

Your excellency :

We are gathered here today , in this beautiful resort city of Mombasa to celebrate the 17th Annual general meeting of the College of Surgeons of East Central and Southern Africa COSECESA.

Kenya is very significant in the history of COSECESA,It is birth place of The Association of Surgeon of East Africa ,ASEA, 70 years ago. The Evolution of COSECESA from ASEA 16 years ago took place again in Kenya. This happened because Kenya was and still is spearheading the health service development in the region.

COSECESA which is a training college without walls, understood the serious shortage of surgical workforce need in the region embarked in training program immediately after its establishment , 2000. Then in 2014 graduated the first batch of surgeons. Including this year's graduates we have graduated 220 fellows in several specialties of surgical disciplines. The contribution of the College to scaling up surgical workforce in the region is more than 12%.

The COSECESA training program is unique and designed to address our region's workforce crises in following ways

1. We train surgeons in the hospital where they are working. They are not displaced from their work place., from their village, from their families etc
2. The hospital services will proportionally upgrade since it will be a teaching hospital.EgKijabe, Tewiketc
3. After graduation, almost all of them stay in countries/ regions of training. Our graduates tracking has shown that 93% of our graduate stayed in their country.

COSECESA has been running all these activities by partnering with some institutions and colleges. I must say that involvement of our local governments in supporting COSECESA is not as it should be. COSECESA vision and mission is all around addressing the surgical workforce need of our region. In ten COSECESA constituent countries, where there are close to half a billion

population, there are only 1609 practicing surgeons, the lancet commission recommends at least 20 surgeon /100,000 population. But it is sad to tell you that , what we have is 0.5 surgeon/100,000 population in COSECSA region countries. To complicate matter, 93% our population have no access to safe and affordable surgery when needed. LMIC have more than 90% of the surgical burden of disease but have 3% of the workforce.

Your excellency Guest of Honor

Ladies and Gentlemen:

A lot has been said about the burden of surgical diseases in LMIC.A lot has been written about the serious shortage of health work force in general and surgical workforce in our region. We a thank you all of you who played the advocacy roll and raising the flag high up. I fill now is the time to implement. All of us need to hold hand in hand and work together to train health professionals, in our case the surgical workforce.

Partnership need to be based in mutual understanding and has to be transparent. I believe we should address primarily the interest of the recipient institution or group, in our case those millions who are deprived of surgery. It is professionally and ethically an acceptable to use names of those who are dying due to lack of surgical treatment to get personal or institutional advantage. I pledge to all our partners to give priority to those dying due to lack of support.

Giant colleges, institutions, international organizations and others havepreferred to seat back and watch than actively supporting. In this globalization era, let alone problems of a continent even a small region will be a worldwide issue in short period. We need to work together if we want our world to be a safe place to live.

Dear colleagues and friends: I would like to thank our partners who supported us individually and institutionally considering ourproblems as their own problems. Who are always around whenever we need them,

I believe that together we can make a difference