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, The A.N,C. Office, V 9th,JgnF119?8q
P.O. Box 2239,
DAR ES SALAAM.

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,

H Eino Honkala

PROFESSOR IN COMMUNITY DENTISTRY

cc. The Health Department, Mazimbu.

cc. The Dental De artment Mazinbu. L/

cc. The Team Leader;

Prof. R. Tuominen,

h\$\$ Dental School Development Project,

Dar es Salaam.

cc. Mrs._A. Liedes,

Flnnlda.

cc. Dr. D. Maidi.

cc. Prof. A. Sheiham,

University College London.

Encl. Reconmwndations on Medical Education.

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ORAL HEALTH CARE IN MAZIMBU
PRELIMINARY SITUATION ANALYSIS

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 Maudi and Dr. Dudu S. Msimanga are working in thimbili Medical Centre to gain more practical training in local circumstances after their DDS training in Cuba.

The Goals for Oral Health Service in Mazimbu:

To establish emergency dental care service.

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

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.

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

The practical tasks:

The dental clinic to be opened immediately in Mazimbu.

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

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

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

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 because 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:

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. Maudi 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.

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Eino Honkala ,

PROF. IN COMMUNITY DENTISTRY

RbCOMI-iENDATIONS mom THE FINAL REPORT OF THE REGIONAL
CCNFERENCE ON MEDICAL EDUCATION HELD AT BRAZZAVILLE -
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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 Facult;
and amongkstudents.

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Th .ollowing recommendations are worth seriavs consideration

' . by all Medical Schools in the African Region:

(a) Primary health care shbuld 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 end taskeoriented.

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

(e) Generaly outpatients departments of existing teaching
h05pltals, being front-line departments, should be ectfyag
involved in the teaching and practice of PHC in the urhm:

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in maintaining the competence of eXperienced doctors and
ensuring their continuing fitness to pr?"fjse, ani are
proper resources made available fa- L.i

. setting.

. 00. Is Continuing Medical Eduaetion (CME) given due importmw

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 pn a basis which discriminates unduly in
favour of the privileged?