

Taking the best of anaesthesia practices from India to Tanzania

A team of Indian anaesthesiologists recently made a three-day trip to Tanzania to train medical professionals, tailoring their teaching to the local context and offering practical, low-cost and sustainable solutions that could be implemented there

Updated – September 30, 2025 05:31 pm IST

J. BALAVENKATASUBRAMANIAN



Members of the Indian delegation demonstrating an anaesthesia technique during a surgery in Tanzania | Photo Credit: Special Arrangement

Expanding access to the latest developments in anaesthesiology, conducting training programmes for medical professionals and ensuring hands-on training for best practices: these were some of the goals of a delegation of Indian anaesthesiologists who travelled to Tanzania from July 21 to 23, 2025. Their journey was an academic mission that blended clinical expertise with cultural diplomacy.

Organised in association with AAFRIN (Association for Anaesthesia and Critical Care Foundation for Research, Innovation, and Networking), the three-day intensive training programme in advanced anaesthesia practices was held at two premier hospitals: Muhimbili National Hospital and Muhimbili Orthopedic Institute (MOI) in Dar es Salaam.

The delegation

The delegation from India consisted of some of the country's most senior-most anaesthesiologists, each recognised in their respective specialties and consisted of: J. Balavenkatasubramanian, Sandeep Diwan, Azam Danish, Sunil T. Pandya, Javed Khan, Nilesh Naphade, Apeksh Patwa, Amit Shah, Vaibhavi Uphadhye, Kalpana Shah, Amruta Datye and Dheeraj Masapu.

Together, the team represented a comprehensive range of expertise covering regional anaesthesia, POCUS (Point-of-Care Ultrasound), critical care, high-risk obstetrics, paediatric and geriatric

anaesthesia, TIVA/TCI, cardiac anaesthesia, airway management, and simulation-based learning.

The training programme

The three-day program was meticulously planned, running every day 8 a.m. to 7 p.m. Over the course of the program, the Indian faculty trained 60 Tanzanian anaesthesiologists through a balanced mix of lectures, workshops, bedside teaching, and live demonstrations. A key highlight was the opportunity for Tanzanian participants to practice techniques under direct supervision, ensuring real skill transfer and confidence building.

The workshops covered a wide range of topics including: regional anaesthesia (ultrasound-guided and PNS-guided nerve blocks); difficult airway management and advanced airway devices; high-risk obstetrics and labour analgesia; paediatric anaesthesia as well as POCUS for perioperative and critical care decision-making.

Where time permitted, additional sessions were conducted on TIVA/TCI, geriatric anaesthesia, and cardiac anaesthesia.

Teaching methodology

The training was structured around problem-based learning, emphasising active participation and clinical reasoning over passive instruction.

Key approaches included: didactic lectures, masterclasses with hands-on sessions, problem-based learning discussions, meet-the-expert sessions and table teaching in the operating room. This ensured that learning extended beyond theory into practical, context-relevant skills applicable immediately within Tanzanian healthcare settings.

Live demonstrations

One of the defining strengths of the programme was its emphasis on live procedures on patients. Faculty members demonstrated advanced regional anaesthesia techniques, safe airway management strategies, and ultrasound applications for critical care — all in real-time clinical settings.

Participants were trained to perform pain-free surgeries using ultrasound-guided nerve blocks, highlighting the ability of modern anaesthesia practices to reduce reliance on opioids, enhance recovery, and minimise complications. This hands-on exposure gave Tanzanian anaesthesiologists the confidence to integrate such techniques into their daily practice.

Challenges and adaptation

Delivering advanced training in a setting with resource limitations required adaptability. The Indian faculty tailored their teaching to the local context, offering practical, low-cost solutions that could be implemented despite equipment or drug constraints.

For example, in scenarios where advanced monitors were unavailable, faculty demonstrated how POCUS could supplement clinical judgment. Similarly, regional anaesthesia techniques were adapted to the drug formulary and equipment accessible locally.

This pragmatic approach ensured the training was relevant, sustainable, and impactful.

Medical collaboration

The Indian anaesthesiologist delegation's visit to Tanzania was more than just an academic mission — it represented an important event in international medical collaboration.

This initiative demonstrated that knowledge knows no borders and that collaboration in healthcare can uplift communities, strengthen institutions, and forge lasting international

friendships. The delegation's impact may be felt not only in the operating rooms of Muhimbili National Hospital and MOI but also in the evolving fabric of Indo-Tanzanian cooperation in health and education.

*(Dr. J. Balavenkatasubramanian is a senior consultant anaesthesiologist, Ganga Medical Centre, Coimbatore and national president, Indian Society of Anaesthesiologists.
drbalavenkat@gmail.com)*

Published – September 30, 2025 05:05 pm IST

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