

Building Specialty Surgical Capacity in Haiti and the Developing World

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Surgical education in the developing world faces greater challenges than in more resource rich countries. Many of these challenges were highlighted in the recently published Lancet Commission on Global Surgery and the lead commentary by Meara et al.¹ These challenges include greater financial constraints, poorer or nonexistent surgical infrastructure, less mature or poorly organized teaching programs, and lack of surgical subspecialty support. The poorer the country, the greater the challenges and yet in these situations the need for those surgical specialties is always greater. Little has been written about the need for surgical specialty training in these resource poor countries however.

Haiti has been slow to recover from the 2010 earthquake, in part because the country had very poorly developed infrastructure even prior to the disaster. The primary teaching hospital in Port au Prince has yet to be rebuilt. There are orthopedic and general surgical training programs in the country but no plastic surgical training is available. A nascent attempt at plastic surgical education has begun within the existing teaching programs in Port au Prince and at the Partners in Health facilities to the north. This abstract will describe these early efforts, some of the challenges and successes we have had, and plans for the near future.

Building subspecialty surgical capacity in a developing country without training programs in place for those specialties is challenging on many fronts but we have had some early successes in Haiti and those will be discussed along with the approach we have taken.

¹ . Meara JG, Leather AJM, Hagander L, et al. Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development. Lancet 2015. Published online April 27. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60160-X](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60160-X).