

International health workforce development enhancement in Senegal: The Peace Care partnership model

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Presenter Disclosures

Andrew Dykens

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

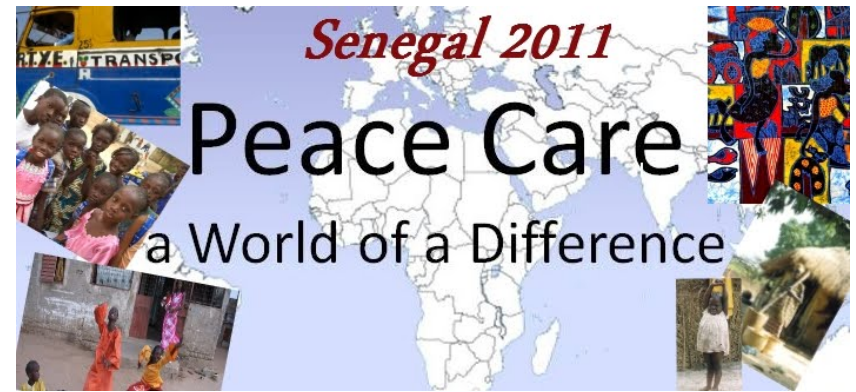
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Objectives

- Introduction
- Process
 - Philosophy
 - Structure
- Our Project
 - Background
 - Content
- Project Outcomes
- Next Steps



The Peace Care Model



Philosophy: Reduce health disparities through sustainable and community-based solutions

- Sustainable solutions should originate and be developed, primarily, with community involvement, through existing health systems, and with the use of appropriate technology.
- All solutions should prioritize capacity building within the local health care structure through the utilization and implementation of the principles of primary care and public health.

The Process - Philosophy

A collaboration between the University of Illinois Department of Family Medicine, the University of Illinois at Chicago School of Public Health, the District of Saraya, Senegal, and the Peace Corps

- Addressing health disparities via
 - Primary care
 - Public health
 - Partnerships



The Process - Philosophy

A collaboration between the University of Illinois Department of Family Medicine, the University of Illinois at Chicago School of Public Health, the District of Saraya, Senegal, and the Peace Corps

- Goal to impact global health disparities by addressing
 - Global burden of disease
 - Shortage of healthcare workers
 - Paucity of primary care
 - Deficiency of global health research



Process - Project Structure

- Peace Corps partnership and site selection
 - Need for improved health care capacity
 - Local community, existing health structure, and personnel desired a collaborative relationship
 - Existing dynamic relationship with Peace Corps
 - Peace Corps Volunteer (PCV) on site and integrated within the community, *and*
 - PCV in a position to communicate frequently and reliably by internet and phone.



Introduction

- Continental Africa:
 - 10% of the world's population
 - 24% of the global disease burden
 - 3% of the global health care workforce
- Sub-Saharan Africa:
 - Deficient 1.5 million workers that would be necessary to provide adequate health care to the continent
- Countries with better developed primary health care systems have been found to have better health outcomes



Our Project - Background

- Site selection
 - The Health District of Saraya is located in the extreme South-Eastern part of Senegal with an estimated population of 42,000 inhabitants
 - Access to quality health care is difficult: geographically dispersed area, small number of highly trained individuals, lack of health centers/post (1 health center per 7 health posts)
 - Saraya village ~2,000 people
 - No cervical cancer screening in place in this district



Our Project - Background

■ Issue selection

- Community health assessment through focus groups in surrounding villages (physicians, nurses, community health workers)

- Partnership Formation: August 2009 to January 2011
- Assessment: October 2010 – November 2010
- Project Development: November 2010 – January 2011

- Additional issues identified by Chief Medical Officer at the district level



Clinical Topics:
Cervical Cancer, STIs, Diarrhea

Senegal Stats - HPV & Cervical Cancer

- Population of 3.20 million women ages 15 years and older
- Approximately 1197 women are diagnosed with cervical cancer and 795 die from the disease.
- Cervical cancer is the most frequent cancer among women in Senegal (15-44 yrs)
- About 12.6% of women in the general population are estimated to harbor cervical HPV infection at a given time, and 43.6% of invasive cervical cancers are attributed to HPV 16 or 18



Our Project - VIA

- 2-stage educational seminar teaching cervical cancer screening through application of acetic acid (visual inspection with acetic acid)
- Curriculum materials adapted from World Health Organization
- "Training of trainers" model
 - 5 trainers trained in original group
 - 14 health workers then trained by the trainers



Our Project: STI Treatment & Prevention

WHO curriculum: *Syndromic Approach to STI Management*

- Adapted and introduced for
 - knowledge exchange
 - cross-cultural collaboration
- Participant group (15)
 - 2 sage-femmes
 - 12 nurses
 - 1 physician



Our Project - Diarrhea Prevention

- Diarrhea = 7th leading cause of death in Senegal
- Main causes cited as lack of:
 - Access to improved sanitation
 - Clean water source
 - Education regarding disease prevention
- Curriculum adapted from WHO publication, Facts for Life



Our Project - Diarrhea Prevention

- Approx 100 participants in the village of Nafadji
- Group Q&A about diarrhea, its causes, prevention, and community education needs
- The "red pepper skit"
- Demonstration of making ORS
- "Cultural exchange"



Project Outcomes - Data

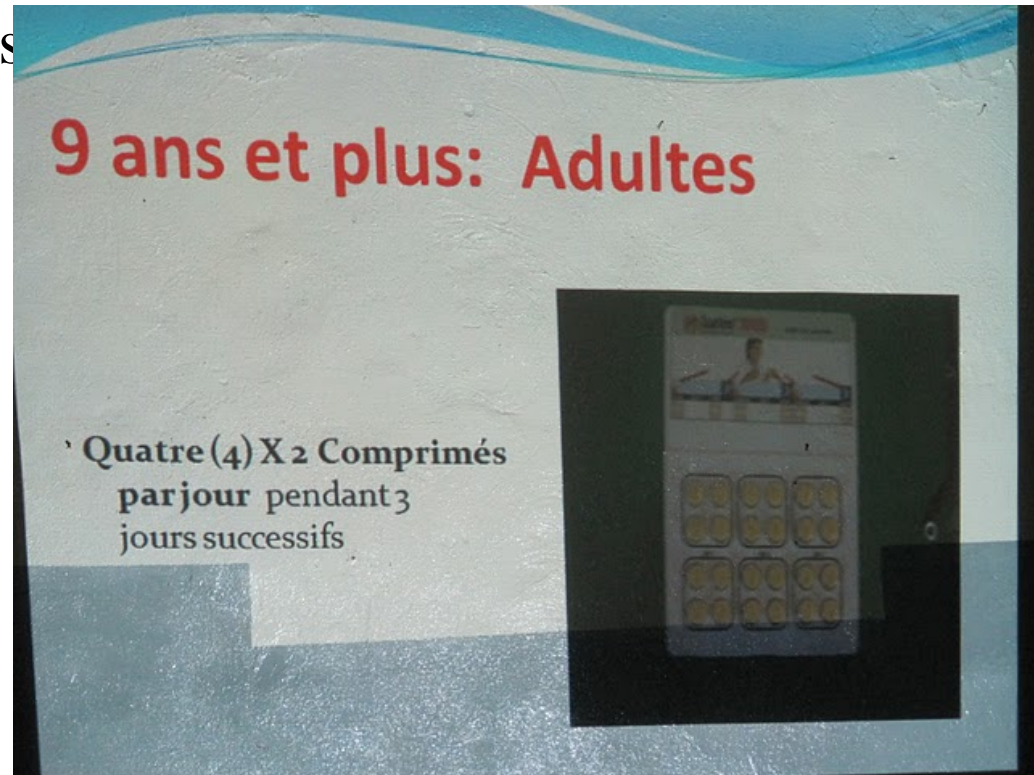
Thus far, we have quantitative results only for the VIA component of our project.

- VIA
 - 79 women screened
 - 2 women found positive
 - 0 women found "suspicious" for cancer



Project Outcomes – Feedback & Exchange

- Academic exchange
 - Lectures on malaria, tetanus and the structure of the health system in Senegal
 - Participation in health post clinical rounds
- Anecdotal feedback
- Cultural exchange



Next Steps...

- Process and outcome evaluation
 - Interviews and focus groups
 - Outcome evaluation for VIA to occur over the next few months
 - WHO recommended forms for quarterly data collection
 - Help guide national cervical cancer screening
- Dissemination
 - Publication and presentation of all results and recommendations for future collaborative work



Next Steps...

Future Collaborative Work for Cervical Cancer Screening in the Saraya District

- Two additional trainings in May and June to complete training of health workers
- Additional mass screening to raise awareness and improve clinical skills
- Further adapting documentation and screening guidelines
- Strengthen treatment plans
 - Health services financing (transit funding for VIA-positive women)
 - Initiation of cryotherapy
 - Expansion of palliative care services
- Continued collaboration with UIC



Next Steps...

Cervical Cancer Screening for Senegal Health System

- Expand screening services to districts neighboring Saraya and throughout the Kedougou region.
- Formalize cervical cancer screening oversight and management within the national health system.
- Plan strategic expansion to neighboring regions with the intention of expanding throughout Senegal.



Thank you for your attention!

Questions?

