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JAHRESBERICHT



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Idee

UnifiedForHealth wurde 2014 gegründet und versteht sich als Plattform und Organisation. Sie hat das Bestreben das Nachhaltigkeitsziel 3 der Agenda für nachhaltige Entwicklung und die von der WHO erklärten Zielen zur universellen Gesundheitsversorgung durch ihre Projekte zu unterstützen.

Das Modell zur universellen Basisabsicherung umfasst nicht nur medizinische Maßnahmen wie die medikamentöse Behandlung von Krankheiten, sondern auch allgemeine Maßnahmen zur Armutsbekämpfung, Gesundheitsprävention bzw. -kommunikation, welche indirekt Einfluss auf die Gesundheitsversorgung nehmen.

Das Konzept von UFH basiert auf der Etablierung lokaler und länderübergreifender Partnerschaften, die durch regelmäßigen Austausch gemeinschaftlich Projekte entwickeln und umsetzen.

ENGLISH*

UnifiedForHealth (UFH) was established in 2014 as a platform to promote health, international solidarity, and peace. UFH strives to contribute to goal 3 (healthy lives for all) of the sustainable development goals by ensuring all individuals have access to quality health care services and access to safe, effective, and affordable medicines for all. Within this context, Universal Health Coverage (UHC) is a global health priority with significant action required to progressively improve overall population health outcomes in low, middle, and high-income countries.

UFH believes in the guiding principle of long-term relationships with institutions in varied settings to synchronize efforts to address global health disparities on the path towards UHC. UFH cooperates with medical and academic institutions in both high-resource and resource constrained settings. This approach draws on the transfer of knowledge, capacity building and exchange of experiences shared by both institutions. UFH focus areas include health promotion [programs](#), [network programs](#), and [integrated rural developmental projects](#).

Background

There has been a rich history of efforts trying to bring “health for all” and attention to improve quality health care. This report will continue in the spirit of this work and will review and collate the key efforts within a number of projects that have been realized within the year 2021-2022.

Universal Health Coverage, the origins and today

Universal health coverage (UHC) has its roots firmly planted in the evolving ethos of "health for all" that is echoed in WHO's constitution as well as international documents^{1,2,3,4,5}. In this light, universal health coverage has been implemented in differing fashions, with various ways of financing these respective systems.⁶ Much work has been done to advance basic health care provision towards UHC, but much work remains to realize its goal. More recently, the United Nations passed the Sustainable Development Goals (SDGs), which build upon the legacy of the Millennium Development Goals. Of particular note is target 3.8 within the SDGs which specifically focuses on the concept of UHC⁷. The SDGs has shifted global momentum, towards continuing the success of the MDGs, but to expand the capacity to be more integrated and sustainable, in effort to bring health for all.

Universal Health Coverage

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user



SDG Target 3.8:

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

“

Es geht um eine Abkehr von einem Konzept der Hilfe, bei dem die Reichen den Armen Geld geben. Es geht um eine Stärkung der Gesellschaft, um soziale Gerechtigkeit anstatt um Wohltätigkeit.

Heba Aly, Journalistin, zur Dekolonialisierung humanitärer Hilfe auf dem Humanitarian Congress Berlin 2020

- 1 WHO. Constitution of the World Health Organization. 22-Jul-46
- 2 WHO. Declaration of Alma Ata. September 1978
- 3 UN General Assembly. International Covenant of Economic, Social and Cultural Rights. 16-Dec-66
- 4 UN. Universal Declaration on Human Rights. 1948
- 5 UNESCO. (2005). Declaration on Bioethics and Human Rights. Art 20. From http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html
- 6 WHO. The World Health Report - Health systems financing: the path to universal coverage. 2010
- 7 UN. Sustainable Development. From <https://sustainabledevelopment.un.org/?menu=1300>

Public Health Exchange Project - Ecuador

Ecuador: Public Health exchange - Fundación Omar Mosquera

Period: October-November 2021 by Lukas Müller

Link for the blog post:

<http://unifiedforhealth.org/fundacion-omar-mosquera-10-2021-by-lukas-mueller/>

<http://unifiedforhealth.org/fundacion-omar-mosquera-and-fundacion-sofe-riobamba-11-2021-by-lukas-mueller/>

Activities and Effects:

The Fundación Omar Mosquera has dedicated itself to providing basic health care in rural areas across Ecuador. The main objectives are:

- Offering medical advice in regard to life style
- Diagnosing NCDs such as diabetes or hypertension and evaluating the need for hospitalization
- Addressing infectious diseases such as urinary tract infections or parasite infestations
- Providing free medication

Short facts

Group

People in villages near Riobamba, Chimborazo and varying places (in Oct 2021: Naranjal, Guayas)

Partner

bvmd e.V. – Public Health Exchange

Status

Ongoing

Foreign medical students cooperate with a variable group of volunteering local medical and dentistry students, nursing trainees and corresponding experienced workers.

Outlook:

In the future, German partners could not only focus on reacting to current shortcomings in the foundation's equipment but also identify precise objectives on which both parties would like to focus on the future, such as professional volunteer training, talks on healthy lifestyle.

Chances and Risks:

Especially the examination of patients that have scarce access to public health care offers the chance to identify diagnostic red flags in time to encourage hospitalization. Additionally, patient contact can be used to address unhealthy diets and lifestyle, thus contributing to the prevention of NCDs. By cooperating with varying partners across the country, frequent exchange of ideas and experiences is assured. As the foundation offers a broad quantity of services, volunteers can react to many different needs a patient may have.

On the other hand, this quantity does not allow for specialization, generally resulting in a lower quality of each single treatment. As volunteers often are not trained properly for their tasks, self-reliant work can rarely be assumed.

Vision:

The vision of this cooperation can be described as a shared effort to address health problems and risks for those people who do not have proper access to public health care institutions. Young volunteers can gain practical experiences and face a high number of patients and different diseases each day. Foreign medical students particularly learn to assume responsibility for their evaluations and quickly gain self-reliance in prioritizing health problems and educating patients.



Fundación Omar Mosquera in Naranjal, Guayas

Ecuador: Public Health Exchange - Sociedad Forzando Esperanza (SOFE)

Period: November 2021 by Lukas Müller

Link for the blog post: <http://unifiedforhealth.org/fundacion-omar-mosquera-and-fundacion-sofe-riobamba-11-2021-by-lukas-mueller/>

Activities and Effects:

The foundation Sociedad Forzando Esperanza (SOFE) is based in Riobamba. The founding couple and their team of volunteers are dedicating themselves to various local projects:

- educating children about healthy lifestyle
- educating and entertaining children in orphanages
- providing health care for people from remote villages
- crafting and donating wigs for cancer patients

Short facts

Group

People in villages near Riobamba,
Children in schools and orphanages

Partner

bvmd e.V. – Public Health Exchange

Status

Ongoing

Outlook:

As done in the past, SOFE may continue integrating foreign exchange students' ideas early in the planning phase of a project to even increase creativity and innovation.

Chances and Risks:

Generally, volunteers at SOFE may flexibly contribute to the planning and conduction of projects according to their individual strengths and abilities. As a result of this philosophy, a long-standing experience and Sandra and Abdón's inspiring leadership, the foundation displays a high level of creativity and professionalism.

Vision:

Foreign exchange students can support SOFE in addressing the material, educational as well as emotional needs of children and ill inhabitants of the region surrounding Riobamba.



Ecuador: Public Health Exchange - Fundación Omar Mosquera (FOM) & Sociedad Forzando Esperanza (SOFE)

Period: January- February 2022 by Amelie Fell

Link for the blog post: <http://unifiedforhealth.org/arbeit-in-der-fom-und-mit-sofe-in-riobamba/>

Activities and Effects:

During my seven-week stay in Ecuador, I spent almost two weeks at the Fundación Omar Mosquera (FOM) and ten days at SOFE.

First, I would like to thank everyone who made this stay and this exciting experience possible for me. I am very grateful for the many experiences and more than enthusiastic about Ecuador.

As a newly licensed doctor, I was mainly involved in three different projects: in the FOM I helped with patient care for the rural population around Riobamba RUM (brigadas) and at SOFE

I was involved in a project for the sexual education of children in one Children's home and in the project "Para ti mujer" to prevent and raise awareness of gynecological diseases in a prison in Riobamba. During my time in both organizations, I was the only non-Ecuadorian volunteer.

After my arrival in Ecuador, I spent a few days in Quito, and the first two weeks at the FOM. A few days break I started at SOFE. During my time there I lived with Shirley, a volunteer at SOFE, her husband Eddie and their two dogs. I felt very comfortable there, was given an incredibly warm welcome and, in Shirley, always had a great team partner at my side during the projects.

On the one hand, I organized a project about sex education for children from 12 years of age together with Angel in the children's home. Even though the project kept presenting us with new challenges, I really enjoyed working with the children. Among other things, we discussed pregnancy in adolescence and contraceptive methods. These two issues seemed very important to us, since there had already been cases of pregnant minors in the children's home. On my last day, I noticed that some of the girls (the youngest was only 13 years old) already had hormonal implants. It's not quite clear to me who decides about these implants, and I think it would make sense to work even more closely with the children's home in the future, since there is a considerable need for education and I didn't have the impression that the children were well informed. To give an example: the 13-year-old girl removed the hormone implant herself after the procedure. I don't think she made the decision to have an implant or understood what it was being used for.

On the other hand, I worked in the prison project 'Para ti mujer'. Here we were a larger team, including a midwife and a psychologist. Together we took papal smears from the inmates and gave many different lectures, from topics such as contraception to child sexual abuse. The project was very enriching for all of us. Most of the women were very interested, took part a lot, asked

Short facts

Group

People in villages near Riobamba

Partner

FOM, SOFE

Status

Ongoing

a lot of questions and, I think, learned a lot. With the help of UFH, SOFE had also organized a “Refrigerio” for each day, which the women were also very happy about. Dealing with the many myths surrounding women's health in Ecuador was a challenge. For example, many women think that it is good to wash the vulva and vagina with vinegar to prevent infectious diseases. Unfortunately, the somewhat older midwife supported some of these myths, which sometimes made teamwork more difficult. All in all, we worked very well together and were able to learn from each other.

Both projects were a lot of fun, but also challenging. But I always had the feeling that I had great contacts at my side with whom I could discuss the projects and any questions that arose.

I also worked with SOFE on two Sundays at brigadas in comunidades near Riobamba, which was similar to Omar's project. But the implementation was much better. The organization went through Andón, a doctor and his wife Sandrita and was much more coordinated overall. We were a huge team in which everyone had fixed tasks. I always had a contact person; the medication was well sorted and also more appropriate to the concerns of the patients; there were also ready-made recipes. In addition, many more patients came because we had organized the brigadas on Sundays. So, I found the work to be more efficient than the brigadas that FOM offers.

Chances and Risks:

Better organization is needed with the Omar Mosquera Foundation. At the beginning of my exchange, it was a bit of a bumpy start for both of us, as he was very surprised that I was only staying for two weeks and that I did not have any medication with me. To this day it is not entirely clear to me why he was so surprised by these things, because it later turned out that the UFH had clearly communicated everything to him beforehand.

On my first day of work, I was taken to the Fundación's clinic, where I and a few others were assigned to sort through medicines for the coming weeks. It all went a bit haphazardly and without Omar's guidance. In the afternoon it started in the first Comunidad. I was seated in front of my first patient without any further introduction or explanation and then after an hour I was completely alone with the remaining 50 patients because unfortunately the other doctor had left without any explanation. The first day was definitely a jump in at the deep end and I would have liked more support or at least some form of onboarding. However, I was able to explain to Omar that I cannot ensure good patient care on my own, so that at least one other person was always there for the coming time.

Unfortunately, in the next few days it became clear that the majority of patients in the comunidades presented with respiratory / Covid symptoms. Many were vaccinated at least twice, but also with the less effective vaccine Sinovac. We didn't have any reliable rapid tests and were never able to diagnose a Covid infection with certainty.

But since the Covid numbers were rising rapidly across the country at the time, my guess is that we were on our way to the omicron peak and were ultimately at the mercy of the virus. I was often the only one with an FFP2 mask; We didn't have enough disinfectant and a triage I initiated several times didn't work for various reasons. Many of the other volunteers were also very uncomfortable with the situation.

In summary, I had the feeling that I couldn't really help in a meaningful way and, above all, that I was becoming a mobile superspreading event and doing more damage than good. So I ended the project 2 days earlier than planned.

Overall, I found Omar's project management to be a good idea, but poorly organized when it came to implementation. Often I was the leading person who coordinated the building of the brigadas. Useful medicines such as ibuprofen or albendazole (for deworming) were either not available or very few. In addition, Omar worked with a political group to organize the brigadas. On a few days, a doctor gave speeches on the subject of Corona and had himself filmed. As I later learned from a doctor who also works with the FOM, this group uses the brigadas for election campaigns. I didn't fully understand Omar's role in the project until the very end.

Even if my overall impression of FOM is not good, I was fortunate enough to meet very nice, generous people along the way, who definitely enriched my time there.





Ecuador: Public Health Exchange - Project in Riobamba

Period: March 2022 by Charlotte Vogtmann

Link for the blog post: <http://unifiedforhealth.org/public-health-exchange-with-fundacion-omar-mosquera-and-fundacion-sofe-in-riobamba-ecuador/>

Activities and Effects:

I went to Riobamba as a medical student to do volunteer work. The first two weeks I worked together with the „Fundación Omar Mosquera“ and after that two weeks with „Fundación SOFE“.

With the FOM we went to „Comunidades“, indigenous people who live further away from the cities, to attend and provide basic medical care. For diagnostic we only had blood pressure measuring devices, a weight scale, pulse oximeter and a stethoscope. Sometimes we set up our provisional consulting station near food-markets in Riobamba. When indicated we gave them medication. All the medication was donated and free for the patients.

With SOFE we did medical checkups on kids in public schools (measuring heights, weight and giving them Anthelmintics), also we organized a first aid course in a school, visited and supported families in precarious circumstances (We also made basic medical checkups, gave them pain killers o Vitamins). SOFE bought all the medication their own or collected donations.

The two Sundays with SOFE we went to „Comunidades“ as well to take a smear of papanicolau and doing presentations about breast and other types of gynaecological cancer (uterus, cervical cancer, vulva).

Short facts

Group

People in villages near Riobamba,
Children in schools and orphanages

Partner

bvmd e.V. – Public Health Exchange

Status

Ongoing

Outlook:

Expanding the projects in schools with health workshops and educational talks can have a big impact. Within the „brigadas“ more equipment for diagnostic could help and create files for each patient to get an idea of the whole history and also regularly visits with an interval that is not too long to have the possibility to treat chronic diseases.

Hopefully there can be created more ideas or projects together with young people from Riobamba.

Chances and Risks:

Education and recommendations for healthy living (alimentation, hydration, hygiene) can prevent infections, diabetes, arthritis, etc.

When there are campaigns/community health brigades in schools, the teachers could get an idea to integrate such content in the lessons, so that the children can get a repetition on these topics.

While receiving medication for free and easily within the „brigadas“ patients could lose the motivation to follow health recommendations. Furthermore its problematic when medication is „prescribed“ by medical students without supervision by an experienced doctor.

Vision:

The aim of these two projects is to provide basic medical care for people who don't have the possibility (physically or economically) to get attended by a physician. Furthermore, people can receive medication they otherwise couldn't afford.

These projects can prevent diseases and educate concerning health, especially for woman whose health is not receiving adequate importance and is connecting with a lot of shame by the women themselves.

All in all, these projects are giving students, or young people the opportunity to learn about public health and also something about another culture. On top of that the importance of prevention of diseases in regions with less resources becomes particularly obvious.

Public Health Exchange Project – El Salvador

El Salvador: Public Health Exchange Project in El Zapote

Period: November – December 2021 by Hannah Oxe

More info @ <http://unifiedforhealth.org/el-salvador/el-zapote/public-health-exchange/> @ <http://unifiedforhealth.org/hannah-oxe-01-11-12-12-2021/>

Activities and Effects:

For six weeks I volunteered in the health center of El Zapote in El Salvador as part of the UFH's Public Health Exchange. I got the chance to participate in consultations, examine patients, and attend home visits with the community health worker. Besides, during the time I was there, a digital system was introduced to the health center, and it was promoted that each student gets a computer provided by the government. As material support Unified for Health provided an otoscope, some pharmaceuticals (i.e. Metformin), and batteries which I brought with me. Especially, Metformin was very much needed because of the high rate of diabetic disease in the community. Despite that and other chronic diseases, premature pregnancy became a distressing issue. In consultation with the doctor and the nurse, a project about sexual education was initialized. I started to take surveys with patients focusing on adults to get to know the situation regarding mainly sexual health and sexual education and took the chance to answer questions.

Short facts

Group:

Patients in El Zapote, Ahuachapán, El Salvador

Partner:

BVMD – Public Health AG

Financial resources:

321,74 Euro + costs of otoscope, batteries, and pharmaceuticals

Status:

Completed

Outlook:

After getting to know the recent situation, the next step would be to take the results to sex education in school. Also, the interviews and talks made with the adults, and often parents of students, could support the aim of sex education. Following volunteers could get the chance to realize those classes. The main subjects should be the prevention of pregnancy and STDs. The health center already offered talks and group meetings regarding pregnancy and prevention. Unfortunately, recently these events were canceled or there was only little participation. The main reasons could be the pandemic and some dissatisfaction with staff members.

Chances and Risks:

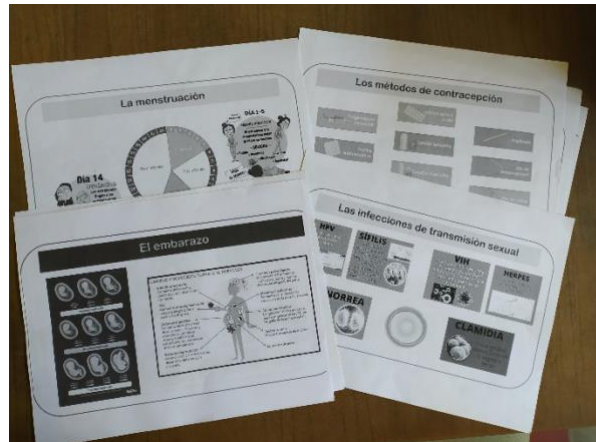
With sufficient sexual education, sexual health in the community could improve. For that, it is important to strengthen the connection between the community and the health center and to provide support. There already is high knowledge and demand for birth control in the patient

group who visits the health center. However, I got the impression that there is a lack of knowledge in a great part of the community. As a previous volunteer mentioned: “[A] more thorough education on this could potentially improve many women's lives by giving them the opportunity to become pregnant on their own terms, e.g. giving them a chance to finish school”. Apart from that, the high rate of chronic diseases i.e. obesity, diabetes mellitus type 2, and arterial hypertension is another topic to focus on. For that, adequate therapy and prevention are needed. Those interventions could take place in consultation and support groups. The greatest risks I see are the consequences of the pandemic that complicated regular and direct contact with patients and the community. The digitalization of the health center and an already high digitalization of the population, even more with the provided laptops, could maybe help to improve the connection.

Vision:

This project has the purpose to improve health care in the community by supporting the health center with medication and further equipment. It also gives the chance to exchange ideas and initiate new or support existing projects.

A bilateral exchange between Salvadorian and German students would be a great asset. Although it takes a lot of work, I hope it can be realized very soon.



El Salvador: Public Health exchange program El Zapote

Period: 31.01.- 06.03.2022 by Antonia Sehnert

Link to Blog: <http://unifiedforhealth.org/2022-05-15-antonia-sehnert-31-01-22-06-02-22/>

Activities and Effects:

As part of a public health exchange, I worked for 5 weeks at the *Unidad de Salud* in El Zapote. I helped with the admission and examination of patients, with wound care, assisted Zuleyma, the *Promotora de Salud* with home visits and supported her with various vaccination campaigns (tetanus vaccinations at schools, rabies vaccinations for pets).

I also delivered various donations bought by the donated money to the *Unidad*: bandages, disinfectants, gloves, various medicines (especially omeprazole and permethrin) and an electric blood pressure monitor to support the work in the *Unidad de Salud*. In addition, I gave lectures in the schools of El Zapote and Por Venir from the 6th grade on the topics of sexuality, pregnancy and contraception and sexually transmitted diseases (especially HPV and HPV vaccination).

Outlook:

It would make sense to follow up on the lectures on sexuality, as there is a great need for information here. It is particularly important to build up a relationship of trust with the students, as sexuality unfortunately still is a very shameful topic. It would be helpful to involve Zuleyma as a person of trust of the students. It may also be useful to offer information to residents outside the schools.

Chances and Risks:

Chances: increase awareness for pregnancy at a very young age, its consequences and also for sexually transmitted diseases. Many patients are not aware of the extensive services offered by *Unidad de Salud*, such as free vaccinations or birth control. With more education, more patients would certainly take advantage of these offers.

Risk: loss of interest on the topic as soon as support from Public Health Exchange Students stops

Vision:

The goal of the project is to continue to support patient care in El Zapote and provide patients with the best possible care. In addition, it would be good to further expand the information offered and thus inform residents about what health services they can use in the *Unidad*. Furthermore, the public health exchange is a great opportunity for medical students to expand

Short facts:

Group: patients in El Zapote, a small town in the San Francisco Menendez region in western El Salvador

Partner: BVMD – Public Health Exchange

Financial resources:
443 € (betterplace.org)

Status: Completed

their understanding of health care in an international context and thus encourage international cooperations.

El Salvador: Public Health Exchange in El Zapote and la Barra de Santiago

Period: 14.08.-08.10.2022

Link to Blog: <http://unifiedforhealth.org/susanne-klotz-14-08-08-10-2022/>

Activities and Effects:

I volunteered as graduated doctor in the Unidades de Salud of El Zapote and Barra de Santiago for 3 weeks each. In Barra de Santiago goal was to form an agreement and establish this exchange for both medical students and dental students, as it didn't exist before. In both places I helped the doctors with consultations of patients, joined the health promoters in their community work and helped the nurses with treating wounds etc. My Public Health project was teaching First Aid Courses in both the schools of El Zapote and Barra de Santiago in grades 5-11. This topic is not generally taught here, nor is it obligatory for the drivers licence and in these rural areas the ambulance takes very long or doesn't come so its an important issue. The transfer of the ECG device donated by UFH to El Zapote to Cara Sucia, where it would be used more was initiated. Also, a blood pressure monitor and an otoscope was donated to the Unidad de Salud of la Barra de Santiago by UFH.

Outlook:

Hopefully it will be possible to establish a bilateral exchange with the IFMSA El Salvador, so the Public Health exchange promoted by the bvmd with financial support by the DAAD can continue.

Chances and Risks:

This project is great way to support health care workers in mentioned Unidades de Salud in prevention and education. Most important topics definitely continue to be nutrition and diabetes, sexual education to prevent early pregnancies and STDs (like HPV which has a high rate in El Salvador), and Caries. But other topics or ideas are welcome as well. Easiest is involving the school, but also activities for the general population are important. There is a lot of potential in prevention and education and in the first level health care system of El Salvador it plays a very important role.

Vision:

Short facts:

Group: Health Care workers, patients and school kids in El Zapote and la Barra de Santiago, El Salvador

Partner: Unidad de Salud El Zapote and Barra de Santiago

Financial resources:

personal expense: 1000€ for 8 weeks (excluding flight, including trips within the country)

donation UFH: 125€

Status: completed

Further support of the Unidades de Salud with donation of missing material and medication and helping in prevention work with the different projects of future volunteers. Together we can step by step make a change! I mostly hope that it will be possible to contribute to making a change in the habits of sugar consumption in El Salvador.

Public Health Exchange Project - Kenya

Kenia: Public Health Exchange

Period: November – December 2021 by Irina Paetzolt

Link for the blog post: <http://hospitalpartnership.unifiedforhealth.org/2022/01/>

Activities and Effects:

The initial idea for me was to participate in pre-existing Public Health initiatives and to bring in new focuses of interest and ideas for further projects. The Public Health Club of the University of Nairobi was under structural changes that time, so that the basic conditions for project working was quite difficult. Anyhow, the circumstances allowed me to have a great insight to Public Health problems in Nairobi through special rotations in the Kenyatta National Hospital like the Public Health Department, where I learned how waste disposal is structured or how food and water quality in the largest public hospital in Kenya works. In combination with working at wards and ICUs I could gain an extensive idea of the structures and also challenges in the public health care system.

Short facts

Group

Clinical rotation with emphasis on Public Health in Nairobi, Kenya

Partner

BVMD – Public Health Exchange

Status

Completed

Outlook:

For future Public Health Exchanges in Kenya would be great to not only get to know the health system through work in a hospital. The idea is to enhance engagement in Public Health in various projects and institutions outside of the classical public maximum healthcare provider. Retrospectively I see my stay in Nairobi as a good step forward towards a sustainable and bilateral exchange of medical students in Public Health projects of the partner countries as it is essential to learn about the country, the structures and also to meet the people of further cooperations.

Chances and Risks:

In my opinion, participating in a project is a great opportunity to arouse interest and motivation in young doctors in the field of Public Health. And it won't stop after having finished the project. For me, it is especially important to use the acquired practical and structural knowledge to expand the exchange. A participation in a private health care company in Nairobi for following medical students has already been made possible, which is a great achievement because it strengthens the contact, facilitates a sustainable cooperation, and comprises alternative approaches to health care provision. Also, for Kenyan students an exchange has already taken place which is a great step towards bilateral exchange of knowledge and experience.

Vision:

The overall and long-term aim of the project is to establish and strengthen exchanges in Public Health projects for German medical students in Kenya and vice versa. It would be great to have not only one but different projects with regular exchanges, establishing a network between projects, participants and organizations and motivate and inspire medical students to continue their engagement.

Kenya: Public Health Exchange Project in Nairobi

Period: 01. September 2022 – 30. September 2022 by Olivia Steenbock

Link for the blog post: <https://www.accessafya.com/home>

<http://hospitalpartnership.unifiedforhealth.org/public-health-exchange-with-access-afya-in-nairobi/>

Activities and Effects:

I went to Nairobi as a medical student with Unified for Health's Public Health Exchange Program to volunteer at two of the many “micro clinics” of Access Afya (AA). They are a healthcare enterprise that delivers localized health care, designed specifically to serve the needs of low-income markets. In their clinics, they take on the tasks of general practitioners, gynecologists, and pediatricians. They can also perform minor surgical tasks there. I worked there for four weeks, observing consultations, examining patients, or assisting with the pregnancy care and other treatments. In the early morning I also assisted the nurses with the child welfare clinic, in which every child is monitored, examined, and vaccinated.

Moreover, I attended their weekly online meetings, prepared a presentation about management of chronic hypertensive patients and, together with one of the managers, initiated a patient education day, where hypertensive patients get more information about their disease and discounts for their medication.

Short facts

Group:

Patients living in Nairobi, Kenya

Partner:

BVMD – Public Health AG

Access Afya

Status:

Completed

Outlook:

In the future, hopefully students can continue to benefit from the exchange and contribute ideas to the work of Access Afya and learn from their daily organizational life and ideas. The project could be further expanded, and the organization could also be supported with medical material if needed. Projects initiated in the future should continue to focus on patient education about and prevention of diseases.

Chances and Risks:

Unfortunately, there are still problems regarding medical care.

On the one hand, both treatments and medicines are very expensive for the patients and cannot be afforded due to the low income. As a result, patients are sometimes only able to take their medication very irregularly or simply do not take medical treatment. Especially the rejection of painkillers in pediatric treatments was difficult for me to witness. Another problem arises when patients do not see a doctor and get their medicines on their own from pharmacies. Antibiotics

are available over the counter in Kenya and are then often taken incorrectly by patients. Especially in East Africa, where doctors must deal with resistant bacteria, this results in a huge problem.

On the other hand, certain medicines are simply not accessible. During my stay, I was told that the rotavirus vaccine had not been delivered for 6 months. The supply of food supplements for malnourished children had also stopped for several months and treatment with these had to be dispensed with. Access Afya is aware of all these problems and is trying its best to improve these conditions. Much could also be done in the political sector to improve these conditions.

Vision:

The aim of this project is a bilateral exchange of information and ideas. Access Afya will give German students the opportunity to gain an insight into the health system and medical structures in Nairobi. At the same time, they can contribute projects and ideas and implement them with the help of the organization. Students can take the time to focus on patient education, while project leaders can find ways to implement structural changes. Since Access Afya is also very well positioned digitally, the exchange can continue after the visit to Kenya and hopefully a close partnership will continue.

Public Health Exchange Project - Germany

Ecuador-Germany: Public Health exchange program

Period: September 2022 by Angel Lara

Activities and Effects:

During my internship I was able to appreciate and learn how the health system for asylum seekers works at Patrick Henry a Village, Heidelberg. During my stay I was able to help with simple tasks such as taking blood pressure, measuring blood sugar level, anamnesis, and physical examination on a couple of occasions. The best thing about my time in this exchange program in Germany is that I got to know different worlds through the eyes of the translators, a new language and I got closer to many realities with social problems that only asylum seekers know and unfortunately lived through.

Short facts

Group

Patients in PHV Ambulanz, Germany

Partner

UNACH – Public Health Exchange

Financial resources in 2022

2130 €

Status

Completed

Outlook:

In the future the internship in the dental clinic of the PHV should be linked to weekly reflections with other medical students from Heidelberg to exchange thoughts and reflections. From my perspective, I think that everything that students can learn through the exchange of experiences and contrast of opinions is brutal, so it would be appropriate that in the future workshops on health management in the PHV with students with experiences from other parts of Germany and the interns who have been able to learn at the PHV.

Chances and Risks:

I think that there are many learning opportunities for the Ecuadorian students who will come to Germany, mainly the change of perspective creates a strong impulse to understand the positive aspects of the PHV dental clinic, and to imagine how they could be implemented in Ecuador in health centers little ones. The biggest threat is that students are not able to learn this system because they do not have a sufficient level of English or German to help them get along and this causes an emotional rejection of a different culture such as Germany.

Vision:

Provide medical students from Ecuador with an opportunity to learn about the healthcare system for asylum seekers in Germany. and also, that German students can travel to health centers for indigenous communities in the jungle of Ecuador. It would be ideal to create discussion workshops in English in Ecuador with German exchange students and students who wish to travel to Germany to create cultural and medical experiences that encourage participation in this program.





Kenya- Germany: Public Health exchange – Helios Emil Von Behring

Period: August- September 2022 Gagandeep Bhogal

Activities and Effects:

I was able to participate in daily ward rounds and blood works to monitor the side effects of the TB medications. Once a week, I joined the weekly major round where all the CT scans and radiographs were reviewed with the senior doctors and discussed the genotypes and phenotypes of the mycobacteria along with the drug resistant regimens, realizing the importance of knowing the phenotypes and what antibiotics were sensitive.

The discussions were tied in with a visit to the laboratory at the hospital where state of the art procedures and equipment were in place. I was able to see how the samples of our patients in the wards were being processed and the mycobacterium in each of the patients. I was able to see different strains of mycobacterium.

Twice a week, I got to join the doctors at the Outpatient clinic and work with patients from various backgrounds. During these clinics, I had the rare opportunity to see a patient presenting with *Mycobacterium marinum*. This patient presented with 'textbook symptoms' as the clinical history was just what we read in textbooks. Alongside the wards, I was able to really improve my Radiology skills and clinical examination skills. I learnt how to combine my clinical examination findings with those on CT scans and Radiographs. I had a chance to watch CT guided biopsies and spirometry in action. During my rounds, I was also able to participate in discussions around palliative care for lung carcinoma patients.

I was able to spend a week at the public health center: Bezirksamt Lichtenberg von Berlin. Being in the wards with exposure to the asylum-seeking process and the public housing structures/facilities in place. I also rotated in the intensive care unit specifically the weaning station and pediatric wards.

Outlook:

In the future, Kenyan students and medical professionals interested in respiratory medicine or infectious disease specifically Tuberculosis can experience the process of diagnosis, treatment and follow up of TB patients and increase their knowledge on MDR-TB and its management.

Chances and Risks:

Access to the resources in tuberculosis and respiratory medicine as well as the patient care is key experience for Kenyans to come and learn about the right attitude towards patients. The exchange creates a new dimension for medical students to learn about the knowledge attitude and practice related to medicine in countries with advanced technology and resources.

The language barrier however is a hurdle that requires patience during intense rounds, clinics and also is largely dependable on a German speaking health professional willing to translate continuously.

Vision:

The idea behind this elective specifically at the tuberculosis department creates a space for partnership for Germany and countries like Kenya through the Berlin Central Committee for Tuberculosis to be able to enhance treatment. It serves as a platform to improve testing and treatment and therefore leading to early diagnosis and effective treatment of TB in LMICs. Adequate training of interested parties in the LMIC's should be looked into to ensure sustainability of these programs and their effects thereby reducing donor dependence for diseases with such a high burden.

Kenya- Germany: Public Health exchange – Helios Emil Von Behring

Period: August- September 2022 Hamza Khawaja

Activities and Effects:

I undertook my medical elective in Child Orthopedics and Trauma at the Helios Emil von Behring Hospital, Berlin-Germany, and a Public Health Exchange at the Berlin Tuberculosis Centre for a total period of 4 weeks,

Limb length discrepancies, Spine and back, corset posture correction, hip dysplasia correction, fracture repairs were amongst the various services offered by the department. In a nutshell, anything bones related to children was referred to us! These procedures were those I had only read in textbooks or seen virtually and getting the chance to see these in real time was ecstatic. Techniques in assessing limb discrepancies and thereafter implementing a treatment plan and educating the patient on the next course of action was a valuable learning experience for me. Cool technology where one magnetic rod is surgically inserted into the femur which then extends to increase the length of the limb when an external magnetic machine is held close to the region of the femur was amongst the most fascinating things I saw. Patient management was an area that was well understood by the facility and patient comfort treated with utmost dignity. Need based care was well executed and the doctors took their time in the management of each patient which I believe is important as an important part of their management is solved when they (patient) is well informed & educated about his/her condition.

Every morning the day began by reviewing scans of patients who had presented the previous night which was then followed by a department discussion where we reviewed our inpatients. I attended the daily rounds where progress of each patient was evaluated, and further direction given. For me, that was enlightening as I enjoyed knowing the “what next” aspect in patient management. Thereafter, I would spend the day in the outpatient clinic and the emergency trauma department. The outpatient clinic served as a major platform to review patients and determine the outpatient management. Performing certain tests to evaluate range of motion and thereafter the adrenaline rush when casualties present to the ER was one that is indescribable.

Spine correction procedures was an area I focused upon extensively during my time at the facility. Having assisted through a 6-hour spinal surgery, unmasking each vertebrae and visualizing them as raw as they could be, thereafter inserting magic rods for a correction of Scoliosis was a big opportunity to learn from one of the best consultants renowned for his contribution to spine surgery. The precision and patience it takes to carefully expose each layer of the back and thereafter aligning each vertebrae so that correction can be achieved was one to watch.

Maintaining still so the driver doesn't move out of position while trickles of sweat gently race down your back as a result of the underlying lead coat and scrubs were all drops that contributed to my pond of experiences. From the preoperative testing and thorough counseling and understanding of the patient allowed me to imply a more holistic approach to treatment of patients as you are able to make right decisions in the best interest of the patient, a skill that I am happy to return home with. Thorough explanation of the procedure from the operating surgeon allowed me as a student and assistant in the surgery to well visualize what we were expecting to do during the 6-hour procedure.

Additionally, I attended a Public Health Exchange at the Berlin Tuberculosis Centre where we were primarily involved in screening of individuals mainly refugees looking to seek asylum. The process involved screening of Tb as well as contact tracing for those that came in contact with someone who is positive. This gave me deep insight into the incidence of MDR Tb and the drug regimen that is used in such cases. I was also made aware of the relatively low burden of TB in Germany as compared to our high numbers back in Kenya.

Outlook:

In my time at the facility I would regularly reflect on our local medical & surgical practices to the German healthcare system. On the global stage, Kenya is a developing health system faced with dynamic challenges. I believe these areas of challenges can be utilized as engines of collaboration which are able to drive our healthcare into the future and, hence revolutionizing global surgery.

My time there also allowed me to reflect on our local health insurance model. In Germany, the taxpayers pay insurance based on their pay while in Kenya our contributions remain at 5\$ per person per month regardless of your income. That contributory figure remains low to cater for a population of 54 million considering a working population of about 35% of which more than 50% are employed by the informal sector. The contributions fall short to addressing the needs of those who require the hospital services necessitating out of pocket payments or prolongation of treatment due to unavailability of funds. While we as a country are making great strides in our quest for Universal Health Coverage our efforts are met with a host of problems. Engagement with individuals concerned with this model made me aware of ongoing talks which exhibit the benefits of the German Healthcare model. I was glad to share my views since I had the opportunity to understand the model.

Chances and Risks:

Increased need for global partnerships and exchange of new and existing practices. Engagements with partners across both ends, increased opportunities for elective/placements is needed as this exposes one to adapt and experience a different working environment and understand prevalence of different disease conditions eg Topical diseases.

Unfortunately, the language barrier limited my patient interaction as most communication was done in German.

Vision:

My vision would be to enhance our bilateral exchange and create a platform where we have global access to resources for a positive learning experience and practice. Sharing of knowledge and practices is one of the key areas of professional growth as when you teach, you understand the concepts and it gets better with practice.

Additionally, to have more opportunities so a higher number of students are able to come and experience the exchanges both in public health and Clinical medicine and surgery







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