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Medical Cooperation as a Realistic and Heart-Felt Joint Venture

P. G. JANSSENS

“The will to help, to collaborate, to contribute
must actually come – and I think I am right –
from the heart.” R. Geigy, April 3rd, 1971

Any worldwide overview of the health problems induces inevitably to the ascertainment of a painful disparity between the health needs and the resources available and more particularly so in the developing countries. The root of the evil is the discrepancy between the medical knowledge and technology and the available health care delivery systems. Hence the critical need for a better system and a larger more adapted health-corps, which can only be built-up through an expanded appropriate medical training.

These facts did not escape R. Geigy's scrutiny. As a man of action and a scientist he had already made a first practical move towards the strengthening of the health manpower available in the tropical countries by founding in 1943 the “Schweizerisches Tropeninstitut” at Basle. This private Institution was established as a training and research centre for tropical medicine, tropical biology and tropical agronomy: an exemplary integrated approach to the complex tropical problems. Under competent guidance, aided both by the Swiss Confederation and the Canton of Basle and subsidized by the Basle Chemical Industry. the Swiss Tropical Institute has rapidly occupied an important place under the tropical sun and amongst the European Institutes for tropical medicine and hygiene.

The training of doctors, biologists and students who are preparing themselves for service overseas cannot be valuable without contact with the day by day realities of the professional life in the tropics. Teaching highly specialized topics without the incentives of research both fundamental and applied would be unjustifiable. The Swiss Tropical Institute covered both provisions by means of scientific missions to West-, Central- and East-Africa. Thus the unavoidable happened; R. Geigy lost his heart to East-Africa and more in particular to Tanzania.

It is, however, impossible for a well-balanced man not to realize that scientific activities how promising they might be for health improve-

ment in a not too distant future are no substitutes for a more immediate and tangible assistance. To provide some kind of medical care to the sick living in the neighbourhood of an eventual field-station would have been the easy, but shortsighted solution. The building and equipping of one or more health centres might have been a somewhat better solution, provided they could be properly staffed. Health care of the many who need it is obviously fully dependent on a proper staffing.

Training restricted to higher echelon personnel, however important the output of qualified national medical officers might be, was still hampered by the lack of candidates fulfilling educational requirements for an academic training. Their limited number would not bring the health problems of the numerous “medically indigent” to a solution in the present situation. The need for alternative solutions presenting a better coverage of the daily health problems of a population otherwise deprived of health care is obvious. If such a health care network is to be organized and medical outposts manned, the only sensible way to do it is to entrust the many responsibilities to medical auxiliaries. To relieve the professional staff of simple tasks at a lower level of competence and thus serve as “multipliers” of the professionals. These health workers must be trained to reliable, conscientious auxiliaries aware of their responsibilities and limitations and prepared to take up their place in a medical team supervised by a medical officer.

R. Geigy was in consequence of his inland expedition and aware of the imbalance of rural and urban health care, also of the fact that hospital-based care is out of reach to the mass of the population. Since he wanted to provide an effective aid, and having identified the best adapted and most efficient way to do so, he decided to forget his academic status and the high standards of the Swiss Tropical Institute and to direct his efforts to the training of plain medical auxiliaries on the spot: a country benefits indeed more from an education programme within its frontiers.

R. Geigy tackled this unfamiliar problem with his characteristic thoughtfulness. He sought to identify the best suited auxiliary, to get a comprehensive job description of this type of health worker and to find out the most effective way to train those rural medical aids. I had the opportunity to discuss with him his critical ideas and selective plans about the implementation of an appropriate educational pattern for such a medical auxiliary adapted to the prevailing rural conditions in African low-income countries. I remember with much pleasure those enlightening confrontations of our previous experiences and his refreshing, novel approach of the fundamental building up of health manpower.

Having brought about an agreement of his proposal with the Board of the Swiss Tropical Institute and the Basle drug companies, this



Rural Aid Centre, Ifakara.

project was submitted to President J. Nyerere, then Prime Minister. The “mwalimu” accepted the suggested creation of Rural Aid Centre as an appreciated complement to the existing training centres for medical auxiliaries, and also the choice of Ifakara, in the Ulanga Plain, as its site.

The selection of Ifakara, located in the savannah of the Kilombero Valley in South-East Tanzania, as the future site of the rural training centre had been proposed after careful consideration of all matters involved: it proved to have been by all means an excellent choice.

This project was negotiated and implemented at the time Tanzania was becoming independent and with due respect of the sovereignty of the host country, was the beginning of a fruitful association with the Tanzanian health services and authorities. Faced, as most newly independent countries, with so many problems of which health care and health manpower was no negligible part, this cooperation had for the Tanzanian people a great significance.

With the lights on green, R. Geigy devoted all his energy to the realization of the Rural Aid Centre and the unbelievable did happen. It took only eight months to establish the Centre: without the vigorous leadership of the promotor, the active cooperation of the local authorities and labour, the willingness to assist from the Swiss Capuchin mis-

sionaries, the Anglo-Swiss company Amboni Estates Ltd, Tanga, and of the Basle Foundation for Aid to Developing Countries, it would have been impossible.

Anyway, the first session started in July 1961 with 38 participants to be trained as rural medical aids. From 1962 onwards the training programme was changed into the upgrading of medical assistants to assistant medical officers. In 3 years about 100 medical assistants, with 3 years' technical training and some with years of experience, received at the Rural Aid Centre, the refresher and complementary education that enabled them to serve their country better and at an higher level of responsibility.

A six-month course for health auxiliaries, who were the future assistant health officers, was organized in addition but entirely by the Ministry of Health and the teaching in swahili was entrusted to a Tanzanian teaching staff. Accommodation was made available for them, the administration remaining, however, under the Centre. About 350 medical auxiliaries have since been trained in an appropriate surrounding and were offered the possibility to live among all the possible ways to improve housing and sanitation reproduced in their actual size. This demonstration is so much more useful than the best drawings and sketches, since it gives a true to nature idea of what is intended and how it can be implemented.

Since 1964, the Rural Aid Centre has been affiliated as a field station of the Medical Faculty of Dar es Salaam for the training of medical students in rural and community medicine. Suitable arrangements could be made easily to provide for the 3rd year medical students theoretical and practical teaching of tropical epidemiology, including surveys and excursions in the field. In 1970 the Tanzanian students got their expressed wish for the company of ten Swiss students and of four guests from elsewhere. As the Rural Aid Centre serves as a field laboratory for the Swiss Tropical Institute, these activities make an acquaintance with biomedical research in the field easy. It may be expected that from this insight into current research, some Tanzanian research-vocations might arise.

This indeed marvellous evolution of the Ifakara Rural Aid Centre along the past ten years shows how a well-advised and balanced project of assistance in the field of health can be adapted to fast changing needs. It is, moreover, most likely that the next decade will bring about new ways of utilization of the Centre.

Successive reorientations of the training activities of the Rural Aid Centre are the logical outcome of the evolution in a fast progressing country. The determination of the people of Tanzania to develop their health services and their action against the communicable diseases has made provision amongst others in their new five-year plan for 250

Health Centres. These will have to be manned by competent medical auxiliaries who could not be less than middle-level medical assistants, whose number is largely insufficient and cannot be brought up to the necessary level by the two existing schools.

The Tanzanian authorities have asked the Swiss Tropical Institute to accept this new challenge, which means an adjustment of the teaching and the accommodation. The curriculum for medical assistants covers a 3-year cycle and includes the whole field of curative and preventive medicine. The Swiss Capuchin Province and the medical staff of the St. Francis Hospital strongly support the new scheme. This is of a particular importance in view of the all-year round teaching programme and the curative approach. The Basle teachers will further be in charge of their accustomed programme covering the biological, preventive and field-training aspect.

The number of the fellows will, however, be tripled and their accommodation will imply a further increase of the number of dwellings and an extension of the services. Once more a good solution will be found since the motto "where there is a will, there is a way" has been confirmed so successfully on so many occasions at Ifakara.

This adaptability of the Centre would not have been possible without its excellent, future oriented planning. It is not only an architectural achievement, but also a practical model of many possibilities in the field of house-building.

Ten dwellings, each accommodating four students, have been planned, all examples of good housing, so that the dwellers can easily replicate for their own residence after qualification. They could easily include their own accommodation and make use of all of the sanitary commodities and other practical devices and improvements in an optimal and healthy rural setting. The benefit of their better living conditions will become in turn a permanent exhibition of healthy housing and expand little by little to the whole community.

The accommodation of the participants is completed by a large community building with recreation hall, sitting room, refectory and a modern kitchen, with facilities for cooking local food and teaching the easy ways of practical nutrition. In addition, two houses accommodate the permanent teachers and a large guest-house, the visiting teachers.

The tuition buildings include a lecture-room, library and laboratory facilities. Service buildings, animals houses and even snake-pits complete the unit. The Rural Aid Centre is bounded on one side by a village and is adjacent to the St. Francis Hospital which has 300 beds. The collaboration with hospital and doctors in charge is close and fruitful especially by their participating in the teaching.

More walls and roofs, without a persevering, discerning, adaptable basic idea would have been senseless. From its very beginning the Rural

Aid Centre had a built-in “self-help” philosophy, which is, furthermore, a typical and commendable Tanzanian feature. The fact that the Tanzanian Government takes charge of the transportation, the pocket-money and the subsistence of the participants is indicative of this state of mind.

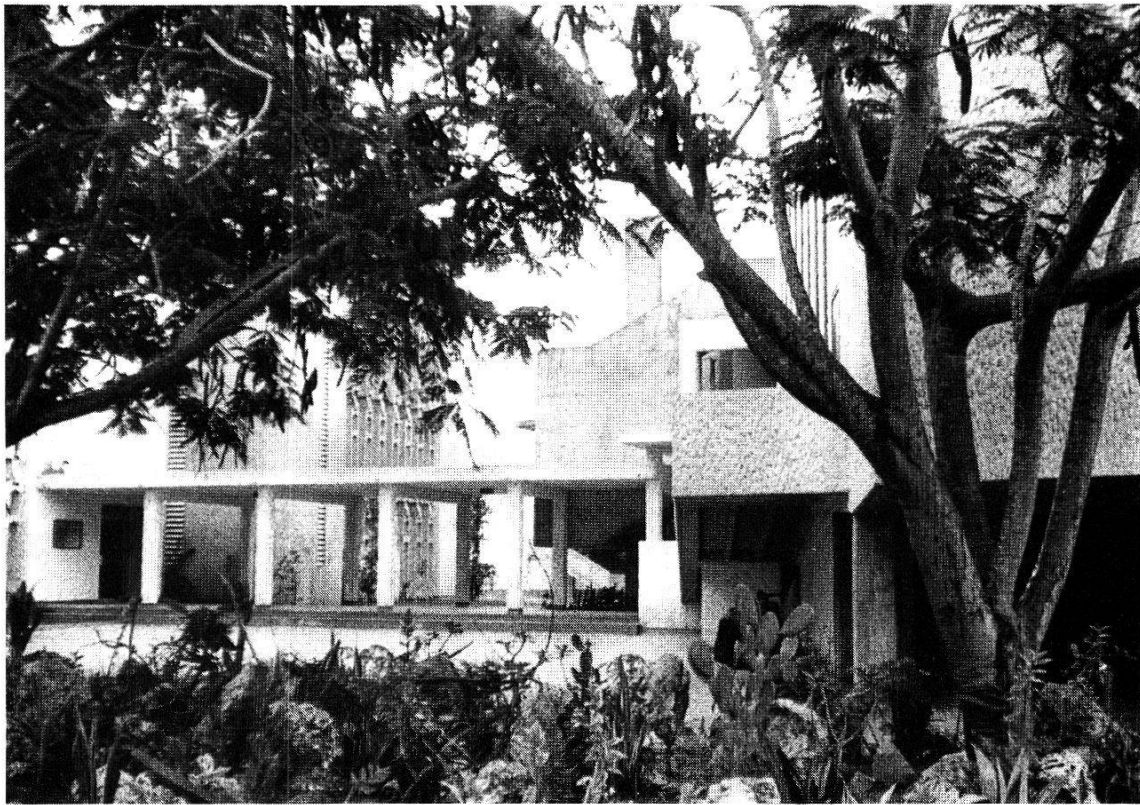
Another basic concept of the management has been that a training in the normal surroundings of the own country or region is much better for the professional, social and technical adaptation to the health needs of the country. This fundamental strategy cannot be offset by the fact that scholarships for study abroad are cheaper for the donors.

The regular cooperation of the Medical Faculty of Dar es Salaam and the Rural Aid Centre of Ifakara involved R. Geigy almost automatically in another important Tanzanian realization. The Faculty was in great need of reasonable training facilities for pathology, which implied the construction of a new laboratory. A pathology laboratory was no innovation for Dar es Salaam, where a small laboratory was founded already in 1890. It had been improved to serve the Sewa Haji and Ocean Road Hospitals. But this historical 80-year-old laboratory, a record for tropical Africa, was unable to cope with the growing needs of the Tanzanian health services and those of the newly founded medical schools.

An important characteristic of the Dar es Salaam laboratory is that it has been engaged in the training of laboratory technicians since 1919. Nevertheless, their number is largely inadequate to operate the central and peripheral laboratory services, and moreover, only one third of the personnel has achieved the full three-year training. This tradition of training responsibilities is an excellent feature of the Central Laboratory. On such a solid foundation it is easy to expand from 10–12 to 30 fellows a year and it is not more difficult to add to the regular training programme refresher courses and seminars on selected or acute topics. All that was needed was accommodation and staff, in accordance with the planned expansion of routine and training activities.

Thus the idea of a new Central Institution came up to many interested persons, including R. Geigy. A project was promptly drawn up by specialists acquainted with the local conditions. The building must accommodate the routine diagnosis laboratory, including haematology, parasitology, microbiology, biochemistry, pathology, etc., the training of an increased number of laboratory technicians, the teaching facilities for pathology of undergraduates and act as reference laboratory for the inland medical laboratory services.

The Tanzanian authorities examined the suggestion and decided promptly to establish the proposed “Central Pathology Laboratory” and to locate it near the Medical Faculty at the Muhimbili Hospital in order to strengthen adequately the teaching of pathology and of



Central Pathology Laboratory, Dar es Salaam.

laboratory techniques for the medical students. The transfer was also expected to bring about a post-graduate teaching for pathology.

Training on the spot was again a strong incentive for R. Geigy to devote some of his seemingly unlimited energy to this project. But the self-reliance approach of the Tanzanian Government must have been an even stronger incentive. For the building of the Central Pathology Laboratory, the Government ensured substantial financial help. This magnificent complex, completed by an extra story to the northern building and by a large lecture-room is not only in operation but also usable for congresses and meetings. The East African Medical Research Council Meeting – 24 to 28 January 1972 – was held in the Central Laboratory Building. All the participants enjoyed and admired the perfect accommodation for the meetings, the secretariate, the exhibitions, etc.

The “Central Pathology Laboratory” became, in addition, a joint venture of Tanzania, Switzerland and the Federal Republic of Germany. The Swiss Technical Aid, the Basle Foundation for Aid to Developing Countries and some private persons contributed two thirds of the cost of the construction (6 million shillings). The Deutsche Förderungsgesellschaft donated the major part of the equipment¹.

¹ Japan presented an electron microscope, its setting to work and the training of local operators by one of their leading specialists. Canada supplied an auto-analyzing equipment.

According to the former Right Honourable Minister for Health and Social Welfare, L. Mangwanda Sijaona, R. Geigy has been, together with the late Mrs. Nina Geigy, the catalyst of the project and the multi-lateral approach in getting at least two countries to put their resources together in aid for a given project.

All of the mentioned aspects of this project must indeed have been attractive for R. Geigy. But there was even something more in the offered possibility of an extension of the on the spot training to post-graduate level. The emerging countries face indeed a particular heavy burden in the training of their top-level personnel. To have to rely on overseas training implies not only an alienation of their future leaders from their own people, culture and problems, but a staying abroad for up to 4–5 years of their so needed doctors. Post-graduate training at home signifies the establishment of “ad hoc” institutes for training and research. This can of course not be started off without equipment and expatriate staffing, but the impact of such a centre of intellectual excellence will eventually catalyze the whole academic life.

Research is not new in Tanzania: it cannot be better illustrated than by the name of R. Koch, who worked there in 1897–98. His memory will inspire the young Tanzanian doctors to undertake research. Meanwhile the mural tablet remembering the activities of R. Koch in East-Africa has been transferred, with his writing-table, by a Tanzanian respectful gesture from the laboratory of the Ocean Road Hospital to the entrance Hall of the New Central Pathology Laboratory. A country that honours his benefactors, respects his own values and encourages the rising of a new generation of national scientists, which has indeed already taken a very promising start.

Having had a mutual advantage to the agreeable and stimulating opportunity to discuss the planning of the Rural Aid Centre and to set my eyes on the actual realization of Ifakara, I could not possibly conceal my admiration for the conception, the realization and, more especially, for the serene atmosphere of collaboration, mutual understanding and respect of the Tanzanian authorities and the Basle Foundation and Tropical Institute. If R. Geigy has achieved only this fruitful cooperation to the benefit of the health of tropical Africa, he should have wasted neither his time, nor his material contribution.

However, the significance of the Rural Aid Centre at Ifakara and of the Central Pathology Laboratory at Dar es Salaam transcends by far their coming in existence. Many more and bigger buildings are erected everywhere in tropical Africa. Many are prestige edifices which become often an unbearable burden for the receiving community, while the donor bails out with a renewed good conscience. The Swiss Foundation would have followed easily this ill-advised cooperation and could have afforded even more prestigious realizations. It is therefore so important

to underline the setting of this example by the Swiss Foundation that could be followed by so many other goodwill undertakings for the well-being of the assisted communities.

In tropical Africa, like elsewhere, it is not without far reaching consequences to give an inch. But you like pretty soon to let it take also an ell, especially when it can be carried out in a serene atmosphere, and as a joint venture. To provide assistance and cooperation in such a way that the donor feels confident that he covers crucial needs in such a manner that guarantees that the receiver will not only be willing, but also able, to carry on single-handed in due course. The Swiss Foundation was able to suggest and carry out such a programme, but it could not possibly have performed it without the determination, the comprehension and the active participation of the people and the authorities of Tanzania.

As can happen only with logical lines of action, the Tanzanian and Swiss aims did concur perfectly: self-help, on the spot training of all levels of health workers from auxiliaries to postgraduate scholars, encouragement of the interest for research, continuous evaluation and adaptation of the programme are many of the common rational directives. They are, moreover, a permanent lesson for all those engaged in medical and health assistance.

R. Geigy is entitled to rejoice at the achieved success of a difficult, unfamiliar and delicate enterprise. His well deserved reward is that Ifakara, Muhimbili and Tanzania are inscribed in his heart for ever, as is the warmhearted friendship of the Tanzanians, the humble and the authoritative alike, that he will cherish for ever.