

## ***PTC AFRICA REPORT – DR DAVID OLORUNTOBA, AFRICA CO-ORDINATOR***

The African wing of PTC is making slow progress & we really hope for more progress in the year 2008. This report outlines the progress made in the last 2 years, the challenges & suggestions for progress.

The goal remains to empower health care providers in resource poor locations with basic skills to reduce mortality & morbidity resulting from trauma.

### ***Lesotho***

Lesotho had a 2.1.2 foundation course from 4<sup>th</sup> to 8<sup>th</sup> Apr 2005. A total of 37 personnel were trained & 7 trainers also trained with the formation of a local PTC committee. There was a follow up 2-day course (10<sup>th</sup>/11<sup>th</sup> June 2005) in which 22 personnel were trained. However, 4 of the trainers have left Lesotho. They have been silent for over a year now but a request for help to stage another course was received recently & we are planning to help them stage one before October this year.

### ***Rwanda***

Rwanda got a 2.1.2 foundation package, 5<sup>th</sup> to 9<sup>th</sup> Dec 2005. A total of 23 personnel were trained & 12 trainers emerged along with the formation of a local PTC committee. However there hasn't been any follow up course. A pledge to hold a course before the end of 2006 has not materialized. This might be due to the absence of the Etienne Ntsereko who was the main mover of the foundation course. He is out of the country on a course. Paul Kabiza, the other country leader, was posted by the army to Darfur for a year, has only just returned, and is planning a course.

### ***South Africa***

A foundation PTC course was held in Mthatha in the Eastern Cape Province from 12<sup>th</sup> to 16<sup>th</sup> March 2007. 26 doctors were trained with 12 instructors emerging. The faculty of health of the Walter Sisulu University funded the initial course. The PTC committee formed has the Dean of the faculty of health as the patron. The spread of PTC training in the previously disadvantaged Transkei (which is still behind the rest of the country in development) is the main focus of the PTC committee. A proposal for funding for the next year is being drawn up for presentation to the regional department of health for consideration.

Courses in the pipeline:

1. Mozambique. There has been a request for a course in Maputo instigated by Teresa Schwalbach an anaesthetist. Communication with her has petered out over the last year but there is still a chance that there will be a Mozambique course.
2. Swaziland. A request was received from Swaziland in 2006 from Dr. Kingsley Dundun, an orthopaedic surgeon based in Mbabane. He is still in the process of raising support financial & otherwise from the Ministry of Health.
3. Ethiopia. Paul Tribble of Operation Smile in Ethiopia sent in a request for a PTC foundation package for Ethiopia this year. We are in the process of getting approval & support from the regional director of Operation Smile in Cape Town, South Africa.

4. Tanzania. Dr. H. Kingu (an instructor from Lesotho but now in Mthatha) is a native of Tanzania & has expressed an interest in getting PTC into Tanzania.

### ***Challenges***

Most of our African start up's developed inertia & seem to find it difficult to get moving after the establishment of the PTC committee's. This seems in direct contrast to what happens in Asia. In Lesotho for example, this was most likely due to the fact that half of the trainers were foreign & have left Lesotho. The reason in Rwanda may be due to the absence of Etienne Ntsereko.

Finances seem to be the other challenge for most centers. Funding for future courses seem to be a challenge.

### ***Suggestions.***

1. When local PTC committees are formed it should be impressed on them to plan for funding annually from their respective departments of health or institutions. Long range planning not just the next course should be their main thrust.
2. There may be the need for a budget for the Africa office to carry out once a year follow up visit to centers that have not held a follow up course within 6 months of the foundation course. This means constant reminders (gentle pressure) by email & phone calls to help keep up the enthusiasm until they've got at least 2 courses under their belts.
3. While planning & liaising with new centers for foundation courses we may need to get them to commit to a certain number of follow up courses within a reasonable time frame to get PTC to agree to set up in their regions. A variation on this is to get a commitment to train a certain number of personnel within a stipulated time period, say, a year.
4. The secretariat for PTC activity for Africa will be based at Mthatha. The trainers we have here have the potential to train all over the continent.