Inaugural Address of the 51st President of the Association of Surgeons of East Africa Mr E.K. Naddumba in Maputo, Mozambique, December 2000.

Distinguished Guests, Fellows, Members and Associate Members of the Association of Surgeons of East Africa, Ladies and Gentlemen,

I would first of all wish to thank you most sincerely for the great honour and confidence that you have accorded me by electing me to this highest office of our great Association.

During its existence, many distinguished Fellows have, in the past, led this Association well. I cannot hide my excitement at being given the opportunity to join the ranks of my senior predecessors who have steered the activities of ASEA over the past 50 years. The task lying ahead of me is tremendous but I promise to do my best to satisfy your expectations just like past Presidents have done. I pledge to protect the interests of our Association and to guide you all so that we all meet the goals and objectives for which ASEA was founded. I am confident that with such a strong new Council that you have given me, we shall not fail to bear fruits for the Association and for our East and Central African region as a whole during this 21st Century.

I am particularly happy to be the first President of the 21st Century, in which a lot is expected of us. I would like to thank the outgoing President, Mr. Gakuu, for the work well done and for delivering our Association to this new Millennium.

Our Association is celebrating the 51st anniversary of its existence, being the oldest professional Association in the region, which originally comprised of the three East African countries of Uganda, Kenya and Tanganyika to the current state when the constituent countries, also include Zambia, Zimbabwe, Malawi and Mozambique. Today, during this 51st annual general meeting of our Association, we are happy and proud to welcome Ethiopia as our newly enrolled constituent member of the Association of Surgeons of East Africa (ASEA). During its existence, our Association has had its greatest impact on training of surgeons for the region. To date, we are proud of having not less than 300 surgeons most of whom are Fellows and members of ASEA.

Our Association is now going to be directly involved in the training of specialist surgeons
through the new College Of Surgeons of East and Central Africa which will be deviation from the existing M.Med programmes in the regional universities which have been putting more than professional o practical skills. This new approach appears to be more economical and less strenuous as the trainees will have the opportunity to train in decentralized hospital environment. In addition, a larger number of young doctors will have better opportunities of training compared to the case with the costly and restricted M.Med programmes.

The College will aim at producing surgeons that will have the highest level of skills, attitudes and efficiency in their practice. Emphasis will be put on maintenance of the highest ethical standards and professional conduct in pursuit of offering quality services to the people in the region and globally. The challenge facing the College now is to identify training centers and sources of financial support. We are grateful to the Royal College of Surgeons of Edinburgh for promising to assist our College during this initial period.

The theme for my inaugural address is "globalization of Surgery in the East and Central African Region. Globalization is a term that was coined in the mid-1980s, when it began to replace terms like “internationalization” and “trans-nationalization” as a more suitable concept for describing the ever-intensifying networks of cross-border human interaction. The concept covers a great variety of social, economic and political changes.

Because of advances in communication technology, we are now living in a global village. This is facilitated by satellite TV and linking of computers through cyberspace. Globalization can thus be defined as the intensification of world wide social relations which link distant localities in such a way that local happenings are shaped by events and vice versa. It is a process and not an end state affair.

Globalization and surgery in our region.
Applying the concept of globalization, it is my wish to have a high standard of surgical practice in the entire region of East and Central Africa. the services should be spread out in the entire region to encompass on all surgical specialties so that one feels satisfied and free to be treated anywhere in the region, There should be a free atmosphere to allow free inter-border movements to access these services. This calls on our Association to recommend to the policy makers to develop health Institutions of high standards and to establish all surgical specialties in the entire region so as to be able to handle our disease burden.

There is a need for supporting research and strategic planning to address the common surgical conditions in the region. The East and Central African region should be the center of excellency for referral and management of all tropical surgical diseases.

Current state of surgical services in the region.
Currently, the best and specialized surgical services in the region are concentrated in the cities of the constituent countries. As a result, almost all specialists reside and work in the cities, either with governments, universities or in private sectors. This leaves the largest proportion of our population in the rural areas, which is the majority, without proper or specialized services. Other specialists look for green pastures elsewhere in the world (brain drain). This type of situation should no longer be allowed continue.

Recommendations.
I wish to make the following recommendations to you. There should be the following:

1. More training of specialists surgeons in all our constituent countries of the Association by the College of Surgeons of Surgeons of
East and Central Africa and the regional universities.

2. Harmonization of training of surgeons in the region.

3. Appeal to policy makers in the region for support of the globalization concept in the provision of health services.

4. Support for industrialization within the region so as to be able to produce medical and surgical equipments, instruments, sutures and other sundries and pharmaceutical industries.

5. Establishment of centers of excellence for surgical treatment of common surgical conditions in the region. These should be accessible to all and well equipped. They can be located according to the disease pattern.

Finally, I would like to thank the organizers this 51st Annual General Meeting in Maputo. The Mozambique people are well known to us for their hospitality and entertainment for which we are very grateful. The pre-conference symposium on AIDS and Surgery has been timely, as we continue with the struggle to find the cure for this dreadful disease and fight for protection of all health workers against accidental risks.

I wish you all fruitful deliberations during the scientific sessions and happy stay in Maputo.