

# COLLEGE OF SURGEONS OF EAST, CENTRAL AND SOUTHERN AFRICA STRATEGIC PLAN 2021-2025

COSECSA SECRETARIAT  
ARUSHA, TANZANIA  
OCTOBER 2020

COSECSA.ORG

COLLEGE OF SURGEONS OF EAST, CENTRAL AND SOUTHERN AFRICA



2022 Edition

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## LIST OF ACRONYMS

**COSECSA** – College of Surgeons of the East, Central and Southern Africa

**CPD** – Continuous Professional Development

**CRs** – Country Representatives

**ECC** – Examination and Credentials Committee

**ECSA** – East, Central and South African

**ESRC** – Education, Scientific and Research Committee

**FCS** – Fellowship of the College of Surgeons

**ICT** – Information, Communication Technology

**KPIs** – Key Performance Indicators

**LMIC** – Lower-and Middle-Income countries

**MCS** – Membership of the College of Surgeons

**NSOAP** – National Surgical Obstetric and Anaesthesia Plans

**RCSI** – Royal College of Surgeons Ireland

**SAO** – Surgical, Anaesthesia, Obstetric

**SDGs** – Sustainable Development Goals

**TORs** – Terms of Reference

**TOTs** – Training of Trainers

**TWG** – Technical Working Group

**YoY** – Year-Over-Year

## DEFINITION OF TERMS

**“The Council”** means the Council of the college of surgeons of East, Central and Southern Africa as established under Chapter 3 Article 6 of the Constitution

**“Fellow”** – A Fellow of the College of surgeons of East Central and Southern Africa, who may be a Foundation Fellow, Ordinary Fellow or Honorary Fellow.

**“Member States”** – means Botswana, Burundi, Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, the United Republic of Tanzania, the Republics of Zambia, Zimbabwe, South Sudan, Sudan, Uganda and any other country granted membership to the existing Community;

**“Member”** – A Member of the College is a Medical Practitioner who has satisfactorily completed their Basic Surgical Training and has passed the prescribed College of Surgeons of East Central and Southern Africa Membership exam

**“Non-surgeon”** – means health professionals such as a physician, general practitioner (GP), diagnostician or nurse that carry out non-surgical procedures.

**“Region”** – means the area of Africa North and South of the Equator falling under the East, Central and Southern Africa.

**“Secretariat”** – means the Secretariat as established under Chapter 3 Article 3 of the Constitution

**“Surgical Professional”** – is an individual who has attained a technical surgical qualification and has been accredited

## THANK YOU

To the teams at Tenwek Hospital and Moi Teaching and Referral Hospital, Kenya

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## MESSAGE *from the* PRESIDENT

~  
**Professor Godfrey Muguti**  
~

...A BOLD PLAN THAT SEEKS TO  
STRENGTHEN THE COLLEGE AND  
MAKE IT AN ALL-ENCOMPASSING  
SURGICAL INSTITUTION...



Professor Godfrey Muguti  
President, COSECSA

As President of COSECSA, I am very pleased to present the Strategic Plan for 2021-2025. Last year marked 20 years of the existence of COSECSA and as this plan will take us into the year when we celebrate our Silver Jubilee, it is a bold plan that seeks to strengthen the College and make it an all-encompassing surgical institution. Above all, our vision is to position COSECSA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond.

From its inception, COSECSA has been focused on quality surgical care and practice and is committed to building and strengthening quality surgical care for all patients regardless of their status. Access to quality surgical care is a vital component of universal health coverage and an effective means of realizing many of the United Nations (UN) Sustainable Development Goals (SDGs). As such, COSECSA would like to build on the gains of the previous years by focusing on three major Strategic Goals;

- (i) Achieve Excellence in Training and Research and Maintain Best Practice in Examinations and Assessment,
- (ii) Quality in surgical care and
- (iii) Build Organizational Excellence and Financial Sustainability.

The COVID -19 pandemic has presented the biggest challenge to the delivery of surgical services across the globe in our times. In response to this pandemic, COSECSA in conjunction with some of its collaborating Partners has been at the forefront in providing guidance to the surgical fraternity through publications and webinars. Our understanding of the impact of COVID-19 on the surgical ecosystem in Sub-Saharan Africa will be enhanced by a number of research projects currently underway in the COSECSA region. The College will continue to monitor how the pandemic unfolds in Sub-Saharan Africa and adapt its operations accordingly.

As a "College without Walls" we also need to ensure that we use our resources in the most effective manner possible. COSECSA looks forward to working collaboratively and in partnership with national governments, like-minded institutions and partners who share our vision.

I take this opportunity to thank the Royal College of Surgeons in Ireland (RCSI) who have supported the development of this document and whom we continue to work in collaboration with.

Respectfully Submitted,

**Professor Godfrey Muguti**  
**President, COSECSA**

## **FOREWORD** *from the CEO*

~

**Ms. Stella Itungu**

~

**...TO REASSERT OUR VISION  
AND TO SET FUTURE GOALS...**



Ms. Stella Itungu  
Chief Executive Officer,  
COSECSA

I am delighted to present to you the COSECSA STRATEGIC PLAN 2021–2025, which outlines the strategic goals and initiatives identified in order to realize the full potential of the College and better fulfil its mission of promoting excellence in Surgical Care, Training and Research in the East, Central and Southern Africa community and beyond.

The process of formulating a new Strategic Plan has given us the opportunities to take stock on past successes and challenges, to reassert our vision and to set future goals in the light of challenges ahead. It has also allowed us to draw development strategies for our institution not only in response to the changing needs, but also as a dynamic institution geared towards fostering Quality Surgical Care.

In implementing its strategic objectives, COSECSA will attain sustainable excellence in Training and Research, Examination as well as Organizational Excellence and Financial Sustainability.

The Strategic Plan represents the concerted efforts of COSECSA stakeholders, whose valuable input has been incorporated in this document. Let me take this opportunity to thank all of them for their efforts during the consultation process. I would like to thank, in particular, the Council for approving the Strategic Plan and taking up the responsibility for overseeing and monitoring its implementation.

Sincerely,

**Ms. Stella Itungu**  
**Chief Executive Officer, COSECSA**

# COSECSA COUNCIL 2020

~



**Prof Godfrey Muguti**  
President



**Dr Jane Fualal**  
Vice President



**Prof Eric Borgstein**  
Secretary General



**Prof Laston Chikoya**  
Ass. Secretary General



**Prof Krikor Erzingatsian**  
Registrar



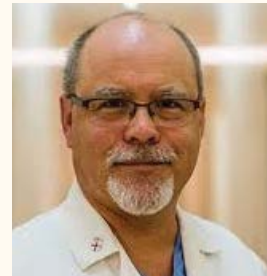
**Prof Pankaj Jani**  
Immediate Past  
President (ex-officio)



**Prof Abebe Bekele**  
Chair Education,  
Examinations and  
Credentials Committee



**Dr Wakisa Mulwafu**  
Chair Finance and  
General-Purpose  
Committee



**Prof Russell White**  
Chair Education,  
Scientific and Research  
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**Dr Kitugi Samwel Nungu**  
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CR Burundi



**Dr Vénérand Barendegere**  
CR Burundi



**Dr Hanna Getachew**  
CR Ethiopia



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**Dr Mathenge Nduhu**  
CR Kenya



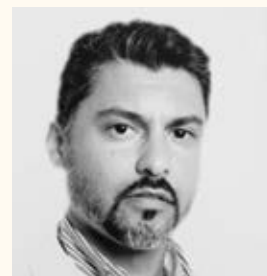
**Dr Michael Mwachiro**  
CR Kenya



**Dr Carlos Gomes Varela**  
CR Malawi



**Dr Tiyamike Chilunjika**  
CR Malawi



**Dr Sergio Salvador**  
CR Mozambique



**Dr Vanda Amado**  
CR Mozambique

## COSECSA COUNCIL 2020

~



**Celestine B Mbangtang**  
CR Namibia



**Dr Akutu Munyika**  
CR Namibia



**Dr Georges Ntakiyiruta**  
CR Rwanda



**Dr Emmy Nkusi**  
CR Rwanda



**Dr Frederick Tawad**  
CR South Sudan



**Prof Mayen Achiek**  
CR South Sudan



**Dr Paul Kisanga**  
CR Tanzania



**Dr Paul Marealle**  
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CR Uganda



**Dr Joel Kiryabwire**  
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**Dr Kuseweni Nduku**  
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**Dr Bothwell  
Mbuwayesango**  
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**Prof. Sherry M Wren**  
Overseas Rep



**Steve Mannion**  
Overseas Rep



~  
**TO PROMOTE EXCELLENCE IN  
SURGICAL CARE, TRAINING AND RESEARCH**



## EXECUTIVE SUMMARY

COSECSA HAS 125 ACCREDITED HOSPITALS  
IN 14 MEMBER-COUNTRIES AND 303 COSECSA  
ACCREDITED TRAINERS DISTRIBUTED  
ACROSS THE REGION, PROVIDING ACCESS TO  
TRAINING IN URBAN AND RURAL LOCATIONS.

The College of Surgeons of East, Central and Southern Africa (COSECSA), incorporating the Association of Surgeons of East Africa (ASEA), is a professional body that fosters postgraduate education in surgery and provides surgical training throughout the East, Central and Southern Africa region. The college was founded in 1999. It is a non-profit making body that currently operates in 14 Countries in the sub-Saharan region: Burundi, Botswana, Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Zambia, Zimbabwe, South Sudan, Sudan and Uganda.

The primary objectives of the College are to advance education, training, standards of practice and research in surgical care in this region. COSECSA shapes and leads the training, examination and accreditation of surgeons in the East, Central and Southern Africa (ECSA) region. The College delivers a common surgical training programme with a common examination and an internationally recognised surgical qualification.

The Vision of COSECSA is to be the reference surgical body in the region of East, Central and Southern Africa and beyond, and the Mission is to promote excellence in Surgical Care, Training and Research. COSECSA's core values are Transparency; Quality and Continuous Improvement; Learning and Development; Institutional Integrity

and Partnership; Institutional Agility and Entrepreneurism; Stewardship and Service; Accountability; Gender Equity; Credibility; and Professionalism.

As part of the pursuit of the College's Vision, the College in collaboration with other stakeholders focuses on quality surgical care and practice and is committed to building and strengthening quality surgical care for the neglected patient. This is with a view that Access to quality surgical care is a vital component of universal health and an effective way of realizing many of the United Nations (UN) Sustainable Development Goals (SDGs).

In line with Sustainable Development Goal 4; Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, COSECSA provides a comprehensive Membership Programme in Basic Surgery and Fellowship Programmes in Orthopaedics; Otorhinolaryngology; Urology; Paediatric Surgery; Neurosurgery; Plastic Surgery; General Surgery; Cardiothoracic Surgery; and Paediatric Orthopaedic Surgery.

COSECSA has 124 accredited hospitals in 12 member-countries and 303 COSECSA Accredited trainers distributed across the region, providing access to training in urban and rural locations. COSECSA therefore, envisions a dynamic and professional Education and Training Program consistent with global standards. This strategic plan also includes high-quality, lifelong learning and sustainable

skills development for practicing surgeons and other health professionals involved in surgical care in the region for sustainable skills development in the surgical care consistent with international standards.

COSECSA is dedicated to scaling up surgical services and care within the ECSA region by increasing the number of appropriately trained, well qualified surgeons and supporting the development of the anaesthesia, perioperative nursing and obstetrics workforces. Where appropriate to the national context, COSECSA will engage with basic surgical training of non-surgeon cadres. COSECSA has also significantly engaged the initiative of WiSA (Women in Surgery Africa) as a sub-group which offers support and mentorship in pursuing their surgical career. Due to the huge burden of surgical disease, scaling up basic surgical services is crucial to health system strengthening. 6.5% of the global burden of disease is amenable to surgery. To effectively meet healthcare needs, the existing surgical workforce would need to be doubled in the next 15 years.

COSECSA therefore, expects to graduate an additional 800-1,000 surgeons by 2025, which will bring the total number of graduates to over 1,500 with an estimated budget of USD 6.4M in addition to the developmental cost (\$2.5M) of COSECSA Laki Laki Land situated in Arusha-Tanzania.

## The COSECSA ORGANISATION

AS OF JUNE 2020, COSECSA HAS OVER 760 TRAINEES ENROLLED IN COSECSA TRAINING PROGRAMMES. THE COLLEGE IS PROUD TO HAVE GRADUATED OVER 450 SPECIALIST SURGEONS SINCE 2004.

### BACKGROUND

Following the resolution (10) at the 25th Regional Health Ministers Conference held in Mauritius in November 1996 concrete steps were taken to set up the College. At the subsequent 26th Regional Health Ministers Conference held again in Mauritius in November 1997 resolution 31 reconfirmed the decision to establish the College of Surgeons for the East, and Central Africa (COSECA). This was changed to COSECSA with inclusion of Southern a year later.

There exists a global inequity in the burden of surgical conditions and the comparative access to surgical and anaesthetic care between high-income countries and low-income countries. The Lancet Commission on Essential Surgery (2015) estimates that worldwide 140 million people need an operation to save their lives or to prevent long term disability, but lack access to surgical care. Over a million more are impoverished because of the high cost of surgical treatment. In May 2015, health ministries from across the world approved the first World Health Assembly (WHA) resolution proposed by Zambia on Surgical Care and Anaesthesia - MOH/WHO/EB136. By doing so, WHO formally committed itself to scaling up surgical care and training. The aim being to improve patient outcome and seeks to improve the lives of some of the most vulnerable in society.

As has been documented, while there are often shortfalls in equipment, supplies and hospital infrastructure, the number of fully trained Surgeons, Anaesthesiologists and Obstetrician physician providers is the main driver for the volume of surgeries performed<sup>1</sup>.

COSECSA has made significant strides towards addressing the surgical workforce shortage in this region. This is highlighted by the exponential annual increase of the number of trainees and graduates. As of June 2020, COSECSA has over 760 trainees enrolled in COSECSA training programmes. The College is proud to have graduated over 450 specialist surgeons since 2004. COSECSA is now the leading body in surgical training in the region, producing more surgeons than the combined national university training programmes. COSECSA's training programme is unique in that it is primarily undertaken in a trainee's country of origin. Locally led and delivered training improves surgeon retention, with approx. 90% of graduates remaining in the COSECSA region post-qualification. This is contrary to the prevailing myth that there is a brain drain of surgeons from the region<sup>2</sup>.

COSECSA registered significant progress towards achieving the Goals, Strategies and Core Activities of the 2016-2020 Strategic Plan. Key achievements of the previous Strategic Plan include but are not limited to;

- a. Additional COSECSA Member Countries
- b. Increased number of specialist surgeons successfully graduated
- c. Increased number of Accredited Hospitals
- d. Increased number of Trainees, Trainers and Master Trainers
- e. High rate of retention of surgeons in Country of Training
- f. Increased number of female trainees as well as Women Surgeons
- g. Additional online short course
- h. Numerous operations registered on the Surgical Electronic Logbook
- i. Recognition of COSECSA Program in the region

The core activities are embedded in COSECSA objectives which are to;

- a. To promote the honour and dignity of the surgical and allied health professions and to ensure that the highest ethical standards in the practice of surgery are maintained throughout the region.
- b. To organize a common training program in recognised institutions and to organise examinations of candidates for admission to the College in the various disciplines of surgery;
- c. To promote and encourage postgraduate education and research in surgery which is relevant to the region; and
- d. To organise workshops, seminars, lectures, and conferences which regularly bring together Members and Fellows of the College to advance the science and practice of surgery in the region.

Cognizant of the shortage of well-trained surgical health professionals in the region, challenges facing the surgical profession such as shortage of equipped clinical training sites in hospitals, multiple surgical training institutions in the region with which COSECSA needs to cooperate and co-exist and the necessity to grow in the region and beyond, COSECSA strategy is focused on training, examination, sustainability and professional excellence.

Therein, the Strategy aims to serve as the major Strategic Instrument through which the COSECSA seeks to execute its mandate in a more focused, effective and results-oriented manner over the Planned period (2021 – 2025).



1. Albutt et al. *BMC Health Services Research* (2019) 19:104 <https://doi.org/10.1186/s12913-019-3920-9>

2. Avril Hutch, Abebe Bekele, Eric O'Flynn, Andrew Ndonga, Sean Tierney Jane Fualal, Christopher Samkange, Krikor Erzingatsian. *The Brain Drain Myth: Retention of Specialist Surgical Graduates in East, Central and Southern Africa, 1974–2013* *World Journal of Surgery*. DOI 10.1007/s00268-017-4307-x. Published online 16 October 2017

## The COSECSA ORGANISATION

### VISION

To be a leading surgical body in terms of training, standards and research, in our region and beyond. This Vision is focused on positioning COSECSA as a world-class surgical training and research institution in the East, Central and Southern Africa and beyond.

### MISSION

To promote excellence in surgical care, training and research in order to increase accessibility of surgical services, especially to African rural populations by standardizing and widening access to surgical training, skills and knowledge.



### CORE VALUES

The core principles to guide the College Education and Training program are:

- a. **Transparency;** Managing and conducting trainings, examinations and accreditation in an honest and utmost open manner.
- b. **Accountability;** Taking full responsibility of the decisions and actions for the overall probity of programmes and partnerships.
- c. **Quality and Continuous Improvement;** COSECSA strives for quality in all it does and practices continuous improvement in all areas according to international best practice.
- d. **Learning and Development;** COSECSA is a trainee-centred institution that provides high quality educational training and research experiences. It is flexible and continuously embraces emerging trends.
- e. **Institutional Integrity and Partnership;** Demonstrates integrity based on honesty, fairness and respect, in all its dealings with its members and Partners.
- f. **Institutional Agility and Entrepreneurism;** Conducts business in a lean and cost-effective manner.
- g. **Stewardship and Service;** Demonstrates responsible stewardship of all its resources and reliable services in all its activities.
- h. **Gender Equity;** COSECSA promotes allocation of resources, programmes and decision making fairly to both men and women without any discrimination and aims to address any imbalances in its undertakings.
- i. **Credibility;** Constantly build and maintain trust in the COSECSA training programme.
- j. **Professionalism;** Strictly adhering to the code of conduct and standards.

## The COSECSA ORGANISATION

### STRUCTURE

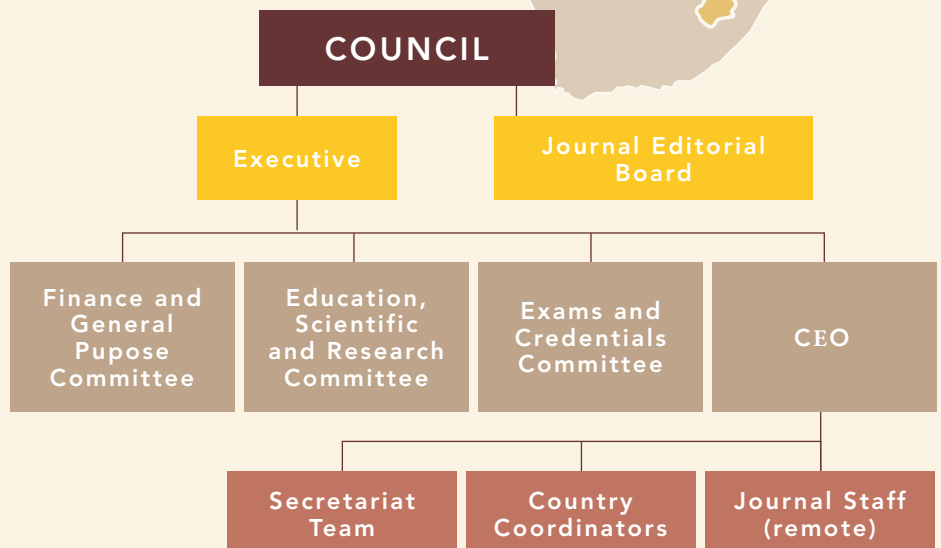
The Council is responsible for the overall supervision and organisation of the College. The Council is composed of the President, Vice-President, Secretary General, Assistant Secretary General, Treasurer, the three Chairs of the Standing Committees, Registrar, two Country Representatives elected from each member country, Overseas Fellows Representative, the Editor of the East and Central African Journal of Surgery (ECAJS) and the immediate Past President in the year following their presidency.

The Executive Committee (EC) manages the affairs of the College, is elected by Council and reports to and is accountable to Council. The EC is composed of the President, Vice-President, Secretary General, Assistant Secretary General, the three Chairs of the Standing Committees, the Registrar and co-opted fellows appointed by Council.

The standing committees are the Education, Scientific and Research Committee (ESRC), the Finance and General Purposes Committee (FGPC) and the Examinations and Credentials Committee (ECC).

The Secretariat manages the day-to-day affairs of the College under the leadership of the Chief Executive Officer (CEO) who is appointed by Council and is answerable to Council through the Secretary General

An Annual General Meeting comprising the College Fellowship and Membership is convened annually. The Members consider any motions brought forward by Council or any individual Fellow



## The COSECSA ORGANISATION



### COSECSA EXISTING TRAINING AND EXAMINATION STRUCTURES

COSECSA already has an institutional framework on which the regional training program is anchored. The framework creates the following bodies to carry out training and examinations mandate;

- (i) **Registrar:** The role of the Registrar is to oversee College matters in respect to Accreditation, Certification, Examiners, Examinations, Graduation and Scholarships.
- (ii) **Examination and Credentials Committee (ECC);** This committee organizes examinations and examines credentials of all candidates, deal with other academic matters such as reciprocal arrangements, recognition of hospitals, setting up of panels, examiners, election of Fellows and Members.
- (iii) **Education, Scientific and Research Committee (ESRC);** this committee meets regularly to deal with education, training and research issues. This body is also responsible for improving the course content based on the research done on the completed courses, the quality assurance for training at national level, and training oversight.
- (iv) **Country Representatives (CRs):** These form part of the Council and they handle and Coordinate all College activities at Member State level, each Member State has two CRs who are also COSECSA fellows.
- (v) **Program Directors (PDs);** COSECSA has established Program Directors at every COSECSA accredited facility/hospital. These ensure a smooth training programme at Member State level
- (vi) **Country Coordinators:** The College established Country Coordinators in all member states to coordinate and to ensure smooth running of the activities of the college as well as coordination and administration of examinations at the national level.
- (vii) **Secretariat:** The Secretariat, under the leadership of Chief Executive Officer (CEO) manages the day-to-day affairs of the College. It provides regional Coordination and Administrative support of the entire COSECSA program aiming towards achieving the College objectives.



**COSECSA HAS 125 ACCREDITED HOSPITALS  
IN 14 MEMBER-COUNTRIES**

## COSECSA ANALYSIS

TO BE A LEADING SURGICAL BODY IN  
TERMS OF TRAINING, STANDARDS AND  
RESEARCH, IN OUR REGION AND BEYOND.

### SITUATIONAL ANALYSIS

The regional surgical workforce in the past years has represented less than 4% of the equivalent number in developed countries indicating the magnitude of the surgical professional workforce challenge to be addressed.

However, over the years, COSECSA with support from Collaboration Partners (RCSI, Irish Aid, PAACS, ECSA-HC, Royal College of Surgeons of Edinburgh, CMSA, American College of Surgeons, Japanese Surgical Society, Safe Surgery, Smile Train, Re-Surge International, 2<sup>nd</sup> Chance and WACS) has played a major role in addressing this challenge and has experienced significant growth in surgical care.

These tables provide trend of trainees that have engaged and graduated in various COSECSA Programmes ultimately increasing the numbers of well trained and qualified surgeons in the region. This move has also increased the number of COSECSA accredited hospitals that advance the objective of COSECSA at Member States level. These efforts have gradually increased the total number of surgeons as of 2019.

**TABLE 1:** Population Per Surgeon Key Statistics; Surgeons Per 100,000

COUNTRY	POPULATION	SURGEONS	RATIO	SURGEONS PER 100,000
Burundi	10,395,931	19	547,154	0.18
Ethiopia	96,633,458	337	286,746	0.35
Kenya	45,010,056	543	82,891	1.21
Malawi	17,377,468	41	423,841	0.24
Mozambique	24,692,144	57	433,196	0.23
Rwanda	12,337,138	49	251,778	0.40
Tanzania	49,639,138	177	280,447	0.36
Uganda	35,918,915	259	138,683	0.72
Zambia	14,638,505	85	172,218	0.58
Zimbabwe	13,771,721	123	111,965	0.89
<b>TOTAL</b>	<b>320,414,474</b>	<b>1690</b>		
Regional Surgeons	population ratio 189,594			
Regional surgeons	per 100,000 population 0.53			

Source; (World Journal of Surgery, 2016)



## COSECSA TREND OF GRADUATES BY COUNTRY AND SPECIALITY (2016-2019)

TABLE 2: Cosecsa Graduates By Country (2016-2019)

COUNTRY	2016	2017	2018	2019	TOTAL 291
Burundi	-	1	-	2	3
Cameroon	1	3	1	4	9
Ethiopia	2	9	18	27	56
Gabon	3	-	1	4	8
Kenya	21	13	16	21	71
Madagascar	-	-	1	-	1
Malawi	3	-	7	9	19
Mozambique	1	3	-	1	5
Niger	-	-	1	1	2
Rwanda	3	6	10	5	24
Tanzania	1	1	7	10	19
Uganda	3	4	4	8	19
Zambia	6	3	11	4	24
Zimbabwe	5	12	8	6	31
<b>TOTAL</b>	<b>49</b>	<b>55</b>	<b>85</b>	<b>102</b>	

TABLE 3: Trend of Cosecsa Graduates (2016-2019)

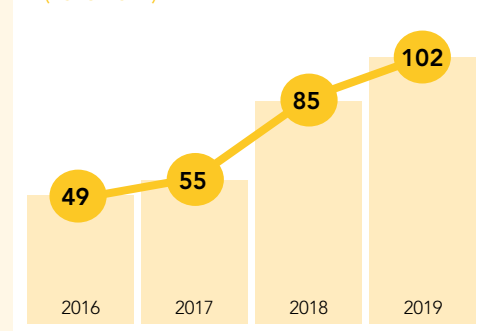


TABLE 4: Cosecsa Graduates By Country (2016-2019)

COUNTRY	2016	2017	2018	2019	TOTAL 291
Cardiothoracic	-	-	-	1	1
General Surgery	27	19	27	42	115
Neurosurgery	1	5	10	2	18
Otorhinolaryngology	-	-	3	2	5
Orthopaedic Surgery	12	14	24	32	82
Paediatric Surgery	3	4	4	6	17
Paediatric Orthopaedic	1	2	6	4	13
Plastic Surgery	1	6	6	6	19
Urologic Surgery	4	5	4	8	21
<b>TOTAL</b>	<b>49</b>	<b>55</b>	<b>85</b>	<b>102</b>	

## COSECSA ANALYSIS



### SWOT ANALYSIS

Surgical care has the potential to make a significant contribution to the health sector and social welfare in the region. COSECSA's objective is to enhance surgical care in the region and in the process address the existing challenges in the region. However, in the development and implementation of the Education and Training program a number of strengths exist which can be exploited while a number of weaknesses can give rise to challenges. There are also opportunities and threats. These are summarized below

TABLE 5: Swot Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• <b>Common language:</b> English is commonly used in the region.</li> <li>• <b>Similarities in culture:</b> There are many communities along common borders who share the same cultures.</li> <li>• <b>Large/Young population:</b> The average age is still low and productivity for this group is high.</li> <li>• <b>Goodwill from the Professionals:</b> A significant number are inclined towards increasing surgical care in their respective countries.</li> </ul>	<ul style="list-style-type: none"> <li>• Skills gap especially technological, financial analytics and inadequate number of qualified and experienced professionals</li> <li>• Lack of awareness leads to low penetration levels.</li> <li>• Lack of funds to implement the activities of COSECSA</li> <li>• Lack of trust with surgical care providers (poor history of surgery).</li> <li>• Lack of unified legislation</li> <li>• Low staffing levels</li> <li>• Lack of specialised equipment</li> <li>• Inadequate funding: currently, surgical training is financed by individuals, and in some cases by employers</li> <li>• Limited incentives to attract surgical professionals</li> <li>• Lack of national surgical care policies in some Member States</li> </ul>
THREATS	OPPORTUNITIES
<ul style="list-style-type: none"> <li>• Low income levels: most of the populace is either unemployed or earning low incomes to afford the surgical care costs.</li> <li>• Low surgical professional penetration rate is a challenge</li> <li>• Reliance on informal surgical care providers</li> <li>• Lack of training; there exist skills gap in the surgical care in the region. As a result, there is need for affordable and flexible in training delivery methods</li> <li>• Lack of drugs required to conduct a successful operation</li> <li>• Inability to raise funds to equip the existing hospitals</li> <li>• Poor state of health facilities and equipment. There is limited training infrastructure in the region and most Member States do not have adequate professional surgical trainers</li> <li>• Poor geographical access</li> <li>• Governments in the region do not have Continuous Professional Development (CPD) programmes</li> <li>• Although face to face training methodology exists in the region, the most preferred methodology is a mixture of face to face and E-Learning</li> </ul>	<ul style="list-style-type: none"> <li>• Low level of penetration gives massive opportunities for growth</li> <li>• Support from Partners in enhancing capacity and creating demand for professional services</li> <li>• Strong COSECSA programme coordination</li> <li>• Limited numbers of institutions which offer surgical specialization provides room for COSECSA</li> <li>• Potential for enrolment of a large student population into education and training programs</li> <li>• Information communication and technology advancements</li> <li>• Existing efforts of COSECSA</li> <li>• Dedicated Professionals via Associations, Members and Fellows</li> <li>• COSECSA Governance Structures</li> </ul>

# COSECSA ANALYSIS



## STAKEHOLDER ANALYSIS

In order for the Training Program to be successfully implemented; the following key stakeholders were identified:

- a. COSECSA Secretariat
- b. Member States
- c. Academic Institutions
- d. Ministries of Health
- e. Trainers
- f. Private Clinics
- g. Trainees
- h. General Public
- i. Collaboration Partners

### COSECSA SECRETARIAT

- Spearhead implementation of the program.
- General oversight of the Program (fund-raising, coordination, administration, etc)
- Implementation of policies.
- Quality assurance.
- Promoting the Program

### MEMBER STATES

- Enactment and enforcement of relevant laws to operationalize the policies
- Creation of enabling environment
- Infrastructural support.
- Offer funding.
- Legislation which promotes the uptake of surgical care.

### MINISTRIES OF HEALTH

- Liaison between the various government organs to implement policy directives.
- In charge of compliance.
- Advisory role.
- Licensing of different players.
- Public awareness.
- Supervision of the surgical care sector.
- Provide funds for the program sustainability.
- Provide and offer financial support

### ACADEMIC INSTITUTIONS AND TRAINERS

- Offer appropriate basic training on Surgery
- Support COSECSA with curriculum development and review
- Quality assurance
- Marketing the Program
- In liaison with COSECSA provide a pool of examiners

### PUBLIC AND PRIVATE HOSPITALS/ CLINICS

- Offer employment opportunities
- Provide trainers and trainees
- Provide financial support to their professional staff
- Membership and technical support to the surgical association bodies.
- Develop new products and relate them to emerging trends.
- Awareness

### ASSOCIATIONS

- Supervise adherence to Codes of Conduct (self-regulation).
- Register Members to associations
- Marketing the Program
- Curriculum review
- Awareness

### TRAINEES

- Students available for training.
- Observing codes & regulations.

### GENERAL PUBLIC

- Embrace Surgical Care culture.
- Awareness

### COLLABORATION PARTNERS

- Provide technical support
- Provide funding
- Collaboration with the COSECSA.



**OUR STRATEGY IS FOCUSED ON  
TRAINING, EXAMINATION, SUSTAINABILITY,  
AND PROFESSIONAL EXCELLENCE.**

## COSECSA PLAN

### TO PROMOTE EXCELLENCE IN SURGICAL CARE, TRAINING AND RESEARCH

#### STRATEGIC PLAN AND IMPLEMENTATION FRAMEWORK

The COSECSA Secretariat developed a Strategic Plan 2016-2020 which implemented four goals; (i) Graduate 500 Surgeons by 2020, (ii) Achieve Excellence in Training and Research, (iii) Maintain Best Practice in Examination Assessment and (iv) Build to Organisational Excellence and Financial Stability.

The current Strategy, like its predecessor seeks to implement the relevant activities to achieve the desired. The strategy is, thus, aimed at giving strategic impetus and direction to the work of the COSECSA over the next 5-year period. Therein, the Strategy aims to serve as the major Strategic Instrument through which the COSECSA seeks to execute its mandate in a more focused, effective and results-oriented manner over the Planned period (2021– 2025).

In view of the foregoing, the current Strategy must in all aspects be in tandem with the 2016-2020 Strategy. In particular, it must seek to produce results that are in line with the broader regional development goals.

#### STRATEGIC PLAN BACKGROUND

In 2019, a formal Business Assessment of COSECSA was undertaken by an independent consultant. This involved a wide engagement with Council, Executive, Fellows, Trainees and Trainers. The consultant also carried out several in-depth interviews and a group interview. COSECSA is satisfied that the consultation was thorough and comprehensive and have taken the recommendations on board for this strategic plan.

In 2020, COSECSA carried out a survey of recent Fellows who graduated between 2017-2019. We were pleased to see that over 91% of respondents are working as surgeons in Africa, and overwhelmingly in the country in which they did their Fellowship training.

We asked these Fellows about their interest in further professional training and research and have taken their feedback into consideration in this plan.

Additionally, we carried out a survey with current COSECSA Country Representatives and COSECSA trainees to gauge their experience of the programme and the administration of COSECSA in their country. The substantial feedback they have shared has been taken on board in preparing this strategy.

In 2020, the COSECSA President wrote to key external partners inviting them to input into the development of this strategic plan. Their views have been taken into consideration and we greatly appreciate the time they took to respond to us.



# COSECSA PLAN



## STRATEGIC PLAN CONTEXT

COSECSA has taken stock of its leadership position in surgical training and accreditation in the region. This was done considering the findings of the Lancet commission and World Health Assembly resolution 68.15 emphasizing that surgical care is a vital component of universal health coverage. In considering our priorities for the next years we are cognisant of following key strategic issues:

## SPECIFIC OBJECTIVES

The Surgical Education and Training is to inform development of a program that will enable greater access to surgical care across the region and beyond. The overall vision is professionals' ability to deliver quality services in any one of the Member States. To this end, COSECSA focuses on various activities that are structured under specific objectives namely.

- a. Be a leading surgical training institution, as measured by its ability to attract and retain high-quality students within the COSECSA region.
- b. Be a leading surgical research body and hub for surgical information, as measured by the quality and impact of research output.
- c. Have engaged several new avenues of funding.
- d. Have a mobile and multiplatform college, accessible and responsive to all.
- e. Produce well trained graduates who are highly sought after for their ability to contribute to their societies.
- f. Be a fully inclusive 'Meritocratic-Diverse-Elite' college supporting all those with the ability to benefit from the COSECSA experience regardless of social class, race, gender, religion.
- g. Award the pre-eminent qualification of surgical competence and performance in the region.
- h. Promote the highest ethical standards in practice.
- i. Advocate for surgery across the region and beyond.

## KEY STRATEGIC ISSUES

- a. **Inadequate professionals in the region:** The shortage of well-trained surgical health professionals to meet the high demand in the surgical health care in the region. The number of qualified professionals in all Member States is still very low which calls for more focused training in order to have more qualified personnel.
- b. **Shortage of equipped clinical training sites in hospital**
- c. **Limited institutional capacity of the hospitals of IT facilities:** to compliment online learning and training platforms
- d. **The multiplicity of surgical training institutions in the region:** with which COSECSA needs to cooperate and co-exist
- e. **Inadequate trainers and resource materials:** The number of qualified surgical trainers is low in some of the Member States coupled with limited resource materials.
- f. **Inadequate funding:** To both the College to advance its activities and the funding of surgical training which is a challenge to those professionals who would wish to enrol into COSECSA training program but cannot afford.
- g. **Lack of data:** Inadequate data pertaining the landscape of surgical care in the region is another challenge. Most of the study depend on self – reported information, WHO and Lancet datasets

## COSECSA PLAN

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- h.* **Public Awareness:** Literacy levels including surgical care awareness is low across all Member states. This has affected the uptake of the training as well as access to surgical care.
- i.* The necessity to grow in the region and beyond to ensure future sustainability

The comparative advantage of the COSECSA training model over other surgical training bodies is threefold. Firstly, it is a low-cost model, utilizing pre-existing human resources and infrastructure. Secondly, the greater geographic spread of the COSECSA model allows trainees to train (and remain) close to home, thus improving distribution of the surgical workforce. Thirdly, the greater numbers in the COSECSA model allow for innovations such as a bespoke electronic logbook and e-learning platform, and quality improvements such as examiner training, which would not be practical with lower numbers. We view our future growth as contingent on our ability to expand our regional presence and maintain our reputation of excellence in surgical training. Our strategy is focused on training, examination, sustainability, and professional excellence.



# COSECSA PLAN

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## GOALS, STRATEGIES & CORE ACTIVITIES

Through consultations with Council Members, Partners and stakeholders in the surgical community as well as extensive consideration of the SWOT analysis, COSECSA identified three major goals.

**GOAL 1: Achieve Excellence in Training & Research, and Maintain Best Practice in Examinations and Assessment**

**GOAL 2: Quality in surgical care**

**GOAL 3: Build Organizational Excellence and Financial Sustainability**

## STRATEGIES

To achieve the above goals, below are the strategies and their initiatives that COSECSA seeks to undertake.

- a. Grow a model of practice-based training
- b. Expand and enhance COSECSA training program
- c. Establish Continuous professional development (CPD) Programme
- d. Build research capacity within COSECSA
- e. Benchmark examination against international best practice
- f. Develop state of the art centres for exams in each member country
- g. Track and analyse trainee operative experience
- h. Ensure predictable diversified funding model
- i. Ensure good governance, transparency and accountability
- j. Engage in advocacy and policy development
- k. Ensure Gender Equity
- l. Build comprehensive sustainable partnerships
- m. Monitoring & Evaluation
- n. Quality assurance in training and examinations
- o. Organizational Excellence and Financial Sustainability





### **GOAL 1:**

#### **Achieve Excellence in Training & Research, and Maintain Best Practice in Examinations and Assessment**

**Build practice-based training, establish continuous professional development (CPD) programme and build research capacity within COSECSA**

- a. Graduate 1000 Surgeons by 2025
- b. Increase the number of accredited hospitals by 30
- c. Increase the number of trainers by 100
- d. Develop award framework of Honorary Lectureships to recognise Trainers' and Programme Directors' contribution to COSECSA's training model
- e. Increase the number of female trainees to 20%
- f. Review online accreditation status of hospital specialties every five years
- g. Gain recognition for CPD courses across Member Countries
- h. Obtain Pub-Med indexing for the East and Central African Journal of Surgery
- i. Ensure quality of the training programme through e-logbook monitoring and progression assessment and ensure e-logbook use is universal and accurately supports training programmes
- j. Conduct one online multiple-choice question writing workshop per year
- k. Conduct one clinical case writing workshop per year
- l. Organize examiner exchange programme for six examiners per year
- m. Train and Improve on regional examiners, certify and appoint them
- n. Revise and Implement examination standard operating procedures
- o. Ensure recognition of COSECSA qualification in all countries
- p. Strengthen Court of Examiners

### **GOAL 2:**

#### **Quality in surgical care**

**Position COSECSA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond**

- a. Collaborate with allied health professions engaged in surgical care and training
- b. Increase the number of non-surgeons trained in basic surgery
- c. Participate in the development of national surgical plans in member countries
- d. Participate in all relevant global health advocacy and policy making platforms

### **GOAL 3:**

#### **Build Organizational Excellence and Financial Sustainability**

**Ensure predictable diversified funding, ensure good governance, transparency and accountability, engage in advocacy and policy development and ensure Gender Equity**

- a. Implement a communication strategy
- b. Secure resources for constructing new Secretariat Headquarters
- c. In the interim fence COSECSA Laki Laki Land
- d. Develop and Implement a fundraising/ Resource Mobilisation strategy
- e. Increase internal and external resources by 50%
- f. Grow membership and fellowship to 3,000
- g. Secure annual government funding from member states equal 1/3 of income
- h. Develop a COSECSA gender policy
- i. Build Administrative capacity of Women in Surgery Africa (WiSA)
- j. Ensure all partnerships contribute to COSECSA'S strategic goals
- k. Invest in IT and subscription of online platforms
- l. Secure funds to construct COSECSA Headquarters

#### **Monitoring and Evaluation**

- a. Measure the success of the training programme
- b. Report the Progress of the Training programme
- c. Review of the implementation Strategy/strategic plan

# LOG FRAME OF IMPLEMENTATION STRATEGY

## GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH; (BUDGET USD 1,655,000)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Build practice-based training, establish continuous professional development (CPD) programme and build research capacity within COSECSA	a. Graduate 1000 Surgeons by 2025	At least 250 surgeons graduate each year	1000 additional surgeons in the region	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 720,000</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA Secretariat,</li> <li>Ministries of Health</li> <li>Academic Institutions</li> <li>National Surgical Associations</li> <li>Development Partners</li> </ul>
	b. Increase the number of trainers by 100	On average, 20 new trainers accredited and certified each year; 3 Train the Trainer Programmes each year	New Trainers accredited and certified	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 455,000</li> </ul>	<ul style="list-style-type: none"> <li>Country Representatives</li> <li>Country Coordinators</li> <li>COSECSA Secretariat</li> </ul>
	c. Annual Curriculum Reviews to Revise and update COSECSA syllabi and curricula, including sub-specialities	<ul style="list-style-type: none"> <li>Curricula and syllabi for all programmes are revised and updated regularly to reflect best practice and feedback from the training programmes</li> <li>Curriculum Review Conference</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA syllabi and curricula are serving the needs of Trainers, Trainees and the patients in the region</li> <li>Updated Curriculum</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 100,000</li> </ul>	<ul style="list-style-type: none"> <li>ECC</li> <li>ESRC</li> <li>Court of Examiners</li> <li>Panel Heads</li> <li>Program Directors</li> <li>COSECSA Secretariat</li> </ul>
	d. Examiners' Workshop to Develop & Review the Curriculum					
	e. Develop and Implement the Training manual guidelines	Manual/guidelines Developed	Approval and Implementation of training Manuals / guidelines	2021	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 15,000</li> </ul>	<ul style="list-style-type: none"> <li>ECC</li> <li>ESRC</li> <li>Program Directors</li> <li>COSECSA Secretariat</li> </ul>
	f. Dialogue with the appropriate authority in each Country to gain CPD Courses recognition	Gain recognition for CPD courses across Member Countries	COSECSA recognised CPD courses for surgeons, anaesthetists and allied health professions in each Member Country	2021-2022	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 15,000</li> </ul>	<ul style="list-style-type: none"> <li>ESRC</li> <li>ECC</li> <li>COSECSA Secretariat</li> <li>Country Coordinators</li> <li>Member Countries</li> </ul>
	g. Develop a CPD Program for Fellows					

## GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH; (BUDGET USD 1,655,000)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Build practice-based training, establish continuous professional development (CPD) programme and build research capacity within COSECSA	h. Conduct a Survey to assess the current online content of the training i. Avail online access for reading materials through approach of partners	<ul style="list-style-type: none"> <li>Survey conducted</li> <li>No of Subscribed and free online materials for trainees and fellows</li> </ul>	<ul style="list-style-type: none"> <li>Survey Report</li> <li>Access to online materials</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 5,000</li> </ul>	<ul style="list-style-type: none"> <li>ESRC</li> <li>IRB</li> <li>COSECSA Secretariat</li> </ul>
	j. Build Research Capacity within COSECSA; Introduction of the Research Methodology Course to enhance/improve the research skills of COSECSA trainees	<ul style="list-style-type: none"> <li>RMC Manual</li> <li>50-100 Trainees undertake the Research Methodology Course each year</li> </ul>	<ul style="list-style-type: none"> <li>Developed Research Methodology Course uploaded on the SFS</li> <li>Trainees undertake and complete the RMC</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>ESRC</li> <li>IRB</li> <li>COSECSA Secretariat</li> </ul>
	k. Obtain Pub-Med indexing for the East and Central African Journal of Surgery	Full application for indexing is submitted in 2021	ECAJS has higher readership	2021-2022	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>Research Coordinator</li> <li>ECC</li> <li>ESRC</li> </ul>
l. Conduct an analysis of in-depth problems of exams and offer solutions; Clinical Part II examinations. m. Revisit the questions after the conclusion of each year Part I and Part II exams		Findings and recommendations	<ul style="list-style-type: none"> <li>Analysis Report</li> <li>New set of questions for Part I and II exams</li> </ul>	2021	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 40,000</li> </ul>	<ul style="list-style-type: none"> <li>ECC</li> <li>ESRC</li> <li>COSECSA Secretariat</li> <li>Panel Heads</li> <li>Court of Examiners</li> </ul>
		<ul style="list-style-type: none"> <li>Convene a meeting to review the questions after the 2020 Part 1 and II exams</li> </ul>				

## GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH; (BUDGET USD 1,655,000)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Build practice-based training, establish continuous professional development (CPD) programme and build research capacity within COSECSA	n. Continuous alignment of COSECSA Examinations to International Standards.	<ul style="list-style-type: none"> <li>• appointing internal/local/regional reviewers and quality assurance assessors to support distant external teams.</li> <li>• ToRs for the Joint Committee developed</li> <li>• Trainers are regularly completing Trainee Evaluations, and Trainees are regularly completing Training Post Evaluations on school for surgeons. Time limits are applied to trainees entering data to the Logbook.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality assurance system</li> <li>• Joint Committee established</li> <li>• COSECSA Executive, CRs, and Panel Heads receive quarterly reports on training programme at hospital level – this informs decisions on training programme. Support given to hospitals that need it.</li> </ul>	2021-2022	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 60,000</li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• ESRC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> <li>• COSECSA</li> </ul>
	o. Strong quality assurance checks during training					
	p. Establishment of a joint committee of national and COSECSA to supervise the exam ensuring to ensure examination quality					
	q. Ensure quality of the training programme through e-logbook monitoring and progression assessment					
	r. Strengthen Court of Examiners	ToRs for Court of Examiners are revised, and specific training is held in line with best practice	COSECSA Court of Examiners is strengthened	2021	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 20,000</li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• ESRC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> </ul>
	s. Conduct online multiple-choice question writing workshop per year	One (1) MCQ workshop is conducted per year	MCS Exam has bank of questions to use	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• ESRC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> </ul>
	t. Conduct clinical case writing workshop per year	One (1) Case writing workshop is conducted	FCS Exams have banks of cases to use	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 80,000</li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• ESRC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> <li>• COSECSA Secretariat</li> </ul>

## GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH; (BUDGET USD 1,655,000)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<b>Build practice-based training, establish continuous professional development (CPD) programme and build research capacity within COSECSA</b>	<p>u. Organize examiner exchange programme for six examiners per year</p>	<p>Six COSECSA examiners serve in other College's exams each year; COSECSA receives six examiners from other Colleges. All participants submit reports.</p>	<p>COSECSA gains knowledge of exam conduct and format across the world</p>	<p>2021-2025</p>	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 25,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> <li>• COSECSA Secretariat</li> </ul>
	<p>v. Train and Improve regional examiners, certify and appoint them</p>	<p>Examiner training is conducted regularly – one OSCE and one VIVA workshop are held each year with Fellows invited to attend</p>	<p>COSECSA has a pool of trained examiners at MCS ad FCS level that is regionally, and gender balanced</p>	<p>2021-2025</p>	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 100,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> <li>• COSECSA Secretariat</li> </ul>
	<p>w. Revise &amp; Implement examination standard operating procedures</p>	<p>An annual revision of Examination SOPs takes place</p>	<p>All COSECSA exams are conducted to a high standard -academically and logistically</p>	<p>2023-2025</p>	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 20,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• Panel Heads</li> <li>• Court of Examiners</li> <li>• COSECSA Secretariat</li> </ul>
	<p>x. Consolidate the School for Surgeons platform &amp; mobilize relevant stakeholders by speciality</p>	<ul style="list-style-type: none"> <li>• SfS tool comprehensively developed to offer:</li> <li>• Relevant Pedagogical material (courses, books, videos)</li> </ul>	<p>Revised Pedagogical material on the SfS tool</p>	<p>2021-2022</p>	<ul style="list-style-type: none"> <li>• <b>HR</b></li> </ul>	<ul style="list-style-type: none"> <li>• RCSI</li> <li>• COSECSA Secretariat</li> </ul>
	<p>y. Ensure recognition of COSECSA qualification in all countries</p>	<p>COSECSA undertakes a gap analysis of recognition by speciality and country, addresses gaps. Ensure additional speciality is recognised</p>	<p>All COSECSA Fellows are recognised and able to work in their speciality in each member country</p>	<p>2023-2025</p>	<ul style="list-style-type: none"> <li>• <b>HR</b></li> </ul>	<ul style="list-style-type: none"> <li>• COSECSA Executive</li> <li>• COSECSA Secretariat</li> <li>• Country Representatives</li> <li>• Country Coordinators</li> </ul>



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**COSECSA HAS 303 COSECSA  
ACCREDITED TRAINERS**

## GOAL 2: QUALITY IN SURGICAL CARE; (BUDGET USD 1,680,500)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Position COSECSA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond	e. Collaborate with allied health professions engaged in surgical care and training	COSECSA builds on existing joint project with CANECSA to build the Anaesthesia workforce; COSECSA engages with ECSACOG and ECSACON. Representatives are invited to meetings and trainings where appropriate and opportunities for joint project and research collaborations are explored	Patients have better-quality surgical care beyond the procedure itself. Women and girls receive better-quality obstetrics and gynaecological care.	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 150,000</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA</li> <li>CANECSA</li> <li>ECSACOG</li> <li>ECSACON</li> </ul>
	f. Increase the number of non-surgeons (such as General Medical Officers) trained in basic surgery	COSECSA supports Essential Surgical Training for non-surgeon courses in member countries, particularly in rural areas	Patients in rural areas have access to better-quality surgical care	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 150,000</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA Secretariat</li> <li>Country Representatives</li> <li>Country Coordinators</li> </ul>
	g. Actively participate in Countries' policy making, specifically NSOAPS for COSECSA inclusion on matters of surgery and surgical plans	COSECSA representative participates in the key NSOAP meeting in member countries; he/she has evidence from research and business insights to make material contribution	The NSOAPs are improved by inclusion of COSECSA's evidence-based contribution	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 28,000</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA Council</li> <li>Executive Committee</li> <li>COSECSA Secretariat</li> <li>Country Representatives</li> <li>Country Coordinators</li> </ul>
	g. A(h) Participate in relevant global health advocacy and policy making platforms	COSECSA conducts assessment of which advocacy and policy-making platforms to engage with based on alignment with COSECSA strategy; a Council Member is delegated representative per platform. He/she has evidence from research and business insights to make material contribution.	<ul style="list-style-type: none"> <li>Participation of at least 2 Council Members in at least 2 Global Health Forums each year</li> <li>COSECSA's strategy is reflected in global health advocacy and policy making</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 50,000</li> </ul>	<ul style="list-style-type: none"> <li>COSECSA Council</li> <li>COSECSA Committees (FGPC, ECC &amp; ESRC)</li> <li>Executive Committee</li> <li>COSECSA Secretariat</li> </ul>

## GOAL 2: QUALITY IN SURGICAL CARE; (BUDGET USD 1,680,500)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Position COSECSA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond	i. Establishment of Centres of Excellence in various surgical fields at the COSECSA training sites	<ul style="list-style-type: none"> <li>• Concept Notes developed for the No of Centres of Excellence</li> <li>• Criteria and guidelines for establishing CoEs developed</li> </ul>	2 Centres of Excellence are established	2022-2023	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 200,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• ESRC</li> <li>• ECC</li> <li>• FGPC</li> <li>• COSECSA Secretariat</li> </ul>
	j. Develop criteria and guidelines for the nature of CoEs that COSECSA requires					
	k. Exchange Programs Rotations; trainees undertake rotational trainings across the region for a period of 3 months	No of Trainees exchanged	3 Trainees exchanged in different training facilities	2021-2025	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 150,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• ECC</li> <li>• Training Facilities</li> <li>• Country Representatives</li> <li>• Program Directors</li> <li>• COSECSA Secretariat</li> </ul>
i. Advocacy on Fellowship and Membership; Post Fellowship Programmes for a maximum period of 8 months within the ECSA region		3 Fellows facilitated per year to attend training	15 Fellows trained under this programme		<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 352,500</b></li> </ul>	<ul style="list-style-type: none"> <li>• COSECSA Committees (FGPC, ECC &amp; ESRC)</li> <li>• COSECSA Secretariat</li> <li>• Country Representatives</li> <li>• Fellows</li> <li>• Country Coordinators</li> </ul>
	m. Develop Surgical referral protocols, In line with WHO Surgical Safety List, Surgical audits – reviews of near miss/surgical adverse events, Data collection protocols – standardization of operating theatre books and Infection control guidelines for surgery	Development of protocols and guidelines/No of Surgical guidelines and best practices	Operational Protocols and guidelines/ Surgical Guidelines developed and implemented	2021-2022	<ul style="list-style-type: none"> <li>• <b>HR</b></li> <li>• <b>Finance</b></li> <li>• <b>Budget: USD 40,000</b></li> </ul>	<ul style="list-style-type: none"> <li>• COSECSA Secretariat</li> <li>• Surgical Societies</li> <li>• FGPC</li> <li>• ESRC</li> <li>• Country Representatives</li> <li>• Country Coordinators</li> <li>• Fellows</li> </ul>



## GOAL 2: QUALITY IN SURGICAL CARE; (BUDGET USD 1,680,500)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
Position COSECSA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond	n. Collaborate with implementing partners to create evidence based surgical guidelines and disseminate best practices and standards	<ul style="list-style-type: none"> <li>• Concept Notes developed for the No of Centres of Excellence</li> <li>• Criteria and guidelines for establishing CoEs developed</li> </ul>	2 Centres of Excellence are established	2022-2023	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 200,000</li> </ul>	<ul style="list-style-type: none"> <li>• ESRC</li> <li>• ECC</li> <li>• FGPC</li> <li>• COSECSA Secretariat</li> </ul>
	o. Research for decision making at the country level; Promote Research among COSECSA Fellows and establish a Pool of Fellows for research and provide Research Grants	<ul style="list-style-type: none"> <li>• No of Fellows pooled for research work</li> <li>• No of grants provided to COSECSA Fellows</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation of Research Papers at Forums</li> <li>• Research Papers articles are written and Published</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 30,000</li> </ul>	<ul style="list-style-type: none"> <li>• ESRC</li> <li>• Country Representatives</li> <li>• Country Coordinators</li> <li>• Fellows</li> <li>• Programme Directors</li> <li>• COSECSA Secretariat</li> </ul>
	p. Explore extending the EST training to other COSECSA Member Countries	No of Countries added on the EST Programme	Conduct EST in other COSECSA Countries	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> </ul>	<ul style="list-style-type: none"> <li>• RCSI</li> <li>• COSECSA</li> </ul>
	q. Establish Mentorship Groups	Clearly identified referral training mentors' groups	COSECSA Trainees are mentored	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> </ul>	<ul style="list-style-type: none"> <li>• Country Representatives</li> <li>• Country Coordinators</li> <li>• COSECSA Secretariat</li> </ul>

## GOAL 2: QUALITY IN SURGICAL CARE; (BUDGET USD 1,680,500)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<p><b>Position COSECESA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond</b></p>	<p>r. Increase the number of women trainees to 25%</p> <p>s. Develop a COSECESA gender policy</p> <p>t. Build Administrative capacity of Women in Surgery Africa (WiSA)</p> <p>u. Collaborate with and strengthen WiSA on programmes that promote women leadership, mentorship, and role model activities</p>	<ul style="list-style-type: none"> <li>Increasing proportion of women trainees at both MCS and FCS levels</li> <li>Gender Policy developed</li> <li>COSECESA gender policy is developed reflecting College's commitment to gender equity</li> </ul>	<ul style="list-style-type: none"> <li>COSECESA graduates reflect real-world gender balance</li> <li>Gender Policy Developed, Approved and Implemented</li> <li>COSECESA has greater gender balance at all levels of the College</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 450,000</b></li> </ul>	<ul style="list-style-type: none"> <li>Collaboration Partners</li> <li>COSECESA</li> <li>WiSA</li> </ul>

## GOAL 2: QUALITY IN SURGICAL CARE; (BUDGET USD 1,680,500)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<p><b>Position COSECSCA as a world class surgical professional training organisation with excellent training, standards and research, in the sub-Saharan region and beyond</b></p>	<p>v. Commission a Study as to why COSECSCA needs women in Surgery</p> <p>w. Build Administrative Capacity of WISA</p> <p>x. Build a mentorship and coaching program</p> <p>y. Improve and build on scholarships tailored for women only</p> <p>z. Organise forums for Women Surgeons</p> <p>aa. Align with global surgery organizations, movements and alliances/coalitions that have a bias for female leaders</p> <p>bb. Promote the concept of "ask her to stand" college deliberately seeks out women pursuing surgery and asks them, proactively, to become involved in college affairs as examiners, educators, and holders of office</p>	<ul style="list-style-type: none"> <li>Increasing proportion of women trainees at both MCS and FCS levels</li> <li>Gender Policy developed</li> <li>COSECSCA gender policy is developed reflecting College's commitment to gender equity</li> </ul>	<ul style="list-style-type: none"> <li>COSECSCA graduates reflect real-world gender balance</li> <li>Gender Policy Developed, Approved and Implemented</li> <li>COSECSCA has greater gender balance at all levels of the College</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 450,000</b></li> </ul>	<ul style="list-style-type: none"> <li>Collaboration Partners</li> <li>COSECSCA</li> <li>WISA</li> </ul>



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**COSECSA'S VISION IS TO BE A  
LEADING SURGICAL BODY IN TERMS OF  
TRAINING, STANDARDS AND RESEARCH**

## GOAL 3: BUILD ORGANISATIONAL EXCELLENCE AND FINANCIAL SUSTAINABILITY; (BUDGET USD 5,567,664)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<b>Establish predictable diversified funding, ensure good governance, transparency and accountability, and engage in advocacy and policy development</b>	a. Implement the Communication Strategy and increase COSECESA visibility	Implementation of the Communication Strategy	COSECESA engaged Governments and gained both political and public support to achieve its strategic goals	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 62,400</li> </ul>	<ul style="list-style-type: none"> <li>Country Representatives</li> <li>Country Coordinators</li> <li>COSECESA Secretariat</li> <li>Executive Committee</li> <li>COSECESA Council</li> </ul>
	b. Increase internal and external resources by 50%	Income increases YoY by 10% on 2020 baseline; balance increase between internally-generated income and other income	COSECESA has the financial resources to achieve its strategic goals	2021-2025	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECESA Council</li> <li>COSECESA Executive</li> <li>COSECESA Secretariat</li> <li>Collaboration Partners</li> </ul>
	c. Grow membership and fellowship to 3,000	Membership and Fellowship numbers grow by 600 each year; income from membership and fellowship subscriptions increases	COSECESA has a wide membership and fellowship base within region and overseas.	2021-2025	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>COSECESA Secretariat</li> <li>Fellows</li> <li>Country Coordinators</li> <li>Surgical Societies</li> </ul>
	d. Secure annual government funding from member states equal 1/3 of income	<ul style="list-style-type: none"> <li>No of Countries Contributing to COSECESA budget Annually</li> <li>Income from government funding is 1/3 of all income each year</li> </ul>	COSECESA has the financial resources to achieve its strategic goals	2021-2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 15,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECESA Council</li> <li>COSECESA Executive</li> <li>Country Representatives</li> <li>COSECESA Secretariat</li> <li>Country Coordinators</li> </ul>
	e. Develop and implement a Resources Mobilisation Strategy	Development of the Resource Mobilization Strategy	Fundraising strategy is developed, approved and implemented	2021	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 2,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>Grant Writer/Resource Mobilization Specialist</li> <li>COSECESA Secretariat</li> </ul>
	f. Review of the implementation Status of the Strategic Plan	Evaluate the implementation of the strategic plan	Meeting to review the Strategy	2023 & 2025	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 30,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECESA Executive</li> <li>COSECESA Secretariat</li> </ul>

### GOAL 3: BUILD ORGANISATIONAL EXCELLENCE AND FINANCIAL SUSTAINABILITY; (BUDGET USD 5,567,664)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<p><b>Establish predictable diversified funding, ensure good governance, transparency and accountability, and engage in advocacy and policy development</b></p>	<p>g. Strategic Partnerships: ensure all partnerships contribute to COSECESA'S strategic goals and a majority of signed MoUs attract monetary value support</p>	<ul style="list-style-type: none"> <li>All partnerships are entered into only if the cost-recovery basis is evident at the outset</li> <li>No of additional Collaboration Partners and MoUs signed</li> </ul>	<ul style="list-style-type: none"> <li>COSECESA has the financial resources to achieve its strategic goals</li> <li>7 additional Collaboration Partners</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 40,500</b></li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECESA Council</li> <li>COSECESA Executive</li> <li>COSECESA Secretariat</li> </ul>
	<p>h. Grow membership and fellowship</p> <p>i. COSECESA advocacy on fellowship and membership.</p> <p>j. Establish a pool of COSECESA Fellows and Members</p>	<ul style="list-style-type: none"> <li>Cumulative number of Fellows and Members</li> <li>No of COSECESA Fellows and Members in a pool</li> </ul>	<ul style="list-style-type: none"> <li>Increase to 3000</li> <li>Pool of Fellows and Members established</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 100,000</b></li> </ul>	<ul style="list-style-type: none"> <li>Fellows</li> <li>Members</li> <li>COSECESA Champions</li> <li>Country Representatives</li> <li>COSECESA Secretariat</li> <li>Country Coordinators</li> </ul>
	<p>k. Establish a team of COSECESA Champions Ambassadors who will be facilitated to visit COSECESA Member States medical schools or institutions of higher learning and run COSECESA sensitization programmes to attract more trainees</p>	<ul style="list-style-type: none"> <li>No. of Champions per Member State</li> <li>No of Medical Schools or Higher Institutions of learning visited</li> <li>Number of additional trainees per year from these visits</li> </ul>	<ul style="list-style-type: none"> <li>2 Champions per Member State</li> <li>4 Schools/ Institutions visited per year per Member State</li> <li>COSECESA Visibility in medical schools</li> <li>Increased intake</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 84,000</b></li> </ul>	<ul style="list-style-type: none"> <li>Fellows</li> <li>Members</li> <li>COSECESA Champions</li> <li>Country Representatives</li> <li>COSECESA Secretariat</li> <li>Country Coordinators</li> </ul>
	<p>l. Collaborate with local universities to strengthen COSECESA and improve surgical care</p>	<ul style="list-style-type: none"> <li>MOUs with universities</li> <li>Number of grant applications</li> </ul>	<ul style="list-style-type: none"> <li>Dialogues at country-level with Universities</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 25,000</b></li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECESA Council</li> <li>COSECESA Executive</li> <li>COSECESA Secretariat</li> </ul>

### GOAL 3: BUILD ORGANISATIONAL EXCELLENCE AND FINANCIAL SUSTAINABILITY; (BUDGET USD 5,567,664)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<p><b>Establish predictable diversified funding, ensure good governance, transparency and accountability, and engage in advocacy and policy development</b></p>	<p>m. Invest in IT and subscription of online platforms</p> <p>n. Partner with IT companies or other implementing partners to develop innovative solutions towards greater connectivity capacity and additional technology infrastructure required for online examinations.</p> <p>o. Explore the technology and infrastructure needed to support virtual examinations including the use of virtual simulation and define business requirements</p>	<p>COSECSA Secretariat conducts needs assessment of management systems and scopes out future needs</p>	<ul style="list-style-type: none"> <li>COSECSA Invests in reliable, secure technological infrastructure for Improvement of systems</li> <li>COSECSA has lean, online-first management systems appropriate to meet the challenges of this strategic plan</li> </ul>	2021	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 75,000</b></li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>ECC</li> <li>RCSI</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>
	<p>p. Explore short-term training and certification opportunities</p>	<p>COSECSA Secretariat conducts needs assessment of management systems and scopes out future needs</p>	<ul style="list-style-type: none"> <li>COSECSA Invests in reliable, secure technological infrastructure for Improvement of systems</li> <li>COSECSA has lean, online-first management systems appropriate to meet the challenges of this strategic plan</li> </ul>	2021	<ul style="list-style-type: none"> <li><b>HR</b></li> <li><b>Finance</b></li> <li><b>Budget: USD 75,000</b></li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>ECC</li> <li>RCSI</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>

### GOAL 3: BUILD ORGANISATIONAL EXCELLENCE AND FINANCIAL SUSTAINABILITY; (BUDGET USD 5,567,664)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<p><b>Establish predictable diversified funding, ensure good governance, transparency and accountability, and engage in advocacy and policy development</b></p>	<p>q. Register a charity in the UK and Develop the foundation for donations</p>	<p>Develop the foundation for donations</p>	<p>Set up a fund to receive donations from friends and Alumni of COSECSA</p>	<p>2021</p>	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 3,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECSA Council</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>
	<p>r. Pilot test joint fundraising strategy project with key partners over a period of 5 Years</p>	<p>Joint Fundraising event organised</p>	<p>Substantial Funds raised</p>	<p>2023</p>	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 30,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>Members</li> <li>Fellows</li> <li>Surgical Societies</li> <li>COSECSA Council</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>
	<p>s. 5-Year COSECSA Fee review</p>	<p>Review the Structure every 5 years</p>	<p>New Fee Structure in 2025</p>	<p>2025</p>	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECSA Council</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>
	<p>t. Situation Analysis of potential COSECSA district hospitals</p>	<p>No of District Hospitals assessed for suitability of COSECSA Accreditation</p>	<p>Assessment Report</p>	<p>2022-2025</p>	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 70,000</li> </ul>	<ul style="list-style-type: none"> <li>Registrar</li> <li>Country Representatives</li> <li>Country Coordinators</li> <li>Programme Directors</li> <li>COSECSA Secretariat</li> </ul>
	<p>u. Development of a strategy for eligibility of national or bilateral scholarship programmes</p>	<p>Engagement with MoH and Higher Academic Institutions</p>	<p>COSECSA is well positioned to secure national or bilateral scholarship programmes</p>	<p>2022-2025</p>	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>Registrar</li> <li>FGPC</li> <li>Secretary General</li> <li>COSECSA Secretariat</li> </ul>
	<p>v. Explore income opportunities through research partnerships/collaborations</p>	<p>Attract and Interest COSECS Program Directors, Fellows and Members to do research for policy making and for COSECSA Income</p>	<p>A pool/team of Researchers is established</p>	<p>2022</p>	<ul style="list-style-type: none"> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>ESRC</li> <li>FGPC</li> <li>IRB</li> </ul>
	<p>w. Secure resources for constructing new Secretariat Headquarters</p>	<p>Write Funding Proposals to potential donors</p>	<p>Secured funds to construct COSECSA Headquarters</p>	<p>2021-2025</p>	<ul style="list-style-type: none"> <li>HR</li> <li>Finance</li> <li>Budget: USD 2,500,000</li> </ul>	<ul style="list-style-type: none"> <li>FGPC</li> <li>COSECSA Council</li> <li>COSECSA Executive</li> <li>COSECSA Secretariat</li> </ul>



### GOAL 3: BUILD ORGANISATIONAL EXCELLENCE AND FINANCIAL SUSTAINABILITY; (BUDGET USD 5,567,664)

STRATEGIES	TARGET/ACTIVITIES	PERFORMANCE INDICATORS	OUTPUT/OUTCOMES	TIMELINES	RESOURCES	RESPONSIBLE INSTITUTION
<b>Establish predictable diversified funding, ensure good governance, transparency and accountability, and engage in advocacy and policy development</b>	x. Fence off the COSECESA Laki Laki Land in the interim	Phased approach construction implemented	COSECESA Laki Laki Land is safeguarded for development	2021	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 115,000</li> </ul>	<ul style="list-style-type: none"> <li>• FGPC</li> <li>• COSECESA Council</li> <li>• COSECESA Executive</li> <li>• COSECESA Secretariat</li> </ul>
	y. COSECESA Administrative and Programme Coordination Capacity Development	<ul style="list-style-type: none"> <li>• Governance Meetings (December Council Meeting-AGM and Examination) Half Council Meetings, Executive Meetings,</li> <li>• Operation Costs (office expenses, Audit fees, bank charges and staff capacity development)</li> <li>• Personnel Cost (Staff, Coordinators, Research Officer and Assistant Editor)</li> <li>• Meetings held as planned and COSECESA Programme Coordination is efficient and effective</li> </ul>	<ul style="list-style-type: none"> <li>• COSECESA Governance and Policy management</li> <li>• Improved Capacity of Staff and enhanced Administrative Procedures</li> <li>• Efficient Programme Management</li> </ul>	2021-2025	<ul style="list-style-type: none"> <li>• HR</li> <li>• Finance</li> <li>• Budget: USD 2,400,764</li> </ul>	<ul style="list-style-type: none"> <li>• Secretary General</li> <li>• FGPC</li> <li>• COSECESA Secretariat</li> </ul>

## MONITORING



### STANDARDIZING AND WIDENING ACCESS TO SURGICAL TRAINING, SKILLS AND KNOWLEDGE

#### MONITORING AND EVALUATION FRAMEWORK

An effective Monitoring and Evaluation (M&E) framework is instituted as a review mechanism to monitor the progress and assess the level of attainment of specific targets as compared to the planned specific objectives. This involves identification of the key performance indicators (KPIs) and specification of the performance tracking system for measuring achievements of milestones and targets on a periodic basis.

The responsibility for the monitoring and evaluation of the Implementation Strategy is vested with the COSECSA Secretariat, Member States, ECC, ESRC, Country Representatives (CRs), the Executive Committee and other stakeholders.

The Performance evaluation involves carrying out of surveys and assessments to track progress made in implementation of the strategy and inform any need for adjustments that may be required on the strategy.

The M&E Framework provides key bases for the measurement of the success of the COSECSA strategic plan, to be reported to the Executive responsible for the oversight of the Strategic Plan.

It is an integral part of the implementation plan for the following:

- a. COSECSA Secretariat to systematically track activities to assess implementation progress.
- b. COSECSA Secretariat to collect and analyse data on implementation of the Program from all Member States to inform decision making.
- c. Reporting to be done periodically by the ECC, ESRC, Secretariat and CRs.
- d. Undertake surveys to monitor employment of COSECSA professionals
- e. Mid-term and end-term review of the implementation strategy - evaluation of the implementation strategy to be carried out will address issues of:
  - Effectiveness (Impact).
  - Sustainability, challenges, lessons learnt and
  - Mitigation measures.

#### CRITICAL SUCCESS FACTORS

- a. **Budgetary provision:** COSECSA, Development Partners and respective Governments to provide sufficient funds required to implement the set objectives
- b. **Sustainability:** a key target of the strategic objectives is to ensure longevity of the program
- c. **Partnerships and strategic alliances:** Partnering with strategic alliances will assist in increasing membership and making the programme more visible and accessible.
- d. **Enacting the necessary legal and regulatory frameworks by the Member States:** Once the policy is signed as a protocol, it is important that the same is included in each partner state's national policy frameworks
- e. **Marketing and buy-in from stakeholders:** marketing of the program to drive membership and enrolment
- f. **Employability of graduates:** this is a key indication of the relevance of the program and will make it more marketable
- g. **Adequate capacity of trainers and facilities:** the capacities should be adequate and always be kept abreast with emerging trends.
- h. **Adequacy of curriculum and content:** to ensure that the content is comprehensive and remains relevant.

#### RISK FACTORS

- a. **Budgetary constraints:** Inadequate financial resources would significantly hamper the implementation of the programme
- b. **Competition from other similar programs:** there are long established institutions in Member States that offer the same programmes/specialties.
- c. **Commitment and goodwill** to implement the programme in the Member States.
- d. **Sector variances amongst Member States:** Harmonizing implementation of the programme amongst Member States who may be at varying levels of economic and sectoral development could pose a major challenge.

## MONITORING



### EVALUATION AND REPORTING

There will be need to monitor the Key Performance Indicators and set timelines in line with the critical success factors as summarized below:

CRITICAL SUCCESS FACTOR	MEASURE
Budgetary provision	100 percent budget provision and utilization
Sustainability of the programme	Number of graduates per each professional level.
Partnerships and strategic alliances	<ul style="list-style-type: none"> <li>Partnerships identified, signed MOUs</li> <li>Developed Programs with the Partners.</li> </ul>
Enacting the necessary policy frameworks by the Member States.	Policy Frameworks put in place to anchor the programme
Employability or marketability of graduates	Carrying out a comprehensive survey to establish the career progress of graduates.
Adequate capacity of training institutions	<ul style="list-style-type: none"> <li>Availability of requisite training infrastructure.</li> <li>Enrolment capacity of the institutions; and</li> <li>Quality of training offered.</li> </ul>
Adequacy of Curriculum and content	<ul style="list-style-type: none"> <li>Peer review materials with other institutions</li> <li>Update curriculum content regularly to incorporate changes in policies and market practice.</li> </ul>

### MID-TERM REVIEW AND LESSONS LEARNT

Mid-term review will be done in the third year.

Depending on progress:

- (i) If implementation is below target establish why and lessons learnt to inform a change in strategy or action points; and
- (ii) If implementation is on or above target, establish the success factor and adopt the key lessons learnt for success.

**Annex 1** hereto presents a high-level framework to be used in Monitoring and Evaluation of the status of execution of the Implementation Strategy from time to time.

Meanwhile, **Annex 2** hereto presents a Gantt chart which summarises all required activities for execution of the Implementation Strategy and provides the envisaged time frames for each.

This will inform planning of the specific initiatives for implementation of the Strategic Plan



## **CONCLUSION**

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SUCCESSFUL IMPLEMENTATION OF THIS PLAN WILL FACILITATE THE ESTABLISHMENT OF A DYNAMIC AND PROFESSIONAL COSECSA PROGRAM CONSISTENT WITH GLOBAL STANDARDS.

# ANNEX 1: MONITORING & EVALUATION FRAMEWORK FOR IMPLEMENTATION OF COSECSA IMPLEMENTATION POLICY AND STRATEGY

Policy Objective No: *State Policy Objective (as described in the COSECSA Policy Implementation Strategy*

EVALUATION FOR THE PERIOD

STARTING ON

ENDING ON

EVALUATION DATE

Strategies	Targets/Activities	Performance Measure/ Output	Time Frame & Responsibility	Implementation Progress		Remarks On Implementation Status	Planned Action
				Previous	Current		
[State strategy as described in the Implementation Strategy]	[State the 1st activity/ Target for this strategy as described in the Implementation Strategy].	[State the performance measure or output for the 1st activity as described in the Implementation Strategy].	[State the time frame for the 1st activity as described in the Implementation Strategy].	[Insert PREVIOUS perform-ance SCORE and apply color scheme]	[Insert CUR-RENT perform-ance SCORE and apply color scheme]	[State implementation status and reason(s) for status, where applicable]	[Outline the planned action going forward]
	[State the 2nd activity for this strategy as described in the Implementation Strategy].	[State the performance measure or output for the 2nd activity as described in the Implementation Strategy].	[State the time frame for the 2nd activity as described in the Implementation Strategy].	[Insert PREVIOUS perform-ance SCORE and apply color scheme]	[Insert CUR-RENT perform-ance SCORE and apply color scheme]	[State implementation status and reason(s) for status, where applicable]	[Outline the planned action going forward]
	Etc.	Etc.	Etc.	Etc.	Etc.	Etc.	Etc.
	Overall Evaluation of Implementation of this Policy Objective			[Insert Average Score]	[Insert Average Score]	As per above	As per above

### IMPLEMENTATION PROGRESS – SCORING AND COLOUR SCHEME:

The following implementation scores should be applied during evaluation of implementation of the Policy Implementation Strategy:



Score of "1" means "NOT INITIATED"

Score of "2" means "Initiated & Achieved 25%"

Score of "3" means "Initiated & Achieved 50%"

Score of "4" means "Initiated & Achieved 75%"

Score of "5" means "Fully implemented 100%"

## ANNEX 2: GANTT CHART TIME FRAME FOR ACTIVITIES ENVISAGED UNDER THE COSECSA STRATEGIC PLAN

### GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Graduate 1000 Surgeons by 2025	Secure funding for scholarships to trainees	At least 40 Candidates per year obtain scholarships					
Increase the number of Trainers by 100	20 new Trainers per year	3 Train the Trainer workshops per year					
Curriculum Review	Annual Curriculum Review	1 Annual Curriculum Conference					
Develop the training manual	Training Manual/guidelines development	3 Meetings to develop the manual					
Dialogue with the appropriate authority in each Country to gain CPD Courses recognition	Develop a CPD Program for fellows	Workshops to develop CPD Program					
Avail online access for reading materials	Subscribed and free online materials for trainees and fellows	Access to online materials					
Build Research Capacity within COSECSA	Developed Research Methodology Course uploaded on the SFS and undertaken by trainees	50-100 Trainees undertake the Research Methodology Course each year					
Obtain Pub-Med indexing for the ECAJS	Full application for indexing is submitted in 2021	Support to the Research Coordinator					
Conduct an in-depth analysis of the problems of exams and offer solutions; Clinical Part II examinations	Revisit the questions after the conclusion of each year Part I and Part II exams	ToRs for Court of Examiners are revised, and specific training is held in line with best practice					
Continuous alignment of COSECSA Training and Examinations to International Standards	Establish a joint committee of national and COSECSA to supervise the exam to ensure examination quality	Workshop to develop ToRs for the Joint Committee					
Conduct online MCQ writing workshop per year	Strengthen Court of Examiners; revise ToRs	Specific training held in line with best practice					
Conduct clinical case writing workshop per year	MCQ workshop is conducted per year	One (1) MCQ workshop is conducted per year					
Organize examiner exchange programme for six examiners per year	Case writing workshop is conducted	One (1) Case writing workshop is conducted per year					
	COSECSA examiners serve in other College's exams each year; COSECSA receives six examiners from other Colleges.	Six COSECSA examiners serve in other College's exams each year; COSECSA receives six examiners from other Colleges.					

## GOAL 1: ACHIEVE EXCELLENCE IN TRAINING AND RESEARCH

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Train and Improve regional examiners, certify and appoint them	Examiner training is conducted regularly	one OSCE and one VIVA workshop held each year with Fellows invited to attend					
Revise and Implement examination standard operating procedures	Mid-term revision of Examination SOPs takes place	Workshop to review Examination SOPs					
Consolidate the School for Surgeons platform and mobilize relevant stakeholders by speciality	SfS tool comprehensively developed	Develop relevant Pedagogical material (Course, Books, Videos)					
Ensure recognition of COSECSA qualification in all countries	COSECSA undertakes a gap analysis of recognition by speciality and country, addresses gaps. Ensure additional speciality is recognised	Gap Analysis					



## GOAL 2: QUALITY IN SURGICAL CARE

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Collaborate with allied health professions engaged in surgical care and training	COSECSA builds on existing joint project with CANECSA to build the Anaesthesia workforce; COSECSA engages with ECSACOG and ECSACON.	Representatives are invited to meetings and trainings where appropriate and opportunities for joint project and research collaborations are explored					
Increase the number of non-surgeons (such as General Medical Officers) trained in basic surgery	COSECSA supports Essential Surgical Training for non-surgeon courses in member countries, particularly in rural areas	2 Workshops each year for EST for non surgeons in Member Countries' rural areas					
Actively participate in Countries' policy making, specifically NSOAPS for COSECSA inclusion on matters of surgery and surgical plans	COSECSA representative participates in the key NSOAP meeting in Member Countries	Participation in the key NSOAP meetings in Member Countries					
Participate in relevant global health advocacy and policy making platforms	Conduct an assessment of which advocacy and policy-making platforms to engage with based on alignment with COSECSA strategy	Assessment of which advocacy and policy-making platforms to engage with based on alignment with COSECSA strategy					
Establishment of Centres of Excellence in various surgical fields at the COSECSA training sites	Council Member is a delegated representative per platform. Develop criteria and guidelines for establishing CoEs	Participation of 2 Council Members in atleast 2 Global Health Forums each year Concept Notes developed and establishment of 2 Centres of Excellence					
Exchange Programs/Rotations	Trainees undertake rotational trainings across the region for a period of 3 months	3 Trainees exchanged in different training facilities					
Advocacy on Fellowship and Membership;	Post Fellowship Programmes for a maximum period of 8 months within the ECSA region	3 Fellows facilitated per year to attend training					
Develop Surgical referral protocols, In line with WHO Surgical Safety List, Surgical audits	Collaborate with implementing partners to create/enhance evidence-based surgical guidelines and disseminate best practices and standards	Conduct meetings to develop Protocols and SOPs in line with WHO Surgical Safety List					
Promote Research among COSECSA Fellows	Establish a Pool of Fellows for research and provide Research Grants, Presentation of Research Papers at Forums and Research Papers/articles are written and Published	Research Grants and facilitation of fellows to attend forums and present papers					
Explore extending the EST training to other COSECSA Member Countries	Add more Countries to the EST Programme	Conduct EST in other COSECSA Countries					
Establish mentorship groups	Identify referral training mentors' groups						

## GOAL 2: QUALITY IN SURGICAL CARE

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Commission a Study as to why COSECSA needs women in Surgery	Conduct a Study of the need for women in Surgery and barriers to women in Surgery	Conduct a Study of the need for women in Surgery and barriers to women in Surgery					
Increase the number of Women Trainees to 25%	Increasing proportion of women trainees at both MCS and FCS levels	Improve and build on Scholarships tailored for women: Provide 15 Women Scholarships per year					
Build Administrative Capacity of WiSA	Develop COSECSA Gender Policy; Organise forums for Women Surgeons; Build a mentorship and coaching program; Establish a pool of COSECSA women graduates; Increase No of women leaders in the College Affairs	Organise one Women Surgeons' forum per year in collaboration with WiSA					

## GOAL 3: BUILD ORGANIZATIONAL EXCELLENCE AND FINANCIAL STABILITY

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Ensure predictable diversified funding, ensure good governance, transparency and accountability, Engage in advocacy and policy development	Increase visibility of COSECSCA through Branding and Communication and attract more professionals onto the programme as well as increase financial sustainability	Implement the Communication Strategy and increase COSECSCA visibility					
Increase internal and external resources by 50%	Membership and Fellowship numbers grow by 600 each year;	income from membership and fellowship subscriptions increases					
Secure annual government funding from member states equal 1/3 of income	Income from government funding is 1/3 of all income each year	Liaise with COSECA Country Representatives and Country Coordinators to follow up with the respective Ministries of Health for support					
Develop and implement a Resources Mobilisation Strategy	Development of the Resource Mobilization Strategy to secure funds from additional Collaboration Partners	Meeting to review the Strategy					
Review of the implementation Status of the Strategic Plan	Evaluate the implementation of the strategic plan	Mid Term and End Term Workshops					
Strategic Partnerships: ensure all partnerships contribute to COSECSCA'S strategic goals and a majority of signed MoUs attract monetary value support	7 Additional Collaboration Partners	Engage and secure meetings with atleast three (3) additional potential donors					
COSECSCA advocacy on fellowship and membership.	Establish a pool of COSECSCA Fellows and Members; Establishment of an active COSECSCA Alumni	Organise a forum for COSECSCA Alumni					
Establish a team of COSECSCA Champions/ Ambassadors who will be facilitated to visit COSECSCA Member States medical schools or institutions of higher learning and run COSECSCA sensitization programmes to attract more trainees	Establish a team of COSECSCA Champions/ Ambassadors who will be facilitated to visit COSECSCA Member States medical schools or institutions of higher learning and run COSECSCA sensitization programmes to attract more trainees	4 Schools/ Institutions visited per year per Member State by 2 champions in each Country					
Collaborate with local universities to strengthen COSECSCA and improve surgical care	MOUs with universities and grants collaborations	Dialogues at country-level with Universities					
Invest in IT and subscription of online platforms; Automation of COSECSCA operation systems and up and running online examination systems	COSECSCA Secretariat conducts needs assessment of management systems and scopes out future needs and also explore the technology and infrastructure needed to support virtual examinations including the use of virtual simulation and define business requirements	Technical Support and systems automation					

## GOAL 3: BUILD ORGANIZATIONAL EXCELLENCE AND FINANCIAL STABILITY

OBJECTIVES	STRATEGIES	ACTIVITIES	2021	2022	2025	2024	2015
Explore short-term training and certification opportunities	Establish modalities of running short courses for certification	Organise in collaboration with other other partners short-term training in different specialities					
Register a charity in the UK and Develop the foundation for donations	Develop the foundation for donations	Set up a fund to receive donations from friends and Alumni of COSECSA					
Pilot test joint fundraising strategy project with key partners over a period of 5 Years		Organise a fundraising event					
5-Year COSECSA Fee review	Review the Structure every 5 years	New Fee Structure in 2025					
Situation Analysis of potential COSECSA district hospitals	Increase the number of Accredited Hospitals	Assess the suitability of district hospitals for COSECSA Accreditation					
Development of a strategy for eligibility of national or bilateral scholarship programmes	Ensure COSECSA is well positioned to secure national or bilateral scholarship programmes	Engage with MoH and Higher Academic Institutions					
Explore income opportunities through research partnerships/collaborations	Establish a Pool of COSECSA Researchers	Attract and Interest COSECS Program Directors, Fellows and Members to do research for policy making and for COSECSA Income					
Construction COSECSA Secretariat Headquarters	Write Funding Proposals to potential donors	Secure funding to construct COSECSA Headquarters					
Safeguard COSECSA Laki Laki Land	Fencing of COSECSA Laki Laki Land	Do phased approach construction of the Fence					
COSECSA Secretariat Administrative and Programme Coordination Capacity Development	Enhance the capacity of Secretariat for proper coordination of COSECSA Programme	Capacity Development, Administrative Support,					



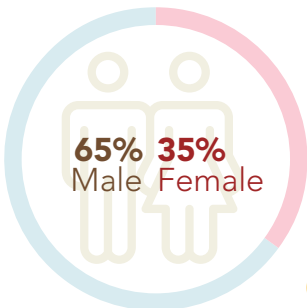
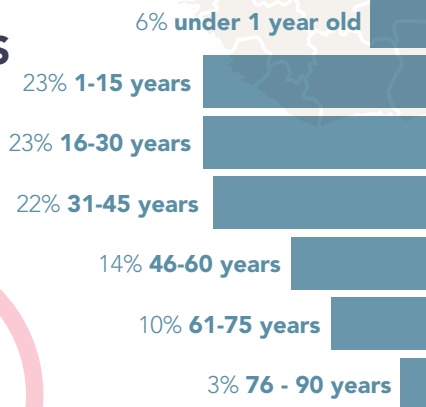
**COLLEGE OF SURGEONS  
OF EAST, CENTRAL  
& SOUTHERN AFRICA**

# 250,000

## SURGICAL PATIENTS TREATED!

Trainees across sub-Saharan Africa collectively passed a milestone in August 2020 when the 250,000<sup>th</sup> operation was recorded in the **COSECSA eLogbook**.

### AGES OF PATIENTS



### PATIENT GENDER

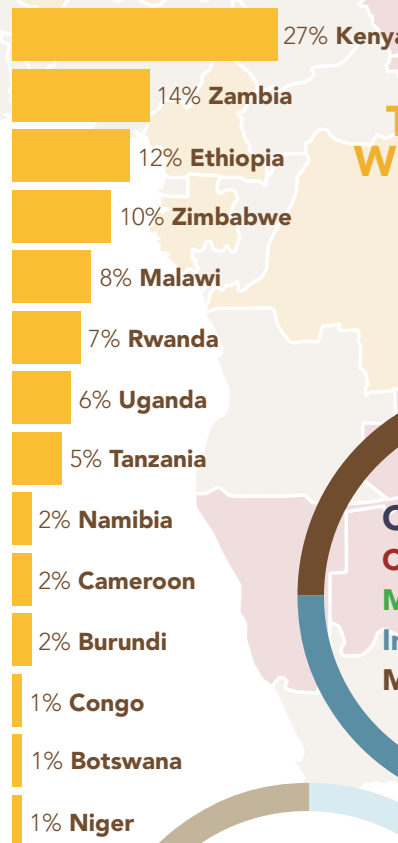
**701**  
TRAINEES  
RECORDED  
OPERATIONS



**Robert**  
IS THE MOST  
COMMON  
TRAINEE  
FIRST NAME

### COUNTRIES WHERE THE PATIENTS WERE TREATED

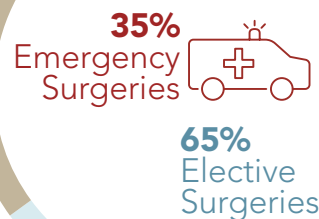
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**COMPLEXITY**  
Complex Major 9%  
Major 31%  
Intermediate 35%  
Minor 25%

**2,700** TYPES of OPERATIONS RECORDED

### SURGERY TYPE



### SPECIALTY

38% General Surgery
30% Orthopaedic Surgery
9% Paediatric Surgery
8% Urology
7% Plastic surgery
4% Neurosurgery
1% Otorhinolaryngology
1% Cardiothoracic Surgery

### 5 TOP MOST COMMON OPERATIONS

4% Wound - debridement / haematoma / delayed closure
3% Hernia inguinal - adult
3% Appendicectomy (all types)
2% Diaphyseal femur fracture intramedullary nailing
2% Exploratory laparotomy (no other procedure)



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