

Medical Congress in Africa

To the Editor:

It is important to find the proper way to cooperate with the African medical profession, not only to help it with financial and technical support, but to directly involve it in active participation in the evolution of medical knowledge.

It seems worthwhile to us to acquaint our colleagues with a very valuable experience we had recently: being invited to participate in the African Congress of Infectious Diseases held in Kigali, Rwanda, February 6-9, 1990. The congress was organized by Dr. Ngendahayo, Rwanda Minister of Health, and Professor J.P. Butzler, Vrije Universiteit Brussel, Director of the World Health Organization (WHO) Collaborating Center for Enteric *Campylobacter* at the Hôpital St-Pierre in Brussels.

The congress was designed for both local physicians and paramedical personnel. Speakers were equally distributed between scientists coming from industrialized countries (Belgium, France, Italy, Germany, Switzerland, Canada) and physicians of Rwanda, Zaire and Morocco.

The principal aim of the congress was to draw attention to the problem of nosocomial infections; occurrences usually neglected in developing countries. First-day sessions were for both physicians and paramedical personnel and

dealt with antibiotic therapy with old and new antimicrobial agents. The characteristics and problems of hospital infections were also taken into consideration. The long and fruitful discussion that followed was of great interest, and brought to light the profound differences that exist between the needs and the therapeutic possibilities of industrial and developing countries. Three main points emerged: the extremely scarce financial possibilities of these countries, which hinder the possibility of acquiring the newest expensive drugs; the misuses of antibiotics, leading to an enormous spread of bacterial resistance; and the precarious hygienic conditions of most hospitals that favor the contraction of infectious diseases and the diffusion of severe nosocomial infections. Guidelines for antibiotic policy were given by Professor Butzler, with the hope of indicating the best use of the available antibiotics avoiding, as much as possible, the emergence of bacteria resistance.

After the first day, the paramedical personnel gathered for a two-day course on hospital hygiene, while the physicians talked about tuberculosis and respiratory diseases. On the third day, the physicians' sessions focused on the epidemiological, clinical and therapeutic aspects of sexually transmitted diseases, the transmission of the human immunodeficiency virus (HIV) in Rwanda and the results of a project on oral rehydration. Finally, two special lectures were devoted

to the possibility of an anti-HIV vaccine and to the importance of *Helicobacter pylori* in gastroduodenal pathology.

The overall quality of presentations was good. We cite the excellent presentation of Dr. Batungwanayo on tuberculosis in Rwanda and the results obtained with a new formula for oral rehydration, where glucose was substituted with sorgho, a locally grown cereal. This could open the possibility of preparing the mixture locally, thus saving money. The results of this trial, directed by Dr. Lepage, were presented by Dr. Nsengumuremyi of Kigali.

We were most impressed by the constant attention and interest of participants and the vividness of discussions that highlighted different aspects of the various problems that the medical profession faces in African countries. We think that the free discussion and debate were favored by the fact that the Congress was held "at the home" of the audience, which allowed the local speakers to debate their problems freely.

This led us to believe that, possibly, congresses held in Africa, as well as in other developing countries, can enjoy higher participation of local physicians who hardly can afford long travels for congresses abroad. This can lead to a more concrete exchange of ideas and actual problems.

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