2020 marked the 10th anniversary of the association, this jubilee year should have been a year of celebration and sharing. However, during the last twelve months, the operational activities of the Association have been directly affected by the COVID-19 pandemic which has hit the world, and by the travel restrictions and political and health constraints which have been imposed on the regional activities of humanitarian workers. Medical facilities in Africa have been under pressure by a crisis for which they were unprepared, and during months of lockdown reconstructive surgery has been put on hold like many other procedures which are considered non-urgent.

There has been a brake on training, and the teams have had to rely on their local resources alone to take care of their patients. This exceptional situation has reinforced the Association’s conviction that only competent local surgical teams are able to meet the challenges of communities in a sustainable manner.

The association has therefore adapted its operational activities in accordance with international, regional and local health constraints to guarantee as much as possible the continuance of its actions in the field.

We also took the opportunity to revise our five-year strategy. The issues related to the development of reconstructive surgery in Africa are rooted in several overlapping systems (regional training of surgeons, in-situ strengthening of the skills of medical teams ensuring patient care, and the development of a dedicated knowledgeable community in this specialty, highlighted by the lack of support from the international community for the development of surgery in countries with limited means).

These systems are interrelated. The Association’s programs emphasise the relationships between people, sectors and organisations. Our goal is therefore to work together to support reconstructive surgery training structures and health professionals, so that they can best serve the many patients who are awaiting treatment. To get to this point, we need to be inquiring, humble, and have good listening skills. Innovation and collaboration are essential in achieving a far-reaching impact, whether by harnessing the potential of networks in Africa, by training or supporting professionals who share our vision, or by helping to disseminate original ideas that have the power to create significant change in treating patients on this continent.
Despite the restrictions of recent months, we have been able to participate actively in the Scientific Conference of the West African College of Surgeons (WACS) in Abuja, Nigeria from February 17 to 21, 2020 and to present the activities of the Association at the regional level. “Regional challenges in reconstructive surgery training: 2nd CHANCE’s viewpoint”.

Unfortunately, the second basic training course scheduled for Dakar in March 2020 had to be postponed initially until October 2020, and then finally fixed for May 2021, due to international travel restrictions.

The course scheduled for Nigeria in November 2020 has been re-scheduled at the Regional Orthopaedic Hospital of Enugu from February 22 to 26, 2021 in close cooperation with our WACS partners.

In connection with our training program in East Africa, we helped forward the internships of two young Zimbabwean surgeons and a surgeon-in-training from Ethiopia in the region:

- Dr Owen Muzinda (Zimbabwe) spent three months at Mulago Hospital in Kampala, Uganda (February to April 2020);
- Dr Tingadini Nyioni (Zimbabwe) and Dr Amanuel Kebede (Ethiopia) completed three weeks at Tumbi Hospital in Tanzania with Dr Edward Wayi, trainer for 2nd CHANCE, in November and December 2020

**We were also able to carry out the only classroom course in Tanzania from October 26 to 31, 2020**

- 2 African instructing surgeons graduated from the College of Surgeons of East, Central and Southern Africa (COSECSA)
- 27 patients operated on
- 65 participants including 18 surgeons, 20 ward nurses and 18 anaesthesia nurses, 9 people from the 2nd CHANCE team, including two medical students from the University who are doing their “masters” work with the Association

We reviewed 12 patients from the last 2 years with overall 75% of successful results. Treatment failures are mainly linked to postoperative infections, which is why we are working to strengthen our capacities in perioperative hygiene.

We also supported 3 surgeons (from Ethiopia and Zimbabwe) who successfully passed their Reconstructive Surgery Fellowship exams in Harare in December 2020.
THE “GOITRE” PROJECT IN EASTERN CONGO (DRC)

Dr Benjamin Gold’s team finalised the second phase of the Goitre project in Kisangani in January 2020 by empowering 4 new Congolese surgeons in the surgical management of giant goitres. The Association funded the care of around fifty additional patients in November 2020, bringing up the number to a total of 345 patients operated on in eastern Congo since 2015. This “SOUTH-SOUTH” activity illustrates the success of the 2nd CHANCE training model since patients continue to be operated on despite the pandemic. An assignment also took place at the General Provincial Reference Hospital of Bukavu in December 2020 with the South Kivu team as well as a surgeon and an anaesthetist nurse from Bujumbura. 11 patients were operated on.

Phase 3 of monitoring in the DRC and expansion into Burundi was presented to and accepted by the City of Geneva for funding over 3 years.

THE “WOMAN” PROJECT AT HAMLIN HOSPITAL IN ETHIOPIA

The missions envisaged for Ethiopia and Tanzania had to be postponed due to the confinement of the training teams. A second attempt is planned for early 2021 in Metu, Ethiopia.

THE “ANAESTHESIA” PROJECT

As part of the perioperative safety project, 18 nursing anaesthetists participated in the anaesthesia workshop at Tumbi in Tanzania. This was the 3rd workshop with the same team, and the overall skills increased significantly in the area of prevention, anticipation and management of serious perioperative problems.

- Post-operative analgesia is now a recognised problem which can be treated
- The use of the WHO Checklist is a routine part of the procedure
Although the operational objectives have recorded some delays, we have stayed very close to our African colleagues as well as to our Geneva partners, and we have conducted a series of webinars and discussions on social networks (French and English) about surgical and anesthesia issues:

- **“Presentation on surgical treatments for reconstruction of the lower extremities”** in collaboration with Prof. Gordon Lee from the US organization ReSurge (03.10.2020);
- **“Surgical training in the field”** during the Swiss Congress of War and Disaster Surgery, University Hospital Geneva (17.09.2020)
- **“Humanitarian medicine; new challenges”**, University of Geneva (05.11.2020)
- **“COVID-19 and solutions for oxygenation in resource-limited settings”** in partnership with the Global Surgery Foundation and UNITAR (20.04, 14.05 and 24.06.2020) as well as during the International Webinar Emergency Medical response and preparedness of emerging Infectious Disease, Taiwan (27.10.2020)
- **“Morbidity related anesthesia in Sub-Saharan African countries”**, presentation of one of the winners of the “Junior Research for Humanitarian context” during the Swiss Humanitarian Aid Congress; (20.08.2020)

For the 6th consecutive year, 2ndCHANCE supervises the work of UNIGE medical students Master’s degree (2019-2021) (4 students)

**SUMMARY OF PROJECT FINANCES**

The support by consultants in fundraising has enabled us to develop and strengthen our own fundraising activity and the establishment of a Monitoring, Evaluation and Learning (SEA) system. This is in line with the strategic objectives of 2021-2025 as well as the expected results of programs and projects that have been clearly defined and based on robust benchmark frameworks. We also developed a global communication strategy with the benevolent support of professionals in communication.

In addition, the organization of our anniversary evening to celebrate ten years of the Association’s activities has been postponed to October 14, 2021

**DONOR ACKNOWLEDGMENTS**

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- The Edmond de Rothschild Foundations - The City of Geneva
- The Geneva University Hospital (HUG) - The Foundation for Anaesthesia and Resuscitation
- Richemont International - The Acta Pro Allis Foundation
- And all the private donors and friends who have continued to support us.

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