

AfroSurg2 Conference Report

Improving Surgical Care in Southern Africa through District Hospital Strengthening
May 4-5, 2021, Cape Town, South Africa



Background

Founded in 2019, the AfroSurg Collaborative is a network of surgical stakeholders from six Southern African countries (Botswana, Malawi, Namibia, South Africa, Zambia, and Zimbabwe) with the vision to create an African-led, regional network to enable evidence-based, context-specific, safe surgical care, which is accessible, timely, and affordable for all. Multidisciplinary stakeholders include surgeons, anaesthetists, obstetrician/gynaecologists, family physicians, emergency medicine physicians, paramedics, operating theatre nurses and managers, public health specialists, and medical students. AfroSurg1 was convened in Cape Town, South Africa in January 2020 where knowledge gaps needed to improve surgical delivery and policy were identified which included lack of decentralised surgical services and better mapping of current surgical resources. In addition, telemedicine was identified as a potential strategy to address gaps in human and physical resources.

Research outputs from AfroSurg1:

- 1) The Collateral Damage of the Covid19 Pandemic on Surgical Healthcare in Africa (Journal of Global Health, 2020)
- 2) Identifying knowledge needed to improve surgical care in Southern-Africa using a theory of change approach (accepted BMJ Global Health)
- 3) The use of telemedicine in surgery in low and middle-income countries: A scoping review (submission in progress)

AfroSurg 2 Conference Proceedings

AfroSurg2 which was held May 4-5, 2021 in Cape Town focused on *improving surgical care in Southern Africa through district hospital (DH) Strengthening*. The first day focused on South Africa with an opening by the chief operating officer of the Western Cape Provincial Department of Health, Dr. Saadiq Kariem, who emphasised the importance of surgical care in the Western Cape. He used the massive decrease in surgical care in 2020 due to Covid-19 as impetus to prioritise strengthening the entire surgical ecosystem to address the operative backlog. There were presentations on DH surgical capacity, telemedicine DH solutions, South Africa NSOAP progress, the College of Medicine of South Africa support for DH surgical training, family physicians and their role in DH surgery. One highlight was a talk from the Ministry of Health Treasury, Dr. Mark Blecher, on how to make a case for financing surgical planning.

The second day focused on the Southern African region. The SADC ministers all have endorsed NSOAP and each country is responsible for reporting back progress annually. Five of six AfroSurg countries conducted some mapping of available surgical resources and most have shown a significant lack of human and physical resources for surgical care. The number of surgical providers needed for each country is unknown because the burden of surgical disease is not well-defined. Research training is not part of medical

school nor post-graduate training and many AfroSurg members expressed frustration at not having the capacity to design robust data collection tools. A health system strengthening talk emphasised the need to improve surgical services within the larger context of the larger health system and to consider the WHO building blocks of governance, health workforce, service delivery, health information systems, access to essential medicines and financing.

Summary

The AfroSurg collaborative has been highly successful at networking surgical stakeholders to improve surgical care in Southern Africa. Baseline data on DH surgical capacity from all countries has been partially collected but more complete information is needed in order to lobby policymakers to improve decentralised service delivery. AfroSurg has several publications but more research capacity building is needed for its members.

Way Forward

1. Identify additional funding partners to expand the AfroSurg collaborative to include all the Southern Africa Development Community countries;
2. Create a data dashboard that is transparent and visible to disseminate surgical indicators from all AfroSurg countries;
3. Work with global surgery units to build local research capacity to improve data collection and dissemination;
4. Work together to lobby for improved service delivery and policies to strengthen surgical care in the Southern African region.