REPUBLIC OF SENEGAL
One People – One Goal – One Faith
Ministry of Health and the Medical Prevention

NATIONAL HOSPITAL CENTER
MATLABOUL FAWZAYNI OF TOUBA

THE BOARD OF DIRECTORS

Installation ceremony of The Board of directors

Of the National Health Center Mathlaboul Fawzeyni of TOUBA

By the Minister of Health and Medical Prevention Doctor Issa Mbaye Samb

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Speech of the Chairman of the board of directors
Serigne Atou DIAGNE

Monday, Shaᶜbân 20, 1428h. /September 3, 2007

In The Name of Allah, The Clement, The Merciful

I first solicit the Blessings of the General Khalif of the Murids Cheikh Saliou Mbacke (may Allah give him long life and health) and the Prayers of the religious authorities of the city, particularly the members of the honorable family of Cheikh Ahmadou Bamba.

- Minister of Health and Medical Prevention representing His Excellency Abdoulaye Wade President of Senegal ;
- The entire delegation that accompanies you, which includes:
  - The staff members of your cabinet and all the Directors who support you;
  - As well as the Medical Chiefs of the region of Diourbel and the Health District of Touba: Dr Masserigne Ndiaye and Dr. Moustapha Sourang;

- Governor of the region of Diourbel;
- Head of the County of Mbacke;
- Head of the District of Ndame;
- President of the Rural Counsel of Touba, my elder in the court of the Khalif who has immensely contributed to my spiritual experience; and the entire Rural Counsel staff.
- Members of the Board of directors of the National Health Center Mathlaboul Fawzeyni of TOUBA;
- Ladies and Gentlemen, Members of the Personnel of the Hospital;
- Representatives of the international organizations and partners with the development;
- Dear guests;

I am very honored to speak on behalf of the Board of directors, and to welcome you to the HOLY CITY OF TOUBA.

This Monday September 3, 2007, the day of installation of the Board of directors of the Medical Center Mathlaboul Fawzeyni of TOUBA is also an opportunity for us to express gratitude to Allah, by thanking Sheikh çâlih

Mbacké, Caliph General of the Murids: May Allah (give him long life and health).

With the current legal status of the Hospital, which is a Publicly-owned establishment of Health, you remain our first natural partners, because once again, the State was not disengaged and did not privatize.

The State will assist us in accomplishing our noble mission, in particular through our Ministry in charge and the supporting infrastructures.

The Rural Community having received transfer of authority, as regards to health, will do the utmost with our resources to make this Hospital a paragon.

I greet all the members of the Board of directors, these personalities chosen to take up the challenges of the hospital. We will try to rise to the expectation of the mandate which we assume together in the name of caliph, Serigne Saliou Mbacké, (May Allah give long life and health).

We know definitely that a Publicly-owned establishment (EP) is not a simple gathering of people, but it is organized with a certain aim, it has bodies charged to direct it. And our mission with this team is to implement strategies and to mobilize resources to achieve the set goals.

I also greet all the personnel of the hospital starting with the outgoing Director, Mr. Falilou DIOP who had the privilege to be the first Director of this hospital. His competences were confirmed by his nomination to the General Inspection of State which selects the most qualified among the administrators of this country. We congratulate him on this promotion and offer prayers for him.

I pay tribute to Mr. Ousmane SARR who skillfully ensured a smooth transition with the support from the team of Doctors and the medical staff.

I greet the new Director, Mr Mamadou SOW, hospital Administrator,

previously Director of the regional Hospital complex of Ziguinchor. We welcome him and we assure him of our honest and sincere collaboration to carry out the wishes of the Khalif in the interest of the populations. We are optimistic as to his experience and his proven competence.

Minister,
Ladies and gentlemen and guests,

When there was an opportunity to nominate qualified president of the Board of directors of which I have been just installed moments ago
by the blessing of the Caliph Serigne Saliou MBacké (May Allah give him long life and health) deliberately thought of me, in my absence and without my knowledge.

May Allah, by the Grace of the Elected and of his Privileged Servant Sheik Ahmadou Bamba Khadimou Rassoul, give him a long life and an iron casted health.

Of all team members I feel the most obligated to the Shaykh. You are a witness to my tribute of recognition with respect to him, the venerated Sheik Saliou Mbacke(May Allah give him long life and health).

There is no doubt that there is a contract of confidence which binds me to this famous Man of Allah. It is because he wants to help me, and guide me spiritually. And for that he urges me to work and I must work well.

Before even delivering my message, I would like, with your permission, Minister, to enter a motion of congratulation to **Matlaboul Fawzayni**.

This link between Murids outside of Senegal and its members based in Senegal who built this floret from 1994 to the completion, and then handed over the keys to the Caliph General of the Murids on March 2, 2002.

When his Excellency Mr. President Abdoulaye Wade inaugurated this floret on March 25, 2005 then set it up on December 13, 2005 as EPS level 3, covering the national territory, he understood that the stake was serious:

- a hospital entirely built by the Murid followers
- the caliph handed over the keys to the Head of State
- The Caliph followed all legal procedures and put the Government at ease in the decision-makings concerning this establishment

The President, understanding very well that the problem of public health was always in the concerns of Serigne Saliou, released 1.5 billion fcfa for top-of-the-line equipment for the hospital.

Then, considering the indicators of the very fast growth of the city, he successively released:

- a first subsidy of 300 million fcfa in 2005;
- a second of 330 million fcfa in 2006;
- and a third of 430 million fcfa in 2007.

And this curve of evolution of the subsidy enables us to hope for at least double that amount in 2008, approximately a little more than 800.000.000 Fcfa and almost 1 billion.

The President, in addition to that, through his Minister in charge, rapidly raised the hospital to a level 3 publicly-owned health center.

In such a situation I would ask you, my colleagues, what should be our mission?

For an advanced approach of the hospital of yesterday and today, we will start from the academy of the ancient world and then, the 11th century hospice which reserved its infirmary to the monks. All that, to avoid graining the genesis of the hospital from its origins to present, or rather with the progressive laicization of the hospital administration of the 15th century which led to the independence of the hospital, accessible to all social classes.

Given that fact, Islam did its part, introducing the 1/10 of the income (Zakât). One still remembers systems of assistance evolved in the converted countries. What Islam did not do with the constitution of the good of mortmain? (waqf, habous, wakif) - Financing, subsidy, investment of charitable works for hospital, mosques, libraries, etc

I myself, consider the one for hospitals as it is the main topic of the day.

Thus one understands easily why these hospitals never had to be the property of a founder (individual or group). In fact, the property of a hospital escapes its founder the day the first patient is admitted. Consequently, the nationalization by the government was imperative. This closes the debate on the mechanisms of management. The State gives us this floret with its equipment and continues to accompany us for its judicious use and in our interest.

This is why dear brothers, we deliberately choose to control all in the logic of an organization:

- to develop Health in a spirit that impresses social justice pointing out the responsibility of the government with respect to the health of its populations, a little like Alma Atta;
- To develop strategies of partnership, to sign internal and external contracts of performance;
- To deal with ourselves with our legal status, our financial autonomy and our own inheritance.

All in all, to follow logic: objectives/strategies/activities/resources/results to ensure the quality of care accessible to all the layers of the population.

As a Board of directors, our role will be, among other things, to lay down the general policy of the hospital, to vote for the budget and to decide investments. We will be enlightened by Management and the bodies' representative of the experts of the EPS:

- The Medical Commission of Establishment
- The Technical Committee of Establishment
- The personnel representative

Their opinions count much for good decision-making: preparation of the medical project, organization of the medical activities, report on the project of establishment, I will not elaborate further for the moment.

I also know that the Khalif is very concerned about the fate of the populations, especially the patients and the infrastructure which is deficient. That is understandable given that he is the rector of a children's world, he is also the chief of the community, and first responder of urban development.
We are confident that he will help us to relieve the suffering of the populations.

Consider this; the caliph even hired a young doctor to accompany him and handle subjects of public health. He has not even completed his medical studies. The objective was to train a man from the point of view of the medical policy best for the city.

This doctor is now the chief of the medical district; he is the brain of the medical administration of the city, member of our council, well armed in management for better service. We require of him in the name of the hospital a synergy in the common action, health being the platform that binds us.

That will be very easy; I know that it is already working out. ANDOBES, the National Association of the Voluntary Donors of Blood, understood the interest of this synergy by selecting Dr,Moustapha Sourang to sponsor "The Gift of Blood Day" on Wednesday July 25, 2007 at the hospital Matlaboul Fawzayni

Both the grandfather Massourang, and the grandson Moustapha, are on a mission in the service of Khadimal Moustapha. The former honored the entire community back in the days. It is thus an honor for the Caliph to have at his side the descendant of somebody who was with his father and Master.

Moustapha will be supervised by his senior in rank the Head doctor of the Medical Region of DIOURBEL Dr. Masserigne NDIAYE, and his staff who spare no effort in practicing good medical management for their zone, even for the country.

After this call to synergy, there is a thorny and very urgent problem from the **hospital infections and unsuited sewage network** which motivated the construction project of a purification system.

The Name "Ministry for Health and Medical Prevention" is the wording which emanates from a high expertise, who is the President Abdoulaye Wade. It encourages people to more precaution.

With the fulgurating rise of environmental problems, if the hospital is a key factor of public health, it must be an example in terms of hygiene, cleanliness, risks prevention for itself and its environment.

Although I do not know the entire file, I warn you that forty sewage disposable tanks within an area of 1.5 acres, in spite of the 350 fcfa released by the Government on its Budget Consolidated Investment (BCI), for the construction of a purification system is alarming.

The environmental impact study prior to the realization of such an infrastructure should include preventive attenuating measures and/or compensation of damages and risks related to the environmental pollution.

Indeed, when one evokes the management of the hospital effluents, I suppose that everyone assumes that it is related to hospitals located in cities with proper cleansing networks.

Comparing station to station, we, as well as the entire city, are confronted with the cleansing of the outflow of rain water, the domestic sewage system, and the soiled water of the effluents hospital.

Although I did not examine the file, if I agree to speak about it as a priority, it is to not initially miss the opportunity for the great construction of the town of Touba. Truthfully, the 200,000.000 fcfa is not enough to start the project of purification system, knowing that 50,000.000 fcfa is intended for the purchase of equipment and office furniture. Also 100 million is destined to the acquisition of biomedical material out of a total of 350,000.000 fcfa released by the BCI.

If we are asked to manage, we agree, let us collectively agree that the sewage system is an expensive resumption of the installations: the pumping, the transporting to the place of elimination, can easily cost us the arm and a leg, but should be financed by everyone except the hospital.

In short, as for that phase of pretreatment of hospital effluents, we are reassured that it is Minister Issa MBaye Samb himself who will say to the President that we count on him for all opportunities, including the international co-operation and the great construction in Touba.

We need a powerful system to the dimension of seeking a cure “matlabu-HS-shifâ' i” a prayer to Allah in which the Shaykh Ahmadou Bamba devoted a book.

This cure is for us and not for him; it is a true program of health for all. I recommend that you read this book.
Many problems was brought to my attention, some require my immediate attention, for example: <u>the size of the hospital.</u>

1.5 acres are insufficient by far, considering the optimum capacity for the rank of level 3 to which it was upgraded to, which requires around 500 to 700 beds that necessitates an area of 40,000 to 60,000 square meters (4 to 6 acres).

In my opinion, it is important to follow this norm, for two reasons:

1°) it is confirmed that the small hospitals can no longer satisfy, in an economical way, the requirements of modern medicine.
2°) throughout the world, large hospitals that exceeded this norm, suffer serious organizational and managerial difficulties.

We are grateful to be upgraded to the national hospital level 3, in spite of the small space and the various scenarios on the prospect for redeployment with the option of creating services or specialties throughout the city, or the option of building the "fawzayni2" facility on a vacant lot.", or another option that we will discuss together more thoroughly.

Why not a zone of predilection, for "Fawzayni 2", of concentration and not of separation, with at least 70.000 square meters?

I will end this window of orientation by pointing out suggestions that the site and its location should not be in the city limits. But that approach is superseded today because a hospital can indeed, as a medical establishment in its role of promoting health, be integrated in the urban fabric, to better service the users.

On the other hand, I saw that architecture of the pavilion type certainly does not fit, but it also should be recognized that the principle of the block adopted according to a simple juxtaposition of services can make difficult the future development of each one of them.

For the ambitions of Fawzayni 2, the style could be a complex and diversified mass of which each part will offer the possibility of expansion and adaptation to the future techniques of modern medicine and hospital engineering.

We are all in agreement that the financing of such a priority and objective is inevitably acquired, even before the request or the negotiations are undertaken.

Touba is today one of the most important cities of the modern world.

Thanks to the benefits of Allah granted to Sheik Ahmadou Bamba and to the determination of the religious authorities that were honorable caliphs and sons of the Shaykh, Touba has reached an urban development which led it to the current dimension of "second city" of Senegal. What an influence and what prosperity!

The evolution of the health care could, as far as we are concerned, be enough to support all that.

From 1960 to 1987, Touba had only one small medical center. During the 20 year reign of the first President, it was all that we had. Prior to that period, when someone was injured, one crushed sheets of combretum glutino sum (called "Rhatt" in Wolof) and the powders were applied there as a treatment.

It was after long negotiations that the authorities of that time agreed to build this small medical center.

From 1987 to 2000, we acquired:
- a Health Center in NDamatou;
- another Health Center located in Khelcom that was entirely financed by Khalif Serigne Saliou MBacké (may Allah give him long life and health)
- 16 small Health Stations including 2 under construction;
- the remainder are the private (first aid centers, 3 medical cabinets and 2 private clinics).

From 2001 to 2007:
- The emigrants built a hospital inaugurated by the current President, Abdoulaye Wade, who invested in the initial operation;
- 1 Health Center, in Darou Khoudoss, which makes it today, a total of 3 Health Centers located in NDamatou, Darou Khoudoss and Touba Khelcom;
- From 16 Health Stations, we now have 22, in addition to the private ones.

This is the current state of the medical chart for the district under the 3rd President, Abdoulaye Wade, who has the ambition of modernizing the city of Touba and describes it as the city of the future..

Touba is a metropolis with multiple functions.

I always maintained that the development of a city is based on its simple or plural function.

Touba concentrates functions of:

- a Religious capital, but not simply a religious city;
- a Spiritual center;
- a Pilgrimage city with its 2 million pilgrims per year;

it asserts its statute as an international city vigorously.

In order to emphasize the health partition and especially hospitals as far as we are concerned, it is necessary to take into account health in the multiple sections of the alignment of safety of such a city, in terms of the cleansing, the electric power, the tap water, the telecommunications the road infrastructures and byways.

I know that the Minister, as myself, is proud of the accomplishments; however, let us agree that a city is an expression of the complexity and intensity of the human existence.

The medical structures strive to keep up with the daily lives of the local population. by improving the equipment and quality of the services, both at the district level and the regional health centers.

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But with the surge during the Magal, Maouloud, and other events, days of planning will be necessary so that each one can assume its responsibility in a correct way in order to address the questions related to the various challenges:

- ✓ *Accidents and severely wounded cases,*
- ✓ *Comas, trauma and increased need for blood,*

- ✓ *Evacuations,*
- ✓ *victims of the effects of heat, the stampede which causes massive trampling and contusions of all kinds,*
- ✓ *burns going from 1st to the 3rd degree,*
- ✓ *aggressions related to delinquency,*
- ✓ *diseases related to public sanitation, the hygiene of the slaughter-houses,*
- ✓ *Epidemics and collective food poisonings, etc*〉

In short, it will be necessary to set up good emergency management. This means that our hospital will be able to quickly provide an emergency service unit, mobile emergency and reanimation service which function with professional regulations; the NATIONAL SAMU of the MSPM will be an excellent contribution for us. Fortunately a frame of reference and counter reference between all the structures of care already exists in our country.

The 2 million pilgrims that we receive is equivalent in terms of capacity to Makkatal Mukarram and Madinatoul Mounawwarrah, in spite of their large infrastructure: 21 hospitals for Hajj and the overflow of people on the nights of the blessed month of Ramadan. But what is truly remarkable is that all of these hospitals are free.

For all these reasons and in the absence of all that they have, we ask at least for a technical standard in our objective for a quality hospital.

In fact, during your last visit Dear Minister, dated on July 25th, the representative of the personnel within the Board of directors handed over to you a document including the upgrade of the technical platform in the following departments: *surgery, imagery, emergency, reanimation and laboratories.* This concerns the infrastructure as well as the specialized personnel.

The personnel is confident that you will keep your promesses although they fermely stick with the hospital rights.

Regarding the platform, we plan to invite few ambassadors of countries close to Senegal, so that they can assist us to achieve our establishment project, including:

- A scanner IRM or imagery by magnetic resonance
- Biomedical material
- A lack of material of digestive endoscopy
- Up to date Computer and telemedicine equipment required by modern medicine, administrative and financial management
- A powerful and adequate electric generator required by the installations along with a second supporting unit
- Creation of a reception and orientation department

Furthermore, out of the total of 245 employees, only 67 are hired by the government, which is by far insufficient.

Hence it is necessary to increase the specialized personnel available:

- Pediatricians
- X-Ray technicians
- Gastro-enterologists
- Ophtalmologists and psychiatrists

"To make the right of development a reality for all", "to satisfy the needs of all humanity". These quotations are drawn from the Declaration of the millennium (ONU/R/Rcs/55).

The objective of development for the millennium is by and large the improvement of the living conditions by the year 2015. It is thus in such a context, that we will put ourselves in phase with the world, by focusing on **the cost of hospital care** and on whom I call "the Man of the Millennium", Serigne Saliou Mbacké.

The cost of hospital care is a true headache. Indeed, it is true that if everyone says the hospital is expensive, it can be very obstructing, but finding quick suitable answers and practical solutions, is also a duty.

If the hospital respects the tariff established by the interdepartmental body of regulation, I believe that the Minister Issa MBaye Samb, as a man who is an expert in the field and in addition the pragmatism of the President and in agreement with the Prime Minister Mr. Hadjibou Soumaré, will organize the revision of this tariff.

In that regard, without being the advocate of the representatives of the community present here, I contribute my modest point of view.

The patient most affect by the high cost, is the one who is neither a civil servant nor agent of the private companies, but who is entitled to the care and does not have any access to insurance.

If in addition to the expensive expenditure of hospitalization, the headache of the trilogy "consultations/assessment/care" also awaits the patient, it easily triggers an aversion, an allergy, or a retreat; sometimes that irritation leads to errors with incalculable consequences.

How inseparable partners can speak a different language, whereas, they have to dialogue to find solutions?

If financing the offer of health is required, financing the demand for health care seems to be a more durable and more effective option: the mobilization of the resources will be done accordingly. In the long term, all the potential recipients of the health services will have to be covered by insurance.

As a first solution, it is the setting-up of Medical Mutual aid funds (F.S.S.) which will be called "Touba Santé Horizons 2015".

And before presenting this proposal to the world partnership for the development, we will initially show the local potential, in particular, our financial backers, our partners and the representatives:

- caliph;
- local Community;

- mourides emigrants;
- the mourides heads of cooperations;
- the 1/10ème of zakât;
- the baytil mâl
- benefactors of the community;
- Associations, organizations and good wills
- leaders of opinion around the great religious families of Touba
- organizations, groups, movements, mutual insurance companies and Dahiras which all are of the agents of development like Wilaya, Safînatoul Amân, Fawzayni, Hizbut-Tarqiyyah, Aynou Rahmati, Bëgg Touba, etc

The hospital will Be the strategic overseer, the CME will be the project superintendent, then a steering committee will be set up for coordination of the local representatives and abroad.
Well! It is not wrong to reveal our strategies; we will talk about it because we will successfully manage them.

And if our move rhymes with the reduction of the extreme poverty, we will be joined by our partners: FAO, WFP, USAID, WWAP *(*World Water Assessment Program*)*.

On the coming October 17, if time allows, we will be candidates for the participation in the International Day for the Elimination of Poverty under the sponsorship of the hospital, for the benefit of "Touba Santé Horizon 2015" and we will not be left out on the day of October 16 (World Day of the Food).

Also, if that harmonizes with reduction of children under 5 mortality rate, the UNDP will have a reason to listen to us. I urge my representative bodies to concretely prepare with the "Touba Santé Horizon the 2015" program which includes the world health day for Fawzayni 2, standardize the cost of health, a hospital in proximity, and elsewhere.

If we join the fight against maternal mortality at the side of WHOM,

UNICEF, and the FNUAP, they will give us the hospital resources or the financings to do it, under the initiative of the O.M.D.

I pause here by declaring that “Touba Santé Horizon 2015” has its first subscriber, His name is Serigne Saliou Mbacké, his contribution has been received; the second subscriber, is President Abdoulaye Wade, he is the godfather of the hospital and the engine of our national development, he will facilitate the activities for us because Serigne Touba granted him access to billions of fcfa for the development. We await his participation.

As for the Prime Minister, Mr Adjibou Soumaré who chose Touba for his first visit after his nomination, he will be a privileged partner who will assist us in the success of the government plans to reform the hospital.

Then, we have obviously a fourth subscriber, the Minister of Health and Medical Prevention, Doctor Issa MBaye Samb, with its double role as a talibé and Minister in charge. He has a lot on his plate and we will not spare him.

The other major subscribers will be kept in secret, but I know that they know each other already. We will find them everywhere, they await us.

We will intelligently utilize all opportunities that the Contract Policy offers to us in the Health sector of Senegal.

I call on my colleagues, board of directors and the management of the hospital, to quantify the interest of a CHU (University Hospital complex) and the impact that scientific activities will have on our hospital.

Minister, we know well that students of the Faculty of Medicine can be at the bedside of the patients whether they are interns of a hospital or not. Two 35 seat buses which move these students from their city to the hospital will make it possible to decrease the heavy loads on personnel: it is the approach of advancement and the realization of health care.

The hospital will be enriched. We will develop it through these volunteers comprising the Dahiras according to their respective medical disciplines and specialties who visit Serigne Saliou to offer service on weekends, during vacation or seize any opportunity to offer health service to Touba. They are all welcome. We await your emails and your calendars for the barkélou (offers free services).

The internet web site of the hospital will be a tool and given the importance of the hospital it will undoubtedly give him an audience with many hits. The researchers will make their reservations on the web site and the others will post their calendar of sanctifying service to the web site.

We will join hand with the Observatory on Information System Networks and Information highway of Senegal (OSIRIS) for a better approach of the hospital communication and information system. Their expertise and advice are appreciated for a better marketing of the establishment.

With the personnel who only answers to Serigne Touba who is himself Matlabul Fawzayni - he bears the name of the titles of his works - I will be your emissary to the Khalif who will transmit to Serigne Touba.

The platform of your union is the system of values of Mouridism where the most valuable wages are the blessings of Allah. If the wages are the compensation of the work provided according to terms' of a contract, I will say that the contract is sacred between the employee and the hospital.

Therefore, work remains the modus operandi and for it to be well done, it would be necessary that competence is proven.

In the technical fields and other trade associations, recruitment proves more difficult, because that requires perfect and pointed knowledge which must translate with adequacy in the résumé.

The wrong choice or subjective approach in recruitment can make the hospital fail or drain the budget, for maintenance purposes.

If we are emphasize competence, the output, quality, the continuous service, the permanent availability, the lobbying will not take precedence over the right of the workers, justice and objectivity.

It is consequently in the will to serve Borom Touba in all probity and in the integrity that our collaboration will be built in accordance with the provisions of the reform, which recognizes your right to training, premiums of profit-sharing and the representation in the council.

In the quest for solutions which reduce the cost of care, I do not know yet, because I am a novice, but with the public/private partnership, the "Touba Santé Horizon 2015" program will necessitate partnership with the appropriate authority for the manufacture of generic drugs. That can seem ambitious, but it is always in the logic of a publicly-owned establishment of health.

Thus there is nothing to worry about, No fear!, we trust the tests of bioequivalence.

In this project, the co-operation, I mean the International Community, can insert it in the OMD and help us from now till 2015 to achieve engagements of UNO: the quest of grants abroad.

- Minister of Health and Medical Prevention
- Dear guests;
- Population of Touba;
- Murid Community inside the country and abroad,

We have joint ambitions with the Senegalese Government which, in article 17 of our constitution stipulates:
"the State and the public bodies have the social duty to take care of the physical and moral health of the family." For that, our country Senegal played its role and remains in sync with the international community to help it honor its engagement.

I will conclude by proposing solemnly that the first urgency of our action plan is to honor Serigne Saliou by establishing a Children's wing within the hospital and to defend his title of the "man of the millennium"

- he gave more than fifteen billion fcfa to the town of Touba;
- he manages 8000 children;
- he cultivates crops to nourish them;
- he created a Health Center in Khelcom;
- he gave his blessing and means for us to build a hospital;
- he is the pole of the social cohesion of the country;
- He is the chief of a community which respects the rights and properties of others;
- he teaches to work as if you will never die and worship as if you will die tomorrow.

Since President Wade is the advocate of the NEPAD, which works tirelessly for the African Union and which was distinguished on several occasions in G8 and throughout the world, I transmit this document "Shayke Saliou, the Man of the millenium" to him.

Sheik Ahmadou Bamba, his venerated father, was offered the medal of the Legion of Honor by his former enemies. But, in respect to the merits of Divine, the title sleeps in the drawers of humility.

According to statistics' Senegal is well below the WHO standards in terms of health personnel (doctors, midwives, male nurses) based on the number of people served by medical personnel. We inherited this problem and our struggle will consist of developing strategies and policies to help Senegal in general and the city of Touba in particular to overcome this obstacle.

For each doctor, we have 7000 to 12000 people, surpassing the international standard which recommends between 5000 to 10000 inhabitants for a doctor.

In terms of the infrastructures, it is estimated that 1 million to 1.2 million inhabitants are in Touba, whereas WHO recommends a hospital for every 150.000 inhabitants.

Senegal, in spite of considerable efforts, has 550.000 even 600.000 inhabitants per hospital. The Holy City of Touba with its great pilgrimage has only one hospital.

To be concrete, I would say there should be at least two hospitals with the standards of the current statistical data of Senegal and 8 hospitals with WHO standards.

In reality, if one projected the objective “Hospital” in the report/ratio of the Magal surge and other circumstances, it will be necessary for at least 6 hospitals by Senegalese standard and about 21 hospitals with the international standard, which confirms a bit the standards of Makkatal Moukarramah and Madinatoul Mounawwarah.

Why I am optimistic about acquiring the International aid, the patriotic action of the supreme authority of Muridism, the substantial contribution of the local admistration of the communities and the donations of the populations.
But,I believe that I am in the right to seek help for a comprehensive hospital complex level 3, and another one built according to standards' of modern hospital engineering?

If the 22 Health Stations of Touba functioned full-time, which is not the case because most of them are under construction, we would have a population of 22 times 10000, which equals 220000 inhabitants; and for the 2 Health Centers, 2 times 50000, which is 100000 inhabitants, still according to international standards' and the 150.000 inhabitants per hospital which indicates coverage of almost 470.000 inhabitants on a population between 1 million and 1.5 million inhabitants, thus 39%. That is not a big deal.

To give the hospital its importance today, being the only infrastructure covering up to 600.000 inhabitants with the statistical data corresponding to the reality in Senegal, it must be the only beneficiary of the results of the average indicator. This means that it is an obligation and an urgency to improve the technical platform of the hospital, in terms of equipment and specialized personnel.

I cannot say everything because the time allotted to me is exhausted, but I maintain that I am strongly committed to urban development of Touba. In a city that reflects the image of its namesake I envision many hospitals of the future in an environment of good health care and good cure, by the Blessing of the word of Allah, which is “when I suffer cure me.”

Ladies and Gentlemen

On behalf of my colleagues in the Board of directors of the Hospital Mathlaboul Fawzayni of Touba with whom we undertook this assignment, I infinitely thank you for all the attention that you granted me.
May Allah grant all of you peace, safety and blessings.

Presented in Touba, on September 3, 2007

For the Board of directors
The President

Serigne Atou DIAGNE