

## The World Federation of Neurosurgical Societies Educational Course

**Harare, Zimbabwe**

by Robert Dempsey, MD

Dear colleagues,

I would like to report on my recent visit to Zimbabwe, which was a site visit to try to determine whether a FIENS site could be established there as well as coordinating with the WFNS Educational Course which I participated in. I found the experience extremely stimulating and I was able to work with the residents.

Zimbabwe is a country with 13 million people, previously rather prosperous under British rule, but suffered extreme economic decline over the past 10 years associated with decrease in their ability to provide medical care and closing of hospitals. However, Zimbabwe is now on the rebound with increased international investment and a return of some physicians. Based on WHO calculations, with 13 million people, Zimbabwe should have a minimum of 50 neurosurgeons but presently there are only 6. These include Dr. J Nozipo Maraire, a Yale-trained neurosurgeon who has returned to her country, Dr. Sydney Makarawo who is the president of the Zimbabwe Association of Neurological Surgeons, as well as Dr. Kazadi Kalangu, who is the Vice President of the World Federation of Neurosurgical Societies. They were our hosts for the WFNS meeting and all three are keenly interested in advancing the quality of neurosurgical care in Zimbabwe.

During my visit I was able to meet with the Minister of Health, the Honorable David Parirenyatwa, who is the son of the first African physician in the country. His father is the namesake of the government hospital, and the primary

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funding source of the 5-year neurosurgical training program. The program is based in Harare and has 7 trainees present over 5 years with an opportunity for more trainees to be added. The history of Zimbabwean neurosurgery starts in 1950s. The present group of neurosurgeons dates to the 1980s with Dr. Kalangu joining in 1987. There has been a training program for the past 5 years and the first graduates are finishing this year. Their training begins directly after medical school which comes after high school. Their 5-year program begins with a first year of basic science, the second year focuses on general surgery and the other surgical subspecialties. Then the 3rd, 4th, and 5th years are devoted to neurosurgery, with yearly exams and a dissertation on the completion of the final year exam. After graduation, they are supervised by graduate physicians for one year, and then they are on their own as a registrar. The average neurosurgery residents works the mornings at the government hospital. They are paid approximately \$500/month for that service. They in turn pay a tuition to the university for their neurosurgical training, which is approximately an equal amount; therefore the afternoons they tend to do locums work to try to obtain additional funding. They also are allowed to assist the 6 neurosurgeons with their private patients, but they are not first surgeons on those cases. I reviewed the facilities they utilize for their neurosurgical cases. One is a private clinic with about 170 beds. It has 6 ORs, an ICU with 6 beds equipped with ventilators, etc. The OR has one of each of the major neurosurgical instruments, most purchased by the neurosurgeons including a Wild microscope. The country lacks endoscopy or endovascular work at this time. They are able to do cranial surgeries and microscopic surgeries. They have to schedule these so that similar cases are not done simultaneously by two different neurosurgeons as they will tend to share equipment. The situation, however, is much less sophisticated at the government hospital and unfortunately the private hospital is only for those with insurance, which is less than 10% of the population. The vast majority of the population, therefore, is served at the government hospital which is much less efficient, and is only able to do half as many cases (usually 2 days/week) because of the usual delays and lacks the working equipment or scanning. Most of the scanning in the country is done by a private group, the Baines Group, run by a 3rd generation Zimbabwean.



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He is extremely bright and has brought 2 MRIs into the country which he keeps functioning, as well as 6 CT scanners, all of which are privately owned. The government scanners have had difficulties being maintained. He is trying to work with a private-government program experimentally at a regional hospital.

I think that there is an obvious opportunity for FIENS collaboration that would bring benefits for all. The residents are bright, they are energetic, they wish to work hard and to succeed. There are societal and structural problems with training. There is a very high level of care, but it is limited for patients. We must work with the government hospital to improve its ability to provide care and encourage trainees to work within that system. Exploration of the established doctors would be important and special attention to leadership models as there are several of the 6 physicians at a very high level. I think that continued interest on our part should be ongoing with this program.

During this time I was able to give several formal and informal lectures, round with the residents, tour their facilities and get some scope of their types of cases. I think there are great possibilities here.

Sincerely,

Robert J. Dempsey, MD, FACS

