

Tanzania – east Africa



Banner reads: 'A new generation without aids'. Michael Burke (right) pictured with Tanzanian Ministry of Health official



Tanzania is famous for its Kilimanjaro mountain, its Serengeti plain, its wildlife; but to me its beauty is captured in its 36 million people. Since starting work in this peaceful east African country, my understanding of medicine and health has moved considerably. The Tanzanian capital is based on our very own Canberra, with roundabouts, and suburban streets in jigsaw piece shapes, and there are countless eucalyptus gum trees planted in Tanzania's countryside.

Like the eucalypts, significant contributions from my Australian experience were planted, nurtured and continue to grow in this soil. The tyranny of distance in Tanzania, as in Australia, makes education a challenge. The Anglican Church of Tanzania National Health Office (ACT Health) runs a network of 11 hospitals and 30 clinics. Drawing on examples of distance education from Australia, such as the RACGP 'check' program, we began a brave attempt to put in place a national program for middle level health workers. The program, Health Workers Education by Extension, (HWEE), borrowed much of the *check* format, and involved case study presentations, pre- and post-test assessment, and external assessment. Initially placed to provide continuous medical education, the program evolved over 8 years and is now an open learning format administered by the Department of Health. It allows clinical officers to upgrade their qualifica-

tions and hence the service they offer their community and leads the way in east Africa in a new approach to capacity building. Over 70 students have now graduated. Recent World Bank funding has encouraged the team to move forward and also explore ways of incorporating electronic learning initiatives into their programs. Again borrowing from Australian experience, we constructed a national umbrella health consumers' association. The involvement of community groups, building local voices and accountability are key building blocks in improving health systems, services and outcomes. Leadership, legal frameworks, advocacy, networks and policy are critical agents in allowing health resources to be optimally matched to need. Interestingly, our Ugandan neighbours have seen a massive growth in civil society involvement in health, paralleling large improvements in HIV prevalence in that country. It continues to be a privilege to be involved in major program initiatives that are creating a more open and compassionate response to the HIV epidemic. Leadership, linkages and breaking the silence all are essential. The promise of antiretrovirals raises hope that local people will be better resourced to respond courageously and effectively to this epidemic. Tanzania is a fine place to look at, but the friendships shared are immeasurably more treasured.



Michael Burke

Masai women, the road to Serengeti plain Image courtesy Patrick Paul