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1  Foreword by the COSECSA President

In this, my second and last annual report during my presidency, I hope to outline the developments that have been made in the College over the past year. It is inevitable in such a report that only a light gloss can be given to the many exciting achievements that have happened and which continue to develop.

I was supported well by the College’s Office Bearers who advised on the daily running of the College. At this point, I wish to pay tribute to the Council of the College. All major decisions are carefully considered by Council and can progress only with Council support. I am very grateful to the Council for the care they take when considering these matters of importance.

The staff of the College also provide the day-to-day support to our ever-growing number of trainees and membership and it is widely recognised that they are the face of the College. I wish to record my thanks to them for their dedication.

End of 2015 Elections were held for office bearers of the College and Prof. Milliard Derbew was elected the President. I welcome him and the team to continue with the efforts of developing, leading and representing COSECSA over the coming years.

Professor Stephen Ogendo
President, COSECSA
2 COSEC SA Member Countries

Burundi
Ethiopia
Kenya
Malawi
Mozambique
Rwanda
Tanzania
Uganda
Zambia
Zimbabwe
3 COSECSA Structure

COSECSA Council

Executive

<table>
<thead>
<tr>
<th>Position</th>
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<tr>
<td>President</td>
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<td>Dr. Milliard Derbew</td>
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<td>Prof. Pankaj Jani</td>
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<td>Prof. Eric Borgstein</td>
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<td>Asst. Secretary General</td>
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<td>Prof. Alex Buteera</td>
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<td>Dr. Jane Fualal</td>
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Education and Scientific Committee

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<td>Dr. Laston Chikoya</td>
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Examination and Credentials Committee

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<tr>
<td>Ethiopia</td>
<td>Dr. Abebe Bekele</td>
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Finance and General Purposes Committee

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Council Country Representatives

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<tr>
<td>Burundi</td>
<td>Prof. Gabriel Ndayisaba &amp; Dr. VénérandBarendegere</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Dr. &amp; Dr. Andualem Deneke &amp; Dr. Derege Gulilat</td>
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<tr>
<td>Kenya</td>
<td>Dr. Russell White &amp; Dr. Andrew Ndonga</td>
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<tr>
<td>Malawi</td>
<td>Dr. Wakisa Mulwafu &amp; Dr. Carlos Vera</td>
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<td>Mozambique</td>
<td>Dr. Prem Yohannan &amp; Dr. Assis da Costa</td>
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<tr>
<td>Rwanda</td>
<td>Prof. Emile Rwamasirabo &amp; Dr. Emmanuel Kayibanda</td>
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<td>Dr. Samwel Nungu &amp; Dr. Paul Marealle</td>
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<td>Uganda</td>
<td>Dr. Olivia Kituuka &amp; Dr. Johashaphat Jombwe</td>
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<td>Zambia</td>
<td>Dr. Michael Mbambiko &amp; Dr. Joseph Musowoya</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Prof. Godfrey Muguti &amp; Dr. Bothwell Mbuweyesango</td>
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Overseas Fellow Representative

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<tbody>
<tr>
<td>Prof. Robert Lane</td>
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Journal

Editor of ECAJS

Prof. Ignatius Kakande

Secretariat Staff

<table>
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<tr>
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<tr>
<td>Chief Executive Officer</td>
<td>Ms Rosemary Mugwe</td>
</tr>
<tr>
<td>Senior Programme Officer</td>
<td>Ms Judith Andrew</td>
</tr>
<tr>
<td>Examinations and Training Programme Officer</td>
<td>Mr. Christopher Minja</td>
</tr>
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</table>
4 Introduction

In 2015, the College of Surgeons of East, Central and Southern Africa (COSECSA) marked its Sixteenth year in operation. COSECSA was established to advance education, training, examination standards, research and practice in surgical care by increasing the number of appropriately trained, well qualified surgeons and surgically trained general medical officers.

COSECSA provides an independent and internationally recognised surgical Membership and Fellowship programme. 2015 was a year of significant growth for the College with the provision of surgical training and examination now extending to ten countries in the East, Central and Southern Africa Region, making COSECSA the second largest surgical training institute in Sub-Saharan Africa.

2015 was the year of significant growth for COSECSA. New training hospitals were accredited in Somaliland, South Sudan, Namibia, DRC and Malawi, significantly increasing the potential number of trainees. This brought the total number of COSECSA accredited training hospitals to 94 out of these 48 have trainees enrolled in COSECSA programmes.

By the close of registration for new candidates at the end of February 2015, it is estimated that COSECSA will have approximately 400 surgical trainees, a number equivalent to 24% of the entire current surgical workforce in the region.

COSECSA has now produced 158 FCS graduates - this number is equivalent to 9.3% of all surgeons in the COSECSA region. As of December 2015, COSECSA has 911 Members and Fellows. 590 of these members and fellows are practising surgeons in the 10 COSECSA countries, representing 35% of all practising surgeons in the region ($n=590/1690$)

A large number of courses were delivered to trainees, including Essential surgical training, Primary trauma, basic laparoscopic courses management of surgical emergencies, Orthopaedic courses, tumour and soft tissue reconstructive course as well as a number of Fellowship level specialty training courses. COSECSA Train the Trainer courses were delivered in several countries as well as Master Trainer courses.

The College has increased its administrative capacity by employing the Chief Executive Officer and the examinations and Training Officer. Also COSECSA has been registered in Tanzania as a legal entity.

At the international level, COSECSA Member Dr Emmanuel Makasa led the successful push for the first ever World Health Assembly Resolution on the importance of surgery. COSECSA also joined the G4 Alliance and the COSECSA vice-president was elected vice-chair of the G4 Alliance. The organisation Women in Surgery Africa was launched in December 2015 to support female surgeons, trainees and medical students with an interest in surgery, and promote, facilitate and enable women to take up leadership roles in surgery in Africa.
5. **Milestones and Achievements**

In 2015 COSECSA recorded a number of exciting developments. These have been realised through the three committees of the college namely Education and Scientific Committee, Examinations and Credentials Committee and Finance and General Purpose committee.

### 5.1 Education and Scientific Committee

This has been another year of great success on training and education due to various innovations and increased training courses.

#### 5.1.1 Master Trainer Course

Over the last six years the Institute of Leadership from the Royal College of Surgeons in Ireland (RCSI) have trained 257 consultant surgeons to be clinical trainers across the ten COSECSA countries.

17 Train the Trainer courses and two Master Train the Trainer Programmes have been successfully completed. 28 Master Trainers have now been trained and on 2 July 2015, the Programme was formally handed over to this cohort of trainers who will now independently implement Train the Trainer courses on behalf of COSECSA.

#### 5.1.2 Essential Surgical Training

Following a successful pilot programme in Zimbabwe, the COSECSA Essential Surgical Training (EST) Programmes has now expanded to Rwanda and Zambia. EST is supported by the RCSI COSECSA Collaboration Programme.

2015 has been a busy year across the three countries with over 60 General Medical Officers from 38 district hospitals completing EST training. Four trainings have taken place in Ruhengeri and Kibungo, Rwanda; two in Matabeleland North and Harare, Zimbabwe; and two in Monze and Kabwe in Zambia.

The EST Programme typically takes place in rural hospitals, bringing together GPs (General Practioners), anaesthetic assistants and theatre nurses. There is a dedicated Programme Coordinator in each country who is responsible for managing the implementation of EST training programmes.

#### 5.1.3 Orthopedic training Courses

72 surgeons (mostly trainees) trained in two one-week orthopaedic surgical courses, Jan-Nov 2015. (Total of 198 trainees attended COOL one-week surgical courses to date.)
5.1.4 Primary Trauma Care Course

In 2012, the COSECSA Oxford Orthopedic Link (COOL) programme set out to increase the number of front-line health workers trained in managing major trauma in each of the COSECSA countries by running an initial series of 5 provider and instructor training courses in each country, in coordination with the local COSECSA chapter and key training institutions. Since then, over 180 UK and regional volunteers have run more than 50 Primary Trauma Care courses in COSECSA countries, with over 1800 providers trained in PTC, and over 540 local instructors trained.

Early results from measuring the effectiveness of the trauma training were published in the abstract booklet for the Lancet Commission on Global Surgery in April 2015.

Trainees participating in Primary Trauma Care Training in Zimbabwe, June 2015

5.1.5 Mobile Surgical Skills Training Unit

The world’s first dedicated mobile surgical skills training unit donated by the Irish Government through the RCSI/ COSECSA Collaboration programme arrived in Tanzania in early 2015. The MSU is a 30 tonne trailer which has been specifically designed and equipped with surgical training technology such as high tech virtual reality surgical simulators and an expandable training pod. It is unique in that it can be moved from country to country facilitating surgical training for trainees in their own hospitals. The unit is focused on improving delivery of regional and district training programmes. Built to accommodate ten surgical trainees at a time this unit facilitates the delivery of surgical training to world-class standards. It will operate initially throughout Kenya and Tanzania.
It was formally launched by representatives from the Tanzanian Ministry of Health and Irish Embassy to Tanzania in Hubert Kairuki Hospital, Dar es Salaam on 26th June 2015. The MSU is currently in Arusha Lutheran Medical Centre (ALMC), where we expect more courses to take place and it will move to Kenya.

The first training course in the Mobile Skills Unit took place at the Arusha Lutheran Medical Centre (ALMC) in Tanzania from 26-27 November 2015. This is the Basic Laproscopic Skills Course which was attended by 10 delegates. The training was sponsored by Ethicon/Johnson &Johnson. Additional training courses will take place across Tanzania and Kenya in 2016.

5.1.6 Tumor and soft tissue reconstructive course
Thirty seven local orthopedic surgeons in Ethiopia were trained on management of tumors and soft tissue reconstruction in September 2015.

5.1.7 E-Learning for Non – Surgeons
The World Health Organisation of an Emergency Trauma Care e-learning course was developed and tested in 2015. This is an e-learning tool being developed to assist non-surgeon cadres who are performing basic surgery to learn the techniques. This is a joint project between WHO, RCSI and COSECSA with other partners including Global Emergency Care Skills and iHeed. It is to be launched for Beta testing in Zambia, Zimbabwe and Rwanda.

5.1.8 East and Central African Journal of Surgery (ECAJS)
Three issues of the ECAJS were published in AJOL and COSECSA websites. Efforts to have the journal indexed on PubMed are still continuing.
5.1.9 Research on Surgeons in the Region
An extensive data gathering exercise has resulted in the COSECSA database now containing details of all practising surgeons in the COSECSA region, the first time such a dataset has been created. This data was submitted for publication in 2015, and disseminated on the COSECSA website. Leading on from this research, funding of €35,000 has been secured as part of a grant from the Global Health Workforce Alliance for research into surgeon migration patterns within, to and from the region.

5.1.10 Research and Small Grants
The recipients of the 2015 RCSI COSECA Small Grants Scheme which is supported by the Royal College of Surgeons in Ireland were announced at the COSECSA AGM in Blantyre, Malawi. The four recipients will receive a grant of $3500USD each to undertake independent research projects in 2016. The results of this research will be published in the COSECSA Journal: ECAJS. Applications for the 2016 Small Grants Scheme will open in June 2016.

5.1.11 Trauma and Musculoskeletal Impairment Care
A Survey of Trauma and Musculoskeletal Impairment Care in COSECA countries (2013-14) was conducted by COOL project. Abstract published in The Lancet in April 2015 and article published in Injury in November 2015
5.2 Examinations and Credentials Committee

This Committee continues to flourish with an increasing number of trainees. A lot has been achieved over the past year.

5.2.1 Hospital Accreditations.
In 2015, new hospitals were accredited to be COSECSA training centres bringing the total number of accredited hospitals to 94 out of which 48 currently have trainees enrolled in COSECSA programmes. 43 are within COSECSA region and 5 are outside the region. These 5 are Edna Adan University Hospital in Somaliland, SIM Galmi Hospital in Niger, Mbingo Baptist Hospital in Cameroon, Bongolo Hospital in Gabon and Queen Mamohato Memorial Hospital in Lesotho.

5.2.2 Standard Operating Procedures for Examinations
COSECSA, with the RCSI/COSECSA Collaboration Programme, developed standard operating procedures for all stages of the COSECSA examination process which were finalized early 2015. The 2015 exam cycle is the first time the COSECSA SOPs have been applied.

5.2.3 Online Registration for MCS and FCS Candidates
All applications to COSECSA are now possible online. It is mandatory for all candidates registering for COSECSA training to do so online. This assists greatly in information management. Also Online payment processes for all COSECSA member and fellow online applications is possible.

5.2.4 Electronic Logbooks
The electronic logbook (http://logbook.cosecsa.org) was launched in February 2015. It is mandatory for all candidates for exams from 2016 onwards (MCS) and 2017 onwards (FCS) to enter all operations from January 2014 into the logbook. As of 23rd November 5,469 operations have been logged.

It remains for the operations in the logbooks to be matched to the MCS consolidation sheet list (and for FCS consolidation sheets to be created by COSECSA and operations then matched to them), and then same to be done for the FCS consolidation sheets when such consolidation sheets are created by COSECSA. Following this it will be attempted to integrate this logbook with the PAACS logbook. Until this is accomplished it was agreed that PAACS candidates will continue to use their own logbook.
5.2.5 E-Learning for COSECSA Candidates

School For Surgeons and Surgery in Africa 2015 cases were successful completed for 2015, with the highest levels of participation since its inception. May 2015 showed highest ever monthly usage of the platform, with over 17,000 hits. Surgery in Africa Journal Club" is now a fully integrated part of School for Surgeons, administered by the University of Toronto. COSECSA council agreed that from 2016, it will be mandatory for MCS candidates to complete SFS cases in both years of their training.

![Hits Per Month 2010 - 2015](image)

<table>
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<td>2015</td>
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</tr>
<tr>
<td>2013</td>
</tr>
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5.2.6 2015 Examinations

These were the largest COSECSA examinations to date with 91 candidates taking the exams. 51 candidates were examined in basic surgery at Membership level, while 40 were examined over six surgical specialties at Fellowship level. Over 100 eminent national and international surgeons served as examiners for the COSECSA exams. These newly qualified surgeons will undoubtedly help improve surgical outcomes in the region.
5.2.7 16th COSECSA AGM, Graduation Ceremony and Scientific Conference.

On 2 December COSECSA held its Annual General Meeting (AGM) and graduation ceremony at the Victoria Hotel in Blantyre, Malawi. Over 30 Graduates received their Fellowship certificates. Dr Philip Ooko who received the highest mark in the examinations was awarded the Gerard O’ Sullivan Memorial Medal.

COSECSA acknowledges that there is a serious shortfall of surgeons working in Sub-Saharan Africa and the college is working to address this challenge by improving and standardizing education, training and surgical practice in the region. This is done by providing a world-class surgical training programme with a common examination system and an internationally recognized surgical qualification.
On 3-4 December the COSECSA Scientific Conference took place at the Victoria Hotel. Over 60 presentations and 6 posters were delivered to an audience of 200 surgeons, global health researchers and practitioners from around the world.

COSECSA Fellows and council pose for a group photo with the Hon. Dr. Peter Kumpalume, Minister of Health, Malawi (6th from left) during the Graduation Ceremony at Victoria Hotel, Blantyre, Malawi.

5.3 Finance and General Purpose Committee

5.3.1 Ministerial Funding Proposals
In order to increase and improve training of surgeons in the region formal ministerial funding proposals were prepared and disseminated to Regional Ministries of Health. Close follow up is being made to each Ministry in the COSECSA member country requesting them to commit some funds to COSECSA.

5.3.2 Income and Expenditure
COSECSA’s income in 2015 was $ 258,143 of which 156,365 was externally generated and $101,778 internally generated. Expenditure was $ 236,050 with major items being staffing costs ($86,396), examinations ($62,635) and travel and meetings ($41,381). COSECSA recorded a profit of $ 22,093. (Ref. appendix 1& 2– 2015 Income and expenditure reports).
5.3.3 Branding, and development of New COSECSA Website
New COSECSA brand values and a new website were launched in September 2015. The website was successfully used for registration for the COSECSA AGM and abstract submissions for the Scientific Conference. The new website has been accessed 8918 times across 90 countries since 1 October 2015.

5.3.4 Registration of COSECSA in Tanzania
COSECSA is now registered as a legal entity in Tanzania. The secretariat has been working with the Ministry Of Health and the Tanganyika Medical Council to get the qualification offered by the College be recognized in Tanzania. Once this is done it will be a very good starting point to get more doctors joining COSECSA training programme from Tanzania.

5.3.5 College Staff – A key resource
A key development at the secretariat in 2015 has been recruitment of the examinations and training Officer Mr. Christopher Minja followed by recruitment of the Chief Executive Officer Ms. Rosemary Mugwe.

5.3.6 Land for Headquarters in Arusha
The Government of Tanzania donated land for the establishment of the COSECSA Headquarters in Arusha. The secretariat has been making follow up with the ministry of Foreign affairs on getting the land surveyed in order to start construction of the College.
6. Women in Surgery Africa (WiSA)

This is a membership group which provides support to female surgeons, surgeons in training and medical students in the 10 member countries of the College of Surgeons of East Central and Southern Africa (COSECSA). It is endorsed by COSECSA and is a recognised sub-group of the College.

Women in Surgery Africa (WiSA) was officially launched at the Victoria Hotel, Blantyre, Malawi on 2 December 2015. Over 100 representatives from around the world attended the launch event. The Launch was opened by COSECSA President Dr Miliard Derbew. Dr Patricia Numann, founder member of the Association of Women Surgeons USA, travelled to Malawi to deliver the Keynote Address. Other high profile speakers included Dr Jane Faulal from Uganda, Dr Patricia Eadie from Ireland, Mr Declan Magee, President of the Royal College of Surgeons in Ireland and Prof Christopher Lavy, University of Oxford announced two dedicated WiSA travel bursaries at the event. Applications for these bursaries will be open to WiSA Members from January 2016.

Elections for the first WiSA Board also took place during the launch and five board members were elected from five COSECSA countries namely Zimbabwe, Kenya, Rwanda, Tanzania and Malawi. The WiSA Patron is Dr Fualal, who is also a COSECSA Council Member. For more information on the WiSA Launch event please see the WiSA Launch Press Release. The WiSA Mentorship Programme will commence in 2016 as an 11 month pilot programme. COSECSA female surgeons and trainees will be twinned with Irish female surgeons with a review planned for December 2016.

A group photo of female surgeons during the WiSA launch at Victoria Hotel, Blantyre December 2015.
7. International Engagement

7.2.1 WHA Resolution on Essential and Emergency Surgical Care

Following the support to development of WHA resolution by Emmanuel Makasa, on 22nd May 2015, delegates at the Sixty Eight World Health Assembly agreed a landmark resolution A68/15 on Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage.

This Resolution will help countries adopt and implement policies which will integrate safe, quality and cost effective surgical care into the health system as a whole. This is the first recognition of surgery as a priority by the World Health Organization.

Dr Emanuel Makasa (Second on the second row) Pausing for a group photo with colleagues during the WHA meeting in Geneva in May, 2015.

7.2.2 The G4 Alliance

The Global Alliance for Surgical, Obstetric, Trauma and Anesthesia Care (G4 Alliance) is an umbrella association of 60+ organizations which advocates for universal access to safe, essential surgical, obstetric, trauma and an anesthesia care. COSECSA is a member of the G4 Alliance and Prof Pankaj Jani, Secretary General of COSECSA, was elected vice-chair of the board of directors.

The G4 Alliance held its African Launch in Blantyre, Malawi on 2 December, in conjunction with COSECSA and the Surgical Association of Malawi (SAM). This was followed by a G4 consultative meeting on 3 December and a meeting of the Alliance board on 4 - 5 December 2015. These meetings brought
together high-level delegates, country-representatives, patient advocates, G4 member organizations, and stakeholders in support of greater prioritization of surgical care as part of national health care plans.

8. Partner Organisations

COSECSA continued to receive financial, administrative and training support from the Royal College of Surgeons in Ireland/COSECSA Collaboration Programme, the COSECSA/Oxford Orthopaedic Link, the Association of Surgeons of Great Britain and Ireland, the BEIT Trust, the Pan African Academy of Christian Surgeons and the University of Toronto.

8.2.1 Engagement with ECSA

The East, Central and Southern Health Community (ECSA) continue to support COSECSA on various issues like management of the accounts, auditing, staff affairs and office space.

8.2.2 Royal College of Surgeons in Ireland (RCSI) / COSECSA Collaboration Programme

The Royal College of Surgeons in Ireland (RCSI) and the College of Surgeons in East Central and Southern Africa (COSECSA) established a Collaboration Programme in 2007. The programme is supported by Irish Aid (the Government of Ireland’s Development Fund) and RCSI which provides for staff time, resources and intellectual property. The programme is overseen by a steering committee made up of Irish-based
and African-based committee members. Activities listed in this report into which the collaboration programme have contributed to are:

- Branding and Communications
- E-Learning
- Train the Trainer and Master Trainer courses
- Basic Science Training
- Essential Surgical Training
- RCSI/COSECSA Mobile Skills Unit
- E-Learning – School for Surgeons and the WHO Emergency Trauma Care e-learning programme
- ECAJS Journal – work on indexing of journal on PubMed
- Examinations – standard operating procedures and electronic logbooks
- Launch of new COSECSA website and implementation of online registration processes
- Launch of Women in Surgery Africa organisation
- Budgetary and fundraising assistance
- Financial Management
- COSECSA international engagement

The current collaboration programme agreement runs from July 2014 to June 2017.

### 8.2.3 COSECSA/Oxford Orthopaedic Link

COSECSA Oxford Orthopaedic Link (COOL) is a multi-country partnership programme between the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS) at the University of Oxford and the College of Surgeons of East Central and Southern Africa (COSECSA).

This programme started in April 2012. The original end date was March 2015, but the programme was given a no-cost extension by the funders (Health Partnership Scheme funded by THET on behalf of UK Department for International Development) to March 2016. The programme is therefore entering the last quarter and has completed most activities.

COOL Programme is supporting COSECSA by paying £10,000 (approx. $15,115) to support the salary of the examinations and training officer.
8.2.4  University of Toronto
Established in 1827, the University of Toronto is Canada’s largest university, recognized as a global leader in research and teaching. The University of Toronto agreed to revive the useful and popular Surgery in Africa Journal Club website, this time within COSECSA’s School for Surgeons platform and it will be mandatory for MCS candidates sitting exams in 2016. These new modules will provide additional depth to COSECSA’s e-learning offering.

8.2.5  Royal College of Surgeons of Edinburgh
Royal College of Surgeons of Edinburgh is dedicated to the maintenance and promotion of the highest standards of surgical practice, through its keen interest in education, training and rigorous examination and through its liaison with external medical bodies. In November 30th 2015, the Royal College of Surgeons of Edinburgh (RCSEd) delivered an examiners training course in advance of the MSC and FCS clinical and viva examinations in Blantyre.

8.2.6  Association of Surgeons of Great Britain and Ireland (ASGBI)
The Association of Surgeons of Great Britain and Ireland (ASGBI) is an association representing general surgery and all its related specialties throughout the United Kingdom and Ireland. ASGBI has collaborated with COSECSA in the delivery of training courses since 2003 and has delivered many courses in basic surgical skills, laparoscopy, the management of surgical emergencies and advanced colorectal courses. ASGBI Conducted Training of Trainers (ToT) course to enable sustainability after the partnership ends in February 2015.

8.2.7  The Beit Trust
The Beit Trust continues to offer scholarships to doctors training in COSECSA. This scholarship is offered to trainee surgeons in Malawi, Zambia and Zimbabwe. The Trustees approved initial pilot scheme to extend into a formal relationship with COSECSA for the next five years until 2020. In 2015 the Beit Trust paid 7,000 USD administration fee to COSECSA for training of approximately 16 Beit-COSECSA doctors.

8.2.8  The Pan African Academy of Christian Surgeons (PAACS)
PAACS continues to support training of COSECSA doctors based in Gabon, Cameroon, Niger, Ethiopia, Kenya and Tanzania. A financial contribution of $ 5,000 was made by PAACS to COSECSA as an annual affiliation fee.
8.2.9 Pan African Association of Surgeons (PAAS)

COSECSA continues to engage with PAAS to advocate for improved surgical training and care in Sub-Saharan Africa, including support to the Lancet Commission on Global Surgery, the proposed WHA Resolution and engagement with national governments.
9. Appendices

9.1 Appendix 1: Financial Report

a. COSECSA Income and Expenditure Statement For the period from 1st January to 31st December 2015

A. REVENUE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>USD</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCSI/COSECSA Collaboration</td>
<td>148,400</td>
<td>63.6</td>
</tr>
<tr>
<td>Other Donors</td>
<td>7,965</td>
<td>3.4</td>
</tr>
<tr>
<td>Subtotal Externally Generated</td>
<td>156,365</td>
<td>67.0</td>
</tr>
<tr>
<td>Trainee Fees</td>
<td>48,904</td>
<td>21.0</td>
</tr>
<tr>
<td>Member/Fellow Subscriptions</td>
<td>27,542</td>
<td>11.8</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>551</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal Internally Generated</td>
<td>76,997</td>
<td>33.0</td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>233,362</td>
<td>100.0</td>
</tr>
</tbody>
</table>

B. EXPENDITURE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>USD</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretariat Salary &amp; Allowances</td>
<td>86,396</td>
<td>36.6%</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>7,804</td>
<td>3.3%</td>
</tr>
<tr>
<td>Regional Meeting</td>
<td>37,956</td>
<td>16.1%</td>
</tr>
<tr>
<td>Executive Meeting</td>
<td>3,425</td>
<td>1.5%</td>
</tr>
<tr>
<td>Council Meeting, Exams, AGM</td>
<td>62,635</td>
<td>26.5%</td>
</tr>
<tr>
<td>Health Ministers' Conference</td>
<td>8,250</td>
<td>3.5%</td>
</tr>
<tr>
<td>COSECSA Examiners Travel to Other Exams</td>
<td>2,520</td>
<td>1.1%</td>
</tr>
<tr>
<td>Mobile Skills unit</td>
<td>16,935</td>
<td>7.2%</td>
</tr>
<tr>
<td>Other Travel</td>
<td>3,463</td>
<td>1.5%</td>
</tr>
<tr>
<td>ECAJS Journal</td>
<td>3,000</td>
<td>1.3%</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>2,167</td>
<td>0.9%</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>1,500</td>
<td>0.6%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>236,050</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Excess of income over expenditure              (2,688) -

*Note that the Income and Expenditure is on an accrual basis (i.e., actual income)

CASH AND BANK BALANCE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPENING BALANCE JANUARY 2015</td>
<td>198,397</td>
</tr>
<tr>
<td>CLOSING BALANCE DECEMBER 2015</td>
<td>213,603</td>
</tr>
</tbody>
</table>

**Income received through online payments (USD 24,781) making the total income for 2015 **$258,143.**