

STRATEGIC PLAN 2026-2030

COLLEGE OF SURGEONS OF EAST, CENTRAL AND SOUTHERN AFRICA (COSECSA)

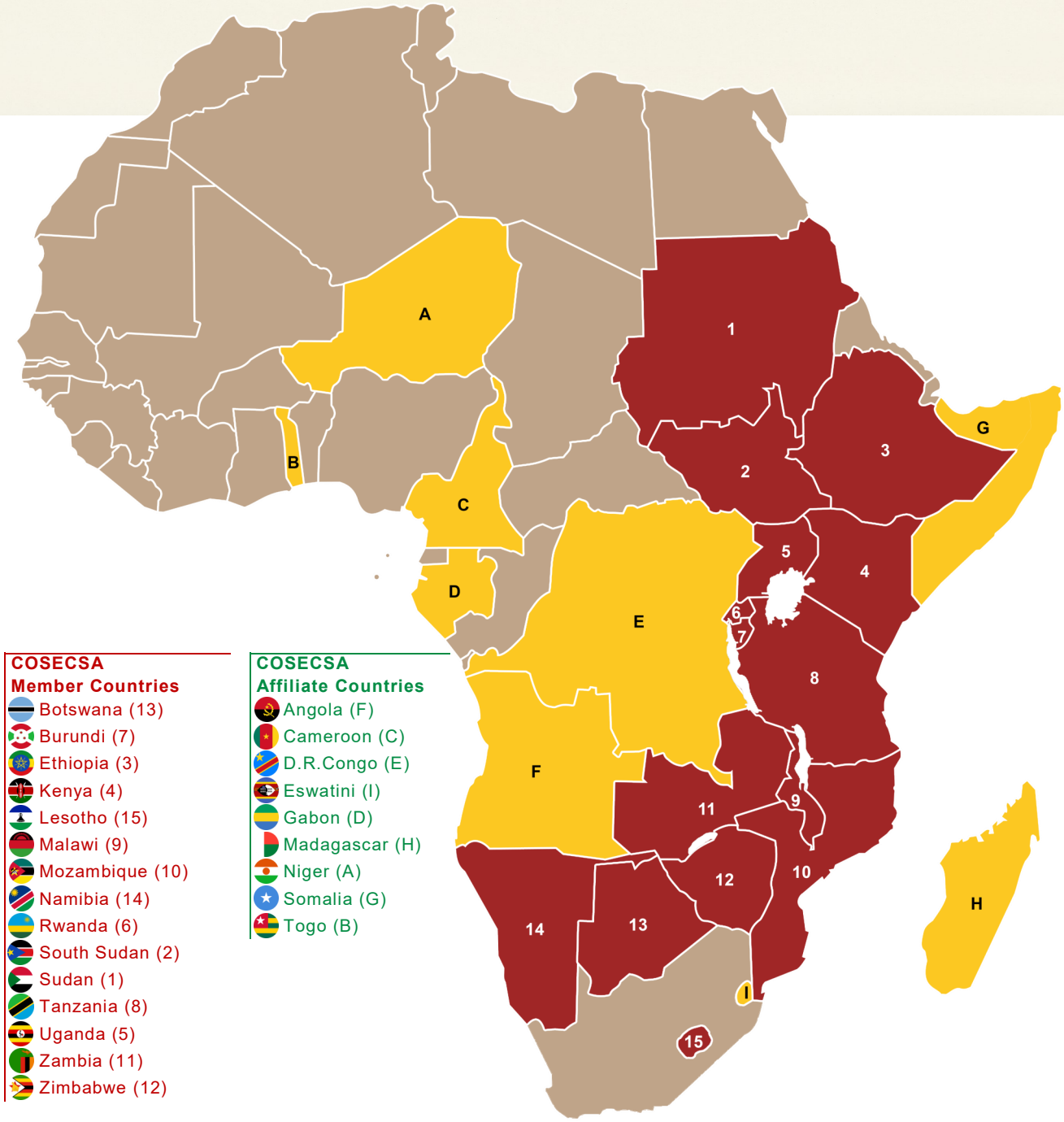
The Solution to Africa's Surgical Crisis

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Niraj Bachheta

Thank you to the Surgical Team at
AIC Kijabe CURE Hospital

COSECSA'S GEOGRAPHICAL REACH

Uniting 24 Countries, bringing Surgical Care to nearly 450M people.



LIST OF ACRONYMS

ACS	-	American College of Surgeons
CANECSA	-	College of Anaesthesiologists of East, Central and Southern Africa
CMSA	-	Colleges of Medicine of South Africa
CoE	-	Court of Examiners
COSECSA	-	College of Surgeons of the East, Central and Southern Africa
CPD	-	Continuous Professional Development
CRs	-	Country Representatives
ECAJS	-	East and Central African Journal of Surgery
ECC	-	Examination and Credentials Committee
ECSA	-	East, Central and Southern Africa
ECSA-CHS	-	East, Central and Southern Africa College of Health Science
ECSACOG	-	East, Central and Southern Africa College of Obstetrics and Gynaecology
ECSACONM	-	East, Central and Southern Africa College of Nursing and Midwifery
ECSA-HC	-	East, Central and Southern Africa Health Community
ETC	-	Education and Training Committee
FCS	-	Fellowship of the College of Surgeons
GI	-	Gastro-intestinal
ICT	-	Information, Communication Technology
KPIs	-	Key Performance Indicators
LMIC	-	Lower-and Middle-Income countries
MCS	-	Membership of the College of Surgeons
MIS	-	Management Information System
MoU	-	Memorandum of Understanding
NSOAP	-	National Surgical, Obstetric, and Anaesthesia Plans
PAACS	-	Pan African Academy of Christian Surgeons
RCSEd	-	Royal College of Surgeons of Edinburgh
RCSEng	-	Royal College of Surgeons of England
RCSI	-	Royal College of Surgeons in Ireland
RPC	-	Research and Publications Committee
SAO	-	Surgical, Anaesthesia, Obstetric
SDGs	-	Sustainable Development Goals
TORs	-	Terms of Reference
TOTs	-	Training of Trainers
TWG	-	Technical Working Group
UHC	-	Universal Health Coverage
WACS	-	West African College of Surgeons
YoY	-	Year-Over-Year

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FOREWORD BY THE PRESIDENT



Prof Laston CHIKOYA
President
COSECSA

"Transforming Surgery,

Transforming Lives."

As we close the chapter on the 2021–2025 Strategic Plan, I am filled with gratitude and pride for the remarkable journey the College of Surgeons of East, Central and Southern Africa (COSECSA) has taken. Over the past five years, we have not only achieved the goals we set but, in many areas, surpassed them, confirming COSECSA's place as a beacon of surgical training and excellence across Sub-Saharan Africa.

One of our most striking milestones has been in surgical training. With a target of graduating 1,000 surgeons by 2025, we hit the mark of 1183 graduates in 2025. This achievement is more than a number; it is a reflection of lives saved, communities served, and systems strengthened. Alongside this, COSECSA has pioneered innovations in training and examinations, with MCS now entirely online and FCS examinations progressively digitalized. More than 450 scholarships have been awarded, supporting trainees and fellows to realize their dreams, while the Training of Trainers initiative has grown our trainer base from 303 in 2020 to 954 in 2025. Our automated admissions system has brought efficiency and transparency, serving over 650 applicants and about 410 new enrolled trainees annually.

Our efforts in strengthening surgical care have equally borne fruit. Hospital/training site accreditation has expanded from 124 sites in 2020 to 153 in 2025, ensuring standards of training and service delivery. Essential surgical training has been rolled out in COSECSA countries, reaching rural providers and underserved communities. Exchange and post-fellowship programmes, CPD workshops, research grants, publications, and mentorship groups are positioning COSECSA as not only a training institution but also a knowledge hub and thought leader. These successes have been possible through the steadfast support of our partners; RCSI, ECSA-HC, ACS, AO Alliance, Smile Train, ReSurge, Kids Operating Room, Mercy Ships, Operation Smile, The Beit Trust, Intuitive Foundation, Rahima Dawood, BJS, Ministries of Health, PAACS, RCSEd, and RCSEng. We are deeply grateful for their trust and collaboration. Equally, I pay special tribute to the Council of the College, our Executive Committee, Programme Directors, Country Coordinators, and the Secretariat. Their commitment, sacrifice, and dedication are the driving force that translates vision into impact and strategy into tangible outcomes.

As we look ahead to 2026 - 2030, our ambition must rise higher. We will deepen our focus on curriculum development, research, innovation, equity, and systems strengthening, ensuring that the growth of our numbers translates into healthier communities and equitable access to safe surgical care. We will continue to champion opportunities for women and underrepresented groups, build sustainable systems, and forge even stronger partnerships across the continent and beyond.

COSECSA has earned regional and global recognition. The next five years call us to sustain excellence, innovate boldly, and expand impact - because safe, affordable surgical care must never be a privilege, but a right for every African.

PREFACE BY THE CHIEF EXECUTIVE OFFICER





Ms Stella ITUNGU
CEO
COSECSA

It is with great honour that I present the College of Surgeons of East, Central and Southern Africa (COSECSA) Strategic Plan for 2026 - 2030. This new plan builds on a period of significant growth under the 2021 - 2025 framework, during which COSECSA strengthened systems, scaled programmes, and delivered measurable impact across the region.

The last five years have seen major operational gains. We expanded digital platforms for admissions and examinations, enhanced scholarship management, improved Secretariat efficiency, and broadened hospital accreditation. These investments allowed us to serve more trainees, fellows, empower trainers, and extend COSECSA's reach into communities that need surgical care the most.

The COVID-19 pandemic put these systems to the test. It revealed gaps in infrastructure, funding, and digital readiness - but it also demonstrated COSECSA's resilience. By adapting swiftly, we sustained examinations, training, and graduations at a time when health systems were under immense strain. We have strengthened partnerships, enhanced digital learning platforms, and reinforced quality assurance mechanisms, transforming surgical education in the region.

Looking ahead, the new Strategic Plan (2026 - 2030) sets a sharper focus on improving quality at every stage of training and service delivery. We will establish an Academy of Educators to professionalise and sustain excellence in surgical teaching. We will strengthen the examination system by developing the next generation of examiners and refining assessment processes. We will enhance hospital accreditation by embedding measurable standards of practice across training facilities. And we will drive digitalisation and localisation of learning, enabling trainees to access self-directed modules, formative assessments, and operative data capture that enriches their day-to-day experience.

These priorities are ambitious, and achieving them will depend on the continued support of our valued collaboration partners. Their investment has been central to COSECSA's growth, and as we move into this new cycle, deeper partnerships and new alliances will be critical to sustaining innovation and scaling impact. Thanks to the Irish Aid through the COSECSA-RCSI Collaboration Partnership, which has already committed support to the above focus areas. Therefore, the successful implementation of the plan will depend on the support of all our partners.

I extend my appreciation to our Council, Executive Committee, Programme Directors, Country Coordinators, Secretariat staff, and all partners whose commitment makes this vision a reality. Together, we will shape a future where safe, accessible surgical care is not the exception, but the standard across Africa.

"Successful implementation of the plan will depend on the support of our partners"

ACKNOWLEDGEMENT BY THE SECRETARY GENERAL





Prof Abebe BEKELE
Secretary General
COSECSA

"Guided by collaboration. Driven by commitment."

The development of the COSECSA Strategic Plan III (2026 - 2030) was a highly consultative and collaborative effort, led by the COSECSA Secretariat under the guidance of the Council. This process engaged a broad spectrum of stakeholders from across COSECSA's Partners, Member and Partner Countries, ensuring that the perspectives of those directly involved in surgical training, delivery, and health systems strengthening were fully incorporated.

We gratefully acknowledge the invaluable contributions of Fellows, Trainees, Trainers, Programme Directors, and National Representatives across our 15 Member Countries (Burundi, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Zambia, Zimbabwe, South Sudan, Sudan, and Uganda) and 9 Partner Countries (Angola, Cameroon, Democratic Republic of Congo, Eswatini, Gabon, Madagascar, Niger, Somalia, and Togo).

COSECSA extends its deep appreciation to all collaboration partners and like-minded institutions whose insights, experiences, and technical inputs shaped the strategic direction of this plan. We especially acknowledge the Royal College of Surgeons in Ireland (RCSI) for supporting the Mid-Term Review of Strategic Plan II (2021–2025) through the Irish-funded COSECSA - RCSI Collaboration Programme. The findings of that review significantly informed the priorities and direction of this new Strategic Plan.

We also recognize the national surgical societies for their critical leadership and commitment. Their role in spearheading surgical activities at the national level, strategic insights and dedication to surgical education and service delivery remain central to the College's success.

The Council further acknowledges the contributions of those involved in developing Strategic Plans I and II, whose foundational work has paved the way for our continued growth and impact. We offer particular thanks to the consultant, Mr. Richard Charles Karamagi who conducted the Mid-Term Review of Strategic Plan II, whose detailed analysis and contextual understanding provided crucial guidance for the formulation of this plan.

We extend our gratitude to the Director General of the East, Central and Southern Africa Health Community (ECSA-HC), along with the Presidents and Secretaries General of the ECSA-HC Colleges - CANECSA, ECSACONM, and ECSACOG, as well as the leadership of the Colleges of Medicine of South Africa (CMSA) and the West African Colleges (WACS), for their strategic input and continued commitment to advancing healthcare across the region.

Finally, the Council expresses its profound appreciation to the staff of the COSECSA Secretariat. Your professionalism, tireless effort, and unwavering commitment were critical to the successful completion of this Strategic Plan.



"Behind every surgeon trained, stands the vision of those who led before us"

THE COSECSA COUNCIL

"Leadership that shapes surgical excellence"

President



Laston Chikoya
Zambia

Vice President



Wakisa Mulwafu
Malawi

Secretary General



Abebe Bekele
Ethiopia

Asst Secretary General



Olivia Kituuka
Uganda

Registrar



Eric Borgstein
Malawi

Treasurer



Kitugi Nungu
Tanzania

Examination & Credentials Committee Chair



Hanna Getachew
Ethiopia

Education, Scientific & Research Committee Chair



Michael Mwachiro
Kenya

Finance & General Purpose Committee Chair



Celestine Mbangtang
Namibia

Imm. Past President



Odubu Fualal
Uganda

WiSA Chair



Fortunate Mudede
Zimbabwe



Mpapho Motsumi
Botswana



Chiapo Lesetedi
Botswana



Gallina Kazobinka
Burundi



Venerand Barendegere
Burundi



Ataklitie Berhea
Ethiopia



Woubedel Kiflu
Ethiopia



Caesar Bitta
Kenya



Karen Mbaabu
Kenya



Steve Kyota
Lesotho



Gift Mulima
Malawi



Lucy Kaomba
Malawi



Sergio Salvador
Mozambique



Vanda Amado
Mozambique



Akutu Munyika
Namibia



Pueya Nashidengo
Namibia



Emmy Nkusi
Rwanda



Faustin Ntirenganya
Rwanda



Mapuor Mading
South Sudan



Mayen Achiek
South Sudan



Ahmed ElSayed
Sudan



Larry Akoko
Tanzania



Petronilla Ngiloi
Tanzania



Rose Alenyo
Uganda



Moses Galukande
Uganda



Seke Kazuma
Zambia



Victor Mapulanga
Zambia



Bothwell Mbuwayesango
Zimbabwe



Kusezweni Nduku
Zimbabwe



Sherry Wren
United States of America



Steve Mannion
United Kingdom

1. THE EXECUTIVE SUMMARY



"COSECSA has recorded steady annual growth in key areas; Trainees, Trainers, Graduates, Examiners, Accredited hospitals and Surgical Operations performed by its trainees"

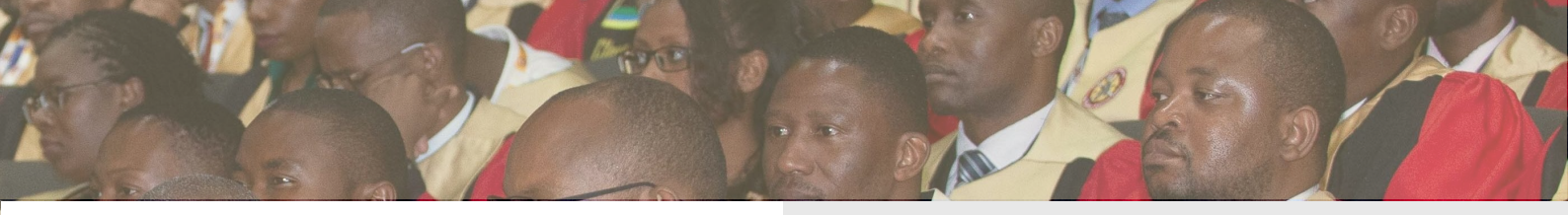
COSECSA's vision of being the reference surgical body in East, Central and Southern Africa (ECSA) and beyond is rooted in lasting health change in Africa: surgeons equipped with the knowledge & skills to maintain their health and break the cycle of poor health and poverty. We are committed to long-term transformation rather than short-term emergency solutions. We present the 2026-2030 Strategic Plan with confidence in the untapped potential within African communities, particularly their power to drive sustainable health transformation.

Marking 25 years of impact, the College continues to serve as a catalyst for the tremendous, often hidden, energies in sub-Saharan Africa through Surgical Training, Examination and Research. To contribute to Universal Health Coverage through access to quality surgical care, this plan strengthens COSECSA's leadership in surgical training across Africa. It builds on the previous plan's gains, while learning from past challenges to identify new opportunities.

Since its founding in December 1999, COSECSA has grown into the largest and most impactful surgical training institution in ECSA. Over its 25 year history, the College has graduated over 1,100 specialist surgeons across 9 surgical disciplines, operating across 15 member countries and training in 24 Sub-Saharan Africa Countries,

a contribution that has demonstrably reshaped the region's surgical landscape.The broader specialist surgeon workforce in the COSECSA region grew by 42% between 2015 and 2022, from 1,690 to 2,555 surgeons, a trajectory to which COSECSA's training model has been central. Critically, this growth has not been eroded by brain drain: up to 92% of COSECSA graduates remain in their country of training post-qualification, directly strengthening local health systems and expanding access to surgical care for communities that have historically been underserved.

Between 2020 and 2025, this long-term momentum translated into steady, year-on-year growth across every operational dimension of the College. Annual trainee enrolment increased from ***288 to 425***, and the cumulative number of graduates rose from ***557 to 1,183***, placing COSECSA ahead of its Strategic Plan target of 1,000 graduates by 2025. The number of MCS and FCS candidates grew from ***234 to 340***, reflecting both rising demand for the College's qualifications and sustained investment in examination infrastructure. Accredited training hospitals increased from ***124 to 153***, extending the College's reach into rural and peri-urban settings where surgical need is greatest, and the number of examiners grew exponentially, underpinning the college's academic rigour and credibility.



COSECSA's financial position also significantly improved over this period, reinforcing its long-term institutional sustainability. Alongside these quantitative gains, the College made measurable progress on equity and inclusion.

Through the Women in Surgery Africa (WiSA) initiative, COSECSA has graduated over 165 female surgeons, with women now comprising 24% of active trainees, a substantial shift from the near-exclusively male profession that characterised the region at the College's founding.

More than 450 scholarships have been administered across training, examinations, exchange programmes, post-fellowships, and research grants, ensuring that financial barriers do not prevent candidates from accessing specialist surgical training.

With 954 accredited trainers, including 73 Master Trainers and 3512 trainees cumulatively enrolled, COSECSA enters its next strategic cycle with both the institutional capacity and the regional credibility to accelerate progress toward a surgical workforce that is sufficient, representative, and retained in the communities it serves.

These gains reflect COSECSA's commitment to:

1. **Excellence in Training, Examination and Research,**
2. **Quality in Surgical Care,**
3. **Organizational Excellence and Financial Sustainability.**

Health workers are the heart and soul of health systems and yet the world is faced with a chronic shortage; surgical workforce shortage estimated at over 2 million, with an estimated 1.27 million more surgical providers needed by 2030 to achieve minimal surgical workforce densities.

In addressing this crisis, and in addition to the previous college efforts and achievements, the **COSECSA 2026 - 2030 Strategic Plan** focuses on improving the quality of; surgical training, research, assessments and examinations, surgical care, and ultimately, patient outcomes.

Learning from the mid-term review of the previous strategic plan and in light of the global call, the 2026 - 2030 plan is centred around strengthening quality assurance in all College operations, ensuring sustainability through diversification of financial sources, promoting equity through the enhancement of women's participation in training and leadership, robust impact assessment of COSECSA-trained surgeons, institutional strengthening through secretariat capacity building and strengthening collaborations with the relevant stakeholders.

This will be driven by strengthening Human Resources for Health, and placing strong emphasis on evidence-based advocacy, research, and policy change. The College underscores the key themes of the Plan: College Sustainability, Quality Assurance, Fellows and Trainers' Support, and Partner Engagement.

The consultation and planning process for this plan has been extensive, involving all 24 COSECSA countries in the ECSA region, international organisations, collaboration partners, surgical societies, 4 Royal Colleges of Surgeons in Ireland and UK, Academic Institutions, Fellows, trainees, trainers and Programme Directors. The Plan will undergo a mid-term review to ensure alignment with institutional goals and responsiveness to global health trends.

COSECSA is a "College without Walls" delivering impact through efficient use of limited resources. The success of this plan depends on continue collaboration with Governments, Ministries of Health, Medical Councils, Sister Colleges, International Organisations, Academic and Research Institutions, and other like-minded partners.

COSECSA therefore expects to train and graduate at least 650 more surgeons over the next 5 years. This Plan is to be funded through a diversified fundraising strategy, drawing from both internal and external sources.

2. BACKGROUND

"COSECSA has a distinguished history in surgical education, which has been punctuated by key events since inception."

1950	Formation of the Association of Surgeons of East Africa (ASEA), the precursor to COSECSA.
1997	ECSA-HC Health Ministers approve and mandate the creation of a regional college to advance postgraduate surgical education and training across East, Central, and Southern Africa.
1999	Establishment of the College of Surgeons of East, Central, and Southern Africa (COSECSA), transforming ASEA into a regional postgraduate surgical training institution.
1999-2024	COSECSA develops and implements the ***"College Without Walls"*** model, decentralizing surgical education across teaching and non-teaching hospitals in rural, semi-urban, and urban areas. This approach addresses surgical workforce deficits, enhances local surgeon retention, and improves 2-hour access to surgical care.
2024	COSECSA celebrates 25 years of existence, recognized as the only institution in Sub-Saharan Africa to successfully turn hospitals into accredited surgical training sites while operating in 24 countries (15 Member and 9 Partner countries).
Graduated 1,183 specialist surgeons across 9 disciplines, 42% increase contribution to the specialist surgical workforce (2015–2022), 92% graduates retained in their country of training	
Present (2026)	COSECSA offers a comprehensive Membership and Fellowship in Surgery Programmes across multiple surgical specialties, aligning its mission with UN Sustainable Development Goals SDG 3 (universal health coverage), SDG 4 (quality education), and SDG 5 (gender equality).

Member Countries (15)

Burundi • Botswana • Ethiopia • Kenya • Lesotho • Malawi • Mozambique • Namibia • Rwanda • Tanzania • Zambia • Zimbabwe • South Sudan • Sudan • Uganda.

Partner Countries (9)

Angola • Cameroon • D.R. Congo • Eswatini • Gabon • Madagascar • Niger • Somalia • Togo.

COSECSA provides a comprehensive Surgical Programme namely:
Foundation in Basic Surgery (Membership Programme)

Fellowship Programmes in:
Orthopaedics • Otorhinolaryngology • Urology • Paediatric Surgery • Neurosurgery • Plastic Surgery • General Surgery • Cardiothoracic Surgery • Paediatric-Orthopaedic Surgery.

This is with the view to contribute to scaling up surgical care in the LMICs, for patients in sub-Saharan Africa.

3. POSITION, VISION, MISSION, VALUES AND APPROACH



"Strengthening Africa's Surgical Future Through Knowledge, Quality & Innovation"

COSECSA considers surgery and health as a basic human right. We believe in the inherent power within African communities; the power for lasting transformation of Africa's health lies within its communities, with the surgical knowledge, skills and means to maintain their good health, which can break the cycle of poor health and poverty.

Vision:	Mission:	Goal:
To be the reference surgical body in the region of East, Central and Southern Africa & beyond.	To promote excellence in Surgical Care, Education and Training, and Research.	Increase accessibility of surgical services, especially to African rural populations, by standardizing and widening access to surgical training, skills and knowledge.

The Organisational core values, beliefs and principles

Transparency • Accountability • Quality & Continuous Improvement • Learning & Development • Institutional Integrity • Partnership • Institutional Agility & Entrepreneurism • Stewardship & Service • Gender • Equity • Credibility • Professionalism • Equity • Innovation • Data-driven decision making • Sustainability

Within our community approach, COSECSA will, in the next 5 years, focus on Quality of Training, Quality of Educators, Quality of Examiners and Assessments, Gender Diversity and Mainstreaming, Research for Evidence-based decisions, Organisational Excellence and Financial Sustainability. It is within these areas that quality patient-centred outcomes are to be achieved.



4. COSECSA MEMBERSHIP AND GOVERNANCE STRUCTURE

4.1. MEMBERSHIP

COSECSA comprises of 15 Member Countries, namely; Burundi, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Zambia, Zimbabwe, South Sudan, Sudan, and Uganda) and nine (9) Affiliate Countries (Angola, Cameroon, DRC, Eswatini, Gabon, Madagascar, Niger, Somalia, and Togo).

Eligible individual surgeons are admitted as members of the College under two categories: Fellows (including Foundation Fellows, Ordinary Fellows, Honorary Fellows, Associate Fellows, and Overseas Fellows) and Members (including Associate Members and Affiliate Members). Admission is based on graduation, election, and fulfilment of all necessary requirements, including payment of annual subscription fees.

The National Surgical Associations and Societies in the constituent member countries are affiliated corporate bodies of COSECSA, with which key activities, such as annual events, are jointly implemented.

4.2. GOVERNANCE STRUCTURE

COSECSA operates as a semi-autonomous institution governed by its own structures with distinct organs which oversee its academic, administrative, and operational functions independent Established by the ECSA-HC Health Ministers, the College maintains strategic alignment with the ECSA-HC through the College of Health Sciences. Regional policy matters of mutual interest are channeled to the ECSA-HC Health Ministers Conference, ensuring coherence with broader regional health priorities and goals.

The Council	Responsible for the overall supervision and policy matters of the College meets bi-annually. It comprises of the President, Vice-President, Secretary General, Treasurer, the four (4) Chairs of the Standing Committees, Registrar, two Country Representatives elected from each member country, Overseas Fellows Representative, and the immediate Past President in the year following their presidency. Council is elected every two years by Fellows of the college at the AGM.
The Executive Committee	Manages the affairs of the College, is elected by the Fellows of the College at the AGM and reports to and is accountable to Council. The EC is composed of the President, Vice-President, Secretary General, the Treasurer, four Chairs of the Standing Committees, the Registrar and co-opted fellows appointed by Council.
The Standing Committees	Manage the affairs of the College through the Executive Committee. They are; • The Examinations and Credentials Committee (ECC) • The Finance and General Purposes Committee (FGPC) • The Education and Training Committee (ETC) • The Research Publications Committee (RPC)
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
The Annual General Meeting	Comprising the College Membership is convened annually. The Members consider any motions brought forward by Council or any individual Fellow.

4.3. COSECSA'S EXISTING TRAINING & 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 the training and examination 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 oversees the enrollment of new trainees, organizes examinations and examinees the credentials of all candidates. It also deals with other academic matters such as reciprocal arrangements, recognition of hospitals, setting up of panels, examiners, and election of Fellows and Members.

(iii) **Research and Publications Committee (RPC):** This committee meets regularly to streamline research capacity building in the college including but not limited to research trainings, courses, CPD activities and publications through the COSECSA journal.

(iv) **Education, and Training Committee (ETC):** This body is also responsible for improving the course content based on the research done on the completed courses, curriculum development and review, the quality assurance for training at national level, and training oversight. This committee meets regularly to deal with education and training issues.

(v) **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.

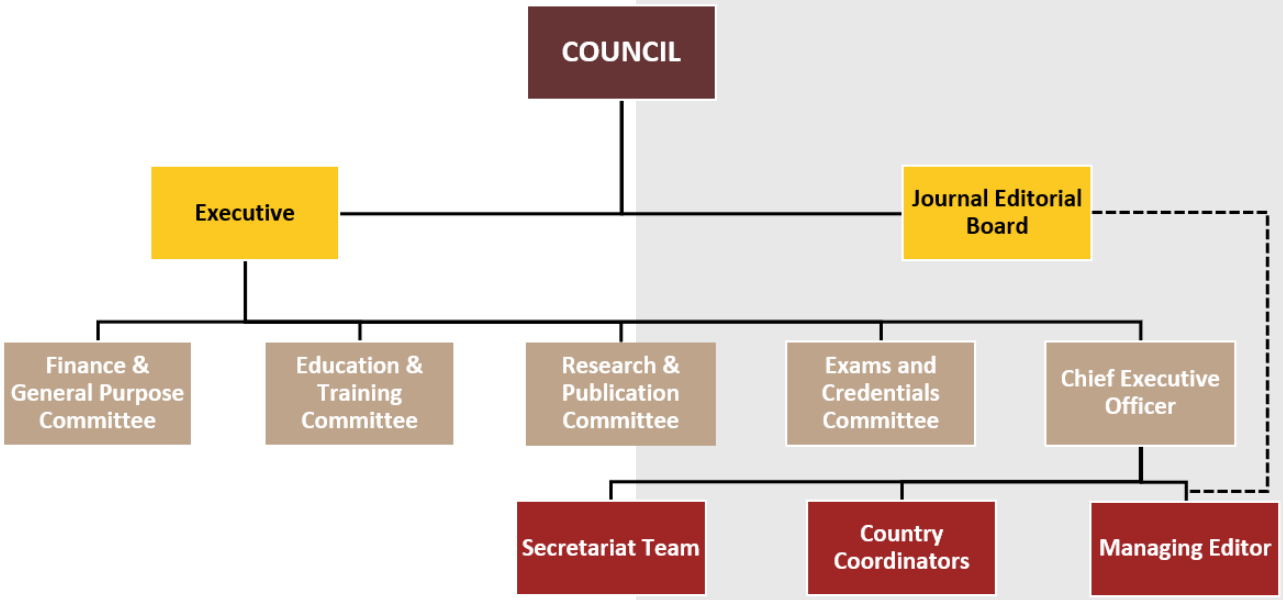
(vi) **Program Directors (PDs):** COSECSA established Program Directors at every COSECSA-accredited facility/hospital. These oversee and ensure high-quality training programmes at facility levels within Member States.

(vii) **Country Coordinators:** The College established Country Coordinators in all member states to coordinate and to ensure the smooth running of the day-to-day operational and administrative activities of the College, as well as the coordination and administration of examinations at the national level.

(viii) **Secretariat:** Under the leadership of the Chief Executive Officer (CEO), manages the day-to-day affairs of the College. It is responsible for all Partners' Programs Management, and provides regional Coordination and Administrative support of the entire COSECSA training program in collaboration with the Council, Executive Committee, the 4 Standing Committees and Collaboration Partners, aiming to achieve the College objectives.

4.4. COSECSA ORGANOGRAM

"Governance framework built to deliver excellence in surgical education across Africa."



The Council is the anchor of the COSECSA governance structure. It provides overarching strategic oversight and accountability. Reporting to the Council are the Executive Committee, which drive operational leadership and academic output. The Executive oversees four key committees:

- Finance & General Purpose,
- Education & Training
- Research & Publication
- Exams & Credentials

ensuring that all core functional areas of the College are governed with strategic oversight and expertise.

The Chief Executive Officer leads the Secretariat, which consist of the Secretariat Team, Country Coordinators, and Managing Editor, being the back bone that collectively undertake day-to-day operations and stakeholder engagement across the region.

This structure ensures that strategic direction, institutional governance, and operational delivery are clearly defined and aligned at every level.



"Learning together. Leading together. Transforming surgical care together."

4.5. RATIONALE FOR THE COSECSA 2026-2030 STRATEGIC PLAN



The period 2026 - 2030 marks a pivotal phase for COSECSA as it builds on its Silver Jubilee momentum to expand surgical training and address Africa's critical workforce shortages. Sub-Saharan Africa faces an urgent gap in surgical, obstetric, and anaesthesia providers, undermining Universal Health Coverage (UHC)

Despite the WHO's recommended threshold of 4.45 doctors, nurses, and midwives per 1,000 people, and The Lancet recommendation for all countries to reach a density of 20 SAO providers per 100,000 population by 2030, most African countries remain far below this target (WHO, 2016).Concurrently, the African Union and Africa CDC have prioritized workforce strengthening, emergency preparedness, and surgical care within Agenda 2063 and the New Public Health Order for Africa. Population growth, trauma, non-communicable diseases, and maternal health challenges continue to drive rising demand for both essential and specialist surgery, requiring coordinated regional action.

COSECSA is uniquely positioned to scale high-quality, contextually relevant surgical education across its 24 Countries in the COSECSA region, ensuring equitable access to safe surgery. This requires the support of several actors in the Global Health field, including collaboration partners. However, the global funding landscape is shifting, with increasing competition for scarce resources, evolving partner priorities, and a growing emphasis on African-led solutions that demonstrate results. To maintain leadership as Africa's foremost surgical training institution, COSECSA must deliver on its training priorities in a focused, coordinated manner while strengthening internal systems.

2026-2030 Strategic Plan will be Achieved through

Consistency & Alignment	Training and Advocacy	Resource Optimisation
Promoting coordinated activities, projects and programmes across all 24 COSECSA countries.	Strengthening surgical training & advocacy to scale COSECSA's impact on global health, NSOAP development and embedded training outputs within national health policy frameworks.	Optimising resource use and strategic planning to transform training priorities into measurable outcomes.
Stakeholder Engagement	**AI and Technology**	**Diversity and Inclusion**
Fostering engagement, continuous learning and impact tracking among stakeholders for sustained improvement.	Leveraging Artificial Intelligence and emerging technologies to promote technological advancement.	Enhancing representation of females in surgery to promote diversity, equity and inclusion.

4.6. ACHIEVEMENTS FROM THE 2021–2025 SP (MID-TERM REVIEW FINDINGS)



The Mid-Term Review (MTR) of the 2021–2025 Strategic Plan highlighted substantial progress in COSECSA's mission to advance postgraduate surgical education and training in sub-Saharan Africa. Achievements were noted across the three strategic goals: training and research excellence, quality surgical care, and organisational and financial sustainability. The review, conducted through document analysis, surveys, and stakeholder interviews, affirmed COSECSA's growing regional and international reputation while identifying areas requiring strategic strengthening.

Achievements registered under the three strategic goals (2021-2025)

Training & Research Excellence

- Surpassed 1,000-graduate target, reaching 1,183 surgeons
- MCS fully online; FCS 70% online implementation
- Salesforce system raised enrolments from 300+ to 400+
- 15 research grants plus 144 manuscripts across 5 volumes

Quality Surgical Care

- 28 new accredited training sites added across the region
- Essential surgical training reached 5 countries, 1,000+ rural providers
- 50+ surgeons benefited from fellowship and exchange programmes
- Registered CPD provider since 2023 - 1,000+ fellows benefited

Organisational Sustainability

- College finances more than doubled over the period
- Secretariat capacity improved, operations more efficient
- COSECSA land in Arusha secured and fenced
- Donor dependence remains; membership contributions lagged

Key Performance Indicators

1,183	954	450+	153
Surgeons graduated	Trainers via ToTs	Scholarships awarded	Accredited sites

4.7. LESSONS FROM THE 2021–2025 SP (MID-TERM REVIEW FINDINGS)



Six areas identified during the Mid-Term Review where gaps and challenges require deliberate action in the next strategic cycle.

Quality Assurance

Strengthen training quality

Institutionalise curriculum reviews, case-writing, and periodic trainee and trainer performance assessments to improve examination and training outcomes.

Financial Sustainability

Diversify income sources

Reduce reliance on donors by prioritizing government contributions and member subscription revenues to build long-term financial independence.

Gender Equity

Scale women's participation

Implement deliberate, targeted measures to enhance women's participation in surgical training and leadership roles across COSECSA member countries.

Impact Measurement

Track patient outcomes

Develop systems to measure patient outcomes and regional health impact of COSECSA-trained surgeons, including surgical audits at accredited hospitals.

Institutional Capacity

Expand the Secretariat

Expand Secretariat capacity, invest in ICT, and establish a surgical/technical oversight unit

Strategic Partnerships

Strengthen collaborations

Deepen collaboration with Ministries of Health, regulatory bodies, and peer institutions to protect COSECSA's brand and ensure long-term regional recognition.

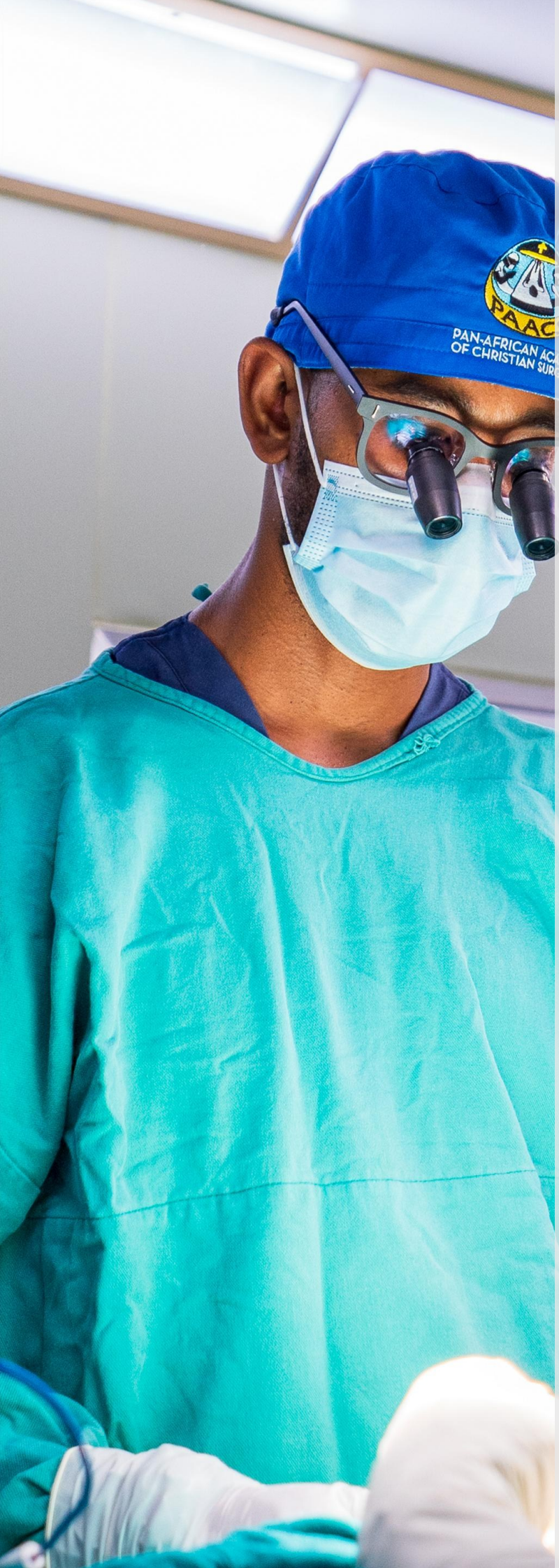


"1,183 surgeons. 1,183 reasons Africa's health future is brighter today"

5. SITUATIONAL ANALYSIS

"Confronting a critical surgical workforce crisis across Eastern, Central and Southern Africa and charting a bold path forward."





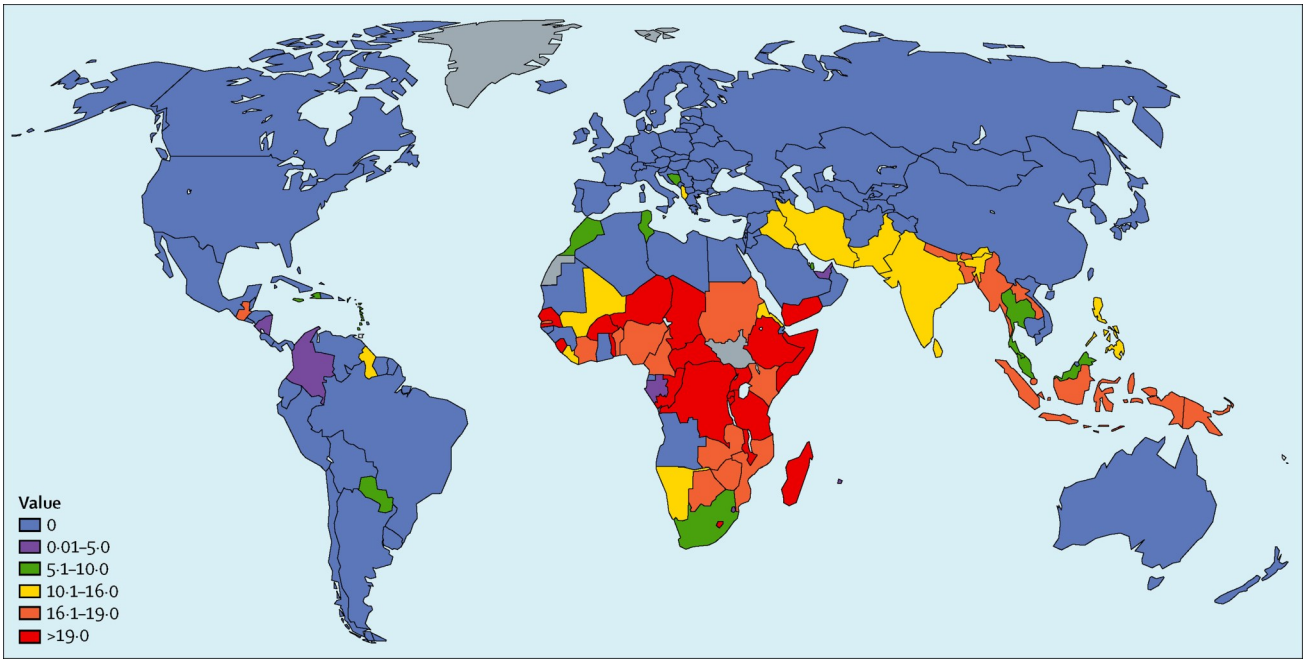
5.1. GLOBAL AND REGIONAL CONTEXT - HEALTH WORKFORCE CRISIS

Across sub-Saharan Africa, the shortage of specialized health professionals particularly in surgery, anesthesia, and obstetrics and gynecology remains a major obstacle to achieving Universal Health Coverage (UHC). The World Health Organization (WHO) recommends a minimum density of 4.45 doctors, nurses, and midwives per 1,000 people, yet most African countries fall well below this standard (WHO, 2016). The gap is especially acute in the Surgical, Anesthesia, and Obstetric (SAO) workforce (Ahmat et al., 2022), where the Lancet Commission on Global Surgery target of 20 SAO providers per 100,000 population is seldom reached. In the COSECSA region, comprising over 20 countries in Eastern, Central, and Southern Africa, most nations have SAO densities below 1 per 100,000 population, with some as low as 0.62 (Osei-Kuffour et al., 2025).

This shortage leaves millions without access to essential surgical and obstetric care, driving preventable deaths and disabilities and leaving many untreated surgical conditions, which are projected to cause LMICs to lose $12.3 trillion in GDP by 2030, a cost far outweighing the expense of investing in care (Meara et al., 2015).

Expanding specialty training programs remains urgent and is critical to developing a skilled workforce capable of delivering comprehensive, high-quality care and to meet the growing burden of the unmet need for surgical care initially equated to 143 million surgical procedures needed annually, a figure that has now risen to 160 million (Nepogodiev et al., 2025).

The Critical shortage of health workers is now widely recognised as one of the most fundamental constraints to achieving wider development goals. 57 Countries are considered to be in crisis with 36 of them in Africa (Meara et al., 2015)



Change in surgical workforce density needed for specialist SAO-only model to meet 20 SAO providers per 100000 population by 2030. Assumes retirement is at a rate of 1% per year. SAO=surgical, anaesthetic, and obstetric.

At a Glance

24% of global disease burden	**3%** of global health workforce
1% of global health resources	**57** countries in crisis
36 of those are in Africa	**1.5M** workers needed in Africa

Globally, over 5 billion people lack access to safe, affordable and timely surgical care - the majority in sub-Saharan Africa.

5.2. THE SURGICAL HEALTH CRISIS

The 2015 Lancet Commission on Global Surgery estimated that although surgical services have a role in addressing a third of the global disease burden, 4.8 billion people do not have access to essential surgical care (Meara et al., 2015). The Commission called for urgent efforts to expand surgical capacity, particularly in low- and middle-income countries (LMICs). Despite achievements - such as the adoption of World Health Assembly (WHA) resolution 68.15 in 2015 and 76.2 in 2023 - surgery remains largely absent from broader global health agendas, and there is no global action plan to ensure that the Lancet Commission on Global Surgery's targets are met.

5.3. SURGICAL CRISIS IN THE COSECSA CONTEXT



The surgical workforce crisis in the COSECSA region is marked by a severe shortage of specialists and profound disparities in their distribution. Despite efforts to increase the number of surgeons, population growth continues to outpace gains, leaving billions without access to safe and affordable surgical care.

Drivers of the Workforce Crisis

- **Inadequate funding:** Historically, Africa has faced insufficient funding for surgical training and reliance on overseas partners with limited government support.
- **Retention issues:** Challenges like low salaries and poor working conditions lead to "brain drain," with trained professionals leaving for better opportunities abroad. Political instability in some countries further limits investment in sustainable healthcare systems (Mulwafu et al., 2022).
- **Gender inequity:** Gender bias and a lack of female role models discourage women from entering and advancing in surgical careers.
- **Systemic weaknesses:** Weak infrastructure, insufficient equipment, inadequate funding for consumables, and administrative inefficiencies create a poor working environment.

Cross-Sectional Findings (2021–2022)

- **Low surgeon density:** 2,555 specialist surgeons for nearly 500 million people. Despite a 42% increase in practicing surgeons between 2015 and 2022, the surgeon-population ratio rose by only 0.06 per 100,000.
- **Extreme disparities:** Namibia has almost 18 times more surgeons per 100,000 than Mozambique.
- **Urban concentration:** 58% of surgeons are in urban areas, leaving rural regions critically underserved.
- **Gender imbalance:** Only one-tenth of the surgical workforce consists of women - a figure that has remained stagnant for nearly a decade.
- **Specialty gaps:** Subspecialties like cardiothoracic surgery have critically low numbers and limited training programmes (Bekele et al., 2024).

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

Adopted from (Osei-Kuffour et al., 2025)

Countries	2022 population	Total surgeons 2022	Surgeons per 100k (2022)	Surgeons per 100k (2015)
Botswana	2,630,296	57	2.17	-
Burundi	12,889,577	52	0.4	0.18
Ethiopia	123,379,925	636	0.52	0.35
Kenya	54,027,487	810	1.5	1.21
Malawi	20,405,317	53	0.26	0.24
Mozambique	32,969,519	72	0.22	0.23
Namibia	2,567,013	102	3.97	-
Rwanda	13,776,698	86	0.62	0.4
Tanzania	65,497,748	183	0.28	0.36
Uganda	47,249,585	225	0.48	0.72
Zambia	20,017,675	116	0.58	0.58
Zimbabwe	16,320,537	163	1	0.89
TOTAL	**411,731,377**	**2555**	**-**	**-**
Regional surgeon: Population ratio			**161,147**	
Regional surgeons per 100,000 population			**0.62**	

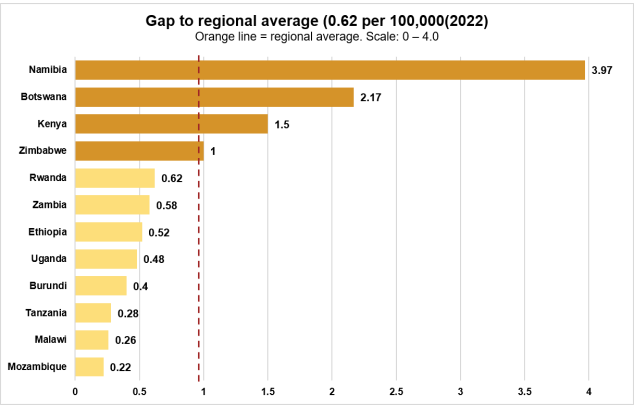


Figure 1: Gap to Regional Average

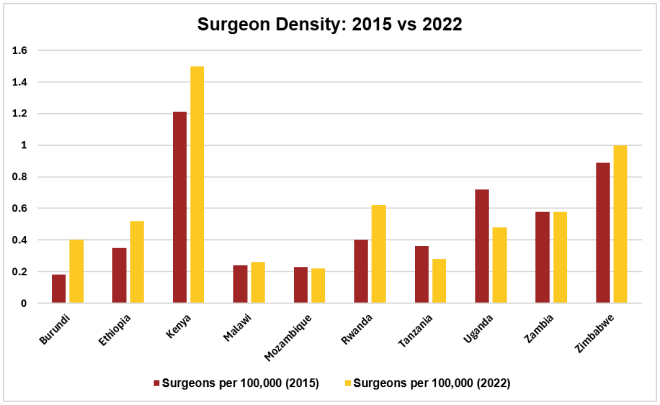


Figure 2: Surgeon Density: 2015 vs 2022

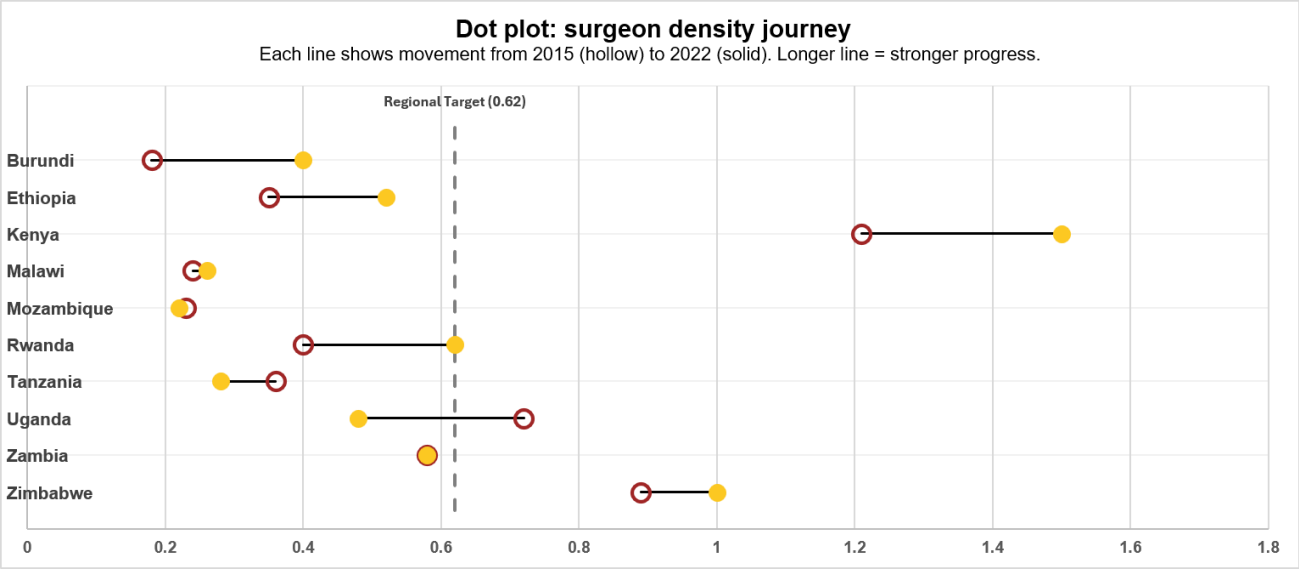


Figure 3: Surgeon Density Journey

5.4. COSECSA'S APPROACH TO THE GLOBAL CALL



COSECSA's strategic initiatives and role: founded to address this very deficit by using existing infrastructure to build a regional training and examination program. The college has had a clear strategy to grow the surgical workforce and address associated challenges. However, this has been possible with support from Collaboration Partners (ECSA-HC, RCSI, Irish Aid, AO Alliance, Smile Train, Mercy Ships, Operation Smile, Intuitive Foundation, ReSurge International, Kids Operating Room, PAACS, RCSEd, CMSA, American College of Surgeons, Japanese Surgical Society, 2nd Chance, The Beit Trust and WACS) with whom COSECSA has played a major role in addressing this challenge and has experienced significant growth in surgical care.

Key Initiatives

- **Strengthening training:** Successfully graduated 1,183 surgeons, with over 90% remaining in the region.
- **Promoting gender equity:** Women in Surgery Africa (WiSA), Women Scholarship Programme (ACS and AO Alliance/Hirshman Foundation), and a College gender policy.
- **Research and evidence-based practice:** Collaboration with the Intuitive Foundation supports research projects and mentorship programmes.
- **Forging partnerships:** International partnerships enhance capacity and improve surgical training across the region.
- **Improving standards and governance:** Benchmarking examinations, establishing a surgical audit and standards network, and strengthening governance.
- **Harnessing technology:** Digital education platforms, online lecture series and webinars, with potential for AI-enhanced learning.
- **Development of Regional Clinical Guidelines:** Seven guidelines for fracture management developed with AO Alliance and WACS were adopted and endorsed at the 73rd Health Ministers Conference, Arusha, Tanzania, June 2024 (Resolution ECSA/HMC73/R1: Building Skilled Human Resources for Health Towards the Attainment of Universal Health Coverage in the ECSA-HC Region.) These guidelines cover:
  Closed Ankle Fractures
  Femoral Shaft Fractures
  Open Tibial Shaft Fractures
  Closed Femoral Fractures
  Distal Radial Fractures
  Fracture-Related Infections
  Supracondylar Humeral Fractures

While significant challenges persist, COSECSA's focused, regional approach offers a promising and sustainable model for addressing the surgical workforce crisis. The college provides a platform for collaboration, evidence-based strategy, and quality assurance that is essential for building a resilient surgical workforce in East, Central, and Southern Africa.



"The greatest surgical instrument is not a scalpel but a skilled teacher"

5.5. COSECSA'S RESPONSE TO THE GLOBAL CALL

"Training hands, saving nations: Our response to the global call"

To respond to the call to action, providing safe, affordable, accessible and quality surgical care, COSECSA has continued to train surgeons in Membership, Fellowship and Sub-specialty Surgical Programmes attaining retention of quality trained surgeons at 93% and registering a record of 716,168 Surgical Procedures to date. This has contributed to the development of surgical workforce in the region.

While aligning with:

SDG 3.8; Achieve universal health coverage, Target 3.c: Substantially increase health financing & the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries

SDG 4; Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all and despite the regional and global surgical shortfall.

SDG 5; Achieve gender equality and empower all women and girls, COSECSA prides in and is focused on building on the following 2021-2025 Strategic Plan achievements in its next 2026-2030 Strategic Plan.



Training Expansion & Graduate Growth

COSECSA significantly expanded its surgical training programmes (Table 1, 2 and Figure 4, 6), increasing annual trainee enrolment year on year. Graduates rose by a 63% increase. This growth reflects COSECSA's commitment to scaling high-quality surgical education across Eastern, Central, and Southern Africa, while ensuring equitable access through its "College without walls" apprenticeship model conducted in 153 accredited hospitals across rural, semi-urban, and urban settings.

Examinations & Digital Innovation

The College achieved 70% of its goal to conduct examinations online. Membership exams are now fully digital, while Fellowship exams are partially online, with clinical assessments conducted physically. Additionally, over 271 regional and international examiners from countries such as the USA, UK, Australia, Canada, and Denmark support the College, ensuring adherence to global best practices.

Accreditation, Trainers & Training Quality

COSECSA strengthened training quality by expanding accredited trainers from 303 in 2020 to 954 by 2025. Programme Directors (161 in total) continue to provide voluntary leadership at hospitals, ensuring continuity in training. The College also implemented the e-logbook system, enabling structured documentation of surgical procedures by trainees whilst enrolled in the various programmes and supporting continuous monitoring of trainee performance.

Promotion of Gender Equity & Essential Surgical Training

COSECSA made notable progress in gender inclusion (Figure 5) through Women in Surgery Africa (WiSA), scholarships, mentorship programmes, and increased female representation in leadership positions on Council. The College expanded the Essential Surgical Training programme (EST) from Rwanda and Zimbabwe to Kenya, Uganda, Tanzania and Zambia, training over 250 frontline service providers in rural settings, ensuring competence in fundamental surgical skills and fostering patient safety. Standardised mandatory courses further strengthened quality across member countries.

Partnerships, Research, & Regional Influence

Strategic partnerships with RCSI, ACS, AO Alliance, Smile Train, Operation Smile, Kids Operating Room, ReSurge International, The Beit Trust, Intuitive Foundation, Mercy Ships, PAACS and others facilitated scholarships, research development programmes (grants), exchange and post fellowship programmes, and development of regional clinical guidelines. The College's growing reputation attracted additional regional training institutions and hospitals, expanding its influence across member and non-member countries while advancing research capacity through the ECAJS Journal and Institutional Review Board. The growing network of partnerships and research initiatives has positioned the college at a vantage point in generating evidence and advocating for the inclusion and strengthening of surgical care within Universal Health Coverage (UHC) frameworks.

5.6. COSECSA TRAINEES AND GRADUATES TRENDS (2016-2025)

3,512	1,183	237	716K+
Cumulative trainees enrolled by 2025	FCS surgeons graduated (cumulative)	Female surgeons graduated	Surgical procedures recorded by trainees

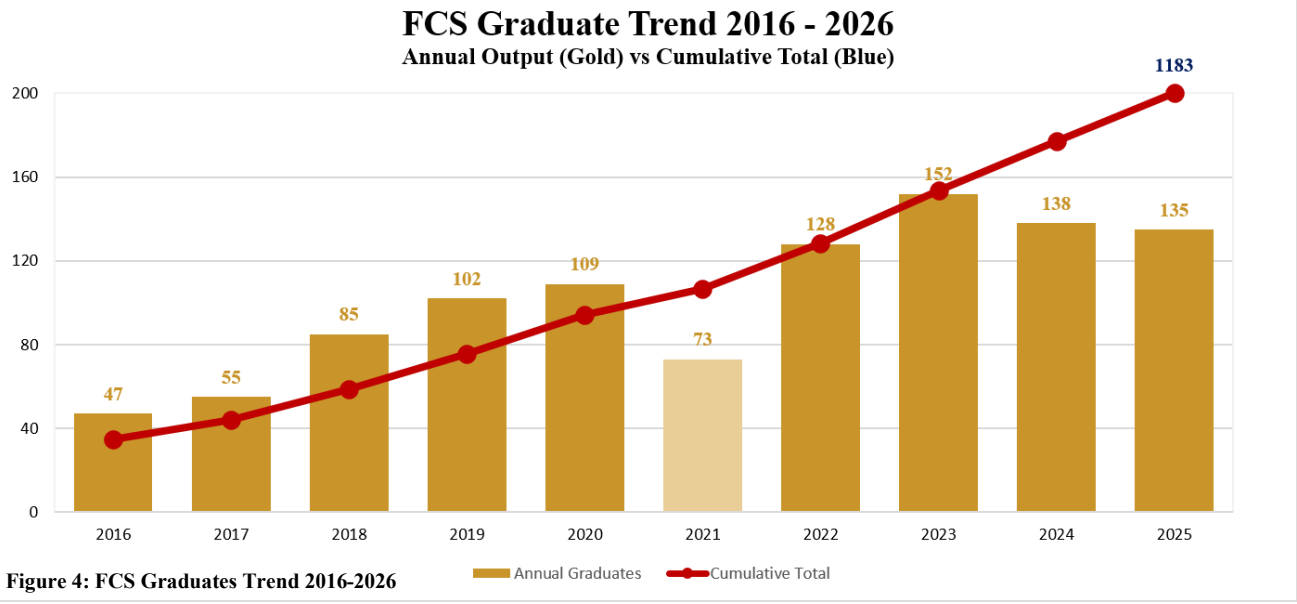


Figure 4: FCS Graduates Trend 2016-2026

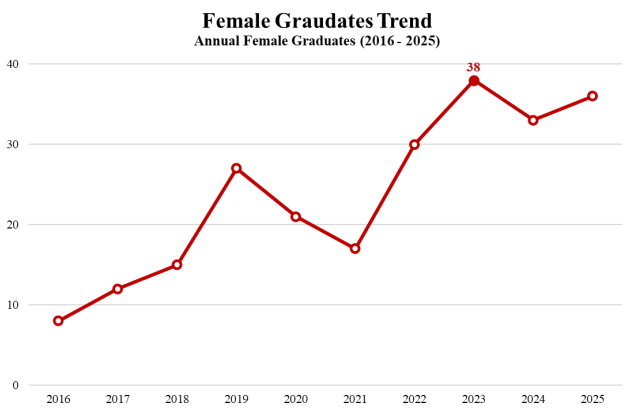


Figure 5: Female Graduate Trend

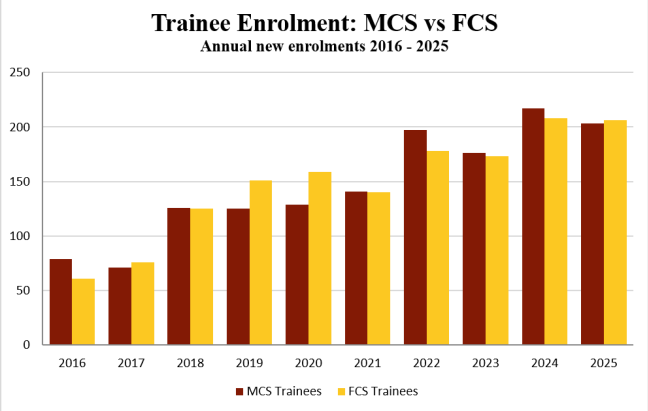


Figure 6: Trainee Enrolment: MCS vs FCS

TABLE 2: COSECSA Trainees Enrolment Trend and Male-female ratio (2016-2025)

Year	MCS	FCS	Total Enrolled	Female Enrolled	Annual Grads	Cumulative Grads	Female Grads
2016	79	61	140	16	47	206	8
2017	71	76	147	18	55	261	12
2018	126	125	251	24	85	346	15
2019	125	151	276	66	102	448	27
2020	129	159	288	63	109	557	21
2021	141	140	281	71	73	630	17
2022	197	178	375	98	128	758	30
2023	176	173	349	100	152	910	38
2024	217	208	425	118	138	1048	33
2025	203	206	409	101	135	1183	36
Total	**1464**	**1477**	**2939**	**675**	**1024**	**—**	**237**



“In the silence of operating rooms, COSECSA's mission speaks the loudest”

6. INTERNAL AND EXTERNAL RISK ANALYSIS

"COSECSA Strategic Plan is designed to address the major challenges and opportunities that we face today, build on our strengths and reduce the potential impact risks. The major risks this plan aims to address are:"

RISK 1: COSECSA not scanning the External Environment

The external environment means external factors that are difficult for COSECSA to control or which COSECSA has no control over, and which may affect implementation of the strategic plan or impede the meeting of its objectives. These include government action (political, legal or regulatory), economic, social-cultural, technological or security factors, and competition

✓ **Mitigation Strategy:** Regular environmental scanning and gathering of information to assess risks and inform continuous College policy and decision making

RISK 2: Having insufficient human capital and technical expertise

The College is growing at a fast speed in terms of numbers and operations both at HQ and Country Programme Levels. Trainees, trainers, exam candidates, examiners number are increasing exponentially year on year. This growth calls for sufficient human capital and technical expertise at all fronts.

✓ **Mitigation Strategy:** Consider the requirements and impact that activities will have on staff, leadership, trainers and trainees; ensure that recruitment of staff or adequate ability and numbers is provided for including technical professionals at both HQ and Country Programme levels; invest in key technical positions and programmes; and make use of partners and affiliated regional and international institutions

RISK 3: Over-reliance on a few streams of income (i.e. funded programmes/specific specialties) & not raising sufficient funds

✓ **Mitigation Strategy:** Develop a more diversified training programme; plan for growth and diversification of funding sources across all College training aspects; and coordinate fundraising across COSECSA

RISK 4: Limited access to and competitive funding sources (Funding Competitive Analysis)

COSECSA is working in a highly competitive field in terms of accessing funding for surgical training and health care programmes. The competitive field has many organisations with similar health priorities although COSECSA's health system's strengthening approach takes an upper position with a much wider geographical scope than any other. The majority of these are international, multilateral, regional and national organisations. COSECSA's competitiveness and comparative advantage is derived from its longstanding credibility and having stood the taste of time. We have become global players and this has opened doors for us in the Countries where we work and internationally, giving us access more collaboration partners.

✓ **Mitigation Strategy:** Develop and implement a more comprehensive resource mobilization strategy with focus on competitive grants from institutional development partners/donors to determine factors that lead to successful or unsuccessful awards.

RISK 6: The risk of taking on too many things at a time

✓ **Mitigation Strategy:** Establish annual workplan to prioritize activities that most strongly deliver on the COSECSA's Strategic Plan; strengthen the capacity of Country Programmes and Secretariat staff to meet the rate of growth; and manage expectations arising from the Strategic Plan.

RISK 5: The risk of our work not being recognised

✓ **Mitigation Strategy:** Strengthen COSECSA's niche; measure the impact and COSECSA's work through an excellent M&E Framework; reinforce a focus on results-based management; conduct research, document and publish findings, and present them at international forums, increase advocacy based on evidence from COSECSA's work; enhance the college's social media and branding strategy for visibility in social spaces and professional network channels; leverage in-country champions/ambassadors to enhance college's visibility in all COSECSA countries.

RISK 7: The risk of not managing the change process effectively

✓ **Mitigation Strategy:** Developing plans for the various change processes with identified responsible leads and integrating the change processes into the annual work plans.

RISK 8: Not receiving the minimum government support for the development of regional health workforce

✓ **Mitigation Strategy:** Produce the evidence of what the COSECSA training has or continues to achieve and contribute the Health Work Force in the region. Provide Audits of our graduates in terms of Hospital performance and other parameters wherever they are deployed. Develop MoUs with higher universities and regulatory bodies among member and partner countries to formalize COSECSA recognition

6.1. SWOT ANALYSIS



"Drawing from recent reports, it highlights critical issues and priority areas for strategic focus. The analysis guides actionable interventions that align with COSECSA's mandate, addressing the evolving surgical landscape and training needs for the 2026 - 2030 strategic plan."

STRENGTHS

- Strong and systematic leadership
- Relative independence
- Large geographical coverage
- High quality surgical training and examinations
- Regional & international membership composition and Fellowship recognition
- Growing, talented and skilled membership
- Efficient Programs coordination, operations and trusted brand
- Regional and International Partnership trust
- High level of surgical fraternity engagement
- Ability to win grants (Surgical Training & Research)
- High level of cohesion
- Direct link to Health Ministers through ECSA-HC

WEAKNESSES

- Low membership subscription rates
- Limited funding streams/inadequate funding
- Unsustainable voluntary workforce
- Disparities in legislation and college recognition
- Low staffing levels
- Limited incentives to attract members' participation
- Limited government support

OPPORTUNITIES

- Presence in a big geographical area
- Increasing number of trainees and qualified surgeons
- Existence of many partners with similar interests
- High level of cohesion with other Colleges
- Potential to enroll a large number of trainees
- Potential to integrate AI in the training
- Dedicated Members and Fellows of the College
- IT Advancement
- Presence of countries developing NSOAP and the opportunity to include workforce development

THREATS

- Conflicting Regulatory mandate
- Political interference
- Poor state of health facilities and equipment.
- Limited Government support
- Fragmented surgical efforts
- Changing Funding Landscape
- Limited funding for Surgery in Global Health
- Cybersecurity and digital infrastructure risks



“Evidence-Based, Technology-Driven, Precision and Knowledge is the Surgical Kit”

7. THE STRATEGIC PLANNING PROCESS

"Building on Past Achievements"

COSECSA's Strategic Plan (2026–2030) was crafted through a participatory, consultative process led by the Council with input from both internal and external stakeholders. It is designed to build on past achievements and leverage emerging opportunities. An implementation, monitoring, and evaluation framework was established to track progress, ensure accountability, and enable adaptive management.

01

Review of the Prior Strategic Plan (2021–2025)

Assess achievements, gaps, and lessons learned.

02

External Trends Analysis

Evaluate evolving dynamics in surgical practice, demography, global integration, digitalization, health system maturity, human resources for health, surgical education, and workforce trends.

03

SWOT Analysis & Stakeholder Mapping

Identify internal strengths and weaknesses, external opportunities and threats, and map key stakeholders to ensure inclusive engagement.

04

Redefinition of Strategic Goals

Update strategic priorities to align with the current needs and the national, regional, and global agendas.

05

Drafting and Stakeholder-Wide Review

Develop the first draft of the plan, circulate to a select expert team for feedback, integrate revisions, and conduct in-depth discussions to refine strategies.

06

Council Approval

Final plan presented to and endorsed by the Council.

8. THE STRATEGIC AND IMPLEMENTATION FRAMEWORK

"Goals, Objectives and Priorities"



The 2021-2025 COSECSA Strategic Plan implemented 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 while focusing on key Strategic Objectives; (a) Enhance Practice based training and Graduate 1000 Surgeons by 2025, (b) foster excellent training, standards and research, in the sub-Saharan region (c) Ensure predictable diversified funding, good governance, engage in advocacy and policy development and (d) ensure Gender Equity.

COSECSA's 2026-2030 Strategic Goals have been identified based on the MTR findings and recommendations of the 2021-2025 SP, future aspirations aligned to regional and global strategies as well as agreed surgical capacity development priorities and College needs for the next five (5) years.

In consultation with Council Members, Partners and stakeholders in the surgical community as well as extensive consideration of the analyses, COSECSA identified four major goals.

01
ADVANCE
EXCELLENCE IN SURGICAL EDUCATION, TRAINING, EXAMINATION, RESEARCH AND PUBLICATION

02
PROMOTE
QUALITY, EQUITABLE AND ACCESSIBLE SURGICAL CARE

03
PROMOTE REGIONAL
HARMONISATION OF SURGICAL TRAINING AND WORKFORCE STANDARDS

04
STRENGTHEN
ORGANISATIONAL CAPACITY AND ENSURE FINANCIAL SUSTAINABILITY

8.1. GOAL 1



"Advance Excellence in Surgical Education, Training, Examination, and Research and Publication"

OBJECTIVE

Increase the number, diversity, and quality of trained surgeons while strengthening research, innovation, publication and education systems

STRATEGIC INTERVENTIONS

- Graduate 1800+ surgeons by 2030 (140+/year)
- Provide and administer scholarships to eligible trainees across all surgical specialties
- Develop faculty through a structured Academy of Educators and exit qualification
- Establish a competent and diverse pool of next-generation Examiners
- Improve Examination quality and reliability
- Integrate transformative technology in training, examination and research programmes
- Institutionalise regular curriculum reviews and case-writing
- Scale up digital training, fully online examination processes and integrate emerging AI into research, teaching, examination, simulation and psychometric analysis
- Mainstream gender equity in COSECSA programmes and leadership positions
- Strengthen COSECSA's role as the region's pre-eminent platform for generating, coordinating, and translating high-impact surgical and health systems research
- Strengthen research in alignment with regional surgical burden, increase grants & publications through the ECAJS and other platforms
- Strengthen Institutional and Workforce Capacity for Ethical AI Use in Global Surgery, e.g. AI literacy and ethics training programs, faculty development workshops and develop a quality assurance framework for AI integration into training and examinations

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO1: **Increase the number, diversity, and quality of trained surgeons while strengthening research innovation, and education systems**	**1.1.** Graduate 1800 Surgeons by 2030	• At least 140 surgeons graduate each year	• 650 additional qualified surgeons in the region, by 2030	2026-2030	• ECC/ETC • Court of Examiners • Panel Heads/Registrar • Secretary General • COSECSA Secretariat
	1.2. Administer scholarships to eligible trainees across all surgical specialties	• Secure funding for scholarships to trainees in more than 5 COSECSA surgical specialties	• At least 80 candidates per year obtain scholarships • Increased number of sponsored trainees	2026-2030	• FGPC/Partners • Scholarship Board • Secretary General • COSECSA Secretariat
	1.3. Embrace Digital Transformation and Emerging Technologies to improve surgical training	• Collaborate with Partners to deliver digitalised surgery (Robotic, Laparoscopy) • Secure funding for short training for COSECSA Trainees at the regional Centres of Excellence • Integrate Artificial Intelligence (AI) driven digital transformation by embedding AI-enabled tools, simulation, data systems, e-learning, and advanced assessment technologies into COSECSA surgical education, examinations, research and publication • The Secretariat team equipped with skills and infrastructure to leverage AI for education, training, examination, research and publication	• Signed MoUs with at least 2 Partners to support AI integration • At least 10 trainees per year supported to undertake laparoscopy/MIS training at the Centres of Excellence • Active AI tool in the COSECSA e-learning platform for at least FCS Trainees • A formal quality assurance framework developed for AI integration into training and examinations	2026-2030	• ETC • Partners • Registrar • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO1: **Increase the number, diversity, and quality of trained surgeons while strengthening research innovation, and education systems**	**1.4.** Develop the faculty of educators through a structured Academy of Educators and exit qualification programme.	• Needs Assessment conducted • Designed Program of Educators • Developed Modules • On average, 20 new trainers accredited and certified each year; Train the Trainer Programmes each year	• Assessment Report • Exit Certification Program • At least 120 interdisciplinary trainers certified as qualified educators by 2030 • Enhanced capacity and quality of surgical training across all ECSA colleges	2026-2030	• ETC • RCSI • Council • COSECSA Secretariat
	1.5. Establish a competent and diverse pool of next-generation of Examiners.	• Examiner Recruitment Framework • Examiner Training Program • CPD Mechanism for Accredited Examiners • Develop the Question Bank	• At least 150 interdisciplinary trainers certified as qualified Examiners by 2030 • Question bank • Robust and diversified pool of trained young examiners, with balanced gender representation	2026-2030	• ECC • RCSI • Registrar • Secretary General • COSECSA Secretariat
	1.6. Improving the quality and reliability of the Examinations	• Evaluations conducted annually, including psychometric analysis and graduate surveys • Establish formal examiner training programmes, delivered both in-person and online, covering structured scoring & examination techniques, common rating errors and the proper use of standardised marking rubrics. • Establish a Examination Quality Assurance Panel	• Evaluation Reports • Enhanced examination accuracy and consistency through the establishment of CoEs and the use of digital question banks	2026-2030	• ECC • RCSI • Registrar • Secretary General • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO1: **Increase the number, diversity, and quality of trained surgeons while strengthening research innovation, and education systems**	**1.7.** Institutionalise regular curriculum reviews and case-writing.	• Conduct biennial curriculum reviews for all programmes, revised and updated regularly to reflect best practice and feedback from the training programmes • Finalisation of the new curricula (Breast Surgery, Upper GI, Surgical Endoscopy, Colorectal) and development of the proposed new ones; Thoracic Surgery, Endocrine Surgery	• Two (2) in-person workshops for curriculum reviews • At least 2 reviews by 2030. • At least 4 new curricula developed • Expanded and improved learning programmes to international standards	2026-2030	• ETC • Partners • COSECSA Secretariat
	1.8. Scale up digital training & fully online examination processes	• Ensure 80% of examinations are digital/online by 2028. • Annual Examiners' Workshop	• Full Digitalisation of training and Examination processes	2026-2030	• ECC • ETC • Registrar • Secretary General • COSECSA Secretariat
	1.9. Mainstream gender equity in admissions, faculty appointments and all College Affairs	• Secured female-focused grants and scholarships in training and research • Gender balance among newly recruited Examiners	• Increasing proportion of women trainees at both MCS and FCS levels and female graduates to at least 30% of total trainees by 2030 (from current ~19–24%). • At least ≥30% women Examiners by 2030 • COSECSA graduates reflect real-world gender balance • COSECSA has greater gender balance at all levels of the College	2026-2028	• WiSA • Partners • COSECSA Council • COSECSA Executive

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO1: **Increase the number, diversity, and quality of trained surgeons while strengthening research innovation, and education systems**	**1.10.** Build and enhance the regional presence of Women in Surgery Africa (WiSA)	• Collaborate with and strengthen WiSA on programmes that promote women leadership, mentorship, and role model activities; • Build a mentorship and coaching program • Improve and build on scholarships tailored for women • Organise forums for Women Surgeons • Align with global surgery organizations, movements and alliances/coalitions that have a bias for female leaders	• Increased number of female role models, mentors, Country Representatives, Program Directors and Committee Chairs • No of women leaders in the College Affairs raised • Women Surgeons' forum per year	2026-2028	• WiSA • Partners • COSECSA Council • COSECSA Executive
	1.11. Promote Research among COSECSA Fellows and Trainees. Strengthen research output, grants, and publications through platforms like ECAJS.	• Secured funding for research grants, provide Research Grants and establish a Pool of young research Fellows • Build and expand Research Capacity within COSECSA; Trainees undertake the RMC, and Research Mentorship Workshops are conducted • Create a pathway to obtaining PubMed indexing for the East and Central African Journal of Surgery (ECAJS) through indexation in SCOPUS & DOAJ • Create a pathway for the next generation of editors and reviewers	• Award at least 50 research grants (10 annually) during 2026–2030. • Over 15 young surgeon researchers mentored • Presentation of Research Papers at Forums • Research Papers/articles are written and published • Enhanced ECAJS submission, readership and reach • The ECAJS is indexed in various Databases, ready for PubMed indexing • Increased pool of editors and reviewers	2026-2030	• RPC • IRB • Partners • PRESIDENT • Secretary General • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO1: **Increase the number, diversity, and quality of trained surgeons while strengthening research innovation, and education systems**	**1.12.** Strengthen COSECSA's role as the region's pre-eminent platform for generating, coordinating, translating and overseeing high-impact surgical and health systems research	• Research Productivity & Quality • Research Coordination & Participation • Research Translation & Policy Uptake • Research outputs translated into policy briefs, clinical guidelines, or national/regional policy adoption	• Achieve 200 peer-reviewed publications arising from COSECSA-supported research (with ≥50% published in ECAJS); • At least 5 studies coordinated by COSECSA and approved through the IRB • Strengthened Regional Research Ecosystem; by 2030 protocol approval time is reduced by >40%; making COSECSA a trusted regional research hub • Enhanced Visibility & Impact of ECAJS; Increased submissions, improved impact metrics, broader indexing • Evidence-to-Action Pathways Established; Regular policy briefs; research cited in national surgical plans & guidelines	2026-2030	• RPC • ECAJS • IRB • Data Governance Group • COSECSA Secretariat

8.2. GOAL 2

"Promote Quality, Equitable and Accessible Surgical Care"



OBJECTIVE

Ensure COSECSA training and examinations translate into equitable, high-quality surgical services across the region.

STRATEGIC INTERVENTIONS

- Expand accredited training sites to 170 by 2030 and audit the performance of accredited sites
- Establish a data-driven and standardized hospital accreditation system
- Track patient outcomes and the health system impact of COSECSA-trained surgeons through evaluation of logbook data and tracking of mortality rates, surgical site infection rates, reoperation rates, referral efficiency and levels of access to essential surgery in the region
- Embrace digital transformation and emerging technologies to achieve quality surgical care
- Develop and implement evidence-based interventions such as clinical guidelines and their integration into practice and policies
- Improve Surgical Training through emerging technologies
- Establish and implement new continuous professional development (CPD) programmes
- Expand rural outreach and essential surgical skills programmes
- Promote fellowships and subspecialty training

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO2: **Ensure COSECSA training and examinations translate into equitable, high-quality surgical services across the region**	**2.1.** Establish a data-driven and standardised hospital accreditation system	• Conduct a needs assessment • Develop an intervention protocol (guidelines and procedures) for accredited hospitals • Creation of a dashboard	• Centralised platform for monitoring and evaluating hospital performance • Streamlined and standardised accreditation system, improving quality standards and practices	2026-2030	• RCSI • COSECSA Council • COSECSA Executive • COSECSA Secretariat
	2.2. Digitalisation and Localisation to Enhance the Day-to-Day Trainee Experience	• Review of the Logbook • Development of Workplace Based Assessments • Track Trainee and Trainer performance	• Updated Trainee Logbook • Improved tracking of trainee case logs and performance • Performance reports • Impactful training experience, improved quality of surgery	2026-2030	• RCSI • TRAINEES • TRAINERS • COSECSA Council • COSECSA Executive • COSECSA Secretariat
	2.3. Expand the existing accredited training sites and establish new ones to facilitate training across the region	• Recognition of the training programme in new Countries • Identify well-equipped learning sites, ensuring accessibility and effectiveness in skill development	• Increased number of accredited training sites for different specialties from 153 (2025) to 170 by 2030	2026-2030	• ECC • Registrar • Member Countries • Country Representatives • Medical Councils • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO2: **Ensure COSECSA training and examinations translate into equitable, high-quality surgical services across the region**	**2.4.** Deliver a high-quality training program for surgeons	• Comprehensive increase in competency levels among surgeons through post-training assessments and in-training periodical performance reviews • Post Fellowship Programmes for ≥8 months within the region • Implement one-month rotation/ exchange programmes for trainees within accredited sites in the region	• Health Professionals with increased competency and proficiency in their respective roles, leading to tangible improvements in the delivery of surgical care • 3 Fellows facilitated per year to attend training • 6 Fellows supported to attend the rotation/ exchange programme	2026-2030	• Programme Directors • Trainers • Partners • COSECSA Secretariat
	2.5. Track patient outcomes and the health system impact of COSECSA trained surgeons.	• Ensure that at least 50% of COSECSA-accredited sites report patient outcome data (mortality rates, surgical site infection rates, reoperation rates, referral efficiency) by 2030 • Create a pathway for AI-enabled decision support tools implementation	• Patient-outcomes reports and Surgical Audits of trainees and COSECSA graduates	2026-2030	• Partners • COSECSA Council • COSECSA Executive
	2.6. Develop and implement clinical guidelines and integrate safe surgical practices and evidence-based hospital policies	• Conduct stakeholder meetings/ workshops on T&O clinical guidelines • Disseminate and facilitate the implementation of AO Alliance T&O clinical guidelines in COSECSA training sites	• Approved clinical guidelines • Improved patient outcomes in trauma care, • Efficient and cost-effective treatment strategies, and • Standardised clinical practices across healthcare systems in LMICs.	2026-2027	• AO Alliance • COSECSA Secretariat • Trainers • Programme Directors

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO2: **Ensure COSECSA training and examinations translate into equitable, high-quality surgical services across the region**	**2.7.** Support implementing partners to develop Surgical referral protocols in line with the WHO Surgical Safety List, Surgical audits – reviews, 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 • Collaborate with implementing partners to create/enhance evidence-based surgical guidelines and disseminate best practices and standards	• Operational Protocols and guidelines/ Surgical Guidelines developed and implemented	2026-2027	• Partners • COSECSA • Trainers • Programme Directors • COSECSA Secretariat
	2.8. Establish continuous professional development (CPD) programmes.	• Establish at least 5 regional CPD programmes by 2030.	• CPD courses are developed and piloted in response to the identified needs of early career surgeons	2026-2030	• ETC • Fellows • Trainees • COSECSA Secretariat
	2.9. Expand rural outreach and essential surgical skills programmes beyond the Phase I and Phase II Countries .	• Roll out essential surgical skills training in all member countries by 2030.	• Greater quality of care for rural surgical patients who are treated by doctors or other non-specialist surgical providers	2026-2030	• Fellows • Trainees • Country Representatives • COSECSA Secretariat

8.3. GOAL 3



"Promote Regional Harmonisation of Surgical Training and Workforce Standards"

OBJECTIVE

Strengthen COSECSA's value proposition and influence through strategic partnerships, policy engagement, and regional advocacy initiatives.

STRATEGIC INTERVENTIONS

- Strengthen existing and build new regional and global partnerships
- Deepen engagement with Ministries of Health, regulators, international bodies, and development partners
- Facilitate and promote regional coordination of the Collegiate model training in the COSECSA region
- Enhance alumni engagement and create pathways for returning Fellows to contribute
- Promote COSECSA's role in surgical policy development and global surgical initiatives
- Strengthen collaboration with peer colleges (CANECSA, ECSACOG, ECSACONM, CMSA, WACS, etc.)
- Enhance advocacy for surgical care through the generation and dissemination of evidence and active engagement with regional health bodies and international policy forums

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO3: **Strengthen COSECSA's visibility and influence through strategic partnerships, policy engagement, and regional advocacy initiatives**	**3.1.** Strategic Partnerships: Strengthen existing and build new regional and global partnerships.	• All partnerships contribute to COSECSA's strategic goals • No of additional Collaboration Partners and MoUs signed	• 4 signed collaboration agreements and 3 new additional Partners • Sufficient financial resources to achieve the strategic goals	2026-2030	• FGPC • PARTNERS • MoHs • COSECSA Council • COSECSA Executive
	3.2. Strengthen regional collaboration among the ECSA-CHS, Higher Education Councils, Health Professional Boards, Ministries of Health and other relevant institutions	• Harmonised training and accreditation standards • Improved coordination and well-aligned roles of the respective institutions to accelerate HRH reforms • Approved roadmap by the Health Ministers' Conference (HMC)	• Mutual Recognition of the ECSA-CHS Fellowship Programmes • Clear roadmap for harmonisation and coordination • Improved inter-institutional collaboration, governance, and standardization across ECSA-CHS constituent colleges	2026-2030	• COSECSA • ECSA-CHS • MoH • Ministries of Higher Education • Health Professional Boards/Councils
	3.3. Deepen engagement with Ministries of Health, regulators, international bodies, development partners and the private sector.	• Convene dedicated sessions with the MoHs, regulators and partners • MoH's commitment to supporting the Colleges through the national scholarship programme • Actively participate in the country's policy-making, specifically NSOAPS	• At least 1 COSECSA-MoHs forum every two years • Renewed political commitment and resource mobilisation to accelerate human resources for health (HRH) transformation across the region. • Government budget allocations for surgical training scholarship	2026-2030	• FGPC • MoHs • Regulatory Authorities • COSECSA Council • COSECSA Executive

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO3: **Strengthen COSECSA's visibility and influence through strategic partnerships, policy engagement, and regional advocacy initiatives**	**3.4.** Enhance alumni engagement and create pathways for returning Fellows to contribute.	• Grow membership and fellowship to 200 each year • Improved advocacy on fellowship and membership. • Establish a pool of active COSECSA Fellows and Members	• Increased the number of fellows by 1000 • Active Membership, 30% of the total number of fellows & improved involvement in college activities • A wide membership and fellowship base within the region and	2026-2030	• FGPC • MEMBERS • FELLOWS • COSECSA Secretariat
	3.5. Promote COSECSA's role in surgical policy development and global surgical initiatives.	• Engage in relevant global health advocacy and policy-making platforms	• Participation of at least 2 Council Members in at least 2 Global Health Forums each year • COSECSA's strategy is reflected in global health advocacy and policymaking	2026-2030	• Council • Executive Committee • COSECSA Secretariat • Partners • Global Health Organisations
	3.6. Strengthen collaboration with peer colleges (CANECSA, ECSACOG, ECSACONM, CMSA, WACS etc) and other academic institutions	• Cohesion with sister colleges • Joint implementation of activities • Collaborate with local universities	• 3 Joint grant applications • 5 Joint activities • 2 MOUs with universities	2026-2030	• COSECSA Council • COSECSA Executive • ECSA-CHS • Sister Colleges • Academic Institutions

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO3: **Strengthen COSECSA's visibility and influence through strategic partnerships, policy engagement, and regional advocacy initiatives**	**3.7.** Establish a team of COSECSA Champions/ Ambassadors who will be facilitated to promote COSECSA within the region	• No. of Champions per year • No of Medical Schools or Higher Institutions of learning visited • Number of additional trainees per year from these visits	• 10 Champions per year • 4 Schools/ Institutions visited per year per Member State • Enhanced Visibility in medical schools & increased intake • COSECSA's visibility during Surgical Society Annual Meetings in COSECSA Member countries • Increased COSECSA's visibility in higher learning institutions and students' associations	2026-2030	• FGPC • Fellows • Country Coordinators • Surgical Societies • Country Representatives • COSECSA Secretariat
	3.8. Implement the Communication Strategy and increase COSECSA visibility	• Position COSECSA as the to-go-to organisation for media and others seeking information, particularly on surgery in Africa	• Improved media presence • Improved government engagement, gained both political and public support to achieve its strategic goals	2026-2030	• COSECSA Secretariat • Fellows • Country Coordinators • Surgical Societies • Country Representatives

8.4. GOAL 4



"Strengthen Organisational Capacity and Ensure Financial Sustainability"

OBJECTIVE

Build institutional resilience and sustainability to support COSECSA's long-term strategic goals.

STRATEGIC INTERVENTIONS

- Diversify financing, including increased government contributions and member fees (target: ≥10% of total budget)
- Develop investment portfolios and sustainable business models
- Build a capable and well-resourced Secretariat
- Invest in ICT systems and digital infrastructure
- Enhance governance, accountability, and risk management systems
- Development of a regional skills centre/training centre at the COSECSA Laki Laki Land in Tanzania
- Protect and grow the COSECSA's brand regionally and globally

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO4: **Build institutional resilience and sustainability to support COSECSA's long-term strategic goals.**	**4.1.** Diversify financing, including partners' grants and government contributions	• Develop funding proposals and concept notes • Secure annual government funding from member states equal 1/3 of income	• Signed Grant Agreements • 60% funding of the college budget • Diversified and expanded unrestricted funding sources	2026-2030	• FGPC • Secretary General • COSECSA Secretariat
	4.2. Develop Strategies for increased membership subscriptions	• Number of membership programs and grants offered • Number of awards for the most consistent, longest subscribed fellow • Membership benefits package • Installation of an automated membership subscription payment option • Number of active and loyal Fellows and Members	• Increase in active members • Member fees (target: ≥10% of total budget) • Increase in member satisfaction rates	2026-2030	• FGPC • Members • Fellows • COSECSA Secretariat
	4.3. Develop investment portfolios and sustainable business models.	• Expand the College Financial base through investment in government bonds, unit trusts and interest-yielding fixed bank accounts	• COSECSA's financial position is improved via • Government Bonds • Unit Trusts • Interest-yielding fixed bank accounts	2026-2030	• FGPC • Members • Fellows • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO4: **Build institutional resilience and sustainability to support COSECSA's long-term strategic goals.**	**4.4.** Develop and implement a Resources Mobilisation Strategy	• Joint Fundraising with key partners over 5 years • Increase internal and external resources by 50% • Convene the second partners' forum	• Approved Strategy • Income increases YoY by 10% on the 2025 baseline; balance increases between internally generated income and other income • COSECSA has the financial resources to achieve its strategic goals	2026-2030	• FGPC • Partners • COSECSA Secretariat
	4.5. Build a capable and well-resourced Secretariat.	• Administrative and Programme Coordination Capacity Development	• Improved Capacity of Staff & enhanced Administrative Procedures & efficient Programme management	2026-2030	• Secretary General • COSECSA Secretariat
	4.6. Invest in ICT systems and digital infrastructure for efficient operations.	• Expand the online operations to include all Secretariat technical and administrative functions • Explore technology and in infrastructure needed to support virtual learning and examinations, including the use of AI and virtual simulation • Continuous scoping of future digital needs to enhance operational quality and efficiency	• Reliable, secure, and efficient technological infrastructure • Establish lean, online-first management systems that strengthen and streamline operations • New partnerships/ developed innovative solutions towards greater connectivity capacity and additional required infrastructure	2026-2030	• COSECSA Council • COSECSA Executive • COSECSA Secretariat

STRATEGIC OBJECTIVES	STRATEGIC INTERVENTIONS	PERFORMANCE INDICATORS	OUTPUT/ OUTCOMES	TIMELINES	RESPONSIBLE
SO4: **Build institutional resilience and sustainability to support COSECSA's long-term strategic goals.**	**4.7.** Enhance governance, accountability, and risk management systems.	• Convene all Policy and Governance & Administrative Meetings for decision making • Conduct annual statutory financial audits	• Policy decisions made and implemented • Financial Audit report	2026-2030	• FGPC • Secretary General • COSECSA Council • COSECSA Executive • COSECSA Secretariat
	4.8. Grow and sustain the COSECSA Myriad USA fund	• Develop strategies to position COSECSA for donations into its Myriad-USA account	• Increased donations from friends and Alumni of COSECSA	2026-2030	• FGPC • Secretary General • COSECSA Secretariat
	4.9. Establish a team of Champions/Ambassadors to advocate for COSECSA in Member States, medical schools or institutions of higher learning and run sensitization programmes to attract more trainees	• Number of MoUs with Medical Students organisations and associations to implement COSECSA ambassadors/champions activities • No. of Champions per Member State • No of Medical Schools or Higher Institutions of learning visited • Number of additional trainees per year from these visits	• 2 Champions per Member State • 4 Schools/ Institutions visited per year per Member State • At least 2 MoUs written • COSECSA Visibility in medical schools • Increased intake	2026-2030	• COSECSA Secretariat • Fellows • Country Coordinators • Surgical Societies
	4.10. Develop COSECSA Land in Arusha-Tanzania	• Develop a plan for the utilization of the land • Secure funding to develop the land into a regional surgical training centre, including exams, meetings, graduation and Scientific conferences	• Strategic Plan for the utilisation of the land • Secure a partner or funds • COSECSA Land is developed in a phased approach	2026-2030	• FGPC • Treasurer • Secretary General • COSECSA Secretariat



"Strategy becomes skill. Vision becomes suture. Leadership becomes lifted lives"

8.5. STRATEGIC PRIORITIES



"From Vision to Action: Building an impact in surgical training across the region"

To achieve the goals and objectives, the strategic priorities/initiatives that COSECSA seeks to focus on are:

01

Increase the number, diversity, and quality of trained surgeons while strengthening research, innovation and publication

02

Build a robust, diverse, and competent pool of examiners to strengthen the quality, reliability, and fairness of examinations across COSECSA and partner colleges

03

Strengthen the pedagogical and leadership capacity of surgical team educators through a structured and accredited Academy of Educators

04

Enhance digital learning, monitoring, and assessment systems to improve the trainee learning experience and foster competency-based training

05

Establish a data-driven and standardised hospital accreditation system to ensure high-quality training environments across COSECSA hospitals

06

Build a resilient, well-governed institution with sustainable financing and operational efficiency.

07

Ensure COSECSA training translates into equitable, high-quality surgical services across the region

08

Audit the impact of our Trainees and Graduates by tracking performance of the respective hospitals

9. IMPLEMENTATION AND EXECUTION OF THE STRATEGIC PLAN



"Innovation, accountability & collaboration are central to successful implementation"

Annually, the Secretariat will develop operational plans in line with the goals, purpose, vision, mission, values, and priorities of the Strategic Plan. The Annual Plan will be approved by the Council. Annually, the budget will be prepared by the Secretariat and approved by the Council through the Finance and General Purposes Committee. The budget management framework will be provided to guide and rationalize revenue generation and expenditure.

The Secretariat will coordinate all activities of the College through four College Standard committees, the Registrar and the Executive Committee.

The four committees include the:

- Examination and Credentialing Committee (ECC)
- Education and Training Committee (ETC)
- Research and Publication Committee (RPC)
- Finance and General Purposes Committee (FGPC)

These will improve the management of all Technical and Administrative Operations of the College.

A number of tools, guidelines and frameworks have been recommended or provided for the different stages in the implementation cycle of the strategic plan.

Particular focus has been accorded to technological advancement, innovations, communication and dissemination of outputs, and monitoring, review and evaluation of the plan implementation as well as rapid exchange and diffusion of lessons learned, and innovations developed. The focus is on management, advocacy, stakeholder management, budgeting and surgical demand index assessment.

The Council will implement its activities through the Secretariat, the committees and stakeholders.

To foster the smooth implementation of the Strategic Plan, an implementation framework has been elaborated. This consists of the actions and measurable outputs as well as the monitoring and evaluation plan. To provide further guidance and nurture implementation, hand-holding engagements are required from collaboration partners and other stakeholders to provide support to the Council and Secretariat over the lifecycle of the Strategic Plan.

10. MONITORING AND EVALUATION FRAMEWORK



"Track Progress, Drive Results"

The monitoring and evaluation matrix has been elaborated to guide execution and activity accounting, facilitate and accelerate uptake of the Strategic Plan and increase diffusion of interventions (Annex I). The results matrix and the monitoring and evaluation framework will be used to chart and monitor progress.

Monthly Operational reports will be prepared by the Secretariat for the Executives and Annual Operational Reports to the Council as a mechanism for improving administrative, operational and technical performance. A Mid-Term Review/ evaluation will be conducted to inform Council on progress and effectiveness of actions, generate remedial actions and additional measures that may be needed.

10.1. MID-TERM REVIEW AND LESSONS LEARNT

"Assessing Progress, Capturing Lessons, and Refining Strategic Direction"

Mid-term review will be done in the third year of the 2026-2030 Strategic Plan. Borrowing from the lessons of the previous plan, findings and recommendations that form a basis for the plan (lessons described in the previous sections).

The review/evaluation will provide the direction for the course of action depending on the progress (below target, above target or mid-level implementation)

10.2. CRITICAL SUCCESS FACTORS

The success of this Strategic Plan will depend on strong leadership, technical excellence, institutional unity, sustainable financing, and a supportive operating environment. This section outlines the conditions necessary for the COSECSA Strategic Plan to be effective in enabling us to realise the objectives over the next five years.

1 A United Organisation

Implementation of One COSECSA (One Strategic Plan and budget, one brand, one governance and Management Structure)

WHAT IT MEANS FOR COSECSA

- Working together more effectively
- Better communication, quality, timely and proactive
- Image consistent with COSECSA's identity and positioning
- More coordinated, efficient and effective resource mobilization

2 Technical Excellence

Ability to attract & retain high-performing trainers, trainees, fellows, Programme Directors and staff

WHAT IT MEANS FOR COSECSA

- New and innovative approaches and quality programmes are continuously developed, implemented, researched and documented

3 Financial Stability

Secure diverse funding sources to enable the growth of quality surgical training programmes while addressing the efficiency of all

WHAT IT MEANS FOR COSECSA

- More efficient and effective centralized resource mobilisation and allocation policies and procedures
- Ability to adequately and consistently meet funding requirements

4 Implementation Capacity

Necessary capacity to implement the Strategic Plan at the Secretariat, National Offices/Country Surgical Training coordinators/facilitators

WHAT IT MEANS FOR COSECSA

- Capacity at the Secretariat to support all offices in all areas, including technical guidance, quality assurance, proposal development, communication, research and advocacy
- Capacity available in all Country Offices to develop and implement activities at the country level
- Capacity available to fundraise and advocate

5 Effective Governance and Management Structures

Robust management of the SP to monitor and track strategic objectives

WHAT IT MEANS FOR COSECSA

- A common results-based management framework
- Assigned accountabilities for delivery of SOs
- Documented outcomes and impacts
- Dissemination and use of quality evidence from implementation

6 Learning and Improvement

Knowledge generation and sharing, lessons learned and demonstration of best practices to drive continuous improvement, advocating change, support and management

WHAT IT MEANS FOR COSECSA

- Internal capacity building of staff
- Creativity and innovation
- Cross-sharing of information and knowledge

7 Conducive External Environment

Support from governments and partners to COSECSA Operations

WHAT IT MEANS FOR COSECSA

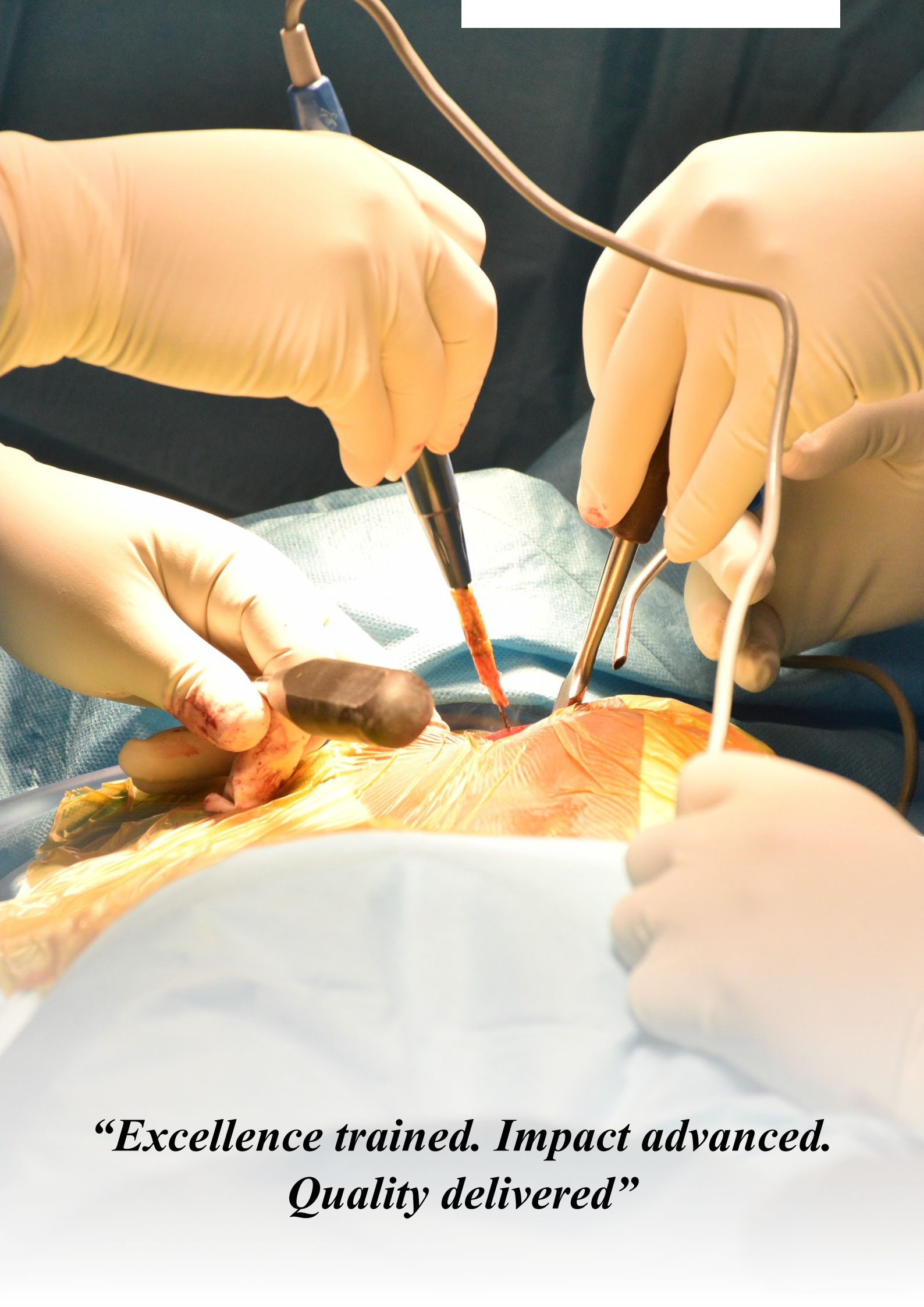
- Ability to continuously develop, expand and implement our programmes

11. CONCLUSION

"The next five years present an opportunity to strengthen institutional excellence, expand impact, and transform surgical care across the region"

This Strategic Plan reaffirms COSECSA's commitment to advancing surgical education, training, research and publication excellence across the region. Through collective action, innovation, and partnership, we will strengthen surgical systems and enhance equitable access to quality care.

Together, we move forward with purpose, building a healthier, more resilient future for Africa.



“Excellence trained. Impact advanced. Quality delivered”

ANNEX I: 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 **EVALUATION DATE**

STARTING ON | | **ENDING ON** | | |

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 Implementa-tion 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 performance SCORE and apply color scheme]*	*[Insert CURRENT performance 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 performance SCORE and apply color scheme]*	*[Insert CURRENT performance 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 II: STRUCTURED RISK MATRIX

The following risk matrix expands on the narrative risk analysis presented in Section 6 of the Strategic Plan. Each risk is scored for likelihood and impact prior to mitigation, a risk owner is assigned, and a residual risk level is assessed after application of the mitigation strategy. This matrix shall be reviewed annually by the Secretariat and presented to Council.

Scoring Key: H = High | M = Medium | L = Low

NOTE: The risk matrix shall be reviewed at each annual work planning cycle and at the Mid-Term Review (2028). Any new risks identified shall be added and scored using the same framework. Residual risk ratings shall be updated based on actual mitigation progress.

Risk No.	Risk Description	Category	Likelihood (H/M/L)	Impact (H/M/L)	Mitigation Strategy	Risk Owner	Residual Risk (H/M/L)
R1	Insufficient scanning of the external environment (political, legal, regulatory, socio-cultural, and security factors) affecting SP implementation.	External/Strategic	M	H	Conduct regular PESTEL analyses and environmental scans; integrate findings into annual workplan reviews and Council decision-making.	• Council • Country Representatives	L
R2	Insufficient human capital and technical expertise at HQ and Country Programme levels to meet growth in trainees, trainers, and examiner demands.	Operational/HR	H	H	Assess staffing needs against growth projections; recruit adequate and qualified staff at HQ and Country Offices; invest in technical training for key positions; leverage partner institutions for capacity support.	• Secretary General • FGPC	M
R3	Over-reliance on a few income streams (e.g., funded programmes, specific specialties) resulting in funding gaps.	Financial	H	H	Diversify training programmes and funding sources; coordinate fundraising across all College units; develop a multi-year revenue projection aligned to the SP goals.	• FGPC • Treasurer	M
R4	Limited access to competitive funding sources in a crowded global health financing landscape.	Financial/External	M	H	Develop and implement a comprehensive resource mobilisation strategy targeting competitive institutional grants; analyse successful and unsuccessful award patterns to strengthen applications.	• FGPC • CEO • Secretary General	M

Risk No.	Risk Description	Category	Likelihood (H/M/L)	Impact (H/M/L)	Mitigation Strategy	Risk Owner	Residual Risk (H/M/L)
R5	Risk that COSECSA's work is not recognised or valued by governments, donors, and the surgical community.	Reputational/ Strategic	M	H	Strengthen M&E and results-based management framework; conduct and publish research; increase advocacy using evidence; enhance social media and branding strategy; leverage country champions/ ambassadors.	• Secretary General • Communications	L
R6	Risk of taking on too many activities simultaneously, diluting focus and overstretching the Secretariat.	Operational	H	M	Establish annual workplans that prioritise activities most directly linked to SP goals; strengthen Country Programme and Secretariat capacity; manage stakeholder expectations proactively.	• Secretary General • CEO • Council	L
R7	Ineffective management of institutional change processes arising from digital transformation, AI integration, and organisational growth.	Operational/ Strategic	M	M	Develop change management plans with assigned responsible leads; integrate change processes into annual workplans; communicate changes clearly to staff, trainers, and trainees.	• Secretary General • ETC	L
R8	Insufficient government support for COSECSA recognition and regional health workforce development.	External/Policy	M	H	Document and disseminate evidence of COSECSA graduate impact on hospital performance; develop MoUs with universities and regulatory bodies in member and partner countries to formalise COSECSA recognition.	• Secretary General • Country Representatives	M
R9	Cybersecurity threats and digital infrastructure risks arising from accelerated AI and digital platform integration.	Technology/ Operational	M	H	Develop a cybersecurity policy and digital risk framework; invest in secure infrastructure; train staff on data protection; conduct annual system audits.	• ICT Lead • Secretary General	M

ANNEX III: MID-TERM REVIEW PROTOCOL

This protocol establishes the framework for the conduct, commissioning, and use of findings from the Mid-Term Review (MTR) of the COSECSA 2026–2030 Strategic Plan, as referenced in Section 10.1 of the Strategic Plan.

Purpose and Scope

The Mid-Term Review (MTR) of the COSECSA 2026–2030 Strategic Plan shall be conducted in the third year of implementation (2028). Its purpose is to assess progress towards the four Strategic Goals, identify implementation bottlenecks, capture lessons learned, and provide the Council with evidence-based recommendations to guide the remaining two years of the plan.

The MTR shall cover

- Assessment of achievement against all Strategic Objectives and Key Performance Indicators (KPIs) as defined in the Results Framework;
- Relevance: the continued alignment of the SP goals with regional and global surgical health priorities;
- Effectiveness: the degree to which planned interventions have produced expected outputs and outcomes;
- Efficiency: the extent to which resources (financial, human, and institutional) have been used optimally;
- Financial performance: actual expenditure against approved budgets and resource mobilisation targets;
- Risk review: reassessment of the risk register and the adequacy of mitigation measures; and
- Lessons learned: documentation of good practices and areas requiring course correction.

Commissioning and Independence

The MTR shall be commissioned by the COSECSA Council, through the Finance and General Purposes Committee (FGPC), by no later than March 2028. To ensure independence and credibility, the MTR shall be led by an external evaluator or evaluation team with demonstrated experience in health systems, surgical workforce development, or strategic management, projects and programme management, organisational performance evaluation in the East, Central, and Southern Africa (ECSA) region. COSECSA staff shall not serve as lead evaluators but shall provide documentation, data access, and logistical support.

Methodology

The MTR shall employ a mixed-methods evaluation approach, combining:

- **Desk review:** analysis of annual operational reports, Council minutes, financial statements, M&E data, and donor reports covering 2026–2028;
- **Key Informant Interviews (KIIs):** structured interviews with Council members, the Secretary General, Committee Chairs, Country Representatives, selected partners (e.g., RCSI, ACS, ECSA-HC), and a sample of trainees and graduates;
- **Tracer study:** tracking a sample of COSECSA graduates from the 2026–2028 cohort to assess employment, retention in the ECSA region, and contribution to surgical service delivery; and
- **Data triangulation:** cross-referencing MIS data, financial records, KII findings, and tracer study results to verify reported performance.

Adaptive Management Triggers

The MTR findings shall be classified against the following performance thresholds to trigger specific Council responses:

Performance Level	Definition	Council Response
On Track	≥65% of KPIs at or above target	Note progress; maintain current implementation approach; minor adjustments permitted at Secretariat level.
At Risk	50%–64% of KPIs at or above target	Council to convene a dedicated session; Secretariat to prepare a remedial action plan with revised targets and resource reallocation options.
Off Track	<50% of KPIs at or above target	Council to commission a strategic review; consider revision of goals, reallocation of resources, or renegotiation of partner commitments; formal notification to donors and key stakeholders.

Timeline and Deliverables

Milestone	Timing	Responsible Party
MTR commissioned by Council	January 2028	• FGPC • Council
Evaluator(s) recruited	February 2028	• FGPC • Secretary General
Inception Report (methodology and work plan)	March 2028	• External Evaluator
Data collection phase (desk review, KIIs, tracer study)	April – June 2028	• External Evaluator • Secretariat
Draft MTR Report submitted	July 2028	• External Evaluator
Secretariat and Council review and feedback	August 2028	• Secretary General • Council
Final MTR Report submitted	September 2028	• External Evaluator
Council deliberation and adoption of remedial actions	October 2028	• Council
Revised Annual Workplan 2029 incorporating MTR recommenda-tions	November 2028	• Secretariat

Reporting

The Final MTR Report shall be presented to the COSECSA Council at its ordinary session in August 2028. A summary version shall be shared with key partners and donors. The full report shall be published on the COSECSA website to demonstrate accountability and transparency.

ANNEX IV: M&E BASELINE AND INDICATOR REFERENCE TABLE

This table establishes baselines, annual targets, and data sources for the Key Performance Indicators (KPIs) associated with each of the four Strategic Goals. Baseline values marked as 'TBD' shall be confirmed through a formal baselining exercise to be conducted by the Secretariat during Q1 2026. This table shall be incorporated into the M&E Framework (Annex I) of the Strategic Plan and updated annually.

Note on baselines: Where 2025 audited data is unavailable at the time of plan publication, a baselining exercise shall be prioritised as the first M&E activity in Year 1 (Q1–Q2 2026). All TBD values shall be finalised and submitted to the Council by June 2026.

Goal	KPI	Baseline (2025)	Year 1 Target (2026)	Year 3 Target (2028) [MTR]	Year 5 Target (2030)	Data Source and Verification
Goal 1: Excellence in Surgical Education & Training	No. of surgeons graduating per year	• ~ 110/year (2024 estimate)	• ≥ 130	• ≥ 135	• ≥ 140/year • 1,800 cumulative by 2030	• COSECSA MIS • ECC Annual Graduation Data
	% of examinations delivered digitally/online	• ~ 40%	• ≥ 50%	• ≥ 70%	• ≥ 80% by 2028 • 100% by 2030	• ECC Examination Records
	No. of trainees receiving scholarships per year	• ~ 80 (2024 estimate)	• ≥ 90	• ≥ 110	• ≥ 80/year across • ≥ 5 specialties	• Scholarship Board Records • Partner Reports
	% of women among total trainees (MCS and FCS levels)	• ~ 19–24%	• ≥ 22%	• ≥ 27%	• ≥ 30%	• COSECSA MIS • ECC Gender • Disaggregated Data
	No. of new trainer/ educators certified per year	• ~ 15 Trainers Certified	• ~ 20 Trainers Certified • Needs Assessment finalised	• ~ 40 - 50 trainers certified	• ≥ 120 certified interdisciplinary trainers by 2030	• ETC • Academy of Educators Records

Goal	KPI	Baseline (2025)	Year 1 Target (2026)	Year 3 Target (2028) [MTR]	Year 5 Target (2030)	Data Source and Verification
Goal 2: Promote Quality, Equitable & Accessible Surgical Care	No. of hospitals accredited as COSECSA training sites	6 new hospital provide COSECSA Training	• ≥ 10% of training sites accredited • Accreditation framework finalized	• ≥ 50% of training sites formally accredited	• ≥ 70% training hospitals accredited	• ETC • Hospital Accreditation Audit Reports
	No. of countries with active COSECSA Country Programmes	14 member countries	• 14	• 16	• 18 (including affiliate countries)	• Secretariat Country Programme Reports
Goal 3: Regional Harmonisation of Surgical Training & Workforce Standards	No. of MoUs signed with regional/ international partner institutions	• ~ 4 active MoUs (estimate)	• ≥ 5	• ≥ 8	• ≥ 18 active MoUs	• Secretariat Legal • Partnerships Records
	No. of COSECSA curricula formally reviewed and updated	• 0 curricula reviewed	• ≥ 1 curricula reviewed •	• ≥ 2 curricula reviewed • ≥ 2 new curricula developed	• All curricula reviewed • ≥ 4 new curricula finalised	• ETC Curriculum Review Reports
Goal 4: Strengthen Organisational Capacity & Financial Sustainability	% of annual budget covered by diversified (non-single donor) income	• Baseline 30% (Financial Audit 2025)	• Financial diversification strategy adopted	• ≥ 35% from diversified sources	• ≥ 50% from diversified sources	• FGPC • Audited Financial Statements
	No. of competitive grants successfully awarded	• Baseline 1 (2025 grants audit)	• ≥ 2 new grants	• ≥ 6 cumulative	• ≥ 10 cumulative over SP period	• FGPC • Grants Tracking • Register
	Annual operational reports submitted on time to Council	• Not systematically tracked	• 100% submitted on time	• 100%	• 100%	• Council Secretariat Records

Data Management: The COSECSA Management Information System (MIS) shall serve as the primary repository for all KPI data. The Secretariat shall designate an M&E focal point responsible for data collection, verification, and quarterly updating of this indicator table.

ANNEX V: HIGH-LEVEL RESOURCE FRAMEWORK

Introduction

The successful implementation of the COSECSA 2026–2030 Strategic Plan requires adequate, predictable, and diversified financial resources. This section presents a high-level multi-year resource framework aligned to the four Strategic Goals, indicative funding bands for each goal, and a mapping of planned funding sources. Detailed annual budgets shall be prepared by the Secretariat and approved by the Council through the Finance and General Purposes Committee (FGPC) in accordance with existing budget management frameworks.

Resource Bands by Strategic Goal

The following table assigns a resource band and indicative annual cost estimate to each Strategic Goal based on the scope of activities, human resource requirements, and historical expenditure patterns. These are planning estimates and shall be refined annually during budget preparation.

Strategic Goal	Key Cost Drivers	Resource Band	Indicative Annual Cost (USD)	5-Year Total Estimate (USD)
Goal 1: Advance Excellence in Surgical Education, Training, Examination, Research and Publication	• Scholarship administration • Examiner training • AI/digital platform development • Faculty development (Academy of Educators) • Curriculum reviews • Laparoscopy/MIS training centres • ECAJS journal operations	High	2,500,000 - 3,500,000	12,500,000 - 17,500,000
Goal 2: Promote Quality, Equitable and Accessible Surgical Care	• Hospital accreditation system development • Trainee site supervision • Centres of Excellence support • Training site quality audits • Gender equity programmes	Medium - High	250,000 - 500,000	1,250,000 - 2,500,000
Goal 3: Promote Regional Harmonisation of Surgical Training and Workforce Standards	• MoU development and management • Advocacy events • Policy engagement with ECSA-HC and Health Ministers • Surgeon graduate tracer studies • Regional standards harmonisation workshops	Medium	100,000 - 150,000	500,000 - 750,000
Goal 4: Strengthen Organisational Capacity and Financial Sustainability	• Secretariat staffing & operations • ICT infrastructure & cybersecurity • Country Programme coordination • Governance and legal • resource mobilization • Arusha land development (phased)	Medium - High	300,000 - 400,000	1,500,000 - 2,000,000
Cross-Cutting (M&E, Communications, MTR, Risk Management)	• M&E framework implementation • Annual reporting • MTR commissioning • Communications and branding • Risk monitoring	Low - Medium	25,000 - 50,000	125,000 - 250,000
TOTAL INDICATIVE RESOURCE REQUIREMENT		**HIGH**	**3,175,000 - 4,600,000**	**15,875,000 - 23,000,000**

Funding Source Mapping

COSECSA's financial sustainability depends on diversifying across four funding streams. The table below maps each stream to the goals it primarily supports and provides examples of current and potential funders.

Funding Stream	Primary Goals Supported	% of Total Target Revenue	Current Funding Sources	Potential New Sources to Pursue
Competitive Institutional Grants	Goals 1, 2, 3	40 - 45%	• 8 Funding Partners	• 5 New Partners
Member Subscriptions & Examination Fees	Goal 4 (operations)	20 - 25%	• Annual trainee • Fellow subscription fees • MCS and FCS examination fees	• Expand fee base through increased trainee intake, fellows by election and new specialty programmes
Bilateral Development Partner Funding	Goals 1, 2, 4	20 - 25%	• Governments and Multilateral linked health system grants	• Norad • GIZ • EU Health Programme • Swiss Development Cooperation • SIDA • KfW
Other Internal sources of income	All Goals	10 - 15%	• Investment Income	• Additional income diversification
Earned Income & Endowment	All Goals	10 - 15%	• CPD course fees • workshop registration • nascent COSECSA USA Charity Account income (long-term)	• Develop regional CPD market • establish COSECSA Surgical Training Endowment Fund • Commercial training contracts with national hospitals

Resource Mobilisation Strategy Principles

The following principles shall guide COSECSA's resource mobilisation over the 2026–2030 period:

- Diversification: No single donor or funding stream shall account for more than 40% of total annual revenue by 2028.
- Competitive positioning: COSECSA shall maintain an active competitive grants pipeline with at least two applications under development at any point in time.
- Results-based fundraising: All grant proposals shall be anchored to evidence from the M&E framework, MTR findings, and published research from the ECAJS and other platforms.
- Cost recovery: COSECSA shall progressively recover a greater share of programme costs from examination and CPD fee structures, reviewed annually by the FGPC.
- Coordination: Fundraising efforts shall be coordinated centrally by the Secretariat in consultation with the

Financial Governance

All financial management shall remain governed by the COSECSA Finance Policy and the budget management framework approved by the Council. The FGPC shall review financial performance against this resource framework on a semi-annual basis and report to Council. Any material variance (±20%) from the indicative resource bands shall trigger a review of implementation priorities and resource reallocation. This resource framework shall be reviewed annually alongside the budget preparation cycle. Actual vs. planned resource mobilisation performance shall be reported in the Annual Operational Report to the Council and at the Mid-Term Review.



STRATEGIC PLAN

2026-2030

COLLEGE OF SURGEONS OF EAST, CENTRAL AND SOUTHERN AFRICA (COSECSA)

SECRETARIAT

ECSA-HC Headquarters
157 Olorien, Njiro Road
P.O.Box 1009, Arusha,
Tanzania

Tel: +255 27 254 9362/5

Email: info@cosecsa.org

COSECSA.ORG