

The Volunteer Connection



Winter 2010-2011

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Health Volunteers Overseas Turns 25

HVO is approaching its 25th anniversary and, as much has changed globally since 1986, we were curious as to the changes that have occurred at HVO. We spoke with David Frost, Board Chair Emeritus, an HVO member since the earliest days, and Julia Plotnick, who became Board Chair in November, 2009. (The full article can be seen on the HVO web site.)

When and how did you first encounter HVO? How did it draw you to volunteer? Describe your first volunteer experience. What did you learn from that experience?

DF: My first encounter with HVO was in 1986, when I met three maxillofacial surgeons who had just returned from a site assessment in Nepal. That encounter led me to be in HVO's second volunteer group to Nepal, my first such experience in a developing country. I was drawn to the experience because it offered the opportunity to teach while doing hands-on treatment.

JP: I first became aware of HVO in 1999, through Marie O'Toole, who was at Rutgers University. She shared her volunteer experiences and within a couple of months we were traveling to Uganda to conduct a site assessment for HVO!

What changes in HVO have you seen since you first joined? Which ones, to you, have had the greatest impact?

DF: HVO is now so much bigger than when it started with a staff of two! Initially, HVO was an outgrowth of the work of Orthopaedics Overseas. Today, there are volunteer opportunities in many different specialties, with 80 programs in over 25 countries.

JP: I am impressed by how smoothly the organization is run. The longer I'm involved with HVO, the more impressed I am. I serve on several other Boards and I would have to say this organization runs the most smoothly.

What kind of changes have you seen in health care in the United States that could have an impact on HVO? Has HVO's structure and process kept up with the changes?

DF: Technology's impact in the U.S. certainly has affected developing countries. Although countries may not yet have some of the equipment, surgeons are aware of new techniques and want to receive such training. With that knowledge, and a savvy ability to locate funding, they are often able to obtain the necessary equipment.

continued on page 6



Health Volunteers Overseas • Improving Global Health Through Education

News & Events

LETTER FROM THE EXECUTIVE DIRECTOR



“I don’t know what your destiny will be, but the one thing I know: the only ones among you who will be really happy are those who will have sought and found how to serve.”

–Albert Schweitzer

Dear Friends,

Since HVO was founded in 1986, over 6,480 volunteers have sought and found that opportunity to serve through nearly 7,100 assignments. Most of those volunteers have found the experience so rewarding that they have returned repeatedly, either to serve in a variety of program sites or to develop a long-term relationship with a particular program.

As we move into our 25th year of service, the work of these volunteers is truly something to celebrate. Throughout the coming year, we would like to share some of those experiences so please send your stories, reflections, etc. You can send them to Linda James at L.James@hvousa.org

In our cover article, David Frost, Board Chair Emeritus, and Julia Plotnick, Board Chair, share some of their thoughts on the development of HVO and its future direction. While much has changed, the core volunteer experience remains the same and the need for HVO’s assistance is as important as ever.

I am pleased to say that our volunteers are as committed as ever, as are our donors, who have come up with some great fundraising approaches as you’ll see on page 5.

For those of you who are debating about a volunteer experience, why not take the plunge in HVO’s 25th year? We are sure you’ll find the experience life-changing and will be eager to return on a regular basis.

As always, our work would not be possible without the commitment of our donors and, for their support, we are truly grateful.

Sincerely,

Nancy A. Kelly, MHS

Nancy A. Kelly, MHS
Executive Director



HVO is now on Facebook; become a fan today.

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Active Program Sites

CURRENT VOLUNTEER OPPORTUNITIES

Anesthesia

Ethiopia	2 - 4 weeks
India	2 - 4 weeks
Peru	1 - 4 weeks
South Africa.....	2 - 4 weeks
Vietnam	2 - 4 weeks

Dermatology

Cambodia	2 - 3 weeks
Costa Rica	1 - 2 weeks
India	2 weeks
Peru.....	1 - 4 weeks

Hand Surgery

Honduras	1 week
Peru.....	1 - 2 weeks

Hand Surgery/Hand Therapy

Nicaragua	1 week
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Hematology

Cambodia	2 - 4 weeks
Peru.....	1 - 4 weeks
Uganda.....	2 - 4 weeks

Internal Medicine

Bhutan	1 month
Cambodia	2 - 4 weeks
India	2 - 4 weeks
Peru.....	2 - 4 weeks
Uganda	1 month

Nurse Anesthesia

Bhutan	1 month
Cambodia	2 - 4 weeks
Ethiopia	2 - 4 weeks

Nursing Education

Cambodia	2 weeks
India	2 - 4 weeks
Tanzania.....	3 - 4 weeks
Uganda.....	3 - 4 weeks

Oncology

Honduras.....	1 - 4 weeks
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Oral Health

Cambodia	2 weeks
Honduras.....	2 weeks



Photo courtesy of Michael Unger.

Volunteer Michael Unger - Dentistry - Laos

Laos.....	1 - 2 weeks
Peru.....	1 - 2 weeks
Rwanda	2 weeks
Samoa.....	2 weeks
Tanzania	2 weeks
Vietnam	1 - 2 weeks

Orthopaedics

Bhutan	1 month
Cambodia	2 - 4 weeks
Cameroon	1 month
China	2 - 4 weeks
Costa Rica	1 week minimum
Ghana	2 - 4 weeks
Malawi	1 month
Moldova.....	2 weeks
Mongolia	2 - 4 weeks
Nicaragua	2 weeks
Peru.....	2 week minimum
St. Lucia	2 - 4 weeks
South Africa	1 month
Tanzania.....	2 - 4 weeks
Uganda	1 month

Pediatrics

Bhutan	1 month
Nicaragua	2 - 4 weeks
St. Lucia	2 - 4 weeks
Uganda	1 month

Physical Therapy

Bhutan	4 months
Ethiopia	2 - 4 weeks
Haiti	2 - 4 weeks
India	2 weeks
Peru.....	2 - 4 weeks
St. Lucia	2 - 4 weeks
Suriname	2 - 4 weeks
Vietnam	2 - 4 weeks

Special Projects

Emergency Medicine

Bhutan	1 month
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Mental Health

Bhutan	3 months
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Pharmacy

Uganda	1 month
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Wound Management

Cambodia	1 - 2 weeks
India	1 - 2 weeks
Peru.....	1 - 2 weeks
St Lucia	1 - 2 weeks

Please Note: New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: programs@hvousa.org or 202-296-0928. Visit the web site www.hvousa.org.

News & Events

HVO MEMBERS IN THE NEWS

Julia Plotnick, Board Chair, receives Honorary Doctorate

In May 2010, Julia Plotnick, MPH, RN, FAAN, was awarded an honorary doctorate from the University of Massachusetts Dartmouth for her contributions to global health. It was an eventful day, as she received her honorary doctorate at the university's undergraduate ceremony and then gave the commencement speech at the graduate ceremony, where she shared some lessons learned in her lifetime of service.

Throughout her career with the U.S. Public Health Service, Dr. Plotnick has provided global assistance and leadership, particularly as a community health and maternal/child specialist. She has accepted special international assignments with the World Health Organization and her experience has taken her to Sudan for famine relief and to Rwanda following the genocide.

In 1996, Dr. Plotnick retired as Assistant Surgeon General, Chief Nurse of the U.S. Public Health Service. She served as a consultant and visiting professor, and was a founding member of the Health Committee for the International Rescue Committee. A member of



photo courtesy of UMD PhotoGraphics Dept/Jennifer White.

HVO's Board of Directors since 2006, Dr. Plotnick assumed the position of Chair in November 2009.

HVO congratulates Julia Plotnick on this latest tribute to her lifetime of work dedicated to improving global health.



A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries.

When you write or review your will, please consider leaving HVO a charitable bequest as an investment in HVO's future. You may bequeath a specific amount of money or a percentage of your estate. Another relatively simple option is to designate HVO as the beneficiary of a life insurance policy or the assets of a retirement plan.

If you are interested in creating a charitable bequest in your will or in discussing some other charitable aspect of your estate planning, please contact Nancy Kelly at giving@hvousa.org. If you have already made a charitable bequest, please let us know! We will honor all requests to remain anonymous.

Thank you to the following people who have made such a commitment:

Richard Coughlin, MD
 Germaine Fritz, DO
 Elaine Goodall, PT, MEd
 Paul Muchnic, MD

Kim Dunleavy, PhD, PT, OCS
 Dr. and Mrs. David Frost
 Nancy Kelly & Michael Hagan
 Dr. and Mrs. Harry Zutz



News & Events

HVO MEMBERS IN THE NEWS

Denise English, PT, Receives Humanitarian Award

Denise English, PT, was honored in May by her alma mater, the University of Pittsburgh. She was presented with the inaugural School of Health and Rehabilitation Sciences Humanitarian Award. The award, which was created “to recognize those who are respected by their peers, recognized as leading experts, and are devoted to the promotion of health welfare”, was presented to Ms. English in recognition of her work in Haiti since 1988.

Having seen the vast need for physical therapy services, Ms. English has been the driving force behind the development of the Rehabilitation Technician Training Program for the Hôpital Albert Schweitzer in Deschappelles, Haiti. She and another HVO volunteer were providing training to the students when the earthquake struck in January. (Her blog excerpts of the assistance they provided to the vast numbers of patients appeared in the spring issue of the *Volunteer Connection*).

Her commitment to Haiti was recognized earlier this year when she was honored with HVO’s Golden Apple Award. She has also been honored with the 2006 Golden Apple Award, the St. Louis University School of Rehabilitation Sciences Florence Kendall Award, and the Pennsylvania Physical Therapy Association Humanitarian Award.



Photo courtesy of Heather Costello.

HVO member Heather Costello (left, in light jacket) at the summit of Mt. Kilimanjaro.

The Catalogue for Philanthropy

HVO is pleased that it has been selected as “one of the best small charities in the Greater Washington region” and will appear in the 2010 - 2011 Catalogue for Philanthropy. Nearly 250 applications were reviewed by foundations, corporate giving programs, non-profit agencies, etc and 70 were selected based on excellence, cost-effectiveness, and impact.

The Catalogue for Philanthropy was started in 2003 as a way to “generate visibility and resources for the best of community-based non-profits, and to create more meaningful experiences for donors.” The catalogue will be sent to individuals and family foundations. Many other potential donors will access it its online: www.catalogue-forphilanthropy-dc.org.

On the cover of our newsletter, you will now see the “One of the Best” stamp. This is the Catalogue’s stamp of approval, which lets donors know they can invest with confidence since those selected have undergone a careful vetting process.

Please encourage friends and colleagues to view the catalogue and learn more about HVO!

Innovative Ways to support HVO

There are many ways to support HVO. If you shop through Amazon, access their site through the link on HVO’s web site and a percentage of the sale goes directly to HVO. For those planning a wedding, many couples have asked their friends to forego gifts and contribute to HVO through the I Do Foundation. This spring, there were some other innovative approaches to fundraising for HVO.

In May, the staff at the American College of Physicians had their Dress Down Day, a day where everyone dresses casually and contributes funds toward a specific cause. HVO was proud to be the recipient of the \$800 collected.

Heather Costello, a physical therapist, completed a climb to the summit of Mt. Kilimanjaro. Commencing on February 15, her team of five, plus their mountain guides, climbed through five climate zones and reached the summit of 19,340 ft. after 4 ½ days. The descent was accomplished in 1 1/2. As she prepared for her trip, Ms. Costello set up a First Giving fundraising page through the HVO web site and requested friends and colleagues to support her training by donating to HVO. Her initiative raised over \$1500!

Volunteer Perspectives

HVO TURNS 25

HVO Turns 25 *continued from page 1*

Technology has also brought a greater sense of connectivity. Once volunteers have made the initial contact with sites, it is possible to stay in touch and even provide telemedicine capabilities in some circumstances.

HVO has managed to stay ahead of the curve in terms of using technology to strengthen contact with the sites and volunteers.

JP: We are all so busy these days, I fear it will be harder to find people who have the time to volunteer. In this recession, money for travel is also an issue. We may need to explore alternative ways of volunteering.

In the US, we still have a nursing shortage and, in situations like the operating room, we are often using technicians rather than nurses. We are just having a difficult time locating nurses able to volunteer.

What kind of health care changes have you seen in HVO service countries? Examples? What impact do they have on the HVO volunteer experience? On the projects?

DF: I think there is a growing awareness of care in the countries where HVO works. Patients have a better understanding of the kind of care that is possible and, once that awareness is there, the expectations for the country begin to change.

HVO volunteers are people who want to assist others and they will look for ways to make a difference. One dramatic change is that developments in computer technology and communication have brought a broader knowledge to the program sites and have certainly eased follow-up communication.

JP: In many HVO countries, there is now a need for advanced education. In the past, at least in nursing, volunteers served as teachers. Now, they are serving more as consultants, which requires a shift in the volunteer's perspective. In more of a "consultant" role, you don't need to do as much hands-on work. It is important to have the initial face-to-face contact but, once the connection has been made, a lot of follow-up work can be done via the Internet or technology such as Skype. I expect we'll see more of that.

What level of interest for volunteering do you see among colleagues? Are there factors that have made volunteering more difficult? Easier? What are differences among disciplines in the ability / interest in volunteering? In younger generations of health care service providers?



"HVO volunteers travel to teach, to leave knowledge behind, and to strengthen the skills of their colleagues overseas."

- David Frost, DDS, MS

DF: I find that people 40-60 years old are more apt to volunteer and the younger generation is not yet quite as interested. There is a lot of interest among students in what I call "safari surgery" where they travel to see how surgery is performed elsewhere, but HVO's work is very different. HVO volunteers travel to teach, to leave knowledge behind, and to strengthen the skills of their colleagues overseas.

I think 9/11 had an impact on volunteering; people were initially concerned about their safety. Today, the economy seems a factor in holding people back.

Volunteering is easier with the ease of travel over the last 25 years, as well as improved technology which makes it easier to stay in touch with family and colleagues while you're gone, and with the program site when you return home.

My experience is that HVO volunteers work within their skill set. They recognize their own limitations and realize they can say no to requests for training in areas where they are not comfortable. The recipients of HVO's training are eager for knowledge and will absorb as much as possible. However, they also recognize that no volunteer can know everything and it is important that volunteers accept that.

JP: Colleagues at various nursing organizations have indicated that they see a great deal of interest in volunteering. Jeanne Leffers and I have actually been asked to contribute to a book on volunteer opportunities in nursing.



Volunteer Perspectives

HVO TURNS 25

Why is HVO so important? Has it affected your family? Your friends? Your work?

DF: HVO is very important to me because it allows me to do what I do best in a new and interesting environment. I believe that change in our world must come from the bottom up, at the grass roots level. HVO is working with our colleagues who are able to bring that change. People around the world are starved for education and HVO allows us to share the knowledge we have gained with others; we are truly making a difference!

My experience with HVO has certainly affected my family as I have been volunteering for many years, and often for extended periods, since my children were young. I believe in the concept of “paying it forward” so my children have seen the importance of “giving back” to others.

I am very thankful to work with supportive colleagues who understand what an impact HVO is having.

JP: HVO is a great organization! I truly believe that it represents the way all volunteering should be. HVO assesses the needs and what the people want to do, and then works hard to achieve those goals. HVO doesn't impose its own ideas but works with the host institution to meet their objectives.

My friends and family have been very interested in and supportive of HVO's work. Those who can't volunteer spread the word about HVO and have become good donors!

What recommendations do you have for HVO as it begins its next 25 years? If you could look back ten years from now, what would you like to see?

DF: I think it is crucial to ensure that HVO is here in 25 years. That is why the HVO Legacy Circle is so important as it ensures funding into the future. (ed: Further information on the HVO Legacy Circle can be found on page 4).

We need to become more outcome and assessment oriented. The work is being done, and progress is being made but we need to document that more by showing outcomes. (e.g. fewer amputations, a decrease in tooth decay, etc.)

I hope that in the future, there will be public awareness in our program countries that health care is so good that people will stay in their country and not feel they must leave to receive treatment.

JP: On our Board we have a very interdisciplinary group, and we are all able to benefit from such a wealth of varied knowledge. I would like to see our programs take on more of an interdisciplinary manner, so we can address issues from a team approach whenever possible.

Describe one of your favorite HVO experiences.

DF: On my very first trip to Nepal, I had a profound experience which has stayed with me. I worked closely with a resident who was learning cleft lip & palate surgery. He was a very busy man with many responsibilities but he was eager to learn from my experience.

A 20-year-old woman arrived at the hospital for surgery, having walked for days from the mountains where she lived. She had an unrepaired open cleft lip which would now be repaired after twenty years. The surgery went well and I was talking with the resident about the follow-up treatment and subsequent surgery she would need. I was very intent on conveying this information, since it would occur after my departure.

He looked at me, shook his head, and said, “You don't get it.” I was a bit taken aback that he, a young resident, was telling me, an experienced surgeon, that I didn't understand the situation. As he explained, this was the one chance in her life for this woman. She made the long journey to have the surgery, would return home to marry, and would never return for follow-up. This was her chance and we had that one moment to address her need. It was an important lesson to learn and one I've not forgotten.

That experience taught me a lot about health care needs in the developing world and reinforced how important HVO's commitment is.

JP: Through my varied experiences with HVO – serving as a volunteer and a Steering Committee member, conducting new program assessments, and serving on the Board of Directors, I have a real understanding of how HVO works. There is a wealth of experience from a variety of backgrounds that contributes to make this organization such a dynamic and committed one. Working with a dedicated Board and with Nancy Kelly's fine leadership, I look forward to the next 25 years of improving global health.



Reflections from the Field

Sebastian Partesotti, MD – Anesthesia - Tanzania

The volunteer experience is what you make of it. It took me about a week to learn what supplies (ETT, blood pressure cuffs, anesthetic gases and drugs, etc) are available, how the anesthesia providers use those supplies, and how you can work with those supplies to improve the standard of care at Bugando Medical center. It also took a couple of days to learn the most effective, fun and engaging way to teach but, once the students opened up the experience became very worthwhile. My suggestion is don't come to BMC expecting to change the world, rather find the one or two things that you can improve upon in the month there and just keep emphasizing the points. Trying to do too much at once is counterproductive, especially with the slow pace of life in Tanzania.

Cassie Gyuricza, MD – Hand Surgery/Hand Therapy - Nicaragua

Scar revision small finger: This case struck me because the woman presented with a 95 degree PIP contracture and 65 degree DIP contracture of the small finger. Even with interpretation, it took a while to get the story that it was due to an injury that occurred 9 years ago. Our natural question, why was she seeking treatment now if she had dealt with this for so long? It turns out she is in the military and just changed jobs. She had no difficulty performing her job before so she never bothered to have the finger addressed. She is now a medic and had difficulty putting on gloves. It was only her difficulty performing her job that led her to seek help for this severely contracted finger.

Karen D'Silva, MD – Internal Medicine – Uganda

From this volunteer clinical experience in Uganda, I have learned a great deal about myself, including my strengths in dealing with patients. In a situation where my own medical knowledge and skills were in some ways less relevant, I realized that my communication skills are strong and that I do have the ability to relate to people of various cultural and economic backgrounds. Moreover, my instincts and sensitivity in dealing with people was useful even in the face of significant language barriers.

As a result of this experience I have also found myself contemplating more and more the primary objectives of medical care, especially in a setting of limited resources and high prevalence of severe, chronic disease. I wonder what are the paths to providing the most dignity for human life. Education for patient and family members about diagnosis and course of disease, end-of-life care and comfort measures, preventive care and screening tests seem to be the starting points for investing further time and resources.

Daniel Kronish, MD - Oncology - Honduras

Leukemia patients present in a similar way to US patients, but many of the solid tumor patients present with very advanced disease, secondary to parental ignorance, poverty, and distance from medical care. Oncology care is also challenged by the necessity to adapt treatment because of diagnostic constraints such as inability to perform chromosomal analyses and lack of pathologic expertise, and the need to adapt intensive chemotherapy protocols to a level more compatible with care in Honduras. The tremendous efforts of the physicians and nurses is aided by a wonderful service, the Fundacion Honduena por el nino con cancer, that assists with antibiotics and blood products.



reflections...

Hugh MacMenamin, MD – Orthopaedics - Bhutan

Graduated orthopaedic techs are the first line for the local orthopaedic surgeons. They run the clinic on days the surgeons are in OT and attend the Emergency Department for consultations and trauma cases. They then contact the ortho surgeons much like an ortho resident does in the United States. I felt most useful to the HVO ortho program in Bhutan teaching the orthopaedic tech students.

Julie Soong, MD and Sonali Joshi, MD – Anesthesia - Tanzania

Teaching tips:

- Jeopardy style works great – break the class into groups and have 4 - 5 categories of questions with 3 questions each (easy, medium, difficult)
- ASK students questions! They look like they are paying attention all the time, but most of the time they have no idea what you are talking about. So, ASK and try to make the class as interactive as possible.
- Repetition, repetition, repetition!

Gary Lippincott, DDS, MS – Oral Health - Honduras

As with many teaching programs in dentistry, limitations exist in terms of availability of resources. Even so, Dr. Cruz and his faculty have shown remarkable resilience and initiative in creating a viable program for students at UNAH-VS (National Autonomous University of Honduras in Sula Valley). The faculty members I met appear to have a very collegial and supportive attitude toward their students. The students in general are very anxious to learn and show dedication to the welfare of their patients.

Robert R. Schenck, MD – Hand Surgery - Uganda

Only two operating rooms for “clean cases” were available, and just one of those had anesthetic equipment to provide general anesthesia to children. There was a constant backlog of orthopaedic procedures, of long bone fractures from automobile and motorcycle trauma. To find operating time, hand surgery cases were frequently done on a cart in the holding area outside of the operating rooms, with numerous people passing by.

The mix of hand cases seen and treated is quite different from those in the United States. Burn scar contracture is a frequent diagnosis, needing skin grafting techniques and equipment. Fractures of all types are common, but treatment of these, and many other diagnoses, are frequently delayed until long after the ideal, with infection not an infrequent complication, either pre and/or post operatively.



Photo courtesy of Melanie Thomas.



Volunteer Perspectives

ASSIGNMENT IN UGANDA

A Pharmaceutical Scientist on Assignment in Uganda

by Vidya Swaminathan, PhD, MS

It has been the adventure of a lifetime in a small country in East Africa of which I knew very little a year ago, only slightly more when I embarked on my volunteer assignment as a Pfizer Global Health Fellow in March, and considerably more now, having lived here for six months. Through the microcosm of Uganda I have been afforded a close-up view of health care challenges in the developing world.

The Pfizer Global Health Fellows program is a skills-based volunteer program through which the professional expertise of Pfizer employees is utilized through specialized volunteer assignments with nonprofit organizations to improve health care services for under-served communities around the world.

Health Volunteers Overseas, the NGO partner to whom I was assigned, placed me at the Department of Pharmacy, School of Health Sciences at Makerere University and the affiliated teaching and national referral hospital. There I taught and worked with the Dean and faculty to strengthen the academic capabilities and build the health research capacity of the department.

The shortage of trained health care workers is not merely a statistic in WHO and the Uganda Ministry of Health reports—health centers that serve as many as 300,000 people without a physician in attendance; a single radio-pharmacist in the only nuclear medicine facility in the country; a total of around 400 pharmacists serving a population of 30 million — these are statistics that describe the health care reality in the country. To put the situation in context, the population of Uganda has roughly doubled in the last quarter century; health care capacity has not increased proportionately, with the result that the demands on the available capacity are staggering. Further, health care facilities and resources are largely concentrated around urban areas, leaving a huge gap in both the quality of services and access to health services in the rural areas where the majority of the population resides.

It is estimated that around thirty percent of the population of thirty three million lives on a dollar a day or less; these people are entirely dependent upon the free medical services and drugs provided by the Government at its health centers; these centers, however, are chronically understaffed, under-equipped and do not have adequate



Photo courtesy of Vidya Swaminathan.

stocks of drugs and medical supplies to meet the needs of the communities that they were set up to serve. Ugandans get their medicines from drug shops—small retail outlets that stock a limited number of drugs, usually of the over-the-counter variety; an initiative is underway to train operators of these outlets to provide them with a basic level of awareness of medicine quality, particularly as it relates to procurement and storage of medicines, and accredit these outlets. The intent is to improve access to medicines in rural areas of the country that are largely under-served by pharmacies by encouraging the opening and operation of drug shops in rural areas (there are about five hundred registered pharmacies in Uganda, and nearly all of them are situated in and around cities and towns) and to protect the public through ensuring compliance of these outlets with basic quality requirements.

Health care needs in this part of the world are many and acute; while progress is being made through investment in health care, education, and infrastructure, much remains to be done. Building a critical mass of sustainable local research capacity is increasingly recognized as a



Volunteer Perspectives

ASSIGNMENT IN UGANDA

“—health centers that serve as many as 300,000 people without a physician in attendance; a single radio-pharmacist in the only nuclear medicine facility in the country; a total of around 400 pharmacists serving a population of 30 million — these are statistics that describe the health care reality in the country.”

Vidya Swaminathan, PhD, MS

necessary and sustainable way to improve the ability of the country to address its health care needs. In 2009, the Wellcome Trust launched the African Institutions Initiative aimed at strengthening Africa’s universities and research institutions. It does this through seven pan-African and international consortia, each centered in and directed by an African institution, and including at least one non-African higher education partner in the UK, Europe, Australia and USA. The consortia support professional development through PhD and postdoctoral fellowships that provide research training within a structured and rigorously mentored environment, competitive grants that include training for a year at the overseas partner institution, and provision of up-to-date equipment to the African institution where research is being undertaken. Uganda is in four of these consortia; one of these, Training Health Researchers into Vocational Excellence (THRiVE), has its hub in Makerere University.

Volunteer Opportunities for Pharmacists and Pharmaceutical Scientists:

There are numerous opportunities for pharmaceutical scientists and pharmacists —working in community pharmacy practice, clinical/ hospital pharmacy, nuclear medicine, and supply chain— to contribute to health care in Uganda through education and training. Examples include training radio pharmacy technicians, teaching and providing training in laboratory skills; training interns in clinical/ hospital pharmacy to take on an active and visible role in the health care team and apply what they’ve learned in the academic curriculum to the clinic, thereby enabling the benefit of training to be translated into patient care; teaching undergraduate and graduate students in pharmacy and clinical pharmacy at the University; mentoring graduate students and helping them identify research projects that are relevant to the needs of the community, developing research proposals and carrying out research; and providing training in the use of tools such as cost-benefit analyses to inform medicines procurement decisions. There is thus ample opportunity to contribute and make a significant positive impact on health care where it is most needed.



Photo courtesy of Vidya Swaminathan.

Special Thanks

DONORS & IN-KIND DONORS

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American Academy of Orthopaedic Surgeons
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 American Dental Association
 American Society for Surgery of the Hand
 AO ASIF Continuing Education
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HVO recently became a signator to the World Cancer Declaration. (<http://www.uicc.org/node/80>) The document is “a tool to help cancer advocates bring the growing cancer crisis to the attention of health policymakers at national, regional, and global levels. It represents a consensus between foundations, national and international non-governmental and governmental organizations, professional bodies, the private sector, academia, and civil society from all continents that are committed to the vision of eliminating cancer as a major threat for future generations.”

The sponsor of the Declaration is the International Union Against Cancer (UICC), the leading non-governmental organization dedicated exclusively to global cancer control.



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