

Promoting Sustainable PHC in Kabul, Afghanistan



Training

Staff Training

Training Manuals

Ultrasound Training

Open Source Electronic Medical Record

Clinical

Better Management of Chronic Diseases

(Diabetes, Hypertension ...)

Public Awareness

Magazines/Brochures

Pre-natal & Post-natal care

Marketing & Announcements

Achievements

Increasing No. of daily Patient 80%

80% of the Patients are Female

Quality Improvement

Expanding of Services

Cooperation (MoPH, EPI, WHO & National & International NGOs)



Establishing Breast Cancer Center in Herat, Afghanistan

Implementing Partner: Afghan Surgeon Society West (ASSW)

Donor: GIZ, Ministry of Economy of Germany

Start Date: 01-09-2020

End Date: 31-08-2022

Successes:

- 1- Establishing the first diagnostic and treatment Breast Cancer Center in Herat-Afghanistan
- 2- Establishing the first Tumor Board
- 3- Introducing the Core Cut Biopsy and IHC
- 4- Successful partnership between ASSW (Afghan Surgeon Society West) and Kimia Specialty Hospital with coordination of Herat DoPH

Challenges:

- 1- lack of tumor institutions in Herat
- 2- Not having a well-equipped infrastructure for the Breast Cancer Center
- 3- The political changes on August 15, 2021, and the migration of project employees to Germany
- 4- No Radiotherapy center in Afghanistan

Method / Tools used:

- 1- Volunteer based implementation of most of the project objectives.
The target populations of this project were women presenting with breast problems at Kimia Hospital in Herat, and healthcare staff involved in breast cancer diagnosis and management.

Message:

This project brings a message that even in the 21st century, many big cities of underdeveloped countries don't have well-equipped facilities for diagnosis and treatment of breast cancer.

Request:

Providing further support to Afghanistan women in breast cancer management.



In 2015 a strong partnership in the field of oncology was established between UKM and YSMU.

- The first educational project, sponsored by BMG, was held in 2016, in the frames of which an opportunity to learn about new cancer treatment options and protocols was provided to the oncologists and pathologists from Armenia.
- In 2017 and 2018, six more doctors participated in training programs in Germany.
- On 9-13 April 2018, "Modern Criteria of Cancer Diagnosis and Treatment" and "Applied Research in the Healthcare System and Cancer Registry" international conferences, sponsored by BMG and initiated by professors of UKM, were held in YSMU, Armenia.
- On 11-13 September 2019, the "Interdisciplinary Management as Key Issue of the Comprehensive Oncology" conference took place in Yerevan.



Thanks to our cooperation, exchange of knowledge, and experience, we will reach a qualitatively new level of cancer care.

One of the key features of our conferences is discussions of complex cases, which allow us to exchange experiences and choose the best treatment options for our patients.



One of the biggest challenges

was to keep the partnership, and not give up during the COVID-19 pandemic. Despite this disaster, the cooperation continued and two more conferences about GI cancers were held online in 2021.



National Oncology-Program Armenia

University Hospital Münster, Hannover Medical School, Germany
Eriwan State Medical University, Armenia

Project Aims

Improvement of oncology care in Armenia via

- Clinical training for oncology-related professionals
- Clinical decision support via joining multidisciplinary tumor boards
- Clinical education via annual joint Armenian – German Oncology School ARGOS
- Research collaboration in Public Health

Joint Multidisciplinary Tumor Boards

Monthly joint video-assisted MDT (YSMU, UKM)
Since August 2019 Musculoskeletal cancer MDT

During 2021 overall 16 MDT meetings were held, where 32 cases of 23 patients were discussed.

- 4 Ewing sarcoma, 5 osteosarcoma,
- 5 synovial sarcoma,
- 3 RMS, 1 pleomorphic sarcoma,
- 1 myxoid liposarcoma,
- 1 angiosarcoma.
- 1 malignant triton tumor (MPNST),
- 1 Kaposiform hemangioendotelioma,
- 1 inflammatory myofibroblastic tumor,



Clinical Exchange and Internships



- Clinical internships (4 weeks)
- Conference participation for young Armenian fellows
- Online Expert Lectures

Learning from each other

- Clarifying selection criteria and processes for internships and exchange programs in advance between all partners
- Consider potential language problems during on-site trainings for non-academic participants
- Provide written educational material

Challenges and Solutions

During the project various demanding challenges occurred

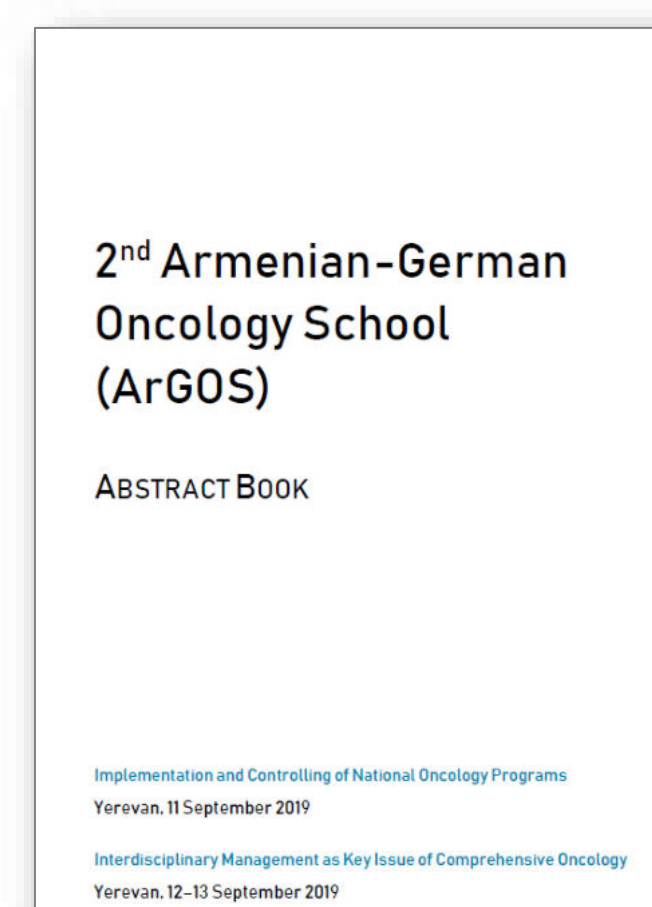
- Availability of lectures for onsite training
- Travel restrictions due to COVID-19 pandemic
- Video-based linkage for tumor boards

They were overcome by the following measures

- Switch to online lectures
- Implementation of VITU-video conference system, that can be recommended for all types of distant case conferences

Armenian – German Oncology School ARGOS

1st ARGOS	Sept. 11th – 13th, 2019
2nd ARGOS	March 11th -13th, 2020
3rd ARGOS	June 26th, 2021 (online)
4th ARGOS	March 15th -18th, 2023 (in preparation)



Sustainability

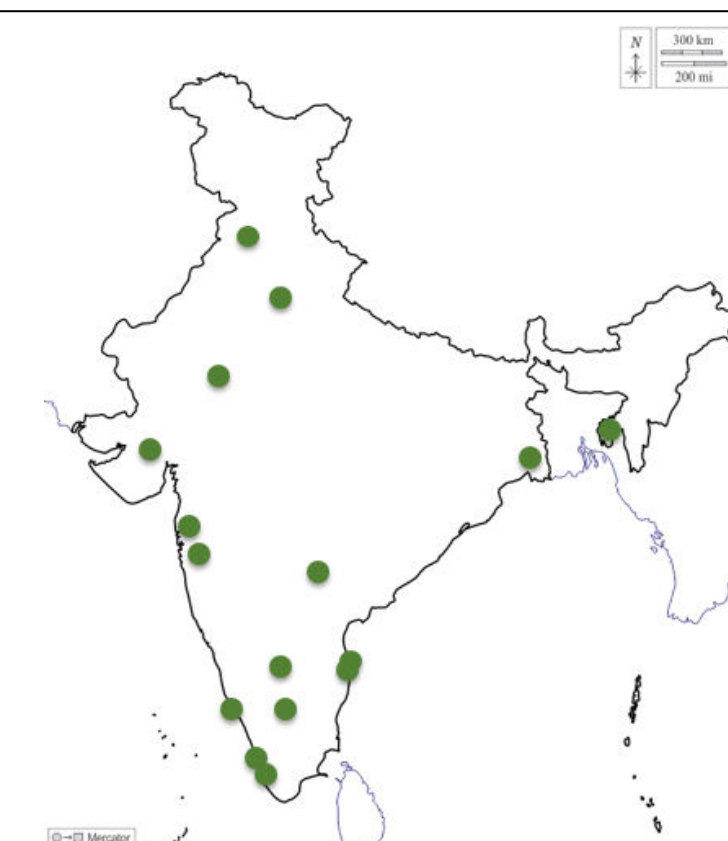
- Joint accredited modules for Master Public Health YSMU and MHH
- Joint monthly MTD YSMU and UKM
- Annual ARGOS in Eriwan (funding-dependent)
- Internships for oncology-related nursing

Don't Offend India Webinars - training therapists online in Dissexuality treatment

Institut für Sexualmedizin und Sexualwissenschaft, Charité – Universitätsmedizin Berlin
&
KEM Hospital Research Centre, Pune

SUCSESSES


- Pan-india network of therapists created. 21 therapists from 12 Indian states completed the training
- 2 batches of trainees underwent 100 hours of training each on the BEDIT model
- 15 hours of supervision undertaken jointly by supervisors from India and Germany
- Increase in awareness among general public and health professionals regarding pedophilia
- Since the beginning of the program in 2016, 450 help seeking calls received
- Translation of self-help website to local languages Hindi and Marathi




Map with location of trained therapists

CHALLENGES

- Patient recruitment: significant hurdles for people with pedophilia to seek help
- Trainee Recruitment: challenges to motivate therapists to work in the field of dissexuality
- Mandatory reporting law that restricts the therapeutic work
- Stigma around sexuality in general and pedophilia specifically
- Financing staff: no consistent funding available

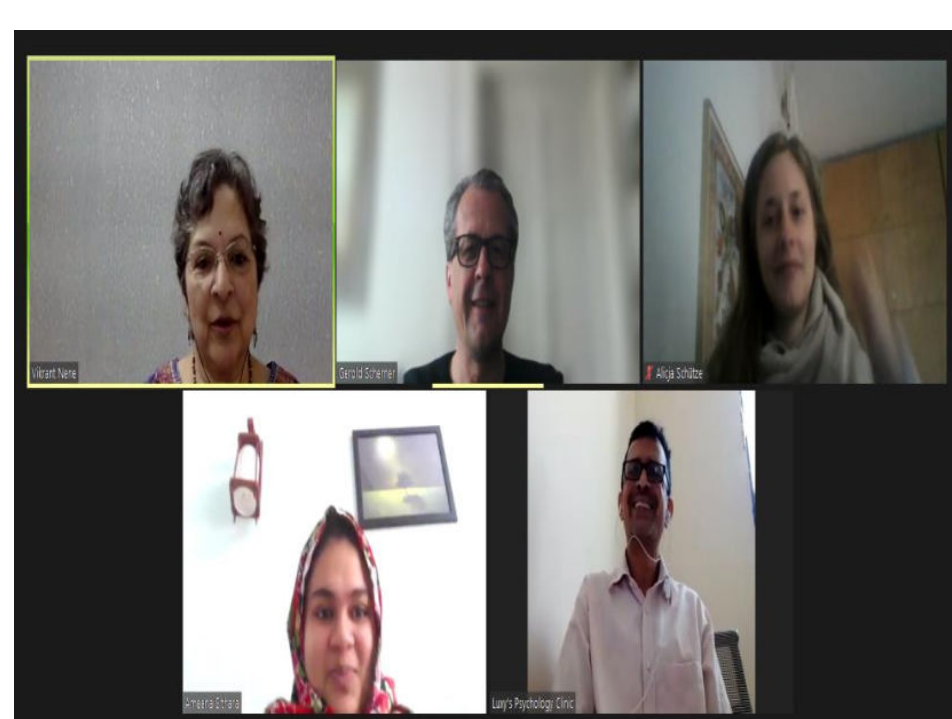


Do you like children in ways you shouldn't?
There's help.
or to know more log on to
www.troubled-desire.com
#DontOffendSeekHelp



Ad and QR code for the advertisement spot „The Lift“ for „Don't Offend India“ on Youtube

SPECIAL TOOLS AND METHOS



Webinar

Methods used in the training

- Using methods like role plays and small group discussions
- Using video conferences for the lectures and supervision groups

Methods used for patient recruitment

- Advertisement campaigns (on buses, in auto rickshaws, radio, posters, spots in theatres)



Bus campaign in collaboration with local state government

LEARNINGS

- Trainee recruitment and participant recruitment are important simultaneously to allow for direct application of learnings from the training to real-life clients
- In web-based seminars, trying to incorporate even more practical exercises could be beneficial
- Need for awareness among general public and health professionals to overcome the stigma associated with pedophilia

MESSAGE

Training therapists to enable them to offer diagnostic and treatment services virtually is possible. The field of dissexuality is associated with significant stigma. Awareness – both in the general public as well as amongst healthcare professionals is needed.

Curriculum Middle East

an Iraqi-Palestine-German Partnership in Child and Adolescent Psychiatry & Psychotherapy (CAPP) Training

Long term collaboration

Building on lessons learned and relations cultivated over two previous curricula and with support of the Iraqi Ministry of Health, Curriculum Middle East III capacitated 37 Iraqi and Palestinian doctors, psychologists and social workers to deliver child and adolescent mental health care. Many of them are now facilitating the development of CAPP care structures in their regions by sensitizing stakeholders and the public to child mental health needs, networking with other regional actors and gaining support from decision-makers in government and higher education.

The partnership has now reached a stage that will enable upscaling of CAPP development in Iraq. Leadership now lies primarily with Iraqi Partners who are positioned to initiate and implement upscaling steps, with German Partners contributing support for planning, quality assurance and evaluation.



Curricula I & II (2005-2015)
Funding: DAAD

Curriculum Middle East III (2017-22)
Funding: Hospital Partnerships (initiation), Else Kröner Fresenius Foundation (implementation)

Next Objective: Upscaling in Iraq & Palestine

Successes

- Mutual learning benefits for patients and professionals in Iraq, Palestine & Germany
- Establishment of new CAPP units and services in >10 Iraqi & Palestinian hospitals and health centers
- Adaptation of German CAPP Specialist Training Curriculum for the Iraqi/Palestine context
- Involvement of psychologists & social workers in multidisciplinary treatment teams
- Initiation of steps to establish CAPP as a clinical & academic discipline in Iraq
- First steps to establish an interdisciplinary Iraqi CAPP Association

Upscaling goals

- Establish a **Child and Adolescent Psychiatry and Psychotherapy Society** that will advocate for CAPP care structures and network with national and international associations.
- Continue sustainable implementation of CAPP treatment approaches and preventative interventions by co-creating policy papers and teaching modules that will be disseminated via a **CAPP Training Hub**.
- Improvement of CAPP care delivery by planning, securing funding for and developing four model **CAPP day-care treatment centers** that will also serve as teaching hubs and provide references for further development.

What we can share with other partnerships:

- Ways to adapt western training modules to be incorporated into eastern systems
- Didactic experience in teaching psychotherapy across cultural differences
- Our experience as partners in an evolving capacity-building relationship

Our main challenges:

Knowledge- and skills-sharing across widely differing implementation conditions in Germany vs. Middle East

Cultural customs & beliefs have a major influence on the discipline's acceptance among both professionals and the public

Lack of knowledge and reservations among clients about psychotherapy, e.g., trust & confidentiality, committing to multiple sessions

Novelty of the dynamic concepts among professionals, e.g., emphasis on understanding psychiatric symptoms as part of a context

Limited number of professionals & high burden of duties

What has helped:

• Interactive lectures, emphasis on case-based teaching and regular feedback loops via implementation-focused regional group meetings

• Workshops to sensitize other medical disciplines and the public to mental health needs of children and adolescents

• Careful consideration of implementation conditions in teaching and quality assurance.
• Workshops for parents on child mental health needs and to educate about how CAPP works

• Trainee psychodynamic group therapy sessions (learning via own experience)
• Case-based teaching approach that teaches psychodynamic thinking in action

• Training more professionals!
• Relaxation training and peer-to-peer mental health promotion (CORESZON)

Upscaling challenges

Emerging service framework (philosophy, ownership, economics) depends on multiple stakeholders...

Complex administrative & bureaucratic procedures...

Sustainable funding strategy for CAPP development and services...

...in a dynamic political context



Interactive lectures, connecting theoretical learning to day-to-day work



Staying connected under difficult conditions



Teaching CAPP basics to other disciplines



Cultivating personal relationships



Educating families about psychotherapy

Key messages

- **Mental health problems are very common in areas torn by war & conflict**
- **Poor mental health can decline individual wellbeing & impede societal development & progress**
- **When needs are not met, substance abuse, self harm, family tension & social aggression increase**
- **Local mental health professionals are in crucial need of help**



Hospital Partnerships in Myanmar

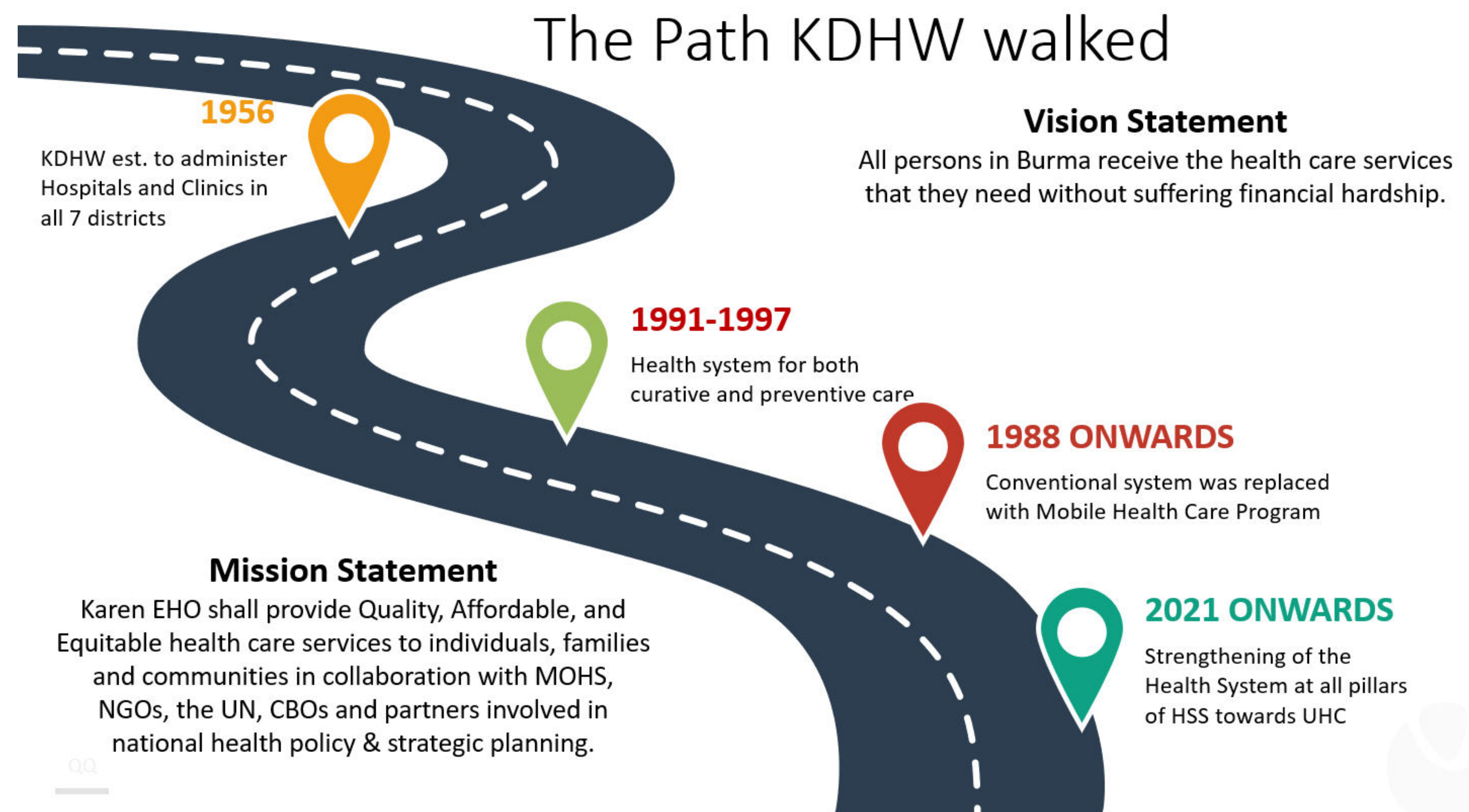
KAREN DEPARTMENT OF HEALTH AND WELFARE, KDHW (Myanmar & Thailand) & UNIVERSITY HOSPITAL FRANKFURT

CONTEXT: The world's longest-running armed conflict (military dictatorship opposed by some of the oldest ethnic resistance organisations)

- Decades of gross violations of human rights & international humanitarian law, crimes against humanity and war crimes drive migration and brain drain
- February 2021 military coup exacerbates Covid-19, health, humanitarian and economic crises

OUR GREATEST SUCCESSES

- ❖ Highly improved infrastructure with medical equipment and supplies
- ❖ Greatly increased human & technical capacities to deliver emergency care, surgeries and speciality care
- ❖ Reaching more patients with our care; COVID-19 disease management in remote areas of Myanmar



OUR BIGGEST CHALLENGES...

... AND SOLUTIONS

<p>1) MILITARY ATTACKS:</p> <p>A. Most clinics, hospitals occupied and destroyed by Myanmar military...</p> <p>B. Unable to open larger hospital.....</p> <p>C. Airstrikes & heavy artillery shelling.....</p>	<ul style="list-style-type: none"> ➤ SERVICES RELOCATED TO SAFER ZONES ➤ OPERATING FRONT-LINE REFERRAL CLINIC & MOBILE CLINICS IN UNDISCLOSED LOCATIONS ➤ EARLY WARNING SYSTEM ABOUT GROUND TROOP OPERATIONS, AIRSTRIKES. ➤ KEEP MEDICINE AND STOCK IN SEPARATE LOCATIONS IN CASE OF DESTRUCTION; USE HIDING PLACES (BENEFIT OF THICK JUNGLES & MOUNTAINIOUS GEOGRAPHY)
<p>2) LACK OF PERSONNEL:</p> <p>→ Medical staff targeted, arrested, murdered by military since 2021 coup = Loss of skilled personnel to persecution and migration to 3rd countries</p>	<ul style="list-style-type: none"> ➤ CONTINUOUS CAPACITY-BUILDING OF KAREN HEALTH CARE; KAREN WELCOMED & HOSTED FLEEING MEDICAL STAFF IN 2021 AT BORDER – SOME STAYED TO WORK
<p>3) TRANSPORTATION & STORAGE:</p> <p>→ Difficult due to terrain, missing roads, floods, landslides but also conflict</p>	<ul style="list-style-type: none"> ➤ KEEP LARGE STOCK OF MEDICINE, FOOD FOR 6-24 MONTHS OF NO/ LITTLE ACCESS
<p>4) COMMUNICATION:</p> <p>→ Lack of electricity grid and phone network coverage; also military surveillance</p>	<ul style="list-style-type: none"> ➤ SOLAR PANEL, EXPENSIVE SATELLITE PHONES & INTERNET, RADIO TRANSMITTER

RECOMMENDED TOOLS & LESSONS TO SHARE

Experience in operating in marginalised, fragile and conflict contexts

> Use context-appropriate medical delivery services such as backpack teams and other mobile medical services; increase public readiness for crises; prioritise and plan procurement & logistics for the long-term



Rationale from Pictures (from left to right)

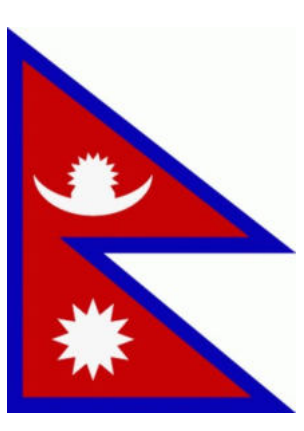
- Destruction and its debris resulted from the attacks by Myanmar Military on Civilians
- Fled from their places called 'HOME' that which was destroyed
- Temporary shelters with limited resource to share
- Nature has been most helpful to the needy



KDHW's BESTEST Efforts to Deliver Medical Care

SPECIAL MESSAGE 😊

- ❖ Stay focused and resilient to continue providing quality health care - especially under adverse circumstances!
- ❖ Empower local health systems filling the significant gaps in resource-limited national health systems!



Nepal Cleft and Burn Center & Carl-Thiem-Klinikum Cottbus

Adjunct Partners: Department of Pediatric Surgery, Charité – Medical University of Berlin, Germany ♦ Burn Center, Unfallkrankenhaus Berlin, Germany
Department of Neurology, Rhein-Maas-Klinikum Würselen, Germany ♦ Pauwelsklinik Aachen, Germany ♦ Blue Cross Hospital Kathmandu, Nepal

Organizing Acute Care for Burn Patients in Nepal

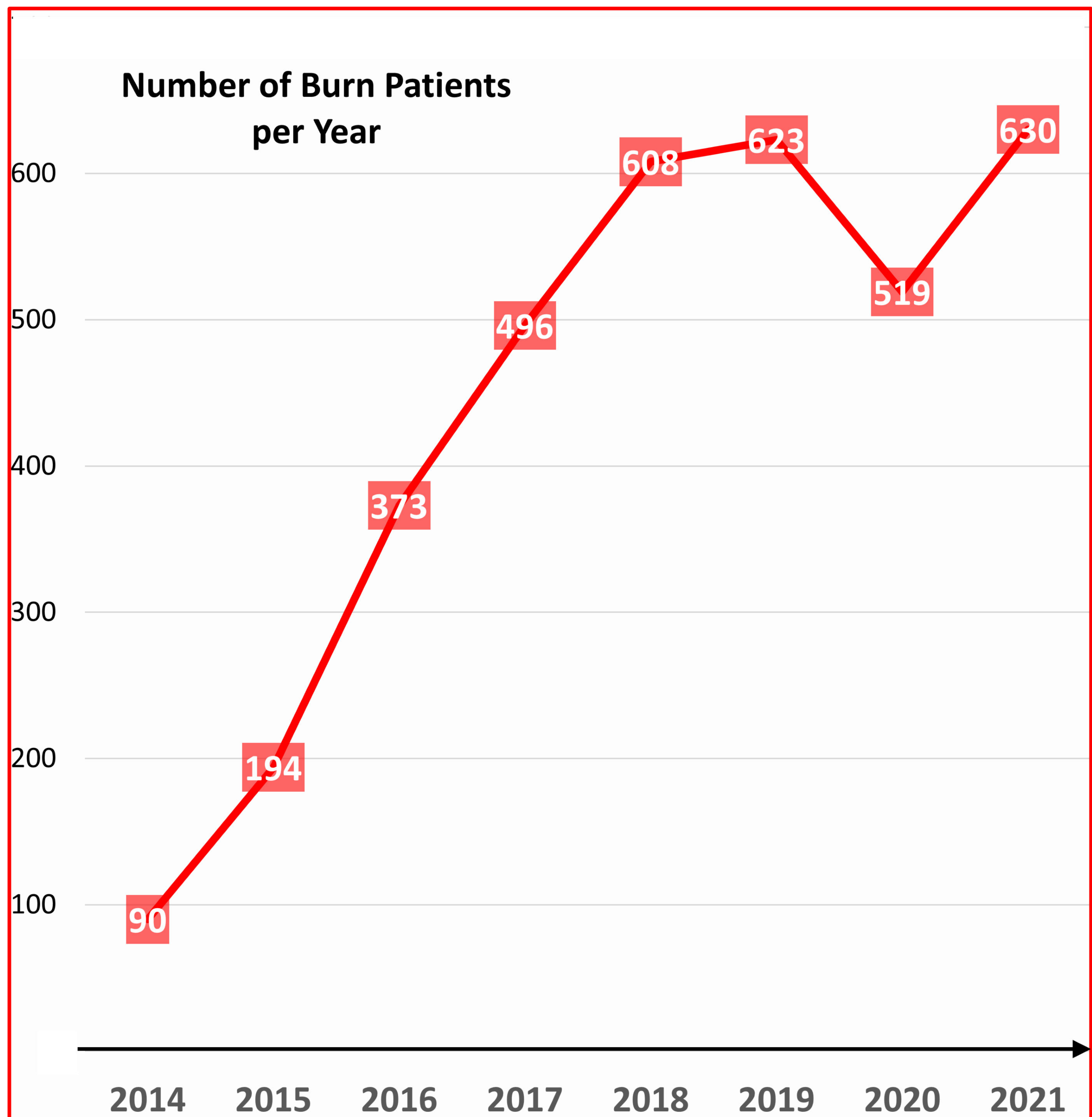


Success:

- 👍 Patients from all over the country
- 👍 Increasing number of admissions every year
- 👍 Largest burn center with 30 dedicated beds, intensive care unit, and operating rooms
- 👍 Largest treating team with 8 plastic surgeons and other specialized professionals
- 👍 Recognized by government for treatment of acute burn patients

Challenges:

- ❌ “Burn paradoxon“: poor patients – expensive treatment
- ❌ Patients arrive from far away villages without fluid resuscitation leading to very poor outcome
- ❌ Overall little improvement in burn outcome



Our efforts:

- ✔ Primary prevention
- ✔ Establishment of “primary burn care centers” for fluid resuscitation in rural areas before transportation
- ✔ Financial support system for poor patients in collaboration with governmental and non-governmental institutions
- ✔ Collaboration with ministry of health in training of health professionals working in remote areas

