

SUSTAINABILITY, COST AND EXCHANGE

Mitchell and colleagues¹ should be congratulated for their initiative that delivers surgical education at Weill Bugando Medical Centre in Mwanza, Tanzania. Unlike many initiatives of this sort, theirs is based on sound educational principles: it is based on the needs of health care professionals and patients in Tanzania; delivers learning in a number of different formats; and is being evaluated. However, it would be interesting to know more about its long-term sustainability and the degree to which knowledge and the exchange of skills are actually occurring.

Even though Mitchell and colleagues point out the sustainability of the initiative, it is difficult to take an objective view as to its sustainability without more information. For example, it would be interesting to know the actual costs of the initiative — it is difficult to judge the sustainability of a project without any indication of its

costs. Although the surgical educators are volunteering, costs are not negligible. Costs would include trainers' travel, accommodation and subsistence; training of trainers; technical and administrative staff; curriculum design; the senior interprofessional leadership and management team who run the project; and evaluation and quality assurance. The educational initiative outlined is likely to be cost-effective and effective overall, but it is impossible to be certain without data on costs. This data would also permit funding consideration for alternative projects. If the initiative could be shown explicitly to be cost-effective as well as effective overall, many more institutions and funding bodies might be interested in replicating the model elsewhere.

The authors describe “bidirectional exchange”; it would be interesting to find out more about this. Many surgeons and physicians in Africa make small resources go a long way; at a time of economic recession in the West, it is

fascinating to think what Western health care professionals could learn about prudence from their African counterparts. Also of interest is how surgical educators developed as a result of their cultural immersion in a new country.² I am certain that the American surgeons who travelled to Tanzania did learn a lot; perhaps an outline of this learning could be included in a follow-up report.

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References

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