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OPENING CEREMONY LECTURE

The Challenges of Surgery in Africa. 14

Chairmen: Kakande I, *Uganda.*

**THE CHALLENGES FACING SURGEONS
IN AFRICA AND HOW THEY AFFECT
AMBULATORY SURGERY****Kakande I.***Makerere University, Kampala. Uganda.*

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At the time when African countries achieved their independence as 'free' states some five decades ago, most of them had no more than a handful surgeons, nearly all expatriates trained in the developed countries. With virtually no surgical training facilities in the newly created states, a few African doctors were sent abroad to train as surgeons. As this went on, these countries continued to be served by a small number of foreign surgeons, mostly from the former colonial powers. Realizing the great need of having locally trained surgeons, gradually these newly independent states developed their own local training programmes. Currently most of these countries train their own surgeons in their own institutions. Despite the efforts to train more doctors and surgeons, the doctor and surgeon to population ratios remain unacceptably high. For instance: Malawi with a population of 12 million, has a doctor to population ratio of 1 to 48,000, has 9 General surgeons, 1 Paediatric surgeon, 1 Urologist and 4 Orthopaedic surgeons. Burundi, a small country in Central Africa has a ratio of 1 doctor to 100,000 population. According to estimates from the 2002 United Nations Population

Division, estimates that take full account of the HIV/AIDS pandemic and the difficulties that Africa has in feeding itself, the population of the continent will increase 2.5 times, or by nearly 1000 million people by 2050. Interestingly the population of Europe will fall by nearly 100 million in the same time period. Available data shows that in some of the African countries, one in eight of the health workers are HIV positive. The impact of these data will be devastating. It is going to be difficult to maintain a health service when 12.5% of the health care workers can no longer work. This paper describes the challenges faced by surgeons working in Africa, in an environment characterized by scarcity of trained manpower and poor infrastructures, inadequacy of sundries, abundance of communicable diseases, endless wars, poverty, illiteracy and poor means of transport and communication and how these affect ambulatory surgery. The paper also discusses how surgeons in the developed countries could assist their colleagues in Africa in terms of manpower, facilities and training for day care surgery.