



Newsletter

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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.

In sequence to the **Lancet Commission** on the need for “Global Surgery” in the care of rural communities, wide consultations are taking place at this time (February – March, 2016) throughout **Zambia**, at the behest of the **Zambian Ministry of Health**. Instruction comes from the Permanent Secretary, to the Zambian Ministry of Health, **Mr Peter Mwaba**, The delegates include:- **Dr Salim Afshar, Dr Allison Silverstein, Dr Swagoto Mukhopadhyay and Dr Nakul Raykar.**

Zambia’s acceptance and support for the relevant Resolution **68.15** of World Health Assembly on Social Change, is the basic Agenda. The reference is to the Lancet Commission, **Global Surgery and Social Change**, backed by the **Harvard Medical School**.

We have received a lengthy document emanating from Geneva, confirming WHO's intentions, covering every aspect of organisation for a newly developing service. It is clear that W.H.O. is a body expressing progressive opinions and encouraging action, but it remains the task for those actually engaged in the process of enacting these pious plans. Local politics have a propensity to obstruct the best laid plans. At the root of all fine wishes lie the problems of economics, which always take time to accommodate. Realists understand and sympathise, but cannot solve.

It remains for those at the "coal-face" (as-it-were) to provide essential care as things are, advertising the facts while hoping for improvements, parallel with manpower availability. Here lies the priceless contribution to the training of the forthcoming generation of surgeons.

Catch 22 lives; the circle of shortages – of manpower, of trained operatives, of surgical equipment and of doctors who can both use and teach others to use new tools, - will always interfere with progress while economic conditions prevent the new doctors from making a living, commensurate with their skill and years of training. Some degree of private practice is therefore very important, if the best young men and women are to remain in their own countries.

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Items of news have a habit of disappearing, or fading imperceptibly. Nearly a year ago an exploratory visit was made to the neglected hospitals of rural **Zimbabwe**. A comprehensive account of the visit was made to W.H.O. by Dr Antoon Schlosser. W.H.O. had expressed great interest in the project. We are pleased to report that it has not been neglected. Their extensive report covers this country but is not exclusive to it.

"Global Surgery 2030" will cover most if not all the deficiencies of surgical services, but from our viewpoint Trauma is given a prominent part on the

proceedings. World Health Assembly, 68 is tabled for comprehensive discussion in May, 2016 in Geneva.

“Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage” (WHO)

With a covering letter from Shiva, (Dr **Murugasampillay Sivakuraran**) in Geneva, in a lengthy response to the report submitted by Antoon Schlosser, he makes the following salient points, in regard to the world-wide inequalities of surgical care.

1. Surgically treatable diseases are among the top fifteen causes of physical disability worldwide, and 11% of the world’s burden of disease stems from conditions that could be alleviated successfully through uncomplicated surgery, with low- and middle-income countries (LMICs) being the worst affected.
2. Each year more than a hundred million people sustain injuries globally, of whom more than five million people die from violence, and that 90% of the global burden of violence
3. The sustainable provision of emergency and essential surgery, dependent as it is on anaesthesia, is a critical part of integrated primary health care. Through such treatment, the burden of disability can be reduced, and lives saved.
4. The relevance of emergency and essential surgical care in achieving the Millennium Development Goals and for attending to the unfinished business post 2015, is transparently clear. The importance of analgesia in medicine is recognized, as an integral part of both surgery and anaesthesia. The majority of the global population has limited access to opioid analgesics for pain relief, and patients with moderate and severe pain often do not receive necessary treatment. 5.5 billion people (83% of the world’s population) live in countries with low or non-existent access to ordinary care; 250 million (4%) have only moderate access, but 460 million (7%) have adequate access. Insufficient data

are available for the remaining 6%.

5. World Health Assembly Resolution No WHA64.6 on “health workforces”, addresses the implementation of the recommendations of the World Report on “violence and health”, requesting the Director-General to provide technical support for trauma and care services for survivors, or victims of violence. Resolution WHA 57.10 on road safety and health, recommended Member States to strengthen emergency and rehabilitation services for victims of road traffic accidents.

6. It is recognized that 15% of the world’s population live with a disability, and that resolution WHA 58.23 on disability, includes prevention. Member states are urged to promote early intervention and take necessary steps for the reduction of risk factors contributing to disabilities, especially for children, and to put into practice the most effective actions to prevent disabilities, by corrective management, which include timely and effective surgery where required.

7. Resolution WHA 60.22 on health systems, emergency-care systems, recognizes that improved organization and planning for the provision of trauma and emergency care, including surgery, is an essential part of integrated health-care delivery;

8. Inadequate investment in the infrastructure of health systems, inadequate training of the surgical care health workforce, and the absence of a stable supply of surgical equipment an in many countries impede the progress towards the delivery of emergency and essential surgical care.

It is heartening to know that these problems are recognised, but to break into this cycle of shortages is not easy. It will require a revolution in economic thought and vigorous action by all who can help to make the impoverished parts

of the world prosperous and productive, to support their own people and the world's trade.

That sounds like an empty slogan, but unless the world looks after itself and encourages universal prosperity, everybody suffers. The continuing plight of the desperately impoverished, is to be seen daily in mass migration! To quote a recent eminent authority, it is hoped that the world can be changed so that there will be "no need to emigrate in order to dream, no need to be exploited in order to work, no need to make despair and poverty of many the opportunism of a few."

In the meantime chaotic countries are losing their health workers to staff the centres of medical excellence in the "West", doubling the disaster at the domestic level.

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There follows the program of a valuable "Course", designed to cover the disciplines required to create the conditions under which surgery (especially orthopaedic surgery) can safely be carried out.

Venue: Arihant Hospital & Research Centre, 283- A, Gumasta Nagar, Indore – 45

Operating Theatre, Technical Course

Under the auspices of World Orthopaedic Concern & Orthopaedic Research and Education Foundation – India, 2nd & 3rd April 2016.

The course will cover important aspects of Operating Theatres performance; (design, planning, sterilization, scrubbing, gowning, assisting, sutures and needles, laying of trolleys, care of instruments.

Course director....Dr.Deven Taneja; Coordinator....Dr.Shikhir Khaneja

Contact person....Meghna, Tel..+9926929125 [<pgcourse@gmail.com>](mailto:pgcourse@gmail.com)

Registration fee Rs.1000/-

Registration closes...31.3.2016

Program

- 2nd April / Sat 9.30 – 9.40am - “Our Purpose today” – Dr. Deven Taneja
- 9.40 – 10.00 am - O. T. Design - Dr. Hussain Safderi
- 10.00 – 10.20 am O.T. Check list
- 10.20 – 10.40am - Sterilization – Mr. Rambharose
- Central sterilization department
- Autoclave Hot air oven, ETO, Cidex, U.V.
- 10:50 – 11:10 am Anaesthetic Apparatus, Monitoring - Dr. Sonal
- 11.10 – 11.30 am O.T. Table, Lights, Patient Positioning – Dr. Anil Agarwal
- 11.30 – 11.50 am Draping, Tourniquet etc – Drs. Saurabh/ Samundre
- 11.50 – 12.30 pm Packing, Laying of Trolley College of Nursing
Surgical Assistance.
- 12.30 – 1.15 pm - Bio-Medical Waste Disposal – Dr. Gaurav Jain

Session – 2

- 2.00 – 2.15 pm Traction, Splinting & Basic Plaster techniques – Dr. Gajanand
- 2.15 – 2.30 pm Radiation Hazards & Protective Measures – Dr. Saluja
- 2.30 – 3:10 pm Instruments – Gen. Surgery - Dr. Piyush Agarwal
- 3:10 – 3:50 pm Instruments - ENT– Dr. Jawahar Bihani & Dr. Sandhya
- 3:50 – 4:30 pm Instruments – Gyane/ Obst. - Dr. Priti Maheshwari
- 4.40 – 4.55 pm Legal & Ethical Responsibilities in OT – Dr. Saurabh Gupta
- 4.55 – 5.10 pm Needles & Suture Material – Ethicon
- 5.10 – 6.00 pm - Open House Discussion

3rd April / Sunday

- 9.00 – 9.45 am - Cardio-Pulmonary Resuscitation – Dr. Mayank

9.45 – 10.45 am	-	Laparoscopy & Arthroscopy –	Drs. Agrawal & Kalantri
10:45 – 11.45 am		Implants in Orthopaedics	- Dr. Anil Agarwal
11:45– 12:15 pm	-	THR technique	- Drs. Hussain and Shirish Pathak
12:15 – 12:45 pm		TKR technique	- Drs. Prakash Bangani and Manish
12.45 – 1.15pm	-	Spine Surgery	- Dr. Prasad Padgaonkar
1.15 – 2.00 pm	-	Microvascular & Hand surgery	- Dr. Sh. Gupta
2:00 – 2:30pm		External Fixation & Ilizarov	- Dr. Jayant Sharma
2.30 – 3.15 pm	-	Open house discussion	

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The **Kenya Orthopaedic Association** invites all to their 10th Annual Scientific Conference, to be held between 22nd & 24th June, 2016, at the Boma Inn, Eldoret, Kenya. The theme is “**Management of Neglected Orthopaedic Conditions**” with the following sub-themes

- Neglected and Complex Trauma
- *Overlooked Paediatrics
- *Orthopaedic Infections

The conference offers a forum for professionals in the field to exchange knowledge and skills. Over 300 people are expected to attend from all over the country and continent. The scientific committee will accept only a limited number of papers that meet the criteria of originality, quality of presentation and topic relevance.

This Conference provides the essential principles and case-mix of sub-Saharan skeletal pathology, so prevalent in the LMICs, and which so rarely is covered by the modern multinational Conventions. Structured abstracts are invited; they

should be between 200-250 words. The deadline for abstract submission is 29th February 2016 (*but might be extended, because of this late announcement*) and should be submitted by email only, to <abstracts2016.koa@gmail.com>

[**Dr James Kigera**, Honorary Secretary , Kenya Orthopaedic Association]
<http://koa.or.ke>

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WOC(UK) will hold its third annual conference and general meeting on Saturday, June 4th, at the Moor House Hotel, Sutton Coldfield, Warwickshire. All interested are warmly invited (not just those who are members of WOC, but all who are “Concerned”) for papers depicting the breadth of activities in which our region is involved. There will be a dinner on the Friday evening before the meeting. Please be in touch with the secretary, Ms Deepa Bose <deepa.bose@uhb.nhs.uk> or directly with the hotel, to make a booking. Actual program will be distributed as soon as it is arranged.

(Ed. M. Laurence)