



**INTERNATIONAL FEDERATION OF RURAL SURGERY
BIENNIAL CONFERENCE**

4th



**ASSOCIATION OF RURAL SURGICAL PRACTITIONERS OF NIGERIA
ANNUAL CONFERENCE**

16th – 19th November 2011

TRAINING FOR RURAL SURGERY



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ORIGIN OF THE INTERNATIONAL FEDERATION OF RURAL SURGERY

by Dr R D Prabhu, President, IFRS 2005-09

Rural surgery, as we define it now, has existed ever since man has been treated for illness. After all, simply put, rural surgery is the affordable surgical care nearer the homes of patients. Despite the progress of times and the medical sciences, changes in the philosophy of commerce and the increased importance given to earning more money have marginalized the poor and the rural communities from the benefits of advanced medical and surgical care. Yet as in the past, there now are some dedicated doctors and surgeons who function as rural surgeons, in almost all the countries, barring a few.

In India, the national body of surgeons was only interested in promoting the advances in surgery, irrespective of its affordability by the common man. Needs of surgery for rural communities and the poor received only the lip sympathy. This attitude continued for years until one President of the Association of Surgeons of India (ASI), Dr. Rangabhashyam thought that ASI must look into the needs of its rural surgeon members. Succeeding President, Dr Udawadia, went even further and highlighted the importance of rural surgery for the country. The interest of ASI ended there.

At such a time, Dr. Balu Sankaran, retired Director General of Health Services of India and Dr N H Antia, pioneer plastic surgeon and member of advisory body for national health policies, joined hands with another six rural surgeons and launched the Association of Rural Surgeons of India (ARSI) in November 1992. Starting of ARSI was hailed by many senior surgeons from India and abroad. Many surgeons from far away countries like Australia, US and Canada even became overseas members of ARSI.

ARSI promotes need-based, affordable, multi-specialty surgical care, with available manpower and infrastructures in rural communities and in poor urban communities. It believes that with the basic qualification of medicine like MB,BS, it is possible to perform life-saving and important emergency surgical procedures from all the branches of surgery.

The German Society for Tropical Surgery (DTC) evinced interest in the activities of the ARSI. DTC itself practices and promotes rural surgery and even sponsors training of surgeons from developing nations in rural surgical procedures. Soon, surgeons from other countries like Holland, United States, Canada, Australia, Bangladesh, UK, African countries like Tanzania, Uganda, Kenya, Nigeria, and even Cuba began participating in the annual conferences of the ARSI. Latin Americans too showed interest but language barrier came in their (and our) way.

It became clear that Rural Surgery is a global phenomenon even in many developed countries. Rural surgeons from many far away countries showed interest in the activities of ARSI. Seeing such global interest in rural surgery, Dr Thomas Moch and Dr. Gabriela Holoch from DTC conceived the idea of forming an International Society of Rural Surgery (ISRS), devoted to rural surgery so that the philosophy may make affordable health care available to many more communities. Dr J K Banerjee from ARSI seconded it. The idea received unanimous support from the ARSI. During the 11th annual conference of ARSI in September 2003 in New Delhi, the proposal of forming the international society was discussed in detail. Dr N H Antia and Dr R R Tongaonkar also supported the proposal. Dr Thomas Moch from the DTC Germany and Dr Moses Okech from Kenya and Dr P L Kibatata from Tanzania, all of whom were at the Delhi conference, welcomed the idea.

After the conference, Dr Moch and Dr Banerjee sat down and drafted the first guidelines for its formation which were circulated through the newsletter of ARSI. This was formally accepted at the next conference in Sivakasi, Tamil Nadu the next year where Dr. Peter Reemst of Holland was also present.

The 13th annual conference of the ARSI was a combined meeting of ARSI, Association of Surgeons of Rural India, a section of ASI, and it was also considered to be the first conference of the International Society of Rural Surgery. It was held in September 2005, in Ujjain, M.P. India. Delegates from Tanzania, Uganda, Kenya, Germany, Holland and USA, participated in it.

The society proposed was a federation of associations of rural surgeons of different countries and it was to devote itself to promote health care of the unreached in each country. This health care may include, as far as possible, affordable, appropriate, multi-specialty, essential surgery, overcoming the constraints and poor infrastructure.

During the meeting in Ujjain on 25th September 2005 (which was considered to be the first general body meeting of the new society), delegates unanimously accepted the proposal of forming an international society. It was named **International Federation of Rural Surgery, or IFRS**. The draft document of memorandum and rules and regulations were also accepted and the office bearers were elected for their first two-year term. The first office bearers of the IFRS were:

President:	Dr. R. D. Prabhu (India)
Vice President:	Dr. P.L.Kibatata (Tanzania)
Hon. Secretary:	Dr. Thomas Moch (Germany)
Jt. Secretary:	Dr. J.K.Banerjee (India)
Treasurer:	Dr. Peter Reemst (Holland)
Directors	Dr. K. Dakshinamoorthy (India)
	Dr. Vincent Mubangizi (Uganda)
	Dr. John Wachira (Kenya)
	Dr. Randall Zuckerman (USA).

Dr. Kibatata from District Designated Hospital, Ifakara, Tanzania and Dr. Zuckerman from the Bassett Healthcare, and Mithoefer Centre for Rural Surgery, New York, U.S.A. were co-opted members on the board as they did not belong to any association of rural surgeons in their country. However they were soon to organise one in their own country.

The first Members (national associations of rural surgeons) of the IFRS were the ARSI (India), ASRI (India), DTC (Germany) and Holland Group of Surgeons.

The DTC (Germany) has been generous enough to bear the initial administration and communication costs, if any, of IFRS. The subscriptions, fees etc were to be decided upon by the new office bearers.

Please log on to the website www.ifrs-rural.com for more information about the IFRS.

ABOUT THE ASSOCIATION OF RURAL SURGICAL PRACTITIONERS OF NIGERIA

Nigeria could claim to have given the blueprint of primary health care delivery to the world 15 years ahead of the World Health Organization's Alma Ata Declaration on the same subject. In 1963, the Faculty of Medicine, University of Ibadan, initiated this momentous programme, based at Igboora in rural Ibarapa District of Oyo State, South Western Nigeria. Professor (now Emeritus) T O Ogunlesi, OFR was the first director for fifteen years. Although a cardiologist, he is better known as a community physician.

In an attempt to provide the surgical component of the programme in the late seventies, the Department of Obstetrics and Gynaecology and the Department of Surgery of the University College Hospital, Ibadan sent registrars on monthly rotation to the District Hospital, Eruwa – the only hospital in the district at the time. In 1975, this arrangement was strengthened by the appointment of the late Dr C A Pearson, a Briton, as the Chief Medical Officer of the programme resident in Igboora and was further boosted in 1983 when Dr O A Awojobi, a general surgeon and an alumnus of University of Ibadan, took up appointment at the District Hospital, Eruwa an employee of Oyo State Government. Due to bureaucratic bottlenecks, he resigned in 1986 to set up a private practice, Awojobi Clinic Eruwa in Eruwa town.

In 1980, Dr Pearson and other notable Nigerian general practitioners founded the Faculty of General Medical Practice (Family Medicine) of the National Postgraduate Medical College of Nigeria, NPMCN, in Lagos.

The Association of Family Physicians of Nigeria (AFPON) was launched in 1998 to promote Family Medicine which is the medical specialty that endeavours to provide comprehensive primary and secondary care (including rural surgery) to the entire family unit from birth to old age. It aims to address the most frequent medical/surgical problems in the population and can be considered a specialty of common diseases. They are trained to treat patients in the context of the entire family.

The Fellows of the Faculty were to operate at the primary and secondary levels of the health care pyramid and there were 116 Fellows by examination as at September 2007. All who were still in Nigeria were based in urban centres or tertiary institutions. There was none in a rural/urban slum setting where most of the families reside - the gap being filled creditably by the medical officers who were in the vanguard of the formation of the Faculty.

The disillusionment of the young doctors in the long training period and the insufficient training posts for the various fellowships of the NPMCN are serious deterrents to young doctors seeking to improve their skill and knowledge.

It was against this backdrop that four general surgeons who were in or had supported rural practice (Prof S K Gyoh, Prof E Alufohai, Dr A C Sagua and Dr O A Awojobi) decided to co-opt their junior colleagues in rural/urban slum practices for the inauguration of the Association of Rural Surgical Practitioners of Nigeria, ARSPON, that took place in the home of Prof S K Gyoh in Gboko, Benue State on 12th January 2008. Present at the inaugural meeting were Prof S K Gyoh, Drs E R Saliu, A O B Adenuga, M H Adabanija, A C Sagua, Dr F N Atsen, O J Fatokun, Tule Terver Zua, Dzer Hembe, O Ajose, A Idoga, Pevkyaa Yandev, A Ikparen, Yaji Samuel, Amah Anselom, A Rijam and O A Awojobi. Apologies were received from Prof E A Alufohai, Drs A O Windapo, J K Ladipo, (Mrs) M A Ladipo, and R O Tijani

One of the main aims of the association is to provide training opportunities for doctors to acquire surgical skills in a short period that will enable them provide safe and affordable surgery to the rural/urban slum poor using appropriate technology that is time tested, scientifically sound and culturally acceptable. This will be achieved in collaboration with relevant training colleges and universities.

We have had three national conferences held in rural practices of members: Dr A O B Adenuga's Layo Model Hospital, Ikire, Osun State in 2008, Dr J I Umunna's Jasman Hospital Limited, Udo-Izihinite, Imo State in 2009 and Dr P Yandev's TBT Hospital, Gboko in 2010. The first conference had an international flavour with the attendance of Dr Fassil Gebreegziabher from Tanzania. An innovation we have brought into conference literature is the publication in full the text of all the papers and guest lecture delivered on the occasion (www.ifrs-rural.com). This will constitute a resource for continuing professional education.

In November 2009, a 50-man contingent attended the joint conference of the International Federation of Rural Surgery, IFRS and the Association of Rural Surgeons of India, ARSI that took place in Pipalia, Rajasthan. During this conference, ARSPON was admitted into IFRS, Dr Awojobi was elected the secretary of IFRS and honoured with the fellowship of ARSI; Prof O O Ajayi and Dr J I Umunna were elected directors of IFRS. Nigeria won the bid to host the 4th conference of IFRS in November 2011.

It is hoped that in the nearest future, Nigerians who live in the rural areas will have access to affordable and safe surgical care and the Family Physicians would move out of tertiary institutions and provide the necessary service and leadership at the primary and secondary levels where they truly belong.

ABOUT AWOJOBICLINIC ERUWA

Awojobi Clinic Eruwa, ACE, was founded in the rural town of Eruwa, Oyo State, Nigeria on 26th October 1986 by Dr and Mrs O A Awojobi. The couple had worked in the government District Hospital, Eruwa from 1983. However, due to bureaucratic bottlenecks, they resigned to set up ACE.

Dr Awojobi is a rural surgeon and Mrs Awojobi, a radiographer. Both received their training exclusively at the University College Hospital, UCH, Ibadan.

With the monumental support of the people of Eruwa and the guidance of their teachers, ACE started off in rented apartments but moved to the 20 acre permanent site in August 1990. This piece of land was donated to ACE by the traditional ruler and his people.

At ACE, appropriate technology has been adopted in the provision of water and energy supply and the fabrication of several hospital equipment like the manual haematocrit centrifuge, the operating table, the water distiller and autoclave that are powered by maize cob furnace, atraumatic suture and the pedal suction pump.

In the building industry, they have fabricated the portable concrete mixer, sandcrete mixer and vibrator for moulding interlocking cement blocks. This endeavour has reduced the cost of setting blocks in building houses by forty per cent.

In 2001, through a letter from Dr J K Banerjee of the Association of Rural Surgeons of India, ARSI, to their teacher, Prof O O Ajayi, the Awojobis attended the 9th conference of ARSI that took place in Puri, Orissa State. This interaction and the attendance of the Awojobis at the second conference of IFRS in Ifakara, Tanzania in 2007 eventually led to the formation of ARSPON and her affiliation with IFRS.

Dr and Dr Mrs Shipra Banerjee visited ACE in February 2009 on their way to the conference of the West African College of Surgeons that took place in Conakry, Republic of Guinea.

Dr Awojobi has been supported in no small measure by a senior colleague and mentor, Dr B G K Ajayi, an ophthalmologist and alumnus of UCH, Ibadan, who extended his urban-based practice by single-handedly funding the building of the ultramodern Akef El Maghraby Eye Clinic adjacent to ACE in 2008 at a cost of 70 000 US dollars. Dr Ajayi had been using the facilities at ACE since 2001.

Since 2008, ACE has been in close collaboration with OPERATION HERNIA, OH, a UK based NGO headed by Prof Andrew Kingsnorth and Dr Awojobi is the coordinator of OH missions in Nigeria.

OH assisted in upgrading another theatre in the clinic with two air conditioners and the generator that powered them, provided three diathermy machines, four sets of surgical instruments and a portable electric autoclave. Each mission brought a lot of surgical materials and other equipment like the pulse oxymeter and electric suction machine which had been left behind for the use of the clinic. The services of all members of the missions had been rendered *ex gratis*.

OH missions have created the opportunity of training Nigerian doctors and surgeons to perform the Lichtenstein mesh repair of inguinal hernias. In this regard, the assistance of Dr R Tongaonkar of ARSI who generously donated a large amount of the affordable Indian mesh is acknowledged and appreciated.

Each OH mission has brought the other benefits of medical tourism in the form of revenue generation for the local hotel industry (where members of the mission stay) and the good will generated from the reports of the visiting teams to their respective employing institutions in Europe. Members of the missions have indicated their willingness in building another operating theatre complex and recently, a member of the mission, Mr John Pickering, has raised the sum of £1 300 to install solar powered electricity supply in the clinic. The local transportation system and cafeterias have benefitted from the increased number of patients coming from the cities, towns and villages.

OH has used its website (www.operationhernia.org.uk) to increase the profile of ACE and its unique way of delivering health care to the rural populace on the global health map such that foreign medical students, surgical trainees and specialists have spent varying periods of two to four weeks in the clinic.

During the combined IFRS/ARSPON conference, OH will conduct a mission from 14th to 18th November 2011.

TENTATIVE PROGRAMME

- ❖ Wednesday 16th November 2011 – Arrivals and Cultural Night
- ❖ Thursday 17th November 2011 – Symposium, Scientific Session, Opening Ceremony, Cultural Night
- ❖ Friday 18th November 2011 – Tour of Awojobi Clinic Eruwa, Scientific Session, Annual/Biennial General Meetings, Cultural Night.
- ❖ Saturday 19th November 2011 – Departure

REGISTRATION

Please register at the email address of the conference secretariat.

The registration fee for delegates and accompanying person(s) is 100 US dollars **per person** and is payable on arrival at the conference venue. It covers accommodation, conference materials, meals and transportation from Lagos to Eruwa and back to Lagos.

YOU ARE WELCOME TO RURAL NIGERIA!!