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The A.N.C. Office,
P.O. Box 2239,
DAR ES SALAAM.

9th June, 1988

Dear friends,

I am grateful having permission to visit Mazimbu. During my unofficial visit I tried summarize the situation. I do hope that you will soon have some of your own people to work out the actual plan for training of oral health manpower, for organising the services and finally for research policy.

I do hope the best success for your work.

Yours sincerely,

Eino Honkala

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PROFESSOR IN COMMUNITY DENTISTRY

cc. The Health Department, Mazimbu.

cc. The Dental Department, Mazimbu.

cc. The Team Leader,
Prof. R. Tuominen,
MMC Dental School Development Project,
Dar es Salaam.

cc. Mrs. A. Liedes,
Finnida.

cc. Dr. D. Maidi.

cc. Prof. A. Sheiham,
University College London.

Encl. Recommendations on Medical Education.

ORAL HEALTH CARE IN MAZIMBU

PRELIMINARY SITUATION ANALYSIS

1. The Background:

There is a well equipped hospital with adequate staff in the ANC Camp, Mazimbu. Dental clinic is sufficiently equipped, but has not been functioning due to the shortage of necessary dental materials. There are three dental (technicians with overseas training in Mazimbu. Since closing the dental clinic all of them have been working in regional dental unit in Morogorok where the continuous supply of materials has been organised by the Central Dental Unit, Ministru of Health, Tanzania. Dr. David Maidi and Dr. Dudu S. Msimanga are working in Muhimbili Medical Centre to gain more practical training in local circumstances after their DDS training in Cuba.

2. The Goals for Oral Health Service in Mazimbu:

1. To establish emergency dental care service.

2. To plan and implement comprehensive preventive oral health care programme for children under 15 years.

3. To guarantee that all ANC oral health professionals in Mazimbu have appropriate working conditions, continuous education system and opportunities to use the competence, which they were trained for.

4. To organise local group work training and exercise for planning oral health services in a liberated South Africa.

3. The practical tasks:

1. The dental clinic to be opened immediately in Mazimbu.

2. The practical arrangements for continuous material supply to be organised based on outside support and cooperation with Morogoro regional dental clinic and CDU.

3. The agreement with the Division of Dentistry, MMC to be negotiated for continuous education system for oral health personnel in Mazimbu.

4. Continuous planning exercises to be organised by the Head of the hospital.

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4. The justification for the action:

No proper plan for oral health in a liberated South Africa exists yet for evident reasons. However, the health care system as well as the other organisations in Mazimbu are firstly aimed at better self reliance of ANC people and secondly for improving the competence of health care personnel to take the whole responsibility of planning and implementing health care service in a liberated country.

Therefore efforts should be made to help the ANC Health Department to develop a preliminary plan for education and service system in health for ANC. The scholarships should be negotiated according to the proper plan prepared by ANC people. There should be a distinct trend to have ANC people educated in circumstances resembling those in a liberated South Africa.

This means the demand to emphasize primary health care approach much more extensively than done in traditional curricullas overseas. The longterm plan needs to include proper discussions and decisions about postgraduate training arrangements as well. When the longterm planning needs to be a continuous process of evaluation also there is a need to establish a system for discussions and close cooperation of all health care professionals. There is an urgent need to organise research projects as an integral part of the service system and international cooperation. This means in the near future more practical cooperation with Tanzanian health care professionals to avoid the problems of segregation.

In general there is a need for action becuase it is the only way to facilitate development. This means more practical tasks and responsibilities, but it is also necessary for the well-being of educated staff.

The planning of a service system in oral health can be based on the estimation that the oral health status is the same as in Tanzania. It is justified because emergency service and preventive care are not yet well organised. There is a need to develop a plan of action for the activities of oral health care in Mazimbu. On exact programme evaluation should be documented to avoid repeating mistakes.

Recommendations:

1. There is a need to have at least one dentist educated in Community Dentistry for starting the planning procedure. I would highly recommend that Dr. D. Maidi could be sent for MSc. course in University College London, which I myself have taken. The course is especially suitable for ANC purpose. The sponsorship should be found for the course which starts in October, 1989.

Eino Honkala
PROF. IN COMMUNITY DENTISTRY

RECOMMENDATIONS FROM THE FINAL REPORT OF THE REGIONAL CONFERENCE ON MEDICAL EDUCATION HELD AT BRAZZAVILLE - 27TH - 30TH OCT. 1987

Some medical schools in Africa have done no more than merely reflect in token form the essential elements of PHC "under the excuse that their curricula had already been developed and were indeed functioning well". The result of such cosmetic adjustment is a lack of direction and a crisis of commitment within the Faculty and among students.

The following recommendations are worth serious consideration by all Medical Schools in the African Region:

(a) Primary health care should henceforth be regarded as the centrepiece of the undergraduate medical curriculum.

(b) All teachers should have unequivocal commitment to health for all through PHC.

(c) All undergraduate and postgraduate training should be problem-based and task-oriented.

(d) Ideally, the Institute of Public or Community Health should be the base for teaching PHC to undergraduates, although it is recognized that the leadership role in the coordination of PHC (which is by implication a multidisciplinary effort) will necessarily vary from place to place.

(e) Generaly outpatients departments of existing teaching hospitals, being front-line departments, should be actively involved in the teaching and practice of PHC in the urban setting.

Q4. Is Continuing Medical Education (CME) given due importance in maintaining the competence of experienced doctors and ensuring their continuing fitness to practise, and are proper resources made available for it?

Q5. Are the medical school curricula and postgraduate training programmes sufficiently aligned with the proper provision of health care to the population on an equitable basis and not on a basis which discriminates unduly in favour of the privileged?