Short-Term International Humanitarian Healthcare

Why? How? Who?

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Disclosures:

- Global Health Force (all volunteer non-profit NGO)
  - Volunteer program Director/team leader Peru

Objectives

- 1. Identify components in the process of understanding a target country's healthcare needs.
- 2. Describe the foundation of a short-term healthcare project.
- 3. Discuss how a short-term medical project can be a sustainable part of a healthcare system.

Short Term Medical Mission (STMM)

- Grassroots form of direct medical service aid
- Sources:
  - Universities
  - Healthcare systems
  - Religious groups
  - The "non"s: non-governmental, non-profit, non-religious
- Teams:
  - Medical
  - Surgical
  - Medical/Surgical
  - Team: MD, NP, RN, PharmD, RD, PT, OT, Optometry, etc.

STMM

Purpose:

- Disaster relief: STMM teams post earthquake, tsunami, cholera outbreak, etc.
- Doctors without Borders/MSF: provide service in underserved countries during times of disaster or political turmoil.
- Filling the gaps in a host country's healthcare system:
  - Operation Smile: back log of patients needing cleft palate surgery
  - Cataract surgery teams: ~51% of blindness in the world population is due to cataracts.
  - Outreach: link patients to host country's healthcare system

Why?

People/community served

- Equitable healthcare:
  - World BanK & WHO (Dec 2017) estimated that ~50% of the world's population does not have access to essential health services.
    - Waste of human capital/ potential
- Why:
  - Financial: time and money
  - Lack of availability: overload of country's healthcare system
- Greatest needs in sub-Sahara Africa and Southeast Asia

*Press release: Dec 13, 2017

Life and Death

IM- infant mortality
LS – estimated life span

- USA: IM – 5.9/1000; LS – m:76.19; f: 81.17
- Viet Nam: IM – 19.61/1000; LS – m:70.2; f: 75.4
- Dominican Republic: IM - 20.44/1000; LS – m: 75.44; f: 79.88
- Peru: IM – 20.85; LS – m: 71.01; f: 75.05
- India: IM – 44.6/1000; LS – m: 66.38; f: 68.7
- Haiti: IM – 50.92/1000; LS – m: 61.46; f: 64.25
- Sierra Leone: IM – 74.95/1000; LS - m: 54.47; f: 59.58

Reference: #14

Volunteers

- Psychological/emotional rewards
  - Reconnection to why you do what you do
- Career -related
  - CV; Promotion in an organization
- Opportunities for interpersonal interactions
  - Different level of connection with colleagues
  - Different interaction with people of the host country
- Opportunity to serve in underserved communities
  - Altruism
- Personal relevance of the mission
  - Reason(s) to give time and expertise

References: 1 & 15

Medical Ethics

- Vacations/self-fulfillment disguised as self-sacrifice
  - they came and did the work
- Ineffectiveness of STMM to developing nations
  - build a partnership not dependence
  - do your homework before you leave
- Inadequate skill set, poor work quality
  - team leadership
  - team selection
- Risk of harm to patients and communities
  - do your homework before you leave
- Translation of Western medicine
  - cultural sensitivity/awareness

References: 1, 2 & 3

How?

Foundation

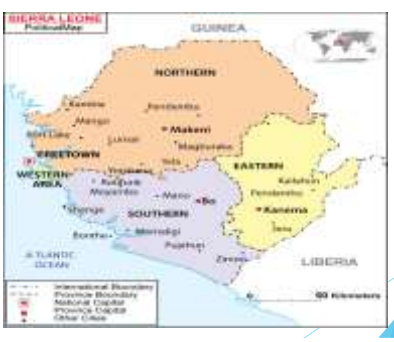
- Destination/host country
- Target population
- Team focus: determines team composition
- In depth research on the host country
- Outline of STMM with timeline
- Proposal for funding
- Discussion with appropriate governmental, religious & humanitarian officials in the host country

Foundation

- Forging good relations with contacts. Sensitive to host country's culture and expectations
- Sponsorship to enter country; acceptance of STMM
- Extensive planning & flexibility to adapt to the unexpected. This WILL happen.
- Recruitment of team members; review research findings
- Application for privileges to practice in host country
- Post STMM review

Host Country

- Sierra Leone: request from a SL epidemiologist currently in DC
  - Initial development started in Jan 2014
  - Eventually a target date was set to be in country in April 2015
    - Target date was determined on political election cycle and climate (end of dry season)
  - Mitigating expectations: shared understanding of the importance of a small project:
    - successful project vs. failure of initial mission to host country
  - Sierra Leone healthcare system officials are comfortable working with NGOs.



Research

- History of Sierra Leone
- Political structure/Political stability
- Current healthcare system
- Country Infrastructure
- Safety of travel in country
- Official language, other predominant languages
- Composition of country's population
- Prevalent diseases
- Needs assessment
- Identify local partners

Target population

- What demographic/ethnic group:
  - Temne – 35% (north)
  - Mende – 31% (south)
  - Limba – 8%
  - Kono – 5%
  - Kriole – 2%
  - Mengo – 2%
  - Loko - 2%
  - Other – 15%
- Religion: Muslim – 60%; Christian – 10%; Indigenous beliefs – 30%
- Invited to work in Bo and Moyamba

References: 10 & 14

Target Population

- Population demographics in Southern Province, Bo (capital) and Moyamba
  - Age structure
    - Reflective of overall country age structure
  - Gender: ~ 0.9:1 male to female
  - Literacy: ~45%
  - Ethnicity/tribal affiliation: Mende (60%), Temne, Susu, Limba, Fula, and Mandingo
  - Language: English and Mende
  - Religion / Indigenous Beliefs

References: 10 & 14

Research

- Needs assessment: specific to area population
  - Under 5 mortality: 107/1000
  - Life expectancy: 45
  - Food insecurity: 75.9%
  - Chronic malnutrition: 44.5
- Initial thoughts:
  - Vitamin A deficiency – small and doable, however the Hellen Keller Foundation has clinics that have been doing this for decades in Sierra Leone. The foundation also provides twice yearly treatment for parasites in children.
  - Clean water – "The Water Project" doing good work in Sierra Leone
  - Malaria – Gates Foundation
- Candid discussion with epidemiologist: getting on the same page
  - Hypertension
  - Diabetes 2
  - Micronutrients

Reference: 14

Research

- HTN
  - ≥15 y/o = 19.6%; ≥20 y/o = 23.6%; no significant difference between gender
- DM2: rice is staple for >90% of country – "I have not eaten if I have not had rice."
  - 1997: 2.4%
  - 2017: 7.0%
- Micronutrient/vitamin: Household Dietary Diversity Score (x/12)
  - Bo: 4.2/12
  - Moyamba: 5.9/12

References: 9 & 11

Team Focus: STMM

- Exploratory team: logistics, safety, sustainability
- The project: an initial STMM into Sierra Leone needed to be small to increase the odds of success.
- Identify host country partners
- Formulation of STMM: research, review of research, discussion with key members of non-profit/NGO Board of Directors, epidemiologist, and other seasoned STMM professionals

Reference: 7

STMM

The mission:

- Hypertension screening
- Diabetes screening
- Micronutrient deficiency screening
- Medical care, health education/nutrition, and medical resources

- We requested permission to bring in the following medications:
  - Amlodipine 5mg
  - Adult mvi
  - Children mvi
  - Identified local partners: Chiefdom leaders, pharmacy owner, church leader and members, teachers

Cultural Sensitivity

- Overall culture and specifics to population being served
  - Ethnic composition: Mende and other ethnicities
    - Mende people known to value education
    - Primarily farmers
  - Religious composition:
    - Muslim: 70%
    - Christian: 28% (considered large)
  - Expectations

Funding

- Proposal content:
  - Host country : share research findings, political climate, etc.
  - Proposed STMM
  - Team composition: exploratory team = 2 MDs, 2 RNs, NP, and epidemiologist
  - Logistics: transportation to/from and in country, lodgings, safe food/water, getting medications & supplies into the country
  - Team safety: immunizations, safe travel in country
  - Budget
  - Timeline; expected date in host country: April 2015

Stake Holders

- Government
  - Sierra Leone
  - Chief Medical Officer of the Ministry of Health
    - Approval to work in the country, acceptance of STMM
    - Co-ordination of humanitarian medical aid a part of the Ministry of Health
  - West African Health Organization
    - Acceptance of STMM
- Chieftains
  - November 2014 team epidemiologist went to Sierra Leone and obtained letters from the Chieftains in the two areas we proposed to work.

Team Selection

- Determining factors: exploratory team & STMM project
  - Prior international STMM work
    - MDs: non-profit/NGO medical director and MD extensive international medical experience also prior Peace Corps MD
    - NP: 10+ years working with non-profit/NGO; volunteer work in 7 countries
    - RN: Sierra Leone RN and RN with extensive STMM experience including non-profit/NGO sponsor
    - Epidemiologist: prior epidemiologist in Sierra Leone Ministry of Health with extensive field work/projects
  - Flexibility
  - Health status

Privilege to Practice

- Direct communication with the Sierra Leone Ministry of Health
  - Query regarding documents needed
- Epidemiologist to liaison with Sierra Leone Consulate in Washington, DC

Sierra Leone

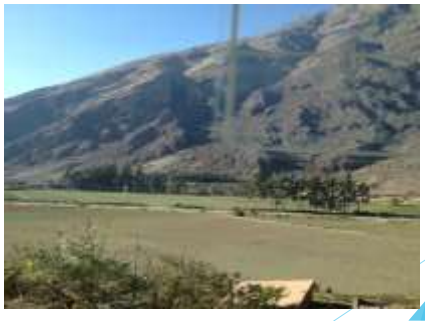
- No Go decision: after review of research and risks with team, decided that Ebola outbreak in Sierra Leone would be a non-start for team
- Ebola: started tracking in June 2014 via contact at CDC. Decision not to go Jan/Feb 2015.
- Ebola was declared cleared in November 2015, however no funding for April 2016 as the non-profit/NGO had 5 teams set to go to 5 countries in 2016.
- Epilogue: development of site specific cookbook, sensitive to food availability and printed in English and Mende.

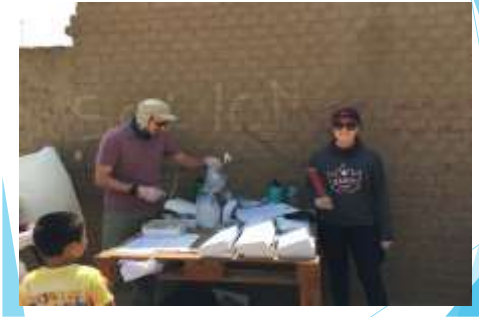
Peru

- The case of taking over leadership post-exploratory mission
- The Good
  - There's a road map … well sort of
- The not so Good
  - Building trust with key contacts in the host country
- Finding a way to move toward sustainability

Peru

- Flexibility: you're on their time … remember you are a guest in their country
  - Ica – never knowing where clinic will be until about 8-10pm the night before
- Adaptability: Do what you can with what is provided
  - It may be a school, health clinic, or a big patch of dirt
- Ah, yes … duct tape





Peru

- Becoming a sustainable part of a host country's health care system
  - Needs assessment
    - Social healthcare system
      - Needs: outreach to both remote and urban areas
  - Consistent host country sponsor
  - Maintaining good relationships with key host country contacts
  - Recruitment: for this non-profit/NGO – word of mouth

Peru

- Sustainability:
  - What will you leave behind?
  - Availability for PRN visits?
  - Increase access to healthcare … how?
  - Fill gaps/backlog of patients … is this needed?

Peru

- Evolution of the Peru program: Sustainability
- Annual return each August
  - Region/City is determined by country sponsor as “greatest need”
- What we leave behind
  - Connection to host health care system; specifically specialists services
  - PT program developed: body mechanics and stretching
- Availability of PRN visits?
  - Dependent upon reason for PRN visit
    - Flooding in 2017
- Increase access to healthcare
  - Remote clinics and urban clinics that serve the underserved
- Fill gaps/backlog of patients
  - No

Who?

- Countries: USA, Canada, UK, Australia, Japan …
- Health Professionals
  - Motivation: Psychological/emotional rewards; Career-related, Opportunities for interpersonal interactions; Opportunity to serve in a underserved communities; Personal relevance of the mission
  - Organizational or Private practice: Global Health component
- Non-health care volunteers
- Demographics: studies available
  - Personal recall: predominantly female; mixed age, mixed expertise

Return Volunteers

- Each volunteer a potential "lifer"
  - Facilitating first-time volunteers' experience
  - Orientation to STMM – provide information / share pertinent research findings about the host country and the people they will be serving
  - Team leadership: each volunteer's role is important to the mission; communicate this to each volunteer
  - Socialization of new volunteers: we have "med packing day"
  - "it takes a village" aka a team where each and every volunteer is an important and integral part of the village.

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Questions?

Thank you

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