

Meeting News

Regional Dermatology Training Centre (RDTC) Moshi, Tanzania

A report from a visit

The Regional Dermatology Training Centre (RDTC) is situated at the Kilimanjaro Christian Medical Center, which is the medical school of the University of Tumbaini, Tanzania. The entire hospital complex has approx. 500 beds, covering all specialities of medicine. The RDTC is responsible for dermatology and venereology. While the Ministry of Health in Tanzania is a major contributor of funds to the medical school, private sources will still be necessary for many years to come.

In 1997 the RDTC received its own building complex through donations from IFD, the International Foundation for Dermatology (Figs. 1 and 2). This building is of paramount importance as it contains the teaching facilities and serves as the outpatient clinic through which up to 150 patients pass every day.

Three dermatologists/venereologists head the RDTC. They supervise the students in clinical work and spend many hours of teaching. The admission of students is approx. 10 per year for a 2-year period depending on funding, which is US\$ 4,700/student/year. At present about 20 students are at the school. They come primarily from English-speaking African countries, mainly from East-Africa (Figs. 3 and 4).

Topics taught at the RDTC are:

- 1 Clinical dermatology of relevance to African primary health care
- 2 Sexually transmitted diseases
- 3 Pharmacology and treatment of skin and STD
- 4 Traditional (plant) medicine for topical treatment
- 5 Microscopic courses including dermatopathology
- 6 Tele-dermatology

Student Projects

Each student is assigned a study project of relevance to the home region of the student. In most cases this concerns epidemiological projects in which the student documents, through interviews and clinical examination, such areas as the epidemiology of skin diseases or knowledge about STD in his/her home region. They have a 2-month leave in the middle of their second-year training during which the project is to be carried out. These projects gather much useful information about skin health in various regions and among various tribes on the African continent. So far the students' studies reveal that 50% of the African population is below 16 years of age and that the most prominent skin diseases are impetigo, fungal infections, lice and



Fig. 1. Drs. Terrence Ryan and Hans Rorsman outside the Regional Dermatology Training Centre (RDTC) in Moshi, Tanzania.



Fig. 2. The RDTC building seen from the garden.

eczema. All STDs are quite prominent, including HIV and syphilis.

What impact does the RDTC have on skin health in Africa?

A total of 74 students have graduated from the RDTC. Together with students currently enrolled in the training programme, this makes a total of 102 African health assistants who have or will soon have background training in dermatological and venereological diseases. This year they had



Fig. 3. Graduates from the RDTC with teachers and visitors.



Fig. 4. Hans Rorsman, Chinyama Manyika and Kristian Thestrup-Pedersen. Chinyama Manyika is from Zambia and his scholarship was provided by the Nordic Dermatological Society.

their first reunion during a 3-day meeting in Moshe, when members of the International Committee of Dermatology (ICD) board were present. Apart from the scientific programme there were social gatherings in the evening with ample of opportunities to speak with individual students. Also, the students gave feedback to the teachers of the school regarding their needs, one of which was to have better communication with the school during their daily work – an ideal situation for the emerging Internet in Africa.

It was an impressive experience to meet the students. They were young and energetic, pleased to have had their training, proud of being a member of a growing network working for the promotion of skin health, and they formulated themselves very well – both on the subject of what they felt was good in their training and what they lacked. They stressed two things,

their need for better daily communication with the RDTC and a prominent lack of medication.

The ICD board took the decision that during 2001 an external evaluation of the activities of the RDTC and the impact it has had on the improvement of skin health and STDs in Africa would be conducted.

The Traditional- Medicine Project

Traditional medicine plays an important role in health care in Africa, partly because Western medicine is too costly for the ordinary citizen. The plants used in traditional medicine are freely available in nature, and so they are convenient to use.

At the RDTC Dr. Henning Grossmann has had several meetings with traditional healers. One of the plants used is aloe vera. There are many species

of the aloe vera plant, some of which contain compounds that have an effect on malaria and skin diseases. Topical use of aloe vera is applied to skin ulcers and pyoderma, as well as to herpes zoster, where it seems to prevent postherpetic pain. At the moment a garden has been established at the RDTC with various species of aloe vera plants to be used in clinical studies (Fig. 5).

Another project is the bee honey project (see Fig. 6). This project will investigate the use of honey as a remedy for treating skin ulcers.

A third project is the use of maggots as a debridement of fibrin-covered ulcers. The maggots are kept in small sachets and their saliva contains enzymes that can remove the dead tissue. Dr. Al Kopf from New York City had to admit that this type of treatment would not be accepted by his patients back home.



Fig. 5. An aloe vera plant in the garden for traditional medicine, with members of the visiting ICD committee.

The Albino Project

For unknown reasons the frequency of albinism in the region of Kilimanjaro is 10–20 times higher than that of Europe. Education on the use of hats, clothing and sunscreens will delay the development of skin cancer among these albinos. The Italian Rotary Club of Firenze has promised to donate US\$ 500,000 over a 5-year period with the specific aim of improving health care for albinos.

STD and the HIV epidemic

STD and the HIV epidemic are a major problem in Africa, where up to 20% of the population in certain regions are considered to be HIV-positive. For

economic reasons the treatment we use in the West is impossible. Condoms are not commonly used, even though they are provided free of charge. The only alternative is to carry out massive campaigns to spread information and to educate school children concerning the HIV risk. However there are many problems associated with this issue and it is vital that local health assistants with knowledge of the culture and social structure, including proficiency in the language, participate in such programmes.

Women and their rights

A special project has recently been started by a Tanzanian nurse working at the RDTC. She travels to the small villa-

ges and makes contact with the important person in each village. Through this contact she tries to give information to the women of the village about their rights and how to make a positive influence on the improvement of the family structure. This work is important, as witnessed by the fact that there are many street children who have left home because of problems in the family. Two nurses have established a centre for street children in Moshi, where they give them food and shelter, talk with them about their problems and – in most cases – achieve a reunion with the family. The effect of this centre on the well-being of the children was very impressive. One thing the Tanzanian nurse fervently wished for was to get a car for the project, which would improve her ability to reach more villages. Such a project is very dependent upon the individual dedicated person who is able to carry out the work.



Fig. 6. Beehive for the collection of honey to be used in the treatment of pyoderma and skin ulcers.



Fig. 7. Dr. Steve Katz, Chairman of the ICD board (*left*) and Dr. Henning Grossmann, principal of the RDTC, in the library of the RDTC.

What can you do to support the RDTC?

The first way you can support the RDTC is to be aware of its existence and its success. Secondly, economic support is vital – either via the Endowment Fund or as direct support to scholarships for the students. Thirdly, you may consider spending a year as a consultant and teacher at the RDTC. Housing will be provided for you, but – please – bring your own salary from your home country. This could be an excellent opportunity to learn more at first-hand about tropical dermatology and venereology. The RDTC often has medical students from Europe or Australia working as volunteers for a few months. Short-term visits are

not entirely welcome, since helping and informing the newcomers about the RDTC takes a great deal of time from the existing staff. Guest lecturers, however, are welcome, if you are interested in teaching for a week or two.

The future of the RDTC

Dr. Henning Grossmann has a slogan: “The RDTC must never die.” Thanks to him and his colleagues the RDTC seems to be a major

success. No doubt the existence of the RDTC will allow the Tumaini Medical School to always have dermatology and venereology on its agenda. Equally important is the fact that about 100 graduates have been educated over a 10–12 year period, which will have an impact on many African countries. However, the RDTC is still very dependent upon the continued support of the ILDS, the International League of Dermatological Societies, and the help it provides not only as money, but also as personal support and securement of a network for the African graduates. If the centre were to be overlooked at the moment, activities could stop within a few years.

It is easy to feel pessimistic when visiting Africa, especially in regard to the poverty, which still prevails even though the continent is rich by nature. The HIV epidemic, too, is a serious threat to the many tribes and families on the African continent.

But there is only one thing to do and that is to continue with education – at all levels. Money alone will not do the job. What is needed is education, education and more education. Hopefully, the Internet will be instrumental in providing the necessary communication links for efficient education. Young skilled and educated Africans will soon be prominent in the management of necessary health care programmes, which will relieve some patients' misery.

One thought that strikes you after such a visit is how much our societies have improved in the last century. What we take for granted (such as clean water and a clean environment, including sewage systems) is not something everyone can assume. It will take at least 100 years for Africa to develop. Change is on the way, including within skin health care, but every initiative needs continued support.

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