

Greetings from Africa February 1, 2001
Betsy and Dave Walker

MZ3 – Rural Clinic

School of Medicine
Catholic University of Mozambique
Beira, Mozambique

Visit to a Rural Health Clinic



Last week Dave went with UCM professor and physician, Dr. Elias Roman, to a rural health clinic in Altos de Mangos, about 10 miles away on the outskirts of Beira. It is considered to be the best rural clinic in central Mozambique.

In general, rural clinics are staffed by nurses and assistants and only occasionally have a physician present. This is only because rural doctors are in such short supply - something that the new medical program at UCM will help change over the next years. Some clinics have electricity and telephone. All have water - but rarely of adequate quality.



Dr. Elias visits this particular clinic one day each week. At this time he is the only physician that goes there. Sometimes UCM medical students accompany him for training purposes and simply to obtain a better appreciation for what rural health care is all about. Later in their medical program students will spend much more time at these rural clinics.

We arrived there after about a half hour of travel over a very rough road. Over two hundred people were waiting for treatment.

Dr. Elias gave us a quick tour of the clinic. There were several patient examination rooms, a small analysis lab, a maternity ward, and a small pharmacy. The lab can handle urinalysis, and other simple tests. All patient and other record keeping is done by hand. There was no FAX and no computer. Medicine and medical supplies were in short supply.

About ten women were in the maternity ward. Some had their delivery at home and some had delivered at the clinic. Dr. Elias went around to see each patient. One baby was having serious problems (high fever, etc.) and the decision was made for mother and child to be taken to the Central Hospital of Beira sometime during the morning. We saw no ambulance, so guess that someone volunteered to drive them in.

During the rest of the day Dr. Elias and nursing staff examined and treated as best possible every person that showed up. The medicine was dispensed at a patient charge of 2,000 meticaís (or \$0.10 USD), or whatever they might be able to afford if they don't have enough money. The people waited patiently and

seemed very very grateful for medical help. Problems ranged from minor to serious. Several had malaria, one was suffering heart failure. As already mentioned, most serious cases are sent on to the Central Hospital at Beira.

The attached pictures show some of the activity at this clinic. UCM is now creating their first World Wide Web site and hope it will be operational within one month. It will contain more descriptions of rural clinics and many pictures.



UCM and Rural Health Care

1. People Make the Difference.

Dr. Elias is just one of the special people uniquely qualified to help UCM with rural health care activities. As mentioned in a previous e-mail, Dr. Elias, originally from Mexico, came to UCM after spending six years at rural health clinics in Mozambique. He struggled there. He felt very isolated. His clinics were always in short supply of vaccines, medicines, and supplies. Finally he realized he was just not making enough forward progress. So he decided to become involved in helping to educate more physicians in order to better attack rural health care problems.

2. First UCM Medical Class Begins.

The first medical class of 60 students began in August 2000. The program of study utilizes a student-centered, problem-based learning approach. The design of the program was aided by experienced medical faculty from the Netherlands, South Africa, Canada, and USA. Students began their study with an intensive English course. Instruction is in both Portuguese and English. The students represent all regions of Mozambique. And they are very excited about becoming rural health care physicians.

3. Future Plans for a UCM Out-Patient Clinic.

As the UCM medicine program grows, it may be important to consider the creation of a UCM Out-Patient Clinic at the Beira Faculty of Medicine campus. Such a facility could help to attract and keep medical faculty and staff. More important, it would make it easier for medical students to spend more time in a clinic setting. That time would be in addition to the time students now spend at rural clinics.

4. First-Step in Establishing an Extended Support System for New Physicians at Rural Clinics.

We think about how things might go in five or six years when the new medical graduates take up their posts at the rural health clinics. These new physicians will be well educated, ready to work, committed, and eager to help in every way. However, we really worry that many of these new physicians, after a year or two, will begin to lose hope just as Dr. Elias did. We believe that the only strategy to keep that from happening is to put into place some kind of "extended support system". It is obvious that the rural clinics must be improved. Every clinic must have public electricity or an electric generator, telephone, FAX, and drinkable water. Every clinic must have adequate medicine, lab equipment, and supplies.

There must also exist a way for the new physician to stay in communication with other rural physicians and with main hospitals. This will be needed for getting second opinions and advice. Just as important, is that the new physician keeps a sense that he/ she is not alone. Depending upon the technology available, we hope that eventually this will allow Internet access, telemedicine, and distance continuing medical education.

With best regards - Betsy and Dave Walker
walker@marshall.edu
ewalker@hsc.wvu.edu