



Newsletter

No: 185

February ii 2016

Distributed from: laurence.woc@gmail.com

Website WOC: www.worldorthopaedicconcern.org

Linked with: www.worldortho.com (Australasia) www.wocuk.org (UK)

This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those "concerned" who may not be connected through the "Net." It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

Annual Meeting of the Orthopaedic Society of Bangladesh.

Professors **Deven Taneja** and **Geoffrey Walker** were among 400 delegates , attending the Bangladesh Orthopaedic Society, 29th International Meeting, between 31st Jan and 3rd Feb 2016. There was representation from the SAARC countries, from APOA, WOC and the AO Foundations; and faculty members came from many other countries.

Under the leadership of **Dr Amjad Hossain, President of BOS**, the meeting covered a wide spectrum of both the "general and the special". Subjects included joint replacement, arthroscopy, hand reconstruction, micro-vascular work and correction of spinal deformity, with the greatest concentration on the largest group

in the world – **Trauma**, from which, historically, all “orthopaedics” sprang.

NITOR (National Institute of Traumatology and Orthopaedic Rehabilitation) is their premier institute with 500 beds, soon to expand into yet another wing. An opportunity was taken to introduce the Post-graduate Fundamental Course, held annually at Indore, India, and reported in this epistle (c.f. NL 184)

-o0o-

Sustainable Development Goals (T.H.E.T) (from their newsletter)

“For over 26 years, **THET** has been a global voice for health care workers, working to transform the quality and availability of medical training when and where it is most needed. Today, more than ever before, a major global effort is required to recruit, educate and train health workers. According to the United Nations, one in seven people will never see a qualified health worker in their lives, and by 2035, the world will be short of 12.9 million health-care workers.

The “Sustainable Development Goals” (**SDGs**) call for a shift from the traditional vertical approach of international development to new forms of partnerships based on reciprocity, co-learning and mutual benefits. In the past years the interest of global health actors in long-term, formalised partnerships between health institutions, has been steadily growing. THET launched this special series to analyse the impact, challenges and opportunities of health partnerships in the complex journey towards strengthening health systems.”

This statement of intent is typical of many aspirations from the world’s health institutions and NGOs, addressing the needs of the impoverished parts. THET has been a very generous donor towards sub-Saharan health-care, and many WOC projects have been supported by them. They deserve appreciation.

COSECSA

We quote from the recent **Newsletter from COSECSA** reporting on important movements on the International Scene.

Dr Milliard Derbrew, President of COSECSA, attended the 56th WACS/PAAS meeting in Yaounde, Cameroon.

History:---The College of Surgeons of East, Central and Southern Africa (COSECSA, www.cosecsa.org), was founded in 2000 with a remit to promote postgraduate training and accreditation in surgery in sub-Saharan Africa. 10 countries are currently members; Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe. (listed alphabetically!). COSECSA now has 87 accredited training hospitals and 169 certified surgical trainers in the region, with 126 specialist surgeons having graduated via COSECSA training programs, since 2004.

Examinations are held at two levels, the *Membership* of the College, an examination on “surgery in general”, and a specialist *Fellowship* examination, typically taken after a further three years of specialist training.

COSECSA’s primary objective is to advance education, training, standards, research & practice in surgical care in this region. COSECSA shapes and leads the training of surgeons in the Sub-Saharan region. The College delivers a common surgical training program with a common examination and an internationally recognized surgical qualification. Admission to the College is open to all registered medical practitioners who comply with the professional requirements for admission. *These are a set of pretty all-embracing criteria !*

Jointly developed, this is jointly administered, together with the **Royal College of Surgeons in Ireland**, providing an e-learning portal for members and fellows, called the “**School for Surgeons**”.

All over southern Africa are to be found the foundation bricks of orthopaedic surgery, in the form of ***Essential Surgical Training***. The **Ruanda Surgical Society** has arranged one such training session at the Kibuye Hospital, on February 17- 19th, organised by Mercy Kamukama (<rest@ cosecsa.org>) and a second one on March 9-11th 2016, at Bushenge Hospital, Ruanda, <rest@cosecsa.org>

In these enterprises, the needs of General Orthopaedics are addressed - which have been so lost as an element of the Western Surgical scene.

The pendulum of surgical instruction and training is moving in a southerly and easterly direction, specifically and appropriately geared for the LMICs.

- - - -

WOC(uk) Chairman, **Steve Mannion** and Hon Secretary, **Deepa Bose** were joined by BOA and WOC veteran **David Jones** as examiners at both the membership and fellowship levels of the recent diet of the COSECSA examinations, held in advance of the **Annual COSECSA Scientific Conference** held in Blantyre, Malawi, in the first week of **December 2015**. Over 50 candidates were successful in the MCS examination and nine in the FCS(Tr & Orth) specialist qualification, representing a very significant increase in the

number of orthopaedic surgeons in the COSECSA region. WOC(UK) now has an established link with COSECSA, contributing volunteer UK examiners to each diet of the annual examinations, and a similar arrangement also exists with the West African College of Surgeons (WACS).

The three WOC(UK) representatives in Blantyre attended the COSECSA Annual Scientific Conference, with **Chairman Steve Mannion** giving a plenary presentation entitled “ ***Meeting the unmet need for musculoskeletal disability surgery in Sub-Saharan Africa***”. The conference also saw the launch of the **G4 Alliance** (www.theg4alliance.org), a global initiative planning to build political priority for Surgery, Obstetrics, Trauma and Anaesthesia in the development agenda. Also launched at the COSECSA conference was “***Women in Surgery Africa***” (www.womeninsurgeryafrica.org), an organisation determined to address the “gender imbalance” in African surgical practitioners.

COSECSA Executive Members Attended GIEESC Meeting at WHO, Geneva 17 December 2015

The President of COSECSA **Dr Miliard Derbew** and Vice President Prof **Pankaj Jani** joined over 200 delegates from the Global Health Community at the **World Health Organisation** (WHO) Headquarters in Geneva this week to discuss implementation of the WHA Resolution on Emergency and Essential Surgery and Aneasthesia. The discussions took place as part of the biennial WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC).

This global forum convenes multidisciplinary stakeholders representing health professionals, public health experts, health authorities, academia,

leaders of education and training programs, NGOs, civil and professional societies, local and international organizations.

WHO/GIEESC includes over 2000 members from 138 countries interested in collaborations towards reducing death and disability from injuries, pregnancy-related complications, congenital anomalies, disasters, and other surgical conditions in low-and middle-income countries (LMICs).

G4 Alliance - Africa Launch, in Malawi, 05 December 2015.

The Global Alliance for Surgical Care (G4 Alliance) is an umbrella association of more than 60 organisations advocating universal access to safe, essential surgical, obstetric, trauma and anaesthesia care.

The G4 Alliance held its African Launch in Blantyre, Malawi on 2nd December, in conjunction with COSECSA and the Surgical Association of Malawi (SAM). This was followed by a G4 consultative meeting on December 3rd 2015. These meetings brought together high-level delegates, country-representatives, patient advocates, G4 member organisations, and stakeholders in support of greater prioritization of surgical care as part of national health care plans.

It is timely to recall that these movements have been driven by the three major and irresistible forces – the demands of obstetric emergencies (Caesarian section), the natural and un-natural disasters in the form of earthquakes and uncontrollable Politics, and the modern scandal of road and industrial accidents.

Special guest speakers at the launch included **Hon. Dr. Peter Kumpalume**, Minister of Health, Malawi, and **Hon. Dr. Reida El Oakley**, Minister of Health, Libya, **Dr. Emmanuel Makasa** (Counsel for Health, Permanent Mission of Zambia, Geneva), **Dr. Eugene Nyarko** (WHO Representative, Malawi), **Dr. Quazi Monirul Islam** (WHO Representative, Namibia), **Ms. Jamila Hanudu** (Ministry of Health & Social Welfare, Tanzania), **Prof. Herve Angate** (President, Pan African Association of Surgeons) and **Dr. John Meara** (Chair, Lancet Commission on Global Surgery). Welcome Remarks were given by **Dr. Fizan Abdullah** (Chair, G4 Alliance), **Prof. Pankaj Jani** (Vice President,

COSECSA & Vice Chair, G4 Alliance), **Dr. Milliard Derbew** (President, COSECSA) and **Dr. Tilinde Chokotho** (President, SAM).

-o0o-

Readers will agree the subject has been given adequate “air” by these eminent authorities. It remains for the legions of richly experienced orthopaedic surgeons to provide the wherewithal of intimate surgical training. And basic to that requirement is the financial travelling expense for those who would be willing freely to give their time, but for the weighty cost of travelling to the LMICs. The gathering enthusiasm for this service will surely generate equivalent generosity from both brother surgical associations and hosts.

-o0o-

One of the disappointing features of the production of this Newsletter – and there are very few – is the number of recipients, whose copy is returned “undeliverable”. No reason is given, so we have not deleted the entry, but after several such repeated “failures”, I feel perhaps we should.

We have no way of appeal, for the obvious reason -- no message can be passed to an “e” address that is rejected. As the number on our database exceeds a thousand, the problem increases. Some I can recognise, from some clue in their format, but many “e” addresses are quite illogical. Making this statement I hope that if anyone mentions to you that the Newsletter seems to have stopped, please urge them to write to this office (above) so that corrections can be made. I believe the Newsletter should remain as a free source of information. It goes out as “blind copy”.

One common comment is that the Newsletter should be circulated only to those who subscribe to W O C. But I take the view that it performs a more valuable service to those who have **not** expressed an interest, as members of WOC, but who (I think) ought to know about the extent of the priceless, supportive work that is done for the less well-endowed communities in the world.

After all this is one of the last surviving periodicals addressing the need for “general orthopaedics” rather than its special subdivisions. The Newsletter is not an instructional text, but a publicity message of concern for the World.

(M. Laurence)