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The paediatric surgeon and his working conditions in Francophone sub-Saharan Africa

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ABSTRACT

Background: This study described the current conditions of work of paediatric surgeons in Francophone sub-Saharan Africa (FSSA) and set the debate at the level of the humanist thinking in medicine. **Patients and Methods:** This was a multicentre study from 1st May to 30th October 2008. The African Society of paediatric surgeons' directory was used to identify paediatric surgeons in the Francophone's countries in Sub Saharan Africa. The parameters studied were number of surgeons per country, means of training, working conditions, remunerations, needs for continuous training and the research. **Results:** A total of 41 paediatric surgeons (68.33%) responded. The average number of paediatric surgeons per country was 5. The means of training included government scholarships among 7 paediatric surgeons (17.07%), scholarship from a non-governmental organisations in 14 (34.15%) and self-sponsorships in 20 (48.78%). The average salary was 450 Euros (€) (range: 120-1 400 Euros). Most of the paediatric surgeons (68.29%) had internet services for continuous update courses and research. Thirty six paediatric surgeons (87.80%) had no subscription to specialised scientific journals. **Conclusion:** The paediatric surgeon in FSSA faces many problems related to his working and living conditions that may have a negative impact on their competences.

Key words: Francophone Sub-Saharan, paediatric surgeon, working conditions

INTRODUCTION

Improvement in healthcare requires a health policy geared toward people's need in terms of sufficient, soundly managed equipment and qualified personnel in both the medical, paramedical and support domains.[1] Healthcare, although a fundamental individual right, continues to experience challenges, despite the huge economic growth witnessed in the 20th century.[2] Francophone sub-Saharan Africa (FSSA) is worse hit, characterised by a low number of paediatric surgeons working in very precarious conditions. This study described the current situation in work conditions of paediatric surgeons in FSSA and set the debate at the level of the humanist thinking in medicine.

PATIENTS AND METHODS

This was a multicentre study from 1st May to 30th October 2008. The African Society of paediatric surgeons' (ASPS) directory was used to identify paediatric surgeons in the FSSA. Only African specialist Paediatric Surgeons working in FSSA were included in this questionnaire-based survey. The surveys were conducted through email-based questionnaire. The parameters studied were number of surgeons per country, means of training, working conditions, remunerations, needs for continuous training and the research.

RESULTS

A total number of 60 paediatric surgeons were contacted, but only 41 (68.33%) responded. The respondents included 5 (12.19%) professors of paediatric surgery, 12 (29.27%) assistant professors and heads of clinics and 24 (58.54%) hospital workers and non-university paediatric surgeons. There were 38 (92.68%) males and 3 (7.32) females.

The distribution of paediatric surgeons per country is described in Table 1, with an average number of surgeons per country of five. In terms of the means that provided for their training, 7 (17.07%) paediatric surgeons benefited from government scholarships, 14 (34.15%) had scholarship from the World Health

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Organization or French Cooperation, whereas in 20 (48.78%), the training was by self-sponsorship. Twenty seven (65.85%) of the respondents had their training internship in a foreign country (Europe and/or South Africa) against 14 (34.15%) whose trainings were totally in Francophone Africa. All paediatric surgeons surveyed work in the public sector.

Their salaries were described in Euro in Table 2. Their average salary was 450 Euros (range: 120 - 1 400 Euros). Twenty eight (68.29%) paediatric surgeons had personal internet access subscriptions for continuous training and research needs, while 13 (31.71%) patronised public cybercafés for their researches. Five (12.20%) respondents had a subscription to specialised scientific journals, three African and two Europeans journals; the remaining 36 (87.80%) had no subscriptions, largely due to financial lack.

Twenty six respondents (63.41%) regularly attended conferences and seminars, with an average of two (2) national conferences per year and fifteen (15) to only one per year. Eleven (11) of them had, occasionally, to pay for the costs themselves, twenty eight (68.29%) received a partial aid from pharmaceutical laboratories and 2 (4.88%) always paid their attendance to such gatherings from their personal resources.

Table 1: Paediatric surgeon's distribution in relationship with country of work

Countries	Number	Paediatric Surgeons working in their country	Expatriates
Benin	2	2	0
Burkina- Faso	4	3	1
Cameroon	5	3	2
Central Africa	2	1	1
Ivory Coast	29	14	15
Gabon	3	3	0
Guinea	5	2	3
Niger	1	1	0
Mali	1	1	0
Senegal	5	5	0
Togo	3	3	0
Total (%)	60 (100.00)	38 (63.33)	22 (36.67)

Table 2: Salaries in Euro (€) of the paediatric surgeons

Salary (Euro)	Number (%)
<200	7 (17.07)
200-500	12 (29.27)
500-800	3 (7.32)
800-1 100	8 (19.51)
1 100-1 400	7 (17.07)
≥1 400	4 (9.76)
Total	41 (100.00)

Although all the paediatric surgeons were members of their professional associations, 35 (85.36%) of them were unable to pay their membership fees because of lack of finance.

The yearly expenditures distribution of the respondents related to conference attendance, subscription to a journal, health insurance is displayed in Table 3. The average expenditure was 2 500 Euros (range: 2 000 - 7 000 Euros). The average governments' contribution to each paediatric surgeons was 450 Euros (range: 17 - 2 000 Euros). The paediatric surgeons were unanimous that their annual revenues were not enough to meet their needs in social security.

DISCUSSION

Although paediatric surgery is formally recognised in 87.5% of the countries, the annual ratio of paediatric surgeons per child born alive remains high in Sub-Saharan Africa, ranging from about 1 : 424 to about 1 : 35 714.[3] In Black Francophone Africa with 50% of the population less than 15, the ratio of paediatric surgeons per child is very low, with an average of 4 to 6 per country. This analysis clearly shows the lack of paediatric surgeons in our setting, and the crucial need for training more specialists in order to meet the needs.[4]

In developing countries, child surgery is rarely part of organised children health programmes[5] with very little effort to improve the quality of surgical aspect of children's healthcare. This was evidenced by the high rate of self-sponsored trained paediatric surgeons. In 2002, there were 10 paediatric surgeons practising in West Africa, whereas 29 were in Central and South Africa.[5] Today, according to the ASPS' records, there are 60 paediatric surgeons in FSSA.

In FSSA, only three colleges train specialist paediatric surgeons. These colleges are located in Ivory Coast, Guinea and Senegal. The result is limited annual output of trained specialists in paediatric surgery, which is clearly insufficient to meet the needs. For instance, only 29 specialists were trained in 2005. This scenario calls

Table 3: Paediatric surgeons' distribution in relationship with yearly expenditure for congress, subscription to journals, research and health insurance

Expenses (Euro = €)	Number (%)
<2 000	24 (58.54)
2 000-5 000	16 (39.02)
≥5 000	1(2.44)
Total	41 (100.00)

for capacity building by governments and agencies that will increase both qualitative and quantitative output of trained specialist paediatric surgeons in FSSA.

The present study clearly demonstrated the challenges paediatric surgeons experience in the FSSA. One of the many challenges faced by the paediatric surgeon in FSSA concerns the issues of income (salary) and economic power. The salary of the paediatric surgeon working in the public sector in FSSA is very low. Most of the specialists in FSSA serve in university hospitals and peripheral hospitals. Sometimes, the economic constraints force practitioners to engage in legitimate practices with the sole purpose of financial profit.[2] Others are forced out of their countries into seeking better conditions of service and improved income in private medical facilities (which are not only very few, but the services are often so expensive that many patients cannot afford) or change their profession to entirely different vocations. Such a situation contributes to the scarcity of paediatric surgeons in FSSA countries, leaving the surgical care of children to general surgeon. This, therefore, dictates the need to encourage the training of general surgeons in basic surgical care of children in FSSA, where surgical conditions constitute a high proportion of causes of hospital admission among children in FSSA, ranging from about 4 to 12%.[5-9]

Another problem facing paediatric surgeons in FSSA is related to the art of practice. Although paediatric surgeons are trained in excellent schools in Europe and Africa, they are limited in their practice in FSSA by certain constraints such as lack of technology-based diagnosis aids (e.g., caryotype, scintigraphy, etc), unavailability of appropriate surgical instruments (amplifier, fracture table and pulse oximeter) and lack of experimental surgery.

Lack of sponsorships to attend conferences and seminars is another problem plaguing paediatric surgery in FSSA. Efficiency in healthcare delivery demands continuous training and retraining. Paediatric surgeons were largely responsible for their continuous training and research activities in this study, despite their poor conditions of service and salaries.

Paediatric surgeons in FSSA, like their counterparts in other parts of the world, deserve economic empowerment and favourable environment (subscription to journals and internet services) to undertake and communicate researches, that will ultimately improve quality of services and care. Limitations of the study

Although the size of our sample (68.33%) was quite low and may not be true representative of the whole, we assumed that lack of contact and, particularly due to changes in addresses, may explain the low participation of paediatric surgeons in this survey. The sample distribution of the respondents covered well all the country members of the ASPS; thus, the result of the survey displayed the conditions under which paediatric surgeons work in FSSA.

CONCLUSION

The paediatric surgeon in FSSA faces many challenges related to conditions of service and wages. These challenges constitute constraints to career development and practice, and potentially pose threats to the overall development of paediatric surgery development and provision of the much needed specialist paediatric surgical services in FSSA.

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