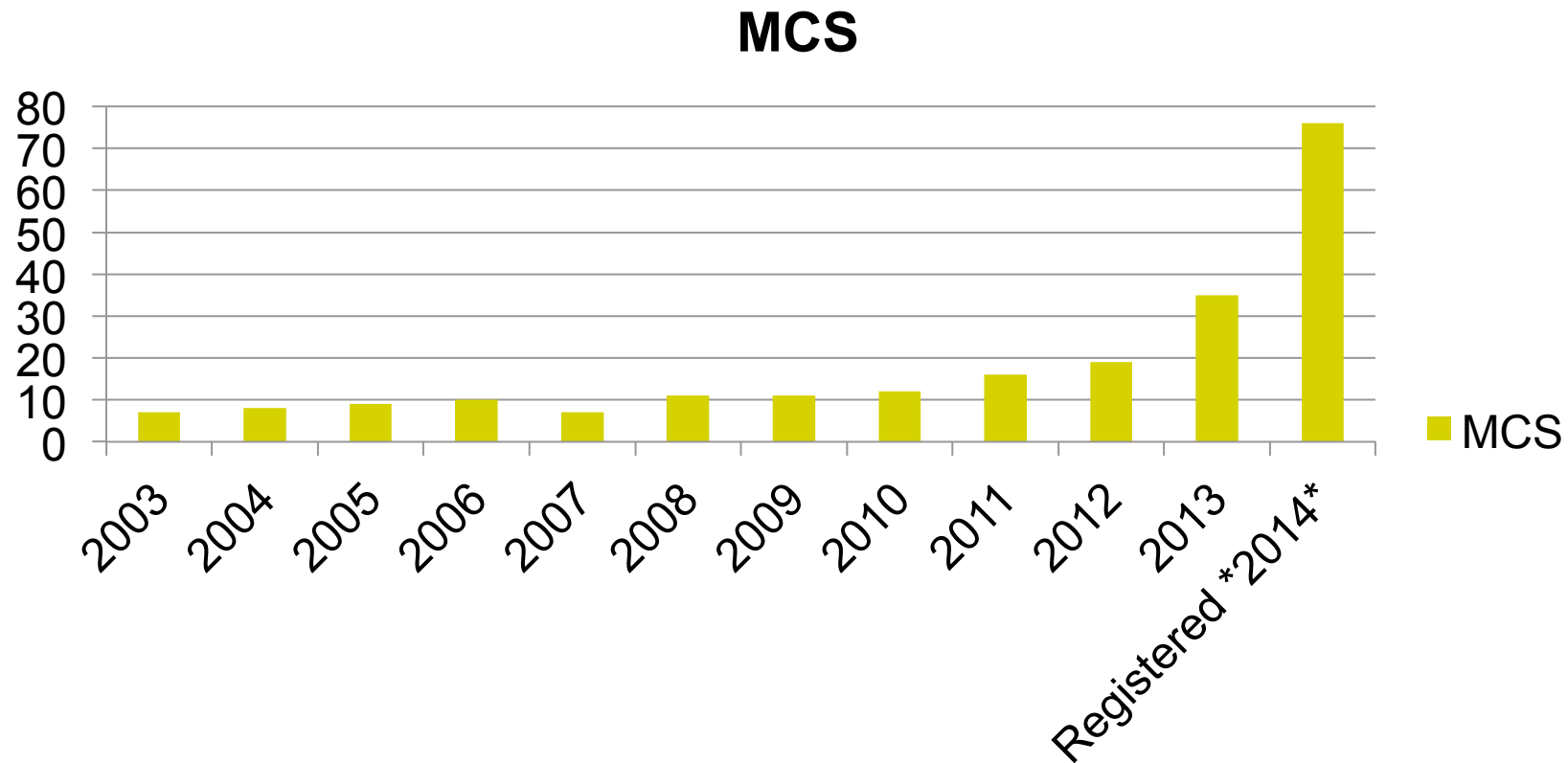
- College without walls. **Training of surgeons and organizing examinations over the last 11 years.**
- Over **500 training courses** in all. This includes
  - 70+ **Train the Trainer** courses for faculty
  - 290+ Basic Surgical Skills, Basic Surgical Sciences, Trauma and Critical Care courses for Membership candidates.
  - Endoscopy, Laparoscopy
  - Leadership, Management and Ethics/Professionalism courses
- 250+ candidates taken the examinations
  - Graduated **147 Members** (Surgical Registrars)
  - **102 Fellows** (Consultants) in 5 specialties

# TRAINEE NUMBERS

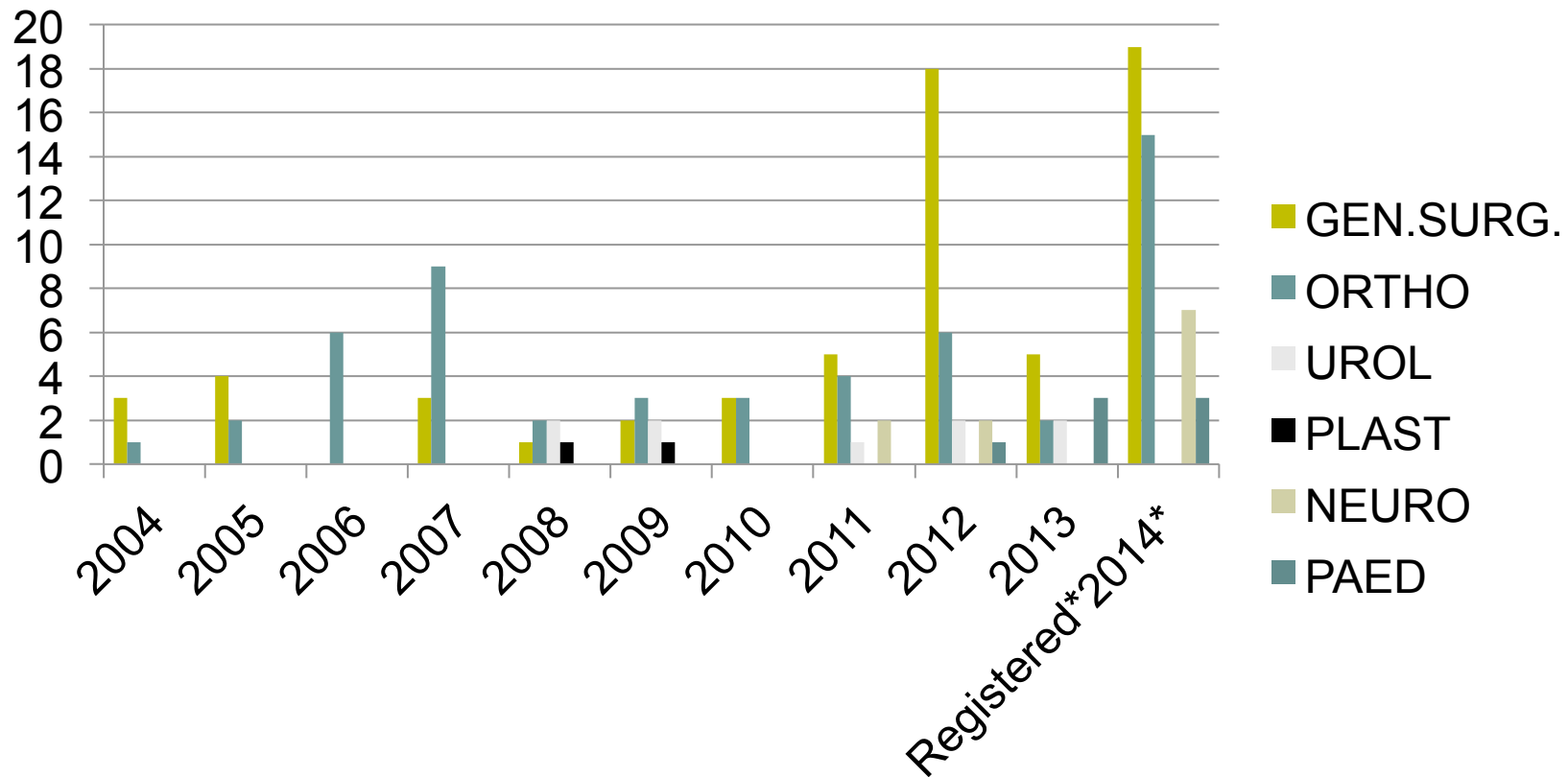


263 Current Trainees  
102 FCS Graduates  
118 Accredited Trainers  
34 Active Training  
Hospitals

# MCS CANDIDATES 2003 - 2014



# FCS CANDIDATES 2004 - 2014





# WHAT ARE OUR GRADUATES CURRENTLY DOING?

- Graduated **Members** of the college perform on average **260 operations per year covering Basic and Emergency surgeries**
- **Fellows** perform most other surgical procedures in the much needed rural locations



# ACHIEVEMENTS

- Over the next 3 years, we are expecting to graduate another 100 surgeons who will perform 26,500 surgeries yearly
- This will bring the total to an impressive **50,000** surgeries a year!



# COSECSA STRUCTURES

- Sound administration and management structures
  - **CEO** in office
  - 1 Adm. assistant in Office
  - 2 support staff (by the year's end)
- Transparent accounting and auditing of **finances**



# LESSONS LEARNT

- Public sector training will never meet the numbers required
- No private sector post-graduate training
- **Champions** present and who care
- COSECOSA model is workable to fill the “gap”





# COSECSA CHALLENGES

- Finite number of Champions working at present
- Need to “EXPAND”
- “Improved Government” hospitals are required for training

# WHAT IS NEEDED IN THE NEXT DECADE

- Expand the capabilities of **general doctors and surgical technicians** to offer **basic surgery** (MCS, ZEST, COST)
- Make **training** more **practical and competency based**
- Increase the number and realign the capabilities of surgical specialists to leapfrog technology - **Establish Centers of Excellence**
  - Emphasize endoscopic and minimally invasive surgery
  - Setting up of more **Skills Labs**

# HOW CAN YOU BE PART OF THE CHANGE

Training :    i). Skills Labs  
                  ii). Craeting Centers of Excellence  
                  iii). Visiting Faculty  
                  iv). Assist with running Surgical Depts./ Hospitals  
                  v). Training materials

Examinations : i). Financial support  
                      ii). External Examiners  
                      iii). Examination materials

Research

# CONTACTS

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SYMPOSIUM  
SURGERY IN LOW RESOURCE SETTINGS  
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IS YOUR  
ROLE?



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