Report Facilitators Meeting

A Joint WHO-Ministry of Health Meeting on Reducing Deaths: Enhancing the Capacity of Regional and District Facilities for Emergency and Essential Surgical Care

28 July 2008
Freetown, Sierra Leone
1. Executive summary

A joint WHO-MOH facilitators meeting on “Reducing Deaths: Enhancing the Capacity of Regional and District Facilities for Emergency and Essential Surgical Care” took place on 28 July 2008 at the Ministry of Health in Freetown, Sierra Leone. The meeting was organized by the Ministry of Health (MOH) of Sierra Leone and the World Health Organization (WHO).

The objectives of the meeting were:

- To introduce the Global Initiative for Emergency and Essential Surgical Care and the WHO Integrated Management of Emergency and Essential Surgical Care (IMEESC) toolkit to a core group of key policy makers, key health providers and potential trainers.
- To emphasize the WHO’s role in strengthening capacities in emergency and essential surgical services, through the applicability of the WHO IMEESC toolkit.
- To sensitize the above mentioned subjects for strengthening capacities in emergency and essential surgical interventions to reduce death and disability through the Global Initiative for Emergency & Essential Surgical Care (GIEESC) to meet MDGs 4,5&6 in Sierra Leone (www.who.int/surgery)
- To identify priority areas for capacity building, including basic surgical skills for trauma (road accidents, falls, burns, injuries arising from violence), pregnancy related complications, congenital defects, infections (including HIV).

Participants included the Dr Kabia Hon'ble Minister of Health, Dr Alemu WR Sierra Leone, WHO team, WHO/HQ, key policy makers in MoH, academia involved in medical education curriculum and training of medical, nursing and paramedics (community medical health officers) working in emergency, surgical and anesthesia services.

Prior to the meeting,
- Reunions were held with WR Sierra Leone and WHO technical focal persons (26 July 2008)
- Reunions were held with the directors of the Sierra Leone Nurse Anesthetist training course
- Field visit were made to 8 health facilities (major hospitals and community medical health centres) in Sierra Leone (26-27 July 2008)

2. Background

Sierra Leone, one of the poorest countries in the world, has a Gross National Income (GNI) per capita of $600, with a total expenditure on health as % of GDP (2005) of 3.7. Although infrastructure is slowly improving after its civil war, Sierra Leone ranks near the bottom in every health care category. Infant mortality is 156 per 100 births, the second highest in the world and life expectancy is 40 years. There are three types of hospitals: government, mission, and private. The government hospitals (17) were decimated
during the civil war, but are the backbone of surgical care for the majority of the country's population in Sierra Leone. Nevertheless only two hospitals can guarantee the majority of essential emergency procedures, as well as advanced orthopaedic care. The most important hospital of the country, Connaught Hospital in Freetown, does not guarantee surgical emergencies during the night.

There are severe shortages in all aspects of infrastructure, personnel and supplies required for delivering surgical care in Sierra Leone. There are only 10 Sierra Leonean surgeons practicing in the government hospitals, for 5.7 millions people. Seven hospitals only have a medical officer who is trained in basic surgical skills. Basic supplies like oxygen and anaesthesia machines are severely limited. Dependable water supplies and electricity are rare throughout most of Sierra Leone. The shortage of supplies force patients to provide on their own. Moreover, there are severe logistic difficulties in travelling throughout the country, due to the poor conditions of the roads, especially in the rainy season.

The burden of maternal and paediatric diseases, together with conditions such as malaria, acute respiratory infections, nutritional deficiencies, is strikingly elevated. Improving the health care infrastructure in Sierra Leone is a great challenge. Correct health information about non communicable diseases and injuries are lacking, due to a poor surveillance systems. Moreover, inadequate public funding, poor management, and particularly a constant migration of qualified staff to other countries exacerbate the challenges to the health care system.

3. Objectives

- Joint WHO-MOH meeting towards strengthening capacities of health personnel on IMEESC for first referral health facilities
- Introduction of the WHO IMEESC toolkit towards a standard training (www.who.int/surgery/publications/imeesc)
- Visits to health facilities for a situation analysis.

4. Visit to the health facilities

The field visits were carried out for a situation analysis about access to life saving emergency and essential surgical care to various levels (tertiary, secondary and primary health facilities). The field visit team included focal persons representing WHO/HQ, WHO country office and MOH.

The following health facilities were visited:

- Connaught Hospital, Freetown
- Choithram Memorial Hospital, Freetown
- Rokupa Government Hospital-Under rehabilitation
- Calaba Town Community Health Centre
- Waterloo Community Health Centre
- Crossing Community Health Post
- Newton Community Health Centre
- "Emergency" Surgical Center, Goderich

Not infrequently country hospitals are unable to perform even basic emergency surgical procedures, mainly due to lack of continuous oxygen supply and anaesthesia equipments. Quite often health personnel need adequate training in the management of life-threatening emergencies. Moreover,
ambulances are poorly equipped, therefore justifying the likely high risk of patient referral especially in urgent situations, with a consequent high rate of death and disability.

5. Joint WHO- MOH Facilitators Meeting

A Joint WHO-MOH Facilitators Meeting was held on WHO EESC Project. The meeting participants included key policy makers, key health providers, directors of surgical, obstetrics, anesthesia and nursing departments and representatives of WHO country office. The WHO IMEESC toolkit was introduced to participants and its applicability was demonstrated in the day to day practice, training, and guidance on policy decisions at all levels of healthcare aiming to reduce death and disability in trauma, pregnancy related complications and infection (including HIV).

6. Discussions

The following issues were discussed:

- Research is required on the situation analysis of access to safe emergency and essential surgical interventions at the first referral health facilities, particularly on the infrastructures available at remote geographic area
- Role of communication, particularly related to referral problems of the patients.
- An intensive training is required at all levels, especially of health personnel from the level of health peripheral centers; however an extensive diffusion of the IMEESC guidelines to the whole health system needs to be emphasized
- Lack of specialists and inadequately trained health personnel at first referral level health facilities raises the urgent need to strengthen capacities for surgical and anaesthesia services.
- The need to share experiences of introduction and implementation of the IMEESC training project with the other 20 countries.
- The role of GIEESC to support capacity building
- The urgent need to strengthen capacities at primary health care facilities in Sierra Leone, in order to reduce death and disability in injuries.
- The adaptation of IMEESC to Sierra Leone.
- The need for both training in procedures and functioning equipment particularly surgical and anesthesia services and regular supply of oxygen was emphasized.
- The creation of a committee including MOH and representatives of key training sites and hospitals.
- Suggestions for Training of Trainers (TOT): to identify pilot region hospitals and agree on a generic curriculum for assistant medical officer
- The need to equip lab training centers for strengthening skills.
- Interest was generated about the possibility of organizing cascade TOT on IMEESC in 2009
- The limitations of anesthesia services should be addressed
- Situation analysis of access to emergency, surgical and anesthesia services needs to be done.

7. Recommendations and Action Plan

This meeting resulted in the following recommendations and action plan

- Preparation of a proposal on Emergency & Essential Surgical Care (EESC) for integration within the existing health system plan (short, medium, long term plan), towards strengthening health systems.
- Strengthening capacities through the TOT and cascading to the CHC level
- Emergency, essential surgical and anaesthesia services should be integrated as essential components of primary health care services nationwide, in order to meet MDGs 4,5,6
• Incorporate WHO standards (from the WHO IMEESC toolkit) in both pre-service and in-service training for Expanded District Health Medical Team (DHMT plus medical officer/superintendents)
• Strengthening capacities at all levels (tertiary, secondary and primary)
• Interested partners and agencies to be coordinated for the implementation of the EESC program
• Private providers (independent NGOs, universities) can be used as trainers
• Long term plan should include full accreditation by West African College of Surgeons and Physicians, as currently only partial accreditation is available
• Full accreditation will be achieved by West African College of Surgeons and Physicians, through adaptation of the WHO training curriculum and best practices
• Continuing Medical Education in EESC should be included in the plan for health workers for surgical care (minor & major surgery procedures, anaesthesia procedures), particularly through e-learning and telemedicine
• Linked EESC equipment (WHO IMEESC toolkit numbers 8,11) should be made available, maintained and used in training in all primary and secondary level in order to improve standards in EESC
• Joint WHO-MOH Facilitators meeting on IMEESC report should be prepared for final dissemination (website)
• Collected data from all major Government Hospitals in Sierra Leone should be written up as a publication
• Needs assessment at CHC level to identify gaps
• Urgent need for a quick situation analysis to assess the minor surgical procedures (suturing cuts, wounds management, trauma, resuscitation, incision & drainage of abscess, male circumcision) commonly performed by the community medical health officers at the community medical health centres
• The data collected will be entered in the WHO global data base, analysed and shared with WHO-MoH, and WHO/HQ to assist in possible publication in journal
• MoH with WHO, key health providers will establish a small steering committee on essential surgical care to strengthen capacities in primary health care services through implementation of the WHO IMEESC toolkit for cascade training of community health workers
• WHO IMEESC tools are useful for integration into the medical and nursing education and training programmes
• The curriculum of the Paramedical School of the Community Health Science may be advantageously integrated by WHO IMEESC Tool

8. Conclusions

The meeting concluded with a consensus by MOH and WHO country office that EESC was a way towards improving the first referral level health facility’s services. WHO IMEESC package was hence forth unanimously accepted. A Task force on EESC was established
• to develop strategies for rolling out the IMEESC package in coordination with the GIEESC,
• to integrate the EESC to first referral level health facility
• to adapt the WHO IMEESC toolkit for strengthening capacities to local needs through a standardized training for the frontline health personnel performing life saving emergency and surgical (including anaesthesia) interventions in Sierra Leone.
Meeting participant list

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