COST-Africa

Clinical Officer Surgical Training in Africa (COST-Africa) is a collaboration between the Royal College of Surgeons in Ireland, College of Medicine in Malawi, Surgical Society of Zambia, and Radboud University Medical Centre in Nijmegen, the Netherlands, funded by the European Union’s Framework Seven (FP7) Programme. COST-Africa, which was endorsed by the College of Surgeons of East, Central and Southern Africa (COSECSA), is an intervention implemented in Malawi and Zambia for testing the effectiveness, cost-effectiveness and feasibility of delivering safe emergency and limited elective surgery at district hospitals. The intervention provided training to surgically active non-physician clinicians (NPCs) in Malawi and Zambia at the request of national surgeons and with the support of the ministries of health because these two countries currently rely on NPCs for delivering surgery at district hospitals.

On 7th and 8th September 2016 COST Africa held a dissemination event at the Intercontinental hotel, in Lusaka, Zambia to present and discuss results from the intervention. Ministry representatives present included Dr Kennedy Lishimpi, Director Clinical Care and Diagnostic services, MoH, Zambia and Chimwemwe Mvula, Assistant Director for Clinical services responsible for Clinical Officers training, MoH, Malawi; as well as national stakeholders and other partners from Malawi, Zambia and Tanzania. Guests also included members from COSECSA and East, Central and Southern Africa Health Community (ECSA-HC). COSECSA was represented by surgeons from Malawi, Zambia and Tanzania including its secretary general Professor Eric Borgstein, who also is the COST-Africa Malawi PI and Ms Rosemary Mugwe, COSECSA CEO. The ECSA-HC was represented by Ernest Manyawu, Director of Operations and Institutional Development, ECSA-HC. Ms Esther Bouma (Attaché – Manager Health and Social Sector Delegation of the European Union to the Republic of Zambia and COMESA) was also present for the opening morning on Thursday 7th September.

On Thursday 7th empirical research findings were presented for Zambia and showed how scaling up safe surgery at district level hospitals in Zambia had a positive impact on C-sections and that surgical task shifting to medical licentiates (MLs), the type of surgically trained NPCs who staff these hospitals in Zambia, was a feasible strategy. Findings were presented to show that surgery undertaken at a district hospital was cost-effective vis-a-vi surgery at a provincial hospital; while a third presentation reported that, despite MLs contribution to surgery at district hospitals, career paths for MLs are unclear in Zambia. Chainama College of Health Sciences, that national institution that trains NPCs in Zambia, presented an overview of the support offered to them by SolidarMed (a non-profit organization committed to improving the health of people in Sub-Saharan Africa) and The Clinton Health Access Initiative.

Research findings were also presented for Malawi which demonstrated that in-service training of clinical officers (COs) based at district hospitals resulted in comparable, improved quality of life outcomes when hernia repairs were conducted at district and central hospitals. Evidence was presented that scaling up surgery at 3 district hospitals was cost-effective vis-a-vi central hospital surgery. Reasons and appropriateness of surgical referrals from district to central hospitals showed evidence of better decision making and referrals by trained COs at district hospitals. The ETATMBA (Enhancing Training And Technology for Mothers and Babies in Africa) project made a presentation that reported up-skilling COs increased their confidence at resuscitating neonatal infants following training.
On Friday 8th September presentations were made to the Ministry of Health, COSECSA, ECSA-HC and other National stakeholders. The COST-Africa coordinator, Professor Ruairi Brugha, provided an overview of the previous days presentations and discussions. Dr Kennedy Lishimpi (MoH, Zambia), presented the MoH National surgical, obstetric and anaesthesia strategic plan (NSOAP) for 2017-2021. Dr Lishimpi urged the co-operating partners to contribute to the development and implementation of the draft NSOASP, specifically asking for COST-Africa to input, drawing on the lessons from their project.

Many of the lessons from COST-Africa – see www.costafrica.eu – have been incorporated into the follow up ‘Scaling up Safe Surgery for District and Rural Populations in Africa’ (SURG-Africa) proposal, which is under negotiation for funding under the EU’s the Horizon 2020 framework, following highly favourable reviews by the referees.

COST-Africa, COSECSA and ECSA-HC representatives. Back row, left to right: Mr Tamiyoni Sakala (SSZ/COST-Africa); Dr Tracey McCauley (RCSI/COST-Africa), Dr Jakub Gajewski (RCSI/COST-Africa); Mr Mweene Cheelo (SSZ/COST-Africa); Ms Rosemary Mugwe (CEO COSECSA), Ms Laura Phelan (RCSI/COST-Africa); Mr Gerald Mwapasa (CoM/COST-Africa). Front row, left to right: Ms Carole Mweemba (SSZ/COST-Africa); Dr John Kachimba (SSZ/ COST Africa PI), Professor Eric Borgstein (CoM/COST-Africa PI/COSECSA SG); Professor Ruairi Brugha (RCSI/COST Africa coordinator); Dr Ernest Manyawu (ECSA-HC); Dr Paul Marealle (TSA/COSECSA); Dr Leon Bijlmakers (RUMC/COST-Africa).

24th October 2016