The Impact of Launching Surgery at the District Level in Niger: Letter to the Editor

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To the Editor:

I read the interesting article by Sani et al. [1] published in this journal. I had a similar experience of launching surgery at the district level in Nigeria [2] but it had to be mobile since there was no government district hospital at that time.

It is laudable that the Department of Surgery of the University of Niamey, Niger, and the Ministry of Health (MOH) had to undertake the training of experienced rural GPs for surgery at the district level. I believe it would be more appropriate to award a “Certificate of District Surgery” instead of the Capacity for District Surgery (CDS) which should be awarded by the university and not the MOH. The authors raised the question of recognition of the CDS outside of Niger. It does not really matter whether this qualification is recognized in Europe or in North America. What matters is that the training of human resources for health has to be guided by the local conditions and factors and not external factors. The idea of African nations copying training programs of Europe and North America may be one contributing factor to the low surgical and medical manpower in rural Africa. Almost all sub-Saharan African countries tend to follow the long surgical training programs of developed nations. This is unrealistic because of the peculiar problems in sub-Saharan Africa.

I had consistently advocated for shorter postgraduate training programs for doctors in sub-Saharan Africa for

primary- and secondary-level care until all developmental indices have engulfed the rural districts and regions, then adjustments can then be made [3, 4]. This is what occurred in Cuba over a long period. Today, Cuba has one of the most efficient health-care systems in the Caribbean and in the world. This is what sub-Saharan African countries have to do, to design their training programs to be in line with existing realities and not rely on recognition from external bodies. When your country’s educational programs can solve your country’s health problems, recognition will then follow, i.e., the reverse order.

References

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