

**REPORT OF THE CONSULTATION MEETING  
WITH THE MINISTRY OF HEALTH, MOZAMBIQUE  
2<sup>ND</sup> AUGUST, 2005**

**Douglas Wilkinson**

**Background**

Primary Trauma Care Foundation has been negotiating with various members of the medical profession in Mozambique since 2001. Their request for Primary Trauma Care courses has been made but we have been waiting for Ministry of Health participation, consultation, and for the translation to be made into Portuguese. We are indebted to Teresa Schwalbach for her translation of the manual and her support for the programme. Other key players in the form of Jeanne Frossard have been instrumental in the recent request by the Ministry of Health to the Primary Trauma Care Foundation for us to visit in order to discuss with all the stakeholders the trauma programme for Mozambique.

Mozambique is war torn impoverished country. Since independence Mozambique has been racked by civil war until recently when a democratic government has started reconstructing the country slowly. Poor investment in the infrastructure by the colonial powers and the ravages of war has left the infrastructure and health systems bereft of funding and vision.

The main hospital Maputo has approximately 38,000 trauma admissions per year. It is run by Dr Otilia Neves who with a team of doctors and nurses endeavour to triage, treat and then refer on to another sub speciality all those patients who enter their doors.

The Ministry of Health has had a new Minister since February 2005 who is a surgeon who has recently been in clinical practice in Maputo. Dr Americo Rafi Ahmad Assan is head of the Medical Assistance Department within the Ministry of Health and has been, himself, a surgeon practicing in Beira until recently. Both these men have a very keen desire to have a trauma infrastructure in place in Mozambique and at present are consulting wide into different trauma programmes. Many WHO programmes have been run in Mozambique including Malaria, Trauma Prevention and several other projects.

**Visit of the 2<sup>nd</sup> August 2005**

I flew in from Durban to Maputo on Monday 1<sup>st</sup> August 2005 and attended the Ministry at 10 a.m. on the 2<sup>nd</sup> August, 2005. Dr Assan, Head of the Medical Assistance Department, referred me on to review the Intensive Care Unit with Teresa Schwalbach and then went on to visit the Accident and Emergency Department under the guidance of Dr Otilia Neves. The Accident and Emergency Department was a busy place with areas for triage, a resuscitation room that was only open on weekends, three cubicles for ambulatory patients and three rooms for minor procedures. Once the patients had been stabilised they are referred to either medical or surgical cubicles with were they are then clerked by the appropriate sub speciality were further on-going treatment occurs.

**Meeting with all the appropriate stakeholders, Ministry of Health 2 p.m. 2<sup>nd</sup> August, 2005**

The meeting was attended by Dr Assan, Head of Medical Assistance Department, Ministry of Health, Mozambique; Dr Antonio Mujovo, Head of Surgery, Maputo Central Hospital; Dr Olilia Neves, Specialist Physician, Director Emergency Department, Central Hospital; Dr Teresa Schwalbach, Consultant Anaesthetist, Head of Anaesthetic Department, Central Mozambique Hospital; Dr Momedo Rafico Bagus, President of the Medical Association of Mozambique.

After a brief introduction by Dr Teresa Schwalbach giving an outline of how Primary Trauma Care was made for Mozambique I proceeded to give an outline of the PTC activities, the framework structure of the

two-day courses, and a potential plan for implementation of Primary Trauma Care into Mozambique. During this hour-long meeting we discussed experiences of Primary Trauma Care abroad, different trauma systems available worldwide and the implicit need for the Mozambique Ministry of Health to incorporate whatever system that suits them into their country. I have been tremendously aware that although PTC is free and seems to have been adapted well to the African environment, there are other systems available and it is up to the Ministry of Health to choose which is best for them.

It also became apparent at our meeting that this was one of the first times that surgeons and physicians had met with the Ministry of Health to plan a particular strategy in trauma. Whichever trauma system is adopted by the Mozambique government, it would clearly need the consultation of all the appropriate stakeholders involved in trauma.

The meeting concluded on a positive note with the desire to continue general consultation on this matter. I was heartened by the fact that the Ministry of Health had a good relationship with his different senior specialists, and there was a general mutual feeling of working together for a better future.

I left on the assurance that should Primary Trauma Care be requested by the Ministry; we would endeavour to help them wherever possible.

I am indebted in particular to Teresa Schwalbach for her patient perseverance in facilitating this meeting.

I would also like to thank the Sainsbury Charitable Foundation for funding my trip. It was fortuitous that I was still in Durban when this trip was agreed and therefore expenses were limited.

## **Conclusion**

This is now the third consultation meeting, which is set up prior to the starting of Primary Trauma Care programmes in the country. The previous two, Pakistan and Iran, have been successful visits and this model of a small delegation going to a country to meet with senior Ministry of Health as well as a cross speciality group seems to be efficacious for us. I feel confident that Ministry of Health see the need for a corporate plan of trauma in Mozambique and should they wish Primary Trauma Care we would be very happy to fund a team possibly led by Paul Bordorff and Jeanne Frossard who could bring a delegation of four instructors to start the first course. I would suggest that the other two instructors be drawn from Malawi and Zimbabwe if at all possible.