



**The African Union**

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**REMARKS BY THE AFRICAN UNION COMMISSION  
DEPUTY CHAIRPERSON H.E AMB. KWESI QUARTEY.**

**OPENING OF THE 58<sup>TH</sup> ANNUAL CONFERENCE AND  
SCIENTIFIC MEETING OF THE WEST AFRICAN COLLEGE  
OF SURGEONS (WACS)**

**BANJUL, GAMBIA, 26TH FEBRUARY 2018.**

**Your Excellency Mr. Adama Barrow, President of the Republic of The Gambia,**

**Your Excellency Madam Saffie Lowe-Ceesay, Minister of Health & Social Welfare of the Republic of The Gambia,**

**Professor King David ..... Yawe, President of the West African College of Surgeons,**

**Dr. Melville George, Chairman of the Focal Organizing Committee,**

**Distinguished Fellows and Members of the West African College of Surgeons,**

**Your Excellencies Members of the Diplomatic Corps,**

**Ladies and Gentlemen, Brothers and Sisters,**

I am particularly delighted to be here on the Smiling Coast of Africa, in The Gambia, for the Opening of the 58<sup>th</sup> Annual Conference and Scientific Meeting of the West African College of Surgeons (WACS) on the theme: Global Surgery Implementation for West Africa. Thank you for the invitation. The Chairperson of the African Union Commission, H.E. Moussa Faki Mahamat, who is unable to be here in person, has instructed me to represent him today and, to tell you the truth, I am glad he did. I wish to thank His Excellency Mr. Adama Barrow, President of the Republic of the Gambia, for the warm, fraternal and exemplary Gambian hospitality accorded to us since our arrival in sunny, smiling coast, beautiful , peaceful Banjul. The Republic of the Gambia may be a small country in size, but the Gambian people have demonstrated gargantuan democratic credentials. Africa as a whole is truly proud of you, but in ECOWAS, this gives us even greater pride. Big revolution in a small country. That is the Gambian story. But if my hunch is correct, I sense this is probably only the beginning. So here we are today in Banjul to tell you that we expect even greater things from the Gambian government and the Gambian people. A united democratic Gambia is very much work in progress, and the African Union, indeed all Africa, is ready to accompany you all the way.

This is the first time the AU Leadership has been invited to participate in a Scientific Conference of the West African College of Surgeons, and here again, it had to be the Gambia first. We have been collaborating with your College at the technical level. Dr. Yankuba Kassama, a son of the Gambia, FRCS, FWACS, etc. etc., our distinguished Director of Medical and Health Services at the African Union, a surgeon himself, a very active Fellow of your College, a Council Member and Examiner, has represented you in an exemplary manner in Addis Ababa. He is also a proud son of Africa. He remains a shining example of the excellence of what we have come to associate with your country, the Gambia. The theme of this Conference, the integration of Africa through AU Agenda 2063, resonates with me personally, born in Kwame Nkrumah's Ghana, especially having a Gambian sister-in-law. I used to have classmates from the Gambia in primary and middle school. I remember Gibril Jorf. We used to play ping pong from mornign to evening. There was also, if I remember correctly, Mustapha Jobe. That was over half a century ago, but I still remember their brilliant academic performances.

**Your Excellencies, Distinguished Fellows, Brothers and Sisters of the Scientific Community, Ladies and Gentlemen,**

Agenda 2063 is our strategic framework for the socio-economic transformation of our continent. Described as a paradox, poverty in the midst of untold wealth, it is imperative that we think long term – hence 50 years. This Agenda, adopted by our Heads of State and Government a few years ago under Dr. Nkosazana Dlamini Zuma, seeks to build on Kwame Nkrumah's Africa Must Unite. It reflects the aspiration of the African people for a better, more fruitful and fulfilling life. Agenda 2063 cannot be achieved without an educated and healthy people. Health, without doubt, has become an economic and development issue. Only an educated and healthy people can build the Africa we want. Africa admittedly has made tremendous progress. Continental health challenges such as TB, HIV/AIDS and malaria are enormous. Ebola, in particular, dramatically exposed the huge defects in our public health infrastructure. Africa remains vulnerable to the high burden of communicable diseases. We Africans are frequently struck by different emergencies and disasters. All these hinder socio-economic development. We lag behind national and international development targets.

We lack a system to coordinate, prepare for, and respond to health emergencies. All these can only be addressed by three factors upon which everything else rests. The three basic of factors are (1) EDUCATION; (2) EDUCATION; (3) EDUCATION.

We require every African child to be in school and to remain in school. A numerate and a literate Africa is a sine qua non to economic development. Science and technology is the key. We need to master science, culture and technology, and to leverage science and technology to agricultural production and processing to add value. We also need more intra-African trade. That is what integration is about. If we agree that we need to integrate, it is an admission that we are somewhat less than integrated.

To achieve our vision of an integrated, prosperous and peaceful Africa, we need to overhaul our health and education – our curriculum - system. The establishment of the Africa Center for Disease Control and Prevention in Addis Ababa, Ethiopia, in January 2017 can help to support Africa to effectively respond to emergencies. That requires investment in science education. We need an effective all-inclusive medical education programme, and we need to provide more incentives to medical students. And we need to provide better facilities and, above all. to pay all doctors more.

### **Excellencies, Distinguished Fellows,**

Remarkable gains have been made in global health in general over the past 25 years. But the gains have not been uniform. Mortality and morbidity from common conditions requiring surgery have ballooned in the world's poorest regions, while the development of safe, essential, life-saving surgical and anesthesia care in low-income and middle-income countries (**LMICs**) has stagnated. In some countries here in Africa the situation has regressed. Nearly five billion people around the world do not have access to surgery at all. Most of these people are here in Africa. I have a personal experience in this. I used, when much younger, to be a hockey player. Some of our toughest matches were against the Armed Forces. You tend to appreciate the surgeon's art directly, after a match with the Army boys.

The global burden of disease amenable to surgical intervention, such as trauma, cancer, and complications from childbirth, is substantial and growing. Meanwhile, gross disparities in access to safe, surgical care worldwide do glaringly exist. To serve a community well, I am informed, a hospital should be doing 5,000 surgeries for every 100,000 people. In Africa, this is about 20 times lower than the minimum. Hundreds of thousands of Africans who need surgery to save their lives never get it. Those who do undergo surgery, despite being younger and having fewer underlying health risks than patients in high-income countries, face greater risk of developing complications and dying after surgery.

Workforce shortages and unequal distribution of specialist surgical workforce is a peculiarly African challenge. Only 12% of the specialist surgical workforce practice in Africa and Southeast Asia, where a third of the world's population lives. Most surgeons live and work in the urban areas. They simply refuse to serve in rural areas, where they are most needed. What is to be done? We can begin with more incentives to serve in rural areas. The remoter the district, the higher the allowance, and more opportunities for further training.

Infrastructure, equipment and supplies necessary to perform safe procedures, monitor patients after surgery, prevent or control infection are lacking in most of our medical centers. Provision of safe blood supply is also a challenge. There is often no electricity to support our doctors. In order to make surgery truly global and safe, hospitals should be provided with basics like electricity, water, personal protective equipment for staff, laboratory supplies and essential medicines. Greater public investment is needed. Where is the money to come from? Meanwhile, over 50 billion US dollars continue to literally leak out of Africa illegally every year to the developed world, most of these to private personal accounts illicitly, in places like Switzerland, among others. Seeking to repatriate these stolen resources back to Africa faces enormous problems.

Maintenance of a motivated workforce especially in low-resource environments is crucial. Our best health professionals remain poorly paid. Our Ministries of Health and

professional societies should take active steps to ensure that specialists who choose to practice in such settings are celebrated, instead of neglected. We must provide the necessary tools for our surgeons to practice their healing art. We must provide opportunities for continuing education and professional development – all these are achievable under Agenda 2063. But I sincerely do not believe we want to wait 50 years until 2063. As Kwame Nkrumah once said, we want self-government now.

### **Excellencies, Distinguished Fellows, Ladies and Gentlemen,**

Corruption within the health care delivery system and at the point-of-care has become a challenging problem. Mechanisms to detect, report and control corruption need to be developed to promote trust and confidence in the health system. Rwanda is a good example of a country that has worked to minimize corruption. Impressive strides have been made. An independent media, a fiduciary system with protections for whistle-blowers, aggressive prosecution of corrupt activities, and improved documentation through electronic records can make a positive difference.

Reduction of death and disability is dependent on access to surgical and anaesthesia care. This should not only be available, it should be affordable, timely, and safe to ensure good coverage, uptake, and outcomes. A general scale-up of quality surgical services will prevent deaths, limit disability, palliate suffering, promote economic growth, and help achieve maximum gains in health, welfare, and development for all. Distinguished and esteemed Members of the Medical profession, as you see, our work is cut out for us.

Your Excellency President Adama Barrow, Distinguished Audience, allow me, once again, on behalf of the African Union Commission, to congratulate the Government and the People of The Gambia, the Smiling Coast of Africa, on the successful hosting of this 58th Annual Conference and Scientific Meeting of the West African College of Surgeons. The Gambia, which has recently been through some of the most challenging times in its history, has demonstrated that with dedicated work, it is possible to mobilise resources and organize a gathering of this magnitude. We applaud the LOC, the

Government and People of The Gambia for your courage and determination. And may your enterprise thrive.

Thank you all for your kind and polite attention.