

## The contribution of professional associations

Francis Omaswa and Rosemary Mugwe trace the journey of the Association of Surgeons of East Africa (ASEA) to the College of Surgeons of East, Central and Southern Africa (COSECSA)

The Association of Surgeons of East Africa (ASEA) was launched in 1950 at a meeting in Nairobi, Kenya by expatriate surgeons from Kenya, Tanganyika (now Tanzania) and Uganda. The story of ASEA and its founders is an example of socially accountable professionals in the colonial health service who decided that they needed to meet regularly to discuss how they could serve the population better and also enjoy fellowship and the company of each other. At that time there were no indigenous Africans who were specialised as surgeons. The first President of ASEA was C.V. Braimbridge from Nairobi, who was succeeded a few years later by A.J. Boase, also from Nairobi, and John Croot and Ian McAdam, both from Kampala. Other notable leaders in this pioneer group are Michael Wood, one of the founders of Amref Health Africa, Gerald Neville, Kirkaldy Willis, Roy Miller and Dennis Burkitt (who described Burkitt's lymphoma), among others.

These expatriates held surgical meetings annually in the capitals and quarterly council meetings in the provinces, districts and far-flung up-country locations providing support and encouragement to the surgeons and non-surgeons who practised their surgery in those localities. These surgeons were also the leading thinkers in the medical profession in the region and were credited with promoting education and training of surgical specialists from local people. The first African to pass the Fellowship of the Royal College of Surgeons was Sebastian Kyalwazi from Uganda who was supported by McAdam in his efforts to become a fully trained surgeon. The second was Alex Odonga, also from Uganda, who wrote about some of the challenges of working with expatriate staff, doctors and nurses. The first Kenyan specialist surgeon was M. W. Warambo and all the three, not long after, became presidents of ASEA.

It was this group led by McAdam that introduced training for UK surgical qualifications at Makerere Medical School in Kampala with examiners coming to Kampala from the UK. The pass rate in Kampala was higher than in the UK and, after proving that local standards were high, they established the Master of Medicine in General Surgery and other medical specialties, first at Makerere University and later in all other universities in the region.

One example of the social accountability of the ASEA community is that in 1980 they convened a Symposium in Mombasa on how to increase access of the rural populations in the region to quality surgical services. At that symposium, McAdam, who had by then relocated out of the region, made a bold proposal that all the ideas discussed

Francis Omaswa, Surgeon and Rosemary Mugwe, Executive Secretary, COSECSA

should be put in practice in a selected remote setting in East Africa. This later became the Ngora Hospital Project on Cost Effective Rural Surgery of which Francis Omaswa became the Project Director and Medical Superintendent of that hospital.

ASEA also set up specialist training positions in Urology in Moshi, Tanzania and Orthopedic Surgery in Bulawayo, Zimbabwe, and Lusaka, Zambia.

In 1985 another Symposium was held in Nyeri, Kenya on the theme Surgery in Africa in the year 2000. It was at this meeting that a paper on postgraduate training was discussed. Concerns regarding the quality of the M. Med programs in the whole region were raised; kicking off protracted and sometimes difficult consultations that led to the decision of 25th ECSA Health Community Regional Health Ministers Conference held in Mauritius in November 1997 to authorise the Secretariat to establish a Postgraduate Medical College of which the College of Surgeons of East Central and Southern Africa (COSECSA) would be the first. This was followed a week later when the ASEA Annual General Meeting (AGM) in Harare, Zimbabwe resolved to launch the COSECSA. Prof Omaswa, who became Chief Surgeon and Director General in the Uganda government, attended the Regional Health Ministers' Conferences and facilitated the decisions of the health ministers as well as the Harare ASEA resolution on launching COSECSA. He also corresponded with the Royal College of Surgeons of Edinburgh of which he is a Fellow. Ignatius Kakande from Uganda used his annual vaca-

tion to draft the General Surgery Curriculum that was presented for approval to the Health Ministers Conference. COSECSA was formally launched at the ASEA AGM in Nairobi in December 1999 with Omaswa as founding President. A seed grant from the German Christophel Blinden Mission was negotiated by ASEA member from



*Professor Ian McAdam, longest-serving Head of Department of Surgery, Makerere University*



*Sebastian Kyalwazi: first Ugandan Head of Department of Surgery, Makerere University*

Zambia Chris Lavy, which funded the secretariat and the employment of Jimmy James, an ASEA member from Scotland as the first full time Executive Officer of COSECSA.

The mandate of COSECSA which remains valid today was assigned as follows: (i) Organise training programmes in recognised institutions; (ii)

Organise examinations in various disciplines of surgery; (iii) Promote and encourage postgraduate education, relevant to the Region; (iv) Organise workshops, seminars, lectures and conferences to bring surgeons together in Fellowship and promote the art and science of surgery in the region; and (v) Above all – set up the highest ethical standards and promote the honour and dignity of surgical and allied professions.

COSECSA now operates in 14 African countries as the largest surgeons' college in Africa and trains surgeons at accredited institutions away from capital cities near rural populations, and as well as in the capital cities with rapidly growing urban poor. It is a 'college without walls' that fosters postgraduate Education & Training in Surgery. Up to 2018, COSECSA has graduated 346 surgeons, out of

whom 84% are in home countries and 93% are practising in Africa. There are over 1000 currently registered college trainees. The curricula are benchmarked internationally and there are affiliations with several international surgical colleges who send representatives examiners to the annual examinations that are held around the region, tagged to Annual General Meetings and Scientific Conferences of the College. The college is an active member of the International Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care (The G4 Alliance) that advances access to quality surgical care as part and parcel of the SDGs and also publishes the East Central Africa Journal of Surgery (ECAJ).

### **Fraternity and fellowship**

What makes this surgical fraternity so successful? The characteristics of ASEA and COSECSA that have contributed to this phenomenal success are the following: (i) a strong fellowship spirit where members feel loyal and true to each other and do not tolerate anti-social conduct among members, such as dishonesty or a failure to perform allocated tasks. They host each other at their homes and share transport whenever possible. (ii) Strong commitment to professionalism and the highest standards of practice. This is demonstrated by presentation of members work to the group and subjecting them to constructive criticism and peer review. (iii) Commitment to social accountability by working tirelessly to ensure that those who need services are reached by the association. This is exemplified by localisation and expansion of training of surgeons from UK to Africa and within African countries. (iv) Members are willing to make personal sacrifices to pay for travel to meetings and host colleagues and to support projects that are undertaken. (v) Lastly, they apply tactics that inform and inspire the governments and each other instead of naming and shaming and they persist and persevere to achieve goals.



*Regional Training on laboratory equipment maintenance and management*