



MEDICAL ASSOCIATION OF TANZANIA (MAT)

PROCEEDINGS OF THE 43RD ANNUAL GENERAL
MEETING AND 45TH ANNIVERSARY

10TH – 11TH AUGUST, 2010

MLIMANI CITY CONFERENCE HALL



Table of Contents

<i>Acknowledgement</i>	<i>iii</i>
<i>List of Abbreviations</i>	<i>iv</i>
Introduction	1
Official Opening	1
Launching of the MAT Strategic Plan	4
Award Presentation	4
Official Opening Speech	5
Day One Presentations (10 th August, 2010)	6
Day Two Presentations (11 th August, 2010)	18
Proceedings of the MAT Annual General Meeting	27
Official Closing	29



Acknowledgement

The successes obtained from the two days MAT 43rd Annual General Meeting and the historical 45th Anniversary are a result of contributions of various individuals, associations and organizations. Their efforts and devotion have highly contributed to the successful accomplishment of the meeting objectives.

The Medical Association of Tanzania (MAT) would like to acknowledge the support from the Ministry of Health and Social Welfare and all other partners for their sponsorship of the meeting and for their in-depth support to the whole process.

MAT also extends sincere gratitude to all representatives of the Medical Association from Kenya, Uganda and Rwanda for accepting the invitation and for sharing the rich experience which greatly inspired MAT members.

Special thanks are conveyed to all MAT members from Dar es Salam and other regions for sparing their valuable time to attend the meeting and for their active participation throughout the two days of meeting. This team spirit and solidarity will greatly contribute to the strengthening of the association particularly in the regions.

I would also like to extend my sincere appreciation to all presenters for their valuable contribution and rich information that filled all members with knowledge and skills.

Nevertheless, it would be worthless if the great efforts made by the organising committee would not be valued. Without them the meeting would not have achieved its goal. MAT also thanks Mr. Erick Msoffe for compiling this report.

We thank everyone for making the AGM and the 45th MAT Anniversary a success. May God bless you all!

Dr. Edith Ngirwamungu
(MAT President)



List of Abbreviations

AGM	Annual General Meeting
AGM	Annual General Meeting
AMI	Africa Medical Investment
APHFTA	Association of Private Health Facilities in Tanzania
CMA	Commonwealth Medical Association
CME	Continuing Medical Education
CMO	Chief Medical Officer
HKMU	Herbert Kairuki Memorial University
HRH	Human Resource for Health
IMTU	International Medical and Technology University
KMA	Kenya Medical Association
MAT	Medical Association of Tanzania
MoHSW	Ministry of Health and Social Welfare
MPDB	Medical Practitioners and Dentists Board
MUHAS	Muhimbili University of Health and Allied Sciences
TACAIDS	Tanzania Commission for AIDS
TMJ	Tanzania Medical Journal
UMA	Uganda Medical Association
WHO	World Health Organisation

Introduction

The Medical Association of Tanzania (MAT) is a representative body for the Medical Profession in Tanzania. The Association aims to compliment the government efforts in reaching its desired objective of promoting the health and wellbeing of all Tanzanians. MAT understands that the role of medical practitioners towards this goal is very significant and especially when their efforts, knowledge and skills are brought together under the umbrella of the association. Along with promoting the health of Tanzanians, the association is also founded under the following objectives;

- ❖ To ensure, maintain and safeguard the interests, privileges and welfare of its members,
- ❖ To promote the medical sciences, maintain the honour and interests of the medical profession and to support high standard of medical ethics and conduct to its members,
- ❖ To disseminate Technical Information in the field of medicine and allied sciences through the Tanzania Medical Journal.

In doing so, the association has been maintaining liaison with its members through meetings such as Annual General Meetings and Scientific Conferences. On 10th to 11th August, 2010, MAT conducted its 43rd Annual General Meeting held at the prominent Mlimani City Conference Centre. During the Annual General Meeting, MAT also celebrated its 45th Anniversary.

The meeting assembled over 100 participants from different parts of the country. Among participants were representatives from the National Medical Associations of Kenya, Uganda and Rwanda, representatives of various international and National Organisations including UN agencies, representatives from various ministries and departments, MAT members and invited individuals in the medical professional among others. The guest of honour was the Honourable, Professor David Homeli Mwakyusa, Minister for Health and Social Welfare.

Official Opening

The official opening was graced by welcoming remarks from the MAT president and remarks from the KMA and UMA presidents. The opening session was also marked by the speech from the guest of honour along with official launching of the MAT strategic plan. Lastly was the vote of thanks from Professor Joseph Festo Kahamba, the MAT immediate past President.



Key issues from the MAT President's Speech

In her speech, the MAT President commenced by thanking the Guest of Honour for accepting the invitation to the meeting and congratulated him for being appointed to run for the parliamentary chair in his constituency. She also presented an apology from the Patron of the association His Excellency Former President Benjamin Mkapa for not being able to attend the meeting due to some equally important responsibilities.

She further thanked all organisations that supported the preparations of the meeting including the Ministry of Health and Social Welfare, WHO, TACAIDS, NHIF, ICAP, MUHAS, COSTECH and the Pharmaceutical Society of Tanzania.

She further extended her sincere gratitude to all participants and MAT members in particular for their devotion to the association and for bringing the MAT to the peak it is standing today.

The president also highlighted a brief history of medical profession; the successes and challenges it has faced to date and she noted that today the situation has advanced significantly as compared to where the efforts to develop the profession started more than 40 years ago.

Some of the earmarked challenges in her speech included;

- ✘ Increasing number of patients,
- ✘ Deteriorating ethics,
- ✘ Shortage of Human Resources for Health especially Medical Officers,
- ✘ Brain draining of specialists to greener pastures.

Some of the suggestions to curb the above challenges included the need for;

- ✓ More facilities
- ✓ More HRH
- ✓ Attractive incentives and retention mechanisms.

She bitterly noted that it is very disappointing to find out that the patients that are taken abroad for treatment are being treated by doctors from Tanzania.

She expressed her hopes that the Ministry of Health and Social Welfare as the overseer of the Tanzanians' health and the medical profession will assist in resolving earmarked challenges. She then concluded her speech by outlining some of the topics to be covered from the presentations and urged all participants to actively take part in the two days of the meeting.



Dr. Edith Ngirwamungu (MAT President)

MAT has had undisputed and uninterrupted 45 years. The challenge is for the future generation to carry the success of the association to another height.

Remarks from the KMA President- Dr. Andrew Suleh

In his remarks, he first presented to all participants greetings from Kenya. He also introduced to the guest of honour and other participants the Federation of Medical and Dental Associations (FEMDA) as a tool to unite the medical professionals in East Africa to share experiences, knowledge and skills and ultimately improve the health of the population as well as the welfare of the doctors.



Dr. Sulle (President, KMA)

The specific objectives of FEMDA include:

- ❖ Handling issues of regulation and standards by reciprocally and continued education,
- ❖ Conduct disease surveillance through research,
- ❖ Develop legislative framework.

“Nothing is as great as an idea whose time has come and FEMDA is one of them.....”

Dr. Sulle

He informed participants that the framework has already been developed but it needs additional work to improve it. He specifically congratulated MAT for spear heading formulation of this regulation framework.

He finalised his remarks by thanking the guest of honour for devoting his time and efforts to support Medical Associations.

Remarks from the UMA President- Dr. Margret

The remarks from the UMA president concentrated on the achievements obtained in linking the medical profession across East Africa. She cemented on the importance of FEMDA as a glue association. Other achievements mentioned included;

- ✓ Establishment of the Health section under East African Community Social welfare unit.
- ✓ Reciprocal recognition as the country borders have been opened
- ✓ Regulatory frameworks among member countries have been harmonised and a blue print has been developed
- ✓ Council for East Africa Medical association formulated
- ✓ Annual East Africa Medical association scientific meetings carried out
- ✓ Working groups on some critical issues including disease surveillance to be established
- ✓ East Africa Health Professional Authority established with members from other non medical associations/professionals to regulate professional issues.



Dr. Margaret Mungherera (UMA)

Launching of the MAT Strategic Plan

The official launching of the first MAT five year Strategic Plan (2010-2015) was carried out by the guest of honour, Hon. Prof. David Mwakyusa at 11:00am, 10th Aug, 2010. During this launching, the guest of honour congratulated MAT for developing an important tool and a compass for their activities and urged them to effectively implement it and involve the MoHSW whenever need arise. A few copies were distributed to representatives of different associations and organisations.



*Hon. Prof. David Mwakyusa,
Minister for Health and Social
Welfare launching the MAT
Strategic Plan (2010-2015)*

Award Presentation

Marking the 45th Anniversary, MAT deemed it vital to award fellowship to few people who demonstrated a high level of commitment to promotion of health and have significantly contributed to human welfare.

The first award was presented to His Excellency President Jakaya M. Kikwete for his contribution to the following areas;

- ✓ Launching the National HIV Testing and Counselling Campaign and effectively leading by example;
- ✓ **“Malaria Haikubaliki Zinduka Tuitokomezze”** campaign along with continuing efforts to support the fight;
- ✓ Launching of the Primary Health Service Development Programme (MMAM);
- ✓ One Plan to reduce Maternal, new born and Child Deaths and Deliver Now Campaign as well as financial mobilisation to support the plan.

The other two awards were presented to Professor Yadon Ntarima Kohi and Professor J.F. Kahamba for their distinguished contributions to the promotion of the medical profession and nurturing of the Medical Association of Tanzania. The two candidates were presented with MAT Fellowship certificates.



Official Opening Speech- Prof. Dr. David Mwakyusa

The guest of honour commenced by thanking MAT president for inviting him to attend and officiate the meeting. He further noted that he is pleased to squeeze his time to attend the meeting beside a busy schedule to prepare for the upcoming elections. Moreover the guest of honour commended MAT noting that its survival for the past 45 years is a great success despite a number of challenges along the way. He specifically commended MAT efforts for professional collaboration in East Africa.

He further congratulated the government for its efforts and the achievements it has obtained including increasing medical institutions, reduction of disease burden, increase in health seeking behaviour and management of more delicate cases that used to be referred abroad among other things.

He also highlighted some of the challenges including increasing enrolment compared to available institutions, HRH shortage, and shortage of funds to implement other activities.

The guest of honour also congratulated the government efforts to promote Public Private Partnership; some of the achievements include National PPP Policy and the PPP Act.

Outlining government's plans in promoting the human resource for health, he informed participants that the government is planning to increase the number of staff and improve the retaining mechanisms. He noted that the MoHSW motto is to **Train and Retrain and Retain** and cut down the brain drain. **(The Speech is attached in the report).**

Tanzanians pay for training of medical doctors, it is therefore unfair to abandon them

Hon. Prof. David H. Mwakyusa

Vote of Thanks---Prof. J. Kahamba

The speaker commenced with thanking the guest of honour for accepting the invitation to officiate the meeting despite the short notice and busy schedule noting that it shows a great level of commitment. He further congratulated him for his nomination for the upcoming parliamentary elections.

Regarding his speech, Prof. Kahamba noted that it was re-assuring for the old medical professionals and very promising for the young medical professionals. He specifically congratulated the guest of honour for the achievements reached by the MoHSW despite the need for more.

He also cemented on the need to optimally use the available resources including the health facilities and further congratulated the escalating government efforts to train and retain Human Resource for Health.

He then concluded his remarks by thanking other participants for contributing to successful launching of the meeting and wished them all active participation during the two days of the meeting.



Prof. Kahamba

DAY ONE PRESENTATIONS (10th August, 2010)

The main topics covered during the first day of the meeting revolved around the following topical issues;

- ✧ The history of medical professionals, their achievements and challenges
- ✧ The role of research in strengthening medical services among other things
- ✧ Contribution of the Private Sector to health services in Tanzania
- ✧ Children's health; a story from PAT and lastly
- ✧ Situation of the dental health and overview of the surgeon cadre in the country

Experience with Training of Medical Professionals in Tanzania – Prof. Charles Mkony (MUHAS).

Before independence in Tanzania, all doctors in the country were foreigners. The government had to therefore set a strategy to train indigenous practitioners for Tanganyika. The first training centre was established at Sewa Haj in Tanganyika and another bigger training centre was in Makerere, Uganda.

Later after independence, large number of doctors were trained to cope with the growing population, however the need for specialist practitioners was still challenging. Some of the achievements obtained during that period included among other things;



Prof. Charles Mkony (MUHAS)

- ✧ Establishment of Dar es Salaam School of Medicine in 1963.
- ✧ Faculty of Medicine in the University of East Africa in 1968:
- ✧ Faculty of Medicine UDSM in 1970

These initiatives were also given back up with some foreign socialistic countries such as USSR, Cuba, China and Eastern Europe.

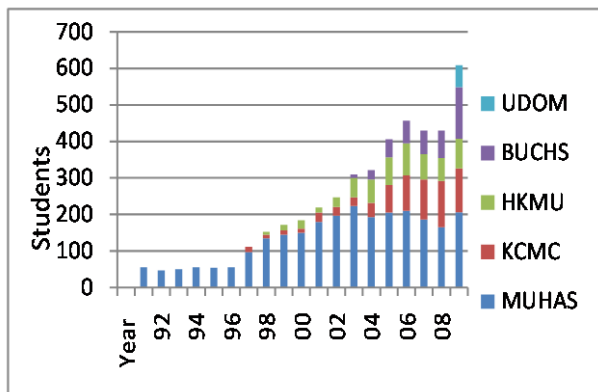
The efforts to expand the number of doctors in the country were largely challenged by the fast growing population. Today the doctor patient ratio stands at 1:30,000 against 1:300 during and post independence. The need to equip trained doctors with appropriate knowledge, attitudes and skills is also another challenge. Training of specialists and sub-specialists is yet to be satisfactory.

To respond to the above challenges, more needs to be done in the following areas;

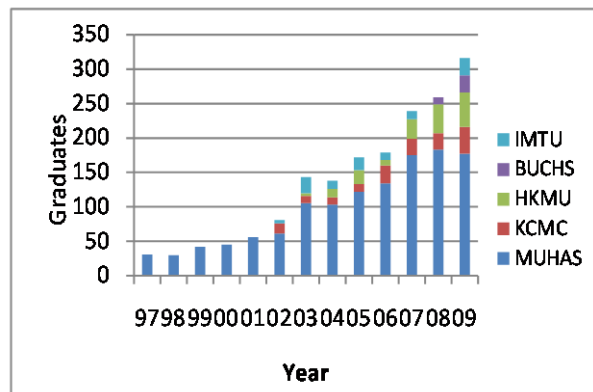
- ❖ Student enrolment
- ❖ Hiring and retaining teachers
- ❖ Professional development of teachers
- ❖ Developing and implementing appropriate curricula
- ❖ Standards for training institutions
- ❖ Government support of medical education
- ❖ Enlisting private sector

Competency should base on what students know how to do rather than how much they

Medical student admissions at all schools ('91-'09)



Medical student graduates at all schools ('91-'09)



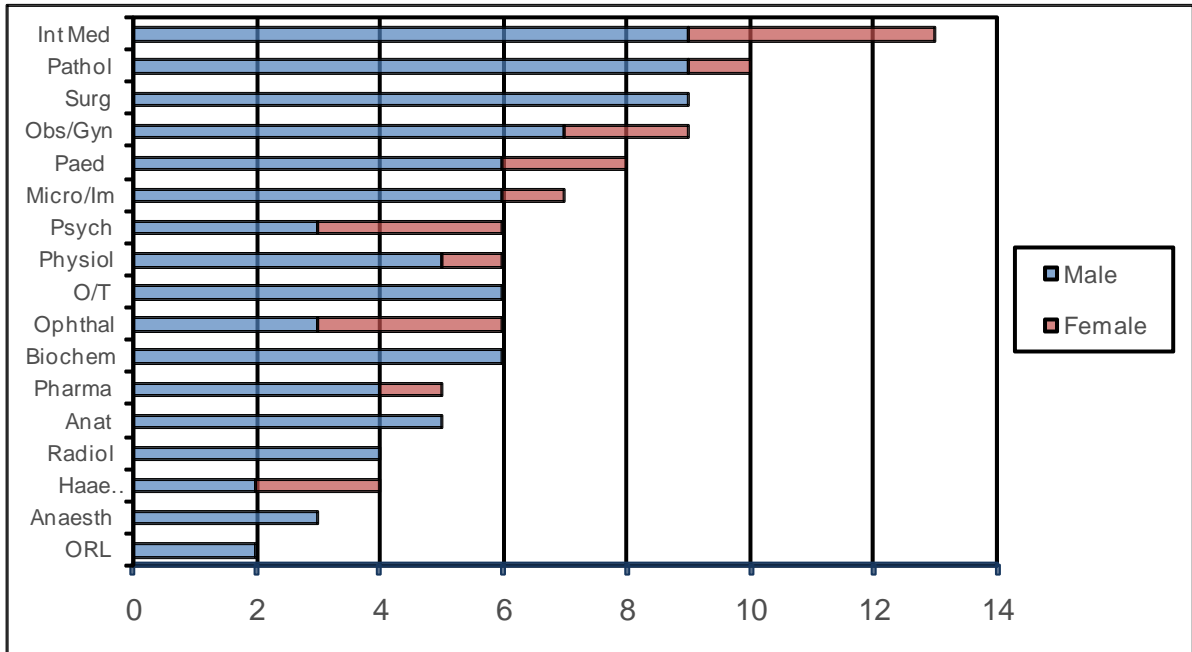
Other key observations in the trend of training medical students are highlighted below;

- ❖ Muhimbili has been the main training centre with higher number of student's enrolment
- ❖ The number of male students has surpassed female medical students at almost all training institutions with exception of HKMU which has a special programme to obtain equal number of male/female students.
- ❖ The number of medical students graduating from medical schools has been almost half the number of students enrolled.
- ❖ With postgraduate students, the number of students enrolling for MMed has been very low compared to other health masters programme such the MPH, MSc Urology and Family Medicine

The trainers of medical professionals and Academic Staff Profile

Low number of medical students graduating from the medical training has ultimately posed an impact on the availability of medical professionals and medical staff in general. The impact of this trend has largely affected female who are also highly needed in some medical offices. The graph below demonstrates an example of this shortage at the MUHAS;





The available medical staff are largely aged due to the recruitment gap in 1990's. The presenter noted that half of Staff at MNH will retire in the next 10 years.

Other challenges apart from shortage of medical students and medical staff include among other things;

- ❖ Poor in skills, professionalism, communication and good practice
- ❖ Lack of clinical exposure
- ❖ Limited faculty mentoring and role modeling
- ❖ Unpleasant Ethics

The presenter concluded that concerted efforts and innovative approach are required to improve medical training. It is imperative to set and maintain standards. Continued Education and professionalism is also an important tool.

Inputs from the Plenary Discussion

- ❖ *Government should provide equal training opportunities to all,*
- ❖ *There should be national standards to qualify as medical practitioner so as to avoid double standards*
- ❖ *Mutual collaboration: Senior practitioners should sorely support the new generation*
- ❖ *Fellowships should be made by the government to support continued education.*



Strengthening of Research & Development Framework in Tanzania - Charles S Mgone (EDCTP Executive Director),

This presentation commenced with analysis of the global trend on research activities. He noted that despite the fact that Africa is faced with high disease burden, its contribution to research is very low.

In addition to lack of research activities, the presenter noted that African countries are doing worse in terms of clinical trials; the continent accounts for only 2.2% of the world's clinical trials conducted and are mostly conducted in South Africa.

- ❖ Other research challenges facing Africa include;
- ❖ Lack of research focus on African health priorities
- ❖ Limited South-south collaboration and south-north collaborations beyond traditional ties
- ❖ Insufficient national investment and ownership (70% of researches in Tanzania are externally funded)
- ❖ Weak governance and leadership
- ❖ Inadequate monitoring and evaluation
- ❖ Suboptimal communication, dissemination and translation of outcomes



Prof. Charles S Mgone (EDCTP Executive Director),

The presenter further noted that lack of research and research outputs may ultimately lead to diversion of investments in African countries noting that Central Africa is more prone to this.

One of the remedy for this gap is the capacity development for comprehensive research. This needs to be done from the individual level, institutional level and to the general society.

- i. **Individual level:** Traditionally capacity building through workshops, short- and long term training
- ii. **Institutional level:** Institutional policies, programmes, governance
- iii. **Societal level:** National policies, governance, laws and regulations. This is usually neglected by international development partners hence the government need to pursue it through general budget support approach.

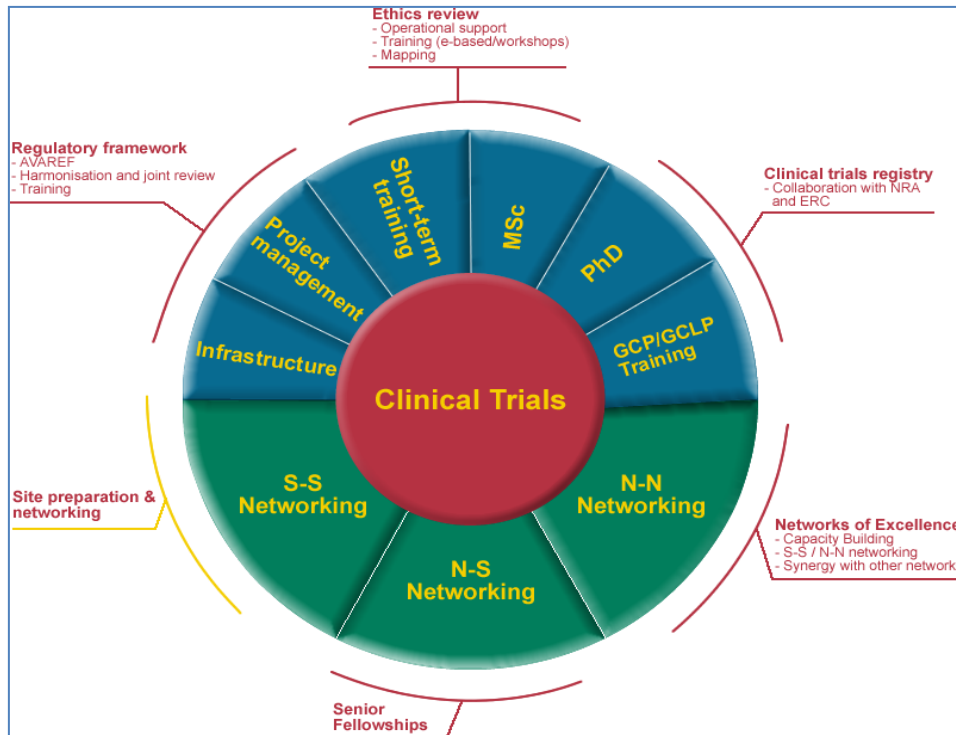
Leadership training is also an important tool to escalate research activities in Africa. This can be accomplished through;

- ❖ Inculcating research culture (Science education in schools, Win and Learn Academic Events and Students publications)
- ❖ Research internship
- ❖ Post-doctoral training
- ❖ Mentorship and
- ❖ Career development fellowships



Africa also needs strong Research Ethics Committees but also needs to improve the south – south collaboration in research activities. Presently most of the research collaboration is between South and North or South –West collaboration.

The diagram below summaries the approach that EDCTP has adopted in efforts to support research activities in Africa and the south-south collaboration in particular.



With support from EDCTP, the presenter concluded his presentation by a quote from the late former President and Father of the Nation Mwl. Julius K. Nyerere saying that, “It can be done; let us all play our part”. He lastly urged local research institutions in Tanzania to work together in promoting research.



Private Medical Practice in Tanzania *Opportunities and Challenges*: Dr. Hashim (APHFTA)

Participation of the private sector in provision of health care services in Tanzania has a history back before independence where few individuals had already started to venture into private medical practice particularly in urban settings. In rural areas, private health facilities were predominately FBO owned.



Dr. Hashim (APHFTA)

Note: 62.9% of all health facilities are publicly owned while 37.1% are private facilities.

In 1977, the government banned private medical practice with exception of FBO and NGO owned facilities. At this point a number of doctors and other medical staff such as nurses and technicians left the country for “greener pastures” setting stage for the existing human resource for health crisis.

Later in 1991, the Law proscribing private medical practice was repealed and the government introduced policies that are favorable for the Private Health Sector growth. Currently the government has developed the National PPP Policy and PPP Bill 2010.

Public funds are also channeled to some private facilities especially voluntary agencies in exchange for provision of services to the people.

Strength of the Private Sector in Health

- Entrepreneurship and Innovation
- Personalized commitment and survival instinct
- Expansion parallel to population growth
- Able to retain Human Resource (HR) from escaping to other countries
- Quality of care and service personalized to the served community
- Many private health care providers are located within the communities they serve (Accessibility)

Public Private Partnership can be implemented in the following modalities;

1. **Service Contracts-** “Contracting in”: *Private Sector delivers a defined set of services for public facilities- e.g. Laboratory, reproductive health care, surgery*
2. **“Contracting Out”-** *Private Sector Delivers a set of predefined services for the Public Sector within private settings, e.g. Immunization programs, nutrition*
3. **Management Contracts-** *Private Sector assumes management responsibilities for public facilities- e.g. labor, supplies, training*

4. **Leasing-** Temporary operation and management of public facility by private sector without transfer of ownership
5. **Concessions-** *Private Sector provides capital investments for new or existing facilities and transfer ownership to the public sector after a specified period of time- e.g. build-operate-transfer*

Along with improvement of quality and accessibility of health and social welfare, public private partnership provides more opportunities to both parties including;

- ❖ Government support to private health training institutions; the current HRH Strategy encourages private health training institutions,
- ❖ Student loans in private health training institutions (Current HRH Strategy),
- ❖ Service Agreement with Local Government Authorities – provision of specific health service to the community,
- ❖ Possibility of Designation as District hospitals with Government support as is the case with FBO facilities.

Association of Private Health Facilities in Tanzania (APHFTA) is the recognized umbrella organization for private facilities. The association is working to strengthen private facilities; it offers a number of training programmes including;

- i. Professional (Communicable & Non-communicable diseases)
- ii. Business Skills (Customer care, quality control, business plans preparation, etc)
- iii. Plans for Research being established
- iv. Online/Web-based long distance training under preparation
- v. Representation and advocacy

Although private medical practice is currently swimming under conducive policy and legislative framework in Tanzania, there are still a number of challenges. Some of these challenges include;

- ❖ Lack of capital – social financing. Relevant especially where the facility serves a poor community
- ❖ Ineffective Government Regulatory and monitoring mechanism – deficient level playing field
- ❖ Disregard of ethical code of conduct and standards of care either due to ignorance or low professional competence by some private providers
- ❖ Lack of special incentive schemes to those located in rural settings/poor communities
- ❖ Appropriate tax regimes for social services such as health care is lacking
- ❖ Lack of universal support by private providers to their organization (APHFTA)
- ❖ Disorganized licensing process. Lack of enforceable criteria for licensing and control or delays in licensing encourage breaking of the law by some private providers

Concluding the presentation, the presenter outlined few solutions to improve participation of private sector in provision of health services;

- ✓ Strengthen collaboration with the parent Ministry (MoHSW) and with other stakeholders delivering health care.
- ✓ Be more transparent in health care delivery
- ✓ Strictly abide with the laws governing not only ethical medical practice, but also the laws of the state

- ✓ Constantly aim to improve the services being delivered to the community
- ✓ Establish Client's Charter – binding you to deliver equitable service

Experience of the Paediatric Association of Tanzania – Dr. A. Massawe (MNH)

The Paediatric Association of Tanzania was found in September 1979; currently there are about 70 paediatricians in the whole country scattered in the regions of Dar es salaam, Mwanza, Kigoma, Zanzibar, Tanga, Arusha, Kilimanjaro and Kagera,



The existing number of paediatricians is far too little as compared to the total number of children in the country; children aged 0 to 15 years account for some 44.3% of the total population and this unbalanced ratio is one of the biggest challenges that the association is facing.

The following are the key objectives of the association;

- ✦ To provide organisational means for health workers to come together as a professional body and to project its outlook and image in the best interests of society
- ✦ To set, maintain and improve the standards of professional competence and conduct of all the members related to Paediatrics and Child health
- ✦ To promote and advance the practice and study of Paediatrics and Child Health in the United Republic of Tanzania
- ✦ To protect the child's interest at all levels throughout the United Republic of Tanzania
- ✦ To establish and maintain a journal of the Association
- ✦ To liaise by meetings, correspondence or otherwise with other Paediatric Associations and Societies throughout the world
- ✦ To do all such other things as may be conducive to the attainment of the foregoing aims and objectives or any one of them.



The New Paediatric Building at MNH

In order to arrive to the above objectives, PAT has been implementing a number of activities and has plans to implement more activities in the future. The matrix below summarises PAT activities;

Current Activities	Future Activities
<ol style="list-style-type: none"> 1. IMCI Training and Supportive supervision 2. With regard to HIV/AIDS, PAT is doing the following; <ul style="list-style-type: none"> ⊗ Training health care workers ⊗ Participate in guideline formulation and revision ⊗ Organising the two National Paediatric HIV/AIDS care and treatment conferences 3. Participate in the National Paediatric HIV/AIDS technical working group 4. Participate in CME on childhood diseases through the media 5. Participate in EPI programme, facilitate implementation of new vaccines eg Hib, HB 6. Together with ANECCA and HDT participate in the CEPA 7. Involved quality care on Child Health services 8. Participate in changing policy of paediatric care in the country including; <ul style="list-style-type: none"> ⊗ Use of Zinc and low osmolarity ORS ⊗ Management of severe acute malnutrition ⊗ Kangaroo mother care 9. Collaborate with different partners to improve the care of children. 	<ol style="list-style-type: none"> 1. Lobby for more involvement of PAT in paediatric care policy formulation 2. Decentralise PAT activities through zone/regional branches 3. Become active members of Regional and international paediatric association 4. Facilitate training of different paediatric super specialities (Cardiology, endocrinology, neonatology, emergency medicine, infectious diseases, nutrition, neurology, nephrology, gastroenterology, Haematology, oncology, pulmonology, genetics, immunology, adolescent medicine, dermatology and rheumatology) 5. Facilitate training of paediatric nurses in different fields eg Neonatology, diabetes, nutrition, intensive care, etc 6. Fund raising activities

Apart from shortage of paediatricians, PAT is faced by other hurdles including;

- ⊗ High mortality in neonates due to birth asphyxia, prematurity and infections
- ⊗ High mortality and morbidity in under five due to malnutrition, malaria, anaemia, HIV/AIDS, pneumonia, diarrhoea,
- ⊗ Insufficient PMTCT and PITC services
- ⊗ Adolescent care
- ⊗ Family and community participation in the care seeking behaviour
- ⊗ Lack of funds to do operational research
- ⊗ Lack of Child friendly hospital environments
- ⊗ Limited number of Paediatrician providing clinical care; many are in public health
- ⊗ How to motivate young doctors to specialise in paediatrics and retain them in clinical care and academic institutions



Oral Health; a presentation from the Tanzania Dental Association -Dr. Mtaya Mlangwa (TDA)

Tanzania Dental Association (TDA) as a professional association whose objectives are;

- ❖ To promote oral health research among its members and to disseminate technical information and research findings in the field of dentistry and allied sciences through the Tanzania Dental Journal, other national, regional and international journals
- ❖ To strengthen and improve inter relationship and health responsibilities with other Sister Organizations, Partners, Donor Agencies, and other International Organizations
- ❖ To uphold a high standard of medical ethics and conduct among its members, liaise with and advise the Government on oral health matters



Dr. Mtaya Mlangwa (TDA)

The prevalence and types of oral diseases globally indicates a great variation between developing and developed countries. In developing countries, the main oral problem has traditionally been periodontal conditions, but recently dental caries has been reported to be increasing.

However, most common oral diseases are behavioural related e.g. dental Caries are associated with frequency sugary foods intake while periodontal conditions and some forms of halitosis are associated with oral cleaning behavior and Oral cancer mainly associated with smoking. These disease patterns therefore can be changed through behavioural change. However some of the oral diseases such as oral tumors are not related to behavior. Some tumors have known risk factors such as infections, underlying developmental anomalies.

Despite the risks of oral diseases, some of the studies conducted in Tanzania indicated that there is low knowledge and awareness on oral issues among Tanzanians. This has therefore put awareness raising on oral issues an essential activity of the TDA. Some of the activities include;

- ❖ Oral health education aimed at improving regular use of quality fluoridated tooth paste, proper brushing and judicious use of sugary foodstuffs
- ❖ Scaling up of restorative care

The challenge however remains on limited number of dentists; currently there are only 86 dentists practicing, the ratio is therefore about 1:5,000,000 against the ideal ratio of 1:1500. The current TDA strategic plan pays attention to appropriate deployment of Dental personnel, procurement and distribution of dental equipment, instruments, and supplies.

Oral Diseases

- ❖ Dental Caries
- ❖ Periodontal diseases and conditions
- ❖ Oral tumors
- ❖ Oro-facial trauma
- ❖ Malocclusions
- ❖ Oral Diseases Associated with HIV/AIDS
- ❖ Congenital Anomalies

Surgeons in Training Institutions in Tanzania – Dr. Nungu (TSA)

The main objective of this presentation is to project challenges in the surgeon profession. The trend indicates that very minimal number of students is enrolling in the surgical department and the number of graduates is even smaller. On the other side, the needs are increasing against the number of surgeons trained.

The presenter cemented that it is important to change the teaching methodology and encourage more students to enrol as surgeons. Neighbouring countries produce more surgeons while Tanzania is still behind; Nevertheless, existing infrastructures do not support operation of surgeons in the country for instance most theatres are worn down.

The crisis of surgeons needs to be treated as any other medical specialities in the country. The matrix below indicates the number of surgeons in training at various training institutions;

HOSP	GEN. SURG		O/T		URO		ENT		N/S		PAED	PLAST	CARD THOR
	SPEC	TRA	SPEC	TRA	SPEC	TRA	SPEC	TRA	SPEC	TRA	SPEC	SPC	SPC
MNH/ MOI	10	2-6	12	1-4	7	1-2!	7	1-3	2	2	4	2	4
KCMC	5	2-4	3	2	2	2	1	1					
BUGANDO	5	1-3	4	0	1	0	1	0					
MBEYA	1	0	3	0	1	0	0	0					
HKMU	0	1-3		0		0		0					
IMTU		0		0		0		0					



Distribution of surgeons by region in Tanzania also indicates huge imbalance;

REGIONAL HOSPITAL	NUMB. SURGEONS	REGIONAL HOSPITAL	NUMB. SURGEONS
KAGERA	0	SUMBAWANGA	1
MARA	0	RUVUMA	1
KIGOMA	0	MTWARA	1
TABORA	0	LINDI	0
SHINYANGA	0	MOROGORO	1!
TANGA	0	COAST	0
DODOMA -----UDOM	2	MBEYA	4
MANYARA	0	MWANZA---BUGANDO	0---5
ARUSHA	0	KILIMANJARO----KCMC	0---5
SINGIDA	0	DAR ES SALAAM---MNH--MOI	46
		Temeke	1
		Ilala	2
		Kinondoni	2
IRINGA	2		

In conclusion, the presenter noted that the government is already making a move to improve the situation and the future is also bright in other super specialities.



DAY TWO (11th August, 2010)

The second day of the meeting commenced with presentations from the following associations and institutions;

- Experience of the Medical Women Association (MEWATA),
- Updates of the Commonwealth Medical Association,
- Experience from the Trauma Centre Hospital & Well Woman Clinic in Dar es Salaam and
- Medical Services Performance and Future Plans in Tanzania.

The chairperson was Dr. Petronila Ngiloi (Morning Session).

Achievements and Challenges of MEWATA Professional Association – Dr. Marina Njelekela

The Medical Women Association of Tanzania was established in the year 1987 and registered later in 1989 as a Professional NGO. This year therefore as MAT celebrates its 45th Anniversary, MEWATA is also commemorating its 23rd Birthday.

In performing its activities, MEWATA focuses mainly in three thematic areas namely;

- i. Reproductive Health & Rights
 - ❖ Reproductive system cancers (Breast and Cervical Cancer)
 - ❖ Gender Based Violence
- ii. HIV/AIDS
 - ❖ Male involvement in PMTCT, Family Planning and
 - ❖ Discordant couples
- iii. Professional and Institutional Development
 - ❖ Advancement of female medical professionals
 - ❖ Maintaining ethical standards of health professionals
 - ❖ MEWATA institutional development



Some of the MEWATA Members in a group picture

Major achievements of the association since its inception include among other things;

- ❖ MEWATA made her image and identity through organizing breast cancer screening campaigns, where screening to detect breast and cervical cancer abnormalities was done to women in several regions. About 63,983 women were reached with this service in seven regions. The campaign also triggered awareness on breast cancer to the government leaders, health care providers and the general community.
- ❖ MEWATA has managed to foster partnerships, solidarity and linkages with various government institutions, NGOs and other organizations in encouraging and promoting service provision and research. Some of the partners include MoHSW, ITV and Radio One, Tanzania Surgical Association, Lions Club Dar es Salaam Central, East Africa Breast Cancer Project, WAMA, Referral Hospitals, UN Agencies and financial institutions among others.

- ❖ In advocating for policy changes in the health sector, MEWATA has contributed to formation of the Gender Desk and Reproductive System Cancers Section at the MoHSW, development of the National Cancer Control Strategy and construction of new cancer treatment center at Bugando Medical Center.
- ❖ The association has also managed to mobilize resources both material and financial from various partners; one of the achievements in this is the MEWATA Well Women Health Center at Mbweni JKT.

Nevertheless, MEWATA in implementation of its goals and objectives is facing a number of challenges. Some of the earmarked challenges include;

1. Limited financial resources for operational costs of the association,
2. Permanent office space for the Association,
3. Struggling with the concepts of volunteerism and philanthropy in the era of globalization,
4. Overwhelming expectations of the society, developmental partners and other stakeholders to do more with limited capacity especially in human resource,
5. Issues of time dedication to the association duties especially of those who assume leadership positions initially ambitious but fail to deliver.

Despite the challenges facing the association, MEWATA has managed to a great extent to fulfill its objectives. MEWATA is encouraging other Professional Associations (PAs) to boost their commitment and dedication to the associations noting that they will be able to make a difference.

MEWATA is requesting the Government through MOHSW to support Professional Associations especially in operational costs which are high hindering operation of PAs. MEWATA is suggesting support to PAs should be included in the Government Budget.

Inputs from participants

- ❖ *MEWATA initiatives should also be linked with service providers at district level so that people with greater needs in rural areas can be reached.*
- ❖ *MEWATA should work with MAT in promoting increased enrolment of female medical students*
- ❖ *MEWATA should encourage more members to join the Association; an association without professional members is much more of a Media Association.*
- ❖ *The challenge of collecting member subscription can be supported by establishment of mechanisms such as doctors SACCOS; Kenya Medical Association has been successful in this.*

An Update of the Commonwealth Medical Association -- Dr. Margret Mungherera (UMA President)

The presenter informed participants that the overall objective of the Commonwealth Medical Association is to assist and strengthen the capacities of National Medical Associations of countries within the Commonwealth to improve the health and wellbeing of their communities. In doing so, CMA is working closely with 39 National Medical Associations (NMAs) including Kenya Medical Association, Uganda Medical Association, Medical Association of Tanzania, South African Medical Association and the British Medical Association.

The Commonwealth Medical Association is divided into 6 regions namely European, Canadian/Caribbean, South East Asian/Australian, Central Asian, West African and Central, Eastern and Southern African. Each region has a vice-president whose role include;

- ✦ Promoting the aims and objectives of the Association within their regions
- ✦ Submission of quarterly reports of activities within their regions to the Secretary for inclusion in the appropriate reports of the Association and publication in the CommonHealth.
- ✦ Assisting the President in the discharge of his/her responsibilities.

In liaison with its members, CMA council holds its regular meeting every three years (Triennial) at such time and place to be determined by the Council. Currently, CMA office is housed by the British Medical Association (BMA) and has one part time staff. The office is funded by subscription fees of member NMAs.

Benefits of membership to NMAs

- i. Opportunities for sharing of information and experiences.
- ii. Capacity building (skills, guidelines)
- iii. Advocacy for policies and services

Action areas for National Medical Association

- ✦ Implement resolutions and recommendations for NMAs from Climate Change and Health conference held in November, 2009 in Dar es Salaam (hosted by MAT).
- ✦ Each NMA should submit to General Secretary their input on the draft CMA Strategic Plan
- ✦ Pay arrears on dues

Areas recently addressed by CMA

- ✦ Challenges in addressing MDGs
- ✦ Ethics and Human Rights
- ✦ Reproductive Health
- ✦ Brain drain
- ✦ Ethical recruitment of health workers
- ✦ Positive practice environments
- ✦ E-Health
- ✦ Climate Change

In near future, all NMAs will be required to send representatives to attend the 22nd Triennial Conference in Tal Qroqq, Malta on 11th -13th November, 2010. The theme of the conference is 'Management of Infectious Diseases – Challenges and Prospects'. Each NMA is expected to make a brief country presentation on challenges in addressing Non-Communicable Diseases (NCDs).

The presenter also informed participants that CMA will hold its Annual General Meeting this year and each NMA is expected to send a delegate to the AGM. There will be election of new executive council. Sponsorship opportunities for some delegates are available and delegates can apply to Secretariat by end of first week of September.

African Medical Investments Tanzania Limited - Dr.Rajiv K. Rao, (Clinical Director)

African Medical Investments Plc is a provider of private healthcare facilities listed on the London Stock Exchange (AIM market). African Medical Investments Plc established a company in Tanzania



Dr.Rajiv K. Rao, (Clinical Director)

called African Medical Investments Tanzania Limited but it is also operational in other countries including Zimbabwe, South Africa and Mozambique. AMI is also in final negotiations to build facilities in Addis Abba and Kampala.

The vision of the AMI consists of providing the highest standard of medical care in Africa in order to reduce the significant dependence of demand for medical services in foreign countries (medical tourism) and simultaneously contribute to the retention of staff with high technical capacity in the country (Brain Drain), creating working

conditions that guarantee satisfaction of expectations of the Tanzanian health professionals at several levels.

Trauma Centre Hospital in Dar es Salaam

The facility is situated in a serene and scenic atmosphere at coral beach lane, near yacht club. It is the first of its kind a hospital and trauma centre in East Africa with 30 high class beds including four ICU beds and two neonatal ICU incubators. Facilities include:

- i. Full trauma/emergency department
- ii. A major and minor operating theatre, two delivery rooms (one water)
- iii. Radiology department with CT scanner, digital X-ray and 3D ultrasound
- iv. Occupational health services and facilities



State of art technology enables the unit to email results and images anywhere in the world for specialist diagnosis and minimises delays for patients. There is also a clinic vaccination centre and

dedicated pharmacy for patients and local community with a 24 Hour Ambulance and medical evacuation services.

Services Rendered

Aesthetics, Bone Density, Cardiovascular Check Up, Dental Clinic, Diabetic Screening, Dialysis, ICU/High Care, Invasive and Non Invasive Surgery, Keyhole Surgery, Lab Work, Mammography, Medical Check Up, Men's Health, Obstetrics, Paediatrics, Pharmacy, Plastic/Reconstructive Surgery, Radiology, Surgery/Orthopaedic, Telemedicine, Tele-radiology, Total Body Scans, Travel Advisory, Vaccination, Women's Wellness

The Well Woman Clinic

This is the first woman only clinic of its kind in East Africa. The services at the clinic are offered by female clinic staff who offer professional services in a sensitive and dignified manner to women of all religious backgrounds. The clinic also offers preventive, screening and diagnostic services including:

- ✓ Mammography
- ✓ Bone density assessment
- ✓ 2D ultra-sound for diagnostic and prenatal screening
- ✓ Cardiac Stress ECG monitoring
- ✓ General Practitioners and physicians
- ✓ Cancer screening
- ✓ Colposcopy
- ✓ Aesthetics
- ✓ Dental



In terms of staff, the clinic has two full time female gynaecologists consulting patients including pregnancies, pap smears, colposcopy among others.

The centre is planning to launch a triple nine Africa service; a service that will allow people to call for service across Africa.

The presenter concluded by urging all medical professionals to support Africa Medical Investment noting that the AMI will never prosper without support of the African Medical Professionals.

Comments from the discussion

- ❖ *The well women clinic at the trauma centre should not encourage religious differences so as to avoid any negative connotation from the clients.*
- ❖ *The centre should also revise the issue of costs charged at the hospital so as to enable many more Tanzanians to access services at the centre.*
- ❖ *FEMDA as a network of East Africa Medical and Dental Associations should venture for mechanisms to work with the Trauma Centre.*

Medical Services in Tanzania: Performance and Future Plans – *Dr. Deo Mtasiwa (CMO)*

Since independence, the Government of Tanzania has been considering ignorance, disease and poverty as the major hindrance for its development. The government has put forth some commitments to ensure that it reaches the PHC goal; some of these commitments include;



Dr. Deo Mtasiwa (CMO, MoHSW)

- ✓ National Health Policy;
- ✓ Millennium development goals;
- ✓ National vision 2025;
- ✓ National Strategy for Growth and Poverty Reduction;
- ✓ Public Service Reform and Health Sector Reforms

The challenge remains in dissemination of the above documents particularly at district level.

These commitments are consolidated under the Health Sector Strategic Plan III (2009 – 2015). The focus of this strategic plan include among other things;

- ✦ Health services delivery;
- ✦ Human Resource for Health;
- ✦ Health Care Financing;
- ✦ Logistics and medical care supplies;
- ✦ Health Information Systems (HIS);
- ✦ Good leadership and governance.

The Primary Health Services Development Programme (MMAM) has been purposely designed as a potential tool to implement the Health Sector Strategic Plan III (2009 – 2015) particularly in fighting against diseases and improving the quality of lives.

Today the government has achieved a number of milestones. There has been a significant gain in health sector development and a few indicators have been selected to demonstrate Health systems performances and health status improvement. These include;

- ✦ Expansion of health services to rural areas facilitating greater access to rural population; in 2005/06 there were only 4,679 dispensaries, 481 health centres and only 219 hospitals. For 2009/10 there has been an increase of dispensaries to 5,394, health centres to 578 and hospitals to 240.

- ❖ Between 2005 – 2009, DPT-HB3 immunization rate has been always above MKUKUTA target of 85%. Also, the Government has introduced a new vaccine (DPT-HepB-Hib (Pentavalent) in 2009 which was distributed to all health facilities that provide immunization services. Vitamin A increased from 92% in 2003 to 98% in 2007.
- ❖ There is significant increase of the proportion of women attending ANC before 16 weeks of gestation from 14% in 2004/05 to 48% in 2008. This has resulted into the following achievements;
 - There is a slight improvement on the births attended at the health facility from 51% in 2007 to 52% in 2008
 - Significant increase in the number of HIV positive women receiving ARV for PMCT; from 34% in 2007 to 55% in 2008.
 - A total of 80,628 persons receive ARV by the end of 2007 which increased to 248,280 by May 2009. However this number is still far below the 440,000 target to be reached by 2010.
- ❖ There is a significant gain in Under Five Mortality Rate; however high neonatal deaths still remain a major challenge accounting for 30% of all under five deaths in Tanzania.
- ❖ Maternal mortality ratios remain very high (578/100,000); however, recent information from hospital statistics indicates a declining trend. However, this will be confirmed by the incoming DHS results expected in August 2010.
- ❖ Health budget as a proportion of the national budget has increased but still remains below the Abuja Declaration of committing 15% of the national budget to health.
- ❖ Health training, enrolment in health institutions has been expanded drastically to cope with increasing demand, following establishment of MMAM. The trend has kept increasing over years, from a total of 1,499 students enrolled in 2005 to 5,703 in 2009/10. This comprises cadres of nursing, allied health, undergraduate and post graduate students.

Main Challenges

Apart from invaluable and commended efforts that have been made by the government for the past five years there are still challenges that have been observed. These includes:-

- i. The human resource crisis in the health sector needs urgent attention, fast and concerted action. Shortage of skilled health personnel is still a major problem that is facing the health sector. Current production has only managed to skew the shortage from 68% to 62%.
- ii. Low utilization of primary health care services due to geographic barriers and long distances. The primary health care development programme is intending to bring closer to the community the health services such that they can easily be accessed.



- iii. Inefficient national support systems for drugs, medical supplies and equipment. Availability of drugs, medical supplies and equipments is one of the factors that attract patients to visit health care facilities. Therefore, there is a need to ensure that these inputs are available at all times in every health care facility.
- iv. Improving quality of care for maternal, newborn and child health in order to reduce the maternal, newborn and child deaths. The issue of gender inequalities should be given high attention so as to enhance decision making and access to resources at the house hold level. Female sole dependence on male dominance in all matters of decision making needs to be discouraged.
- v. High Burden of Diseases (BOD) - TB, HIV/AIDS, NCD, NTD, MMR. Tuberculosis continues to be among the major public health problems in the country accounting for 7% of the burden of disease in the country up from 5% in 1999. TB is the third cause of deaths among adults after malaria and HIV/AIDS while malaria remains the major cause of morbidity and mortality and recent pattern of malaria has dramatically changed.
- vi. Per capita spending on health is still low and falls significantly short of WHO recommended target of US \$ 34 and well below the HSSP III projection of US \$ 15.75 per capita spending on health by 2010.

Apart from the challenges highlighted above, the government is striving to do more. Some of the future plans include;

1. Continue to implement the Primary Health Care Service Programme
 - ✓ To ensure the availability of right number of qualified, skill mix and motivated staff in right place at the right time.
 - ✓ To increase training intake, recruitment and creating an enabling environment that will facilitate retention of health workers
 - ✓ Construction of dispensaries in each village, a health centre in each ward a hospital in each district, a referral hospital in each region and Super specialty hospital in each zone.
2. To implement Health Sector Strategic Plan III
3. Health Sector Performance Report will be a permanent agenda during future meetings of MAT

Inputs from the participants

The CMO presentation was highly commended by all participants and some also commended the commitment of CMO as a high profile government leader to support MAT. One of the participants specifically noted that the CMO has been a shoulder for doctors to lean on when it comes to consultation with the government. Moreover, participants suggested the following issues to improve the situation;

With regard to MoHSW-MAT collaboration, one of the participants suggested that apart from meeting at MAT AGMs, the government should also involve MAT in the following areas;

- ✓ *Development of National Health Strategic Plans such as the HSSP III*
- ✓ *MAT participate in Mid-term reviews*
- ✓ *Represented in HRH and PPP Working Group*
- ✓ *In the East Africa Community, MAT should also send representatives in EAC meetings*
- ✓ *Support Continued Education to medical officers*
- ✓ *MAT should be among delegate of the MoHSW in parliament*

Another participant suggested that the senior government leaders across East Africa Community should also be meeting regularly to have common strategies to improve health services in East Africa.

Another suggestion was for the government to set a condition that all doctors should have MAT membership as a precondition to their registration.

In response to some of the comments the Chief Medical Officer promised the following;

- ⊗ To include MAT in the next MoHSW delegation to parliament
- ⊗ MAT will also be involved in various relevant government Task Forces
- ⊗ Promised to strengthen communication with fellow CMOs in the East Africa and make strengthening of NMAs a permanent agenda in their meetings.
- ⊗ Sharing of specialists is also a possible venture; the government is in talks with Egypt to bring some Egyptian doctors to work in Tanzania. Egypt produces 3000 doctors annually.
- ⊗ He also encouraged collaboration with young doctors noting that it is a positive move and can bring new ideas if given opportunities.
- ⊗ The MoHSW will communicate with Medical council to make MAT membership a precondition to registration.
- ⊗ The government is also hardly working on improving payment schemes including shortening the time for processing salaries of doctors seconded in rural settings.



Agenda

1. Opening
2. Obituary
3. Presentation of Minutes of the 42nd AGM
4. MAT Secretariat
5. Reports from the MAT Zones
6. Treasurer Report
7. TMJ Editor's Report
8. Presidents Speech
9. AOB
10. Elections

1. Opening

The official opening of the 43rd MAT Annual General Meeting was done by Dr. Edith Ngirwamungu, MAT President who welcomed all members and thanked them for devoting their time to attend this important meeting. She also took the opportunity to welcome representatives from sister associations including the KMA, UMA and Rwandan Medical Association. Having said that, she declared the meeting opened.

2. Approval of the Agenda

The proposed agenda of the 43rd MAT Annual General Meeting were approved by all members.

3. Obituary

In memory of the deceased MAT members, names of the members who passed away between the 42nd AGM and this year's AGM were mentioned and members stood for one meeting in respect and memory of the deceased MAT members.

4. Presentation of Minutes of the 42nd AGM

Minutes of the 42nd AGM were read to participants by Dr. Paul Marealle and members seconded them with few corrections particularly missing names of the participants.

5. MAT Secretariat

MAT members seconded to have the MAT full time secretariat to execute various duties. The decision was agreed due to a number of reasons including the busy schedule of the MAT Council members and some conditionality for donor funding. Members however suggested that duties of the secretariat should be clearly defined by the council and presented to members for a consensus.

6. Reports from the MAT Zones

Only one brief report was given and it was on efforts taken by the zone to promote production of more medical officers.

7. Treasurer Report

The treasurer's report was given by Dr. Ayoub Magimba and it was based on the draft 2009/2010 audit report. Members were given copies of the financial report for further details. One of the members suggested that the auditor should review the value of the land acquired by MAT because



the value of land appreciates as time pass by. It was also cautioned that MAT should check the security of the Land to avoid land disputes. The draft report was adopted by members. The sales of the TMJ were also noted to be very low hence doctors were motivated to buy the journal to increase MAT revenues.

Regarding the amount to be given as condolences to MAT members whose relatives have passed away; the meeting agreed that Tsh.100,000 should be given to family of the deceased active MAT member.

8. TMJ Editor's Report

It was noted that the Tanzania Medical Journal publication is performing poorly. The frequency of production has been reduced because of lack of submission of articles for publication. The MAT president encouraged the next elected council to address this grave concern.

9. Presidents Speech

The MAT president made a very brief speech to MAT members. She made it clear that the outgoing council has tried to their level best to brand the association; it has managed to obtain some partners including MoHSW and the President's Office among others. This has helped to brand MAT as well as address challenges facing the association.

She also acknowledged that the outgoing council could not do it all due to lack of financial support and lack of time. She however expressed her hopes that with the presence of MAT secretariat, things could move further and better.

She encouraged members to keep up promoting and supporting their association and ensure that they see it to its golden jubilee of 50 years in 2015. Young doctors were encouraged to fully participate in the implementation of the launched strategic plan so that it becomes a living document. Having said that, she thanked participants once again and wished them all the best in the elections.

10. AOB

The following issues were brought by members as AOB in the AGM;

- A member requested the status of the MAT constitution and the president explained that all inputs made during the 42nd AGM were worked on in collaboration with the advocate and its now a legal constitution of the Association and it has been posted in the website.
- MAT apologised for not being able to accomplish the target of calling for election in second week of January as agreed in the 42nd AGM. However it was noted that the delay was for good reasons to enable commemoration of the MAT 45th Anniversary.

11. Elections

MAT elections of the new council was postponed to 17th November, 2010 due to lack of adequate quorum to allow voting to take place and also some of the members who applied for posts were absent during the meeting. The MAT president encouraged all members to attend the proposed date for elections of the new MAT Council.



Official Closing

The official closing of the 43rd MAT Annual General Meeting was presided over by Dr. Edith Ngirwamungu, the MAT President. In her closing statement, she commenced by thanking all MAT members for their response to the meeting and for their active participation throughout the meeting.

She also extended her gratitude to the MAT interim Council for the never ending support and encouragement throughout their term despite the ups and downs. Along with that, the President reminded MAT members of the great respect and expectations that the general public has for the medical profession.

She urged them to do more and especially through their association and emphasized the change of mind set from what MAT can do for them to what they can do for their association. In doing so, they will be doing justice to their profession and meet the expectation of the community they serve.

She wended her speech by specifically thanking all invited guests for their commitment and support to MAT. Having said that she declared the 43rd MAT Annual General Meeting officially closed and requested them to join the MAT council for dinner.



LIST OF APPENDICES

Appendix i: Speech from the Guest of Honour

**The Patron, Medical Association of Tanzania, H.E Benjamin W. Mkapa,
Permanent Secretary, Ministry of Health and Social Welfare, Madame, Blandina Nyoni,
Chief Medical Officer, Dr. Deo Mtasiwa ,
The President of the Medical Association of Tanzania, Dr. Edith Ngirwamungu,
Honorary Fellows,
Members of the Medical Association of Tanzania,
Guest from Sister Organisations in East Africa,
Invited Guests
Ladies and Gentlemen**

Madam President,

I would like to start my remarks by thanking you, Madame President, and through you I wish to register my appreciation to the organising committee for inviting me to officiate the inauguration of the 45th Anniversary, Annual General Meeting of the Medical Association of Tanzania. You are all aware that we are at the peak of preparations for our country's general elections and I could not be busier. I am sure you know the significance of this democratic process to our country. It is rare pleasure for me that I could squeeze in some time to attend this occasion considering the significance of this but also due to the fact that i am a legal member of this organisation.

Madam President,

Forty five years is a significant period. A human being aged forty five is at the peak of his or her adulthood, a good number are contending with menopausal manifestation. When I look around the audience here present, it is obvious that a sizable majority of you were not even embryos 45 years ago! For an institution like the Medical Association of Tanzania to have survived the 45 years is a great achievement. I have been made to understand that the Medical Association of Tanzania was established in 1965, making it one of the oldest professional associations in the country. This was just four years after our independence and a year after the inception of our Union between Tanganyika and Zanzibar. During this forty five years period, it is true we have had the best of times. It is also true that we have had the worst of times. I want to convey my sincere congratulations that you have waged and survived all the storms and today you are celebrating your 45th Anniversary.

I would like for the same reason to extend my congratulations to all Medical Association of Tanzania members present here today and those who could not make it. I extend my special hand of appreciation to all local and International guests for taking time to join hands with the Medical Association of Tanzania in celebrating this day. It is a great undertaking which demonstrates not only solidarity but also maturity.



Madam President, the medical field has gone through challenging times to emerge to what it is today. At independence in 1961, we had only 21 fully qualified doctors in a country of nine million inhabitants. Remember, we had then, no medical school here. We depended on doctors trained abroad. In 1963 we established our first medical school and twenty years later, we celebrated our 20th anniversary we had 500 doctors with an annual enrolment of mere 50 students.

As you celebrate your 45th anniversary we have 5 Medical Universities in operation with an approximate intake of 500 students. We do have more than 6,000 doctors scattered around the country. This is a result of our consistent Government Policy which underpins equitable health care delivery. Deliberate steps have been taken to ensure there are enough doctors in the country, mindful of the fact that health is a priority issue and that the health challenges we face dictate a need for technical expertise and quality care. For the government to achieve its goal of promoting economic growth, one of the fundamental ingredients is a healthy population and a vibrant workforce. Furthermore, as the welfare of our people improves, disease patterns change. We are currently noting an increase in non communicable diseases exerting more demand for appropriate and adequate curative services while communicable diseases like AIDS and malaria continue their course.

Madam President,

Tanzania of this era is a country of educated people. More and more of our citizens are becoming aware of the importance of their health and therefore health seeking behaviour is on the rise. Not only that, they demand for better quality solutions that are at time cost effective. I note with gratification that your strategic plan has taken care of this. On the other hand my Government has laid down a solid ground and in some cases we have accomplished a lot in terms of training and establishing infrastructure to cater for advanced medical care. We have made significant strides in areas like heart surgery, kidney diseases, hip joint and knee replacement, brain and spine surgery, cancer treatment and endoscopic surgery. It is the Government's dream to reduce referral abroad an exception rather than the rule. We want that "**Please let me go abroad syndrome**" a thing of the past. In spite of these achievements, we have not created any room for compliancy, we are continually surviving to make today better than yesterday. I appeal to you as our key players in the health sector to set standards and maintain them.

In addition to the afore-mentioned initiatives, our Government has put in place various legal documents in terms of the Health Policy and Health Laws to cater for various cross-cutting issues like health reforms, health insurance, community health funds, public private partnership etc. These documents have made it possible for my ministry to interact with education sector, the public service and local government. We have tremendously increased resources and budgetary allocations in all these areas.

Madam President,

Millennium Development Goals 4, 5 and 6 are health goals and attaining these has been and remains our main preoccupation. Our Government has embraced the primary health care approach, and this path, we believe, has contributed to the lowering of infant and child mortality rates that we have observed. We count this a success. However, we still have a challenge of high maternal mortality rate running above 500 deaths per 100,000 according to 2004 statistics! This is acceptably high. I

challenge you to work out strategies and come forward with workable solutions. The Government is receptive and I believe that given the pace we are going plus the close collaboration existing between us and our development partners, we shall achieve the goals we set sooner than later.

Madam President,

I note great satisfaction to learn that your Association has engendered a close association and collaboration with sister organisations within East African Community specifically in areas of professional development and research. I commend these efforts and urge you to seize the opportunity windows that ensue in the community. In this era of globalisation, the only way forward is moving along with others. As the saying goes, alone you can go far; but if you want to go further, go together! I also strongly encourage you to brace and make use of investors in health and learn from each other's skills in health care management.

Madam President,

Let me emphasize on an aspect i consider very important and that is the health workforce crisis. I know we have a big shortage in the health workforce needs. I would like to ensure you that my government has and will upscale the training process, recruitment and placement of experts in all core fields of health, doctors included. But even more important, we shall continue putting in place measures to retain our doctors. As our economy continues to improve, we shall continually improve our incentive package and better working environment, all of which as we all know are recipe for job satisfaction.

Issue alluded to earlier by Madam President including hardship allowances, housing, transport, scholarships for further training and especially in super specialisation like Cardiology and Heart Surgery, Neurosurgery, Orthopaedics, Traumatology, Nephrology, Gastroenterology etc you name it, shall be given priority they deserve. What we need most is to cut down brain drain both internal and external, to the minimum. We shall not tolerate any more that our highly qualified doctors trained at a very high cost are take by others on silver platter!

Madam President,

I would have liked to say a lot more and in health issues I could talk for the whole day. But as we all know, time is the most expensive resource and we must use it optimally. Let me conclude by congratulating the Medical Association of Tanzania on its Anniversary and I hope to be around to toast during your Golden Jubilee in 2015. I do wish you fruitful deliberations during the coming days of your conference and that recommendations made will not only be of benefit to your organisation but also to the health system in general.

I am told that during this meeting you are going to hold elections and, I more than anybody else, know what this means. I believe you will elect competent, dedicated and qualified leaders. I wish to success and it is my hope that the new council will have more zeal, more speed and more force to take the Medical Association of Tanzania to a higher level.

With these words, Madam President, I now declare you Annual General Meeting and Conference officially opened.



DAY ONE (10th AUGUST, 2010)

TIME	ACTIVITY	PERSON RESPONSIBLE
8.30-9.00	Registration	MAT Secretariat
9.00 – 9.30	MAT Documentary	MAT Secretariat
9.30-9.40	Arrival of the Guest of Honour and Introduction	Mistress of Ceremony
9.40-10.00	MAT Speech	MAT President
10.00-10.10	Remarks on East Africa Collaboration	Chairperson, KMA
10.10-10.30	Launching of the MAT Strategic Plan	Guest of Honour
10.30-10.50	Presentation of Awards	Guest of Honour
11.00-11.20	Speech from the Guest of Honour	Prof. David Mwakyusa
11.20-11.30	Vote of Thanks	Prof. J. Kahamba
11.30-12.00	TEA BREAK	ALL
12.00-12.20	Medical Services in Tanzania-Performance and Future Plans	Dr. Deo Mtasiwa
12.20-12.40	Medical Training in Tanzania- Challenges and Opportunities	Prof. Charles Mkony
12.40-13.00	Europe-Africa Cooperation: Role of EDCTP on Health Research capacity Development in Sub-Saharan Africa	Prof. Charles Mgone
13.00-13.20	Discussions	Prof. Fred Mhalu
13.20-14.30	LUNCH	ALL
14.30-14.50	Private Medical Practice- Challenges and Opportunities	Dr. S.M.A Hashim
14.50—15.10	Paediatrics	Dr. Augustine Massawe
15.10-15.30	Internal Medicine	Dr. E. Lwakatare
15.30-15.50	Discussion	Prof. E. Mwaikambo
15.50-16.00	TEA BREAK	ALL
16.00-16.20	Surgery	Dr. Samuel Nungu
16.20-16.40	Obstetrics and Gynaecology	Dr. P. Mugamyizi
16.40-17.00	Oral Health	Prof. Flora Fabian
17.00-17.20	Discussion	Prof. L. Lema/Prf. Mhalu

END OF DAY ONE



DAY TWO: 11th AUGUST, 2010

TIME	ACTIVITY	PERSON RESPONSIBLE
8.30-8.50	Updates on Commonwealth Medical Association	Dr. Margret Mungherera
8.50-9.10	Experiences and Challenges – MEWATA	Dr. Marina Njelekela
9.10-9.30	Discussion	Dr. P. Ngiloi
ANNUAL GENERAL MEETING		
9.30-9.40	Proposed Agenda <ul style="list-style-type: none">• Presentation from Zonal/Regional Chapters• MAT Secretariat – Technical Staff i. CEO, FAO	Dr. Edith Ngirwamungu
9.40-10.00	Matters Arising from 42 nd AGM	Dr. Paul Marialle
10.00-10.20	Treasurer's Report	Dr. Ayoub Magimba
10.20-10.30	Editor's Report	Dr. Y. Mgonda
10.30-11.00	Discussion	Dr. Edith Ngirwamungu
11.00-11.30	TEA BREAK	ALL
11.30-11.50	Proposed new agenda items	Dr. Moonlight Mnyenye
11.50-12.20	Discussion	Prof. Joseph Kahamba
12.20-12.40	President's Speech	Dr. E. Ngirwamungu
12.40-14.00	LUNCH	ALL
14.00-16.00	Elections	Returning Officer
ANNUAL DINNER		
19.00-19.15	Handing Over Ceremony	Mistress of Ceremony
19.15-21.00	Dinner and Dance	ALL



Appendix iv: Organizing Committee Members

S/No	Name	Title
1	Prof Fred Mhalu	Chairperson
2	Dr Edith M. Ngirwamungu	Secretary
3	Dr Ayoub Magimba	Deputy Secretary
4	Dr Paul Marealle	Member
5	Dr Judith Kahama	Member
6	Dr Petronila Ngiloi	Member
7	Dr Kaushik Ramaiya	Member
8	Dr Moonlight Mnyenye	Member
9	Prof Joseph F. Kahamba	Member
10	Prof Kisali Pallangyo	Chief Technical Advisor

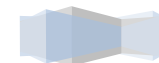


Appendix iii: List of Participants

NO.	Full Name	Organisation	Address	Mobile/Tel.	Email
1.	Dr. Ayoub Magimba	Baylor College of Med.	Box 65449, DSM	0787-302375	Amagimba-1999@yahoo.com
2.	Dr. Edith Ngirwamungu	MAT	Box 701, DSM	0783-903457	engirwamungu@yahoo.com
3.	Dr. Marealle Paul Gasper	MOI	Box 65577, DSM	0783-232515	marallepg@yahoo.co.uk
4.	Dr. Judith Kahama Maro	DSM City Council	Box 9084, DSM	0754-365600	judykmaro@yahoo.co.uk
5.	Prof. Joseph Kahamba	MOI	Box 65577, DSM	0786-721680	jofeska@yahoo.com
6.	Dr. Tosiri Isaya	Trauma Centre		0754-367210	iktosiri2003@yahoo.com
7.	Dr. Mlay Thompson Issack A.	Emelio Mzena Memorial Hosp.	Box 9173, DSM	0714-513752	thompsomlay@yahoo.com
8.	Dr. Saidia Primus Felician	MNH	Box 65000, DSM	0754-809742	saprim@yaa.com
9.	Dr. Wandwi WBC	MHN	Box 65102, DSM	0715-306921	wwandwi@yahoo.co.uk



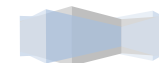
10.	Dr. Kamba Gunini Patrick	MMOH –Kinondoni	Box 61665, DSM	0754-344079	guninik@yahoo.com
11.	Dr. Mnabwiru Lilian Remigius	MNH	Box 78905, DSM		Msegena14@yahoo.com
12.	Dr. Kitange Jamhuri Elisamon	Temeke Hospital	Box 10370, DSM	0715-273243	jamhurik@hotmail.com
13.	Prof. Mkony Charles Anaeli	MUHAS	Box 65001, DSM	0784-350230	Charles-mkony@yahoo.com
14.	Dr. Mutajuka Francis	Self employment			Dr.fmutajuka@t-online.de
15.	Dr. Chiwanga Faraja	MNH	Box 65000, DSXM	0754-587900	fschhiwanga@yahoo.com
16.	Prof. Fred Mhalu	MUHAS	Box 65488, DSM	0713-227944	fmhalu@muhas.ac.tz
17.	Dr. John Theopista	WHO	Box 9292, DSM		johnt@tz.afro.who.int
18.	Dr. Mgone Joyce Mercy	H/Kairuki Univ.	Box 65192, DSM	0754-665666	jmgone@casema.nl
19.	Dr. Emil Faida	Lugalo Hospital		0713-950109	Mfaida2@yahoo.com
20.	Dr. (Mrs.)Kigadye Rose-Mary		Box 33810, DSM	0754-032917	rmkigadye@yahoo.com



21.	Dr. Kiama George martin	Hope Consultants	Box 22070, DSM	084-339104	extelmercantile@yahoo.com
22.	Dr. Museru Lawrence Musungu	MOI	Box 65496, DSM		lmuseru@yahoo.com
23.	Dr. Ngiloi Petronilla Joseph	MNH	Box 65086, DSM	0784-759153	petronillangiloi@yahoo.com
24.	Dr. Njelekela Marina Alois	MUHAS	Box 65001, DSM	0713-291323	madaula@yahoo.com
25.	Dr. Shabhay A. I.	HKMU		0754-635685	aishabhay@hotmail.com
26.	Prof. Pallangyo Kisali	MUHAS	Box 65001, DSM		Vc@muhas.ac.tz
27.	Dr. Kifai Engerasiya	MNH	Box 72498, DSM	0715-477225	Engera2002@yahoo.co.uk
28.	Dr. Muganyizi P. Selestine	MUHAS	Box 7623, DSM	0717-283518	promuga@yahoo.com
29.	Ms. Kabuteni John Concepsia	Hope Consultants	Box 22070, DSM	0784-242088	concejohn@hotmail.com
30.	Dr. Msomekela Martin Mashiya	MNH	Box 60310, DSM	0754-282332	drmsomekela@yahoo.com
31.	Prof. Kohi Yadon Mtarima	TPDF	Box 4302, DSM	0754-781644	ymkohi@yahoo.com



32.	Dr. Gomile Godfrey Evert	TPHA	Box 7795, DSM	0765-377129	
33.	Dr. Aboud Muhsin	MUHAS	Box 650001, SM	0713-292626	maboud@muhas.ac.tz
34.	Dr. Massabu C. Gomborojo	MOHSW	Box 65551, DSM	0713-217228	cmassambu@hotmail.com
35.	Dr. Barnabas Dexecs Barnabas			0713-500020	
36.	Dr. Massawe Augustine	MUHAS	Box 65422, DSM		Draugustine.massawe@gmail.com
37.	Mr. Thotakuba VR Kemdalapao			0774004205	
38.	Dr. Msangi Husna Twalib	Temeke Hospital		0755-398538	husness@yahoo.com
39.	Dr. Nestory Macrina Kato	Temeke Hospital		0717-964108	macrinakato@yahoo.com
40.	Dr. Kikaro Samwel			0713-993201	samkihkaro@hotmail.com
41.	Dr. Bagenda Loyce	Temeke Hospital	Box 18168, DSM	0712590791	laycebagenda@yahoo.com
42.	Dr. Mosha Aggrey Humphrey	Temeke Hospital		0784-374142	moshaagrey@yahoo.co.uk



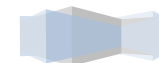
43.	Dr. Rwebembera Anath	NACP	NACP, DSM		arwebembera@gmail.com
44.	Dr. Sekirasa Zebedayo	NACP/MOHSW	Box 11857, DSM	0713-606440	sekirasa@hotmail.com
45.	Dr. Sabuni Norman	MOHSW	Box 9083, DSM	0783-400153	drnormansabuni@yahoo.com
46.	Dr. Kibatala Pascience	MOHSW	Box 9083, DSM	0784-381233	pkibatala@yahoo.co.uk
47.	Dr. Ijani Neema Ijani	Temeke Hospital		0784-781688	naijani@yahoo.com
48.	Dr. Kahamba Nelly Joseph	MUHAS	Box 65577, DSM	0712-697031	nellykkec@yahoo.com
49.	Dr. Nasib Aruan	M/nyamala Hosp.	Box 500009, DSM	0712-680181	arkannasib@yahoo.co.uk
50.	Dr. Msika Sarah Ulbonde	PPF	Box 72473, DSM	2113919/22	skibonde@ppftz.org
51.	Dr. Gupta Reena	MUHAS	Plot 490 Upanga		
52.	Dr. Mhando Margaret Evelyn	MOHSW	Box 9083, DSM	0754-492327	Mewmhando2000@hotmail.com
53.	Dr. Kamwela Jerome Philli-	TACAIDS	Box 76587, DSM	0786-365778	jkamwela@tacaids.org.tz



54.	Prof. J.K. Shija	IMTU	Box 77594	0754315636	
55.	Dr. Hashim Shariff Mohamed A.	APHFTA	Box 20252, DSM	0754-744111	Drsm.hashim@yahoo.co.uk
56.	Dr. Ikingura Joyce Kemilembe	NIMR, Dar es Salaam	Box 9653, DSM	2121400	jikingura@nimr.ur.tz
57.	Dr. Salim Robert Mahimbo	RMO , Singida	Box 104, Singida	0754-377176	saludimwe@yahoo.com
58.	Dr. Malunda Joseph Lewis	MD	Box 104, Singida	0754-310564	Jmalunda2001@yahoo.co
59.	Dr. Kachechele Hassan Yasin	Ligula Hosp. Mtwara	Box 520, Mtwara	0652-014001	hassyza@hotmail.com
60.	Dr. Athumani Hussein Juma	Lindi	Box 1011, Lindi	0715-176627	haja320@gmail.com
61.	Dr. Ongara Maria Mdogelwa	DMO - Kibaha	Box 30198, Kibaha	0754-262366	mariamdoge@yahoo.com
62.	Dr. Ludovick victoriana	DMO - Pwani	Box 30153, Pwani	0784-525950	vcctorinaludovick@yahoo.com
63.	Dr. Salehe Omari Sulemani	Chief Med. officer	Box 1084, Mbeya	0754-380760	dromarsalehe@yahoo.com
64.	Dr. Leonard A. Muayasuse	SPO	Box 651126, Tanga	0754-280837	drtonyl@gmail.com



65.	Dr. Matemba Lucas E.	NIMR, Tabora	Box 482, Tabora	0757-313626	lmatemba@yahoo.com
66.	Dr. Byalugaba Beatrice B.	RAS – Coast Region	Box 34164, DSM	0754-319764	bykaui@yahoo.com
67.	Dr. Jacob Silvester Mkoba	Sokoine University	Box 680, SUA	0715-331904	Jacobmkoba@yahoo.com
68.	Dr. Kasui omar Mballah		Box 3400, SUA	0715-105030	kasuwidr@yahoo.co.uk
69.	Dr. Kapinga Issa Walafrid	SMO- Morogoro	Box 3027, SUA	0755-400090	issaiw@yahoo.co.uk
70.	Dr. Makuka Fatuma	MO, Manyara	Box 3, Manyara	0765-033330	makukax@yahoo.com
71.	Dr. Kayera Damas Juma	DMO, Mbinga	Box 42, Mbinga	0713-537495	dajkay@gmail.com
72.	Dr. Chambuso Ramadhani S.	MD	Box 110, Morogoro	0718-716271	raymakrita@yahoo.com
73.	Dr. Matundwe Mashaka M.		Box 110, Morogoro		mmatundwe@yahoo.com
74.	Dr. Mpare Twalib Shabani	MD	Box 110. Morogoro	0654-230725	
75.	Dr. Mokiti Frida Thadei	RMO, Morogoro	Box 110, Morogoro	0784-264750	fridamokits@yahoo.co.uk.



76.	Dr. Ulomi Samuel Shilet	RMO, Babati	Box 310, Babati	0754-306450	ulomisdr@yahoo.com
77.	Dr. Nyang'ombe J. Kambarage	MD	Box 3054, Moshi	0732-159001	Knewcbj8@yahoo.com
78.	Dr. Sangawe Grace Doris	MD	Box 260, Iringa	0713-528842	Sema-s@yahoo.com
79.	Dr Kaushik Ramaiya	APHFTA	Box 13234, DSM	0713-618495	
80.	Dr Elias Kwesi	MoHSW	Box 9083, DSM	0756-901014	
81.	Dr. Mungherera Margaret	Uganda Med. Assoc.	Box 2243, Kampala, Uganda	+256- 772434652	mmungherera@yahoo.co.uk
82.	Dr. Suleh Andrew Juma	Kenya Med. Assoc.	193-00202, Nairobi Kenya	+254722731118	sulehaf@yahoo.com
83.	Dr. Kavuma Jennifer Ute	Uganda Med. Assoc.	Box 2243, Kampala Uganda	+025677247459 7	Ute-ik@yahoo.com
84.	Dr. Mutamba Diane	Rwanda Med. Assoc.	Box 7437, Kigali Rwanda	+121007887518 01	dianemutamba@gmaio.com
85.	Prof. Sarah Macfarlane		Univ. of California		

