Correspondence

Medicines without Doctors: In Mozambique, Salaries Are Not the Biggest Problem

Wouter Arrazola de Oñate

As a former collaborator of the Faculty of Medicine of the Mozambican Eduardo Mondlane University, I have been screaming the same message as Ooms and collegues [1] for years now. I am glad that finally some attention has been given to this fact.

Although I do agree with the general message of the article, in the case of Mozambique, the brain drain is not the biggest problem. Neither are the salaries. It's the pure lack of doctors. Only up to 60 doctors a year are trained at the University for a population of 18 million. In 2004, Mozambique had about 700 medical doctors, expatriates from all nongovernmental organizations and projects included. I do not agree that increasing salaries would be the most efficient solution. This will not create more doctors. This will create salaries without doctors.

The Mozambican Ministry of Health received hundred of millions of dollars from international donors for the National AIDS Plan, while the Faculty of Medicine, dependant on the Ministry of Education, was struggling to survive. Not a single dollar from all the AIDS millions went to support the basic education of doctors. Not out of bad will, but because donors have too many restrictions.

Doctors are not only needed for the HIV/AIDS epidemic—they also treat the many cases of malaria, tuberculosis, diarrhea in children, leishmaniasis, fistula, sexually transmitted infections...They perform caesarean sections and other life-saving surgeries.

It's my strong opinion that direct investment in training of medical doctors is the most effective sector-wide approach in public health. It is the most obvious and well-defined contribution to the health-related Millennium Development Goals and development in general. I do not understand why so few donors agree with this.

I can only speak for the case of Mozambique. ■

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Transparent Development of WHO Rapid Advice Guidelines: A Useful Approach

Antonio Cunha

I would like to congratulate Schünemann et al. for this very interesting and useful article [1]. In fact, proposing a systematic and transparent approach to developing guidelines may be useful not only for health problems that require rapid advice, but for any health problem, not necessarily emerging, including the existing ones in a certain setting. For instance, the proposed approach may be very useful for assessing health technologies, new ones or older ones not yet assessed, in many low-income countries.

Taking Brazil as an example, teams could be created in state- and/or municipality-level health secretariats to use this approach whenever a decision is needed regarding the purchase of drugs, products, or technologies or their inclusion in clinical guidelines. Local universities could collaborate in this process by suggesting names of expert faculties to join the panels, which would also increase credibility. In addition, health economists could support the process by advising on cost-effectiveness issues for the processes decided on. For this strategy to succeed, health authorities should coordinate the process and other stakeholders should be involved, such as, for instance, representatives of civil society patient associations.

In some specific circumstances, like the one presented in the article (uncertainty about the pharmacological management of avian influenza A H5N1 virus infection), the time frame to conclude the process is crucial. This might not be the case for several other circumstances, such as for example the decision to purchase aspirin or paracetamol to distribute in health centers freely (which occurs in Brazil) to treat children's common diseases with fever. The possibility of using this approach without time constraints makes it even more useful. An evaluation of the guidelines developed will still be necessary, to ensure their usefulness, and this could be conducted by the same team, this time coordinated by the university faculties already participating in the process. ■

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