

GLOBAL IPE CHALLENGES AND OPPORTUNITIES



Partners
In Health

Sheila Davis, DNP, ANP-BC, FAAN



October 28, 2016



Our Mission

PIH delivers high-quality health care in some of the **world's poorest communities.**

By pushing the boundaries of what's possible in health care, PIH has a **global impact.**



PIH Community Health worker Lucrecia M. Sherman visits the home of HIV patient Lucy Farr in Harper, Liberia on Sept. 24, 2015. Farr fell critically ill when her HIV treatment became unavailable during the Ebola epidemic. She is now under the care of PIH and her health is returning day by day.
Photo by Rebecca E. Rollins / Partners In Health

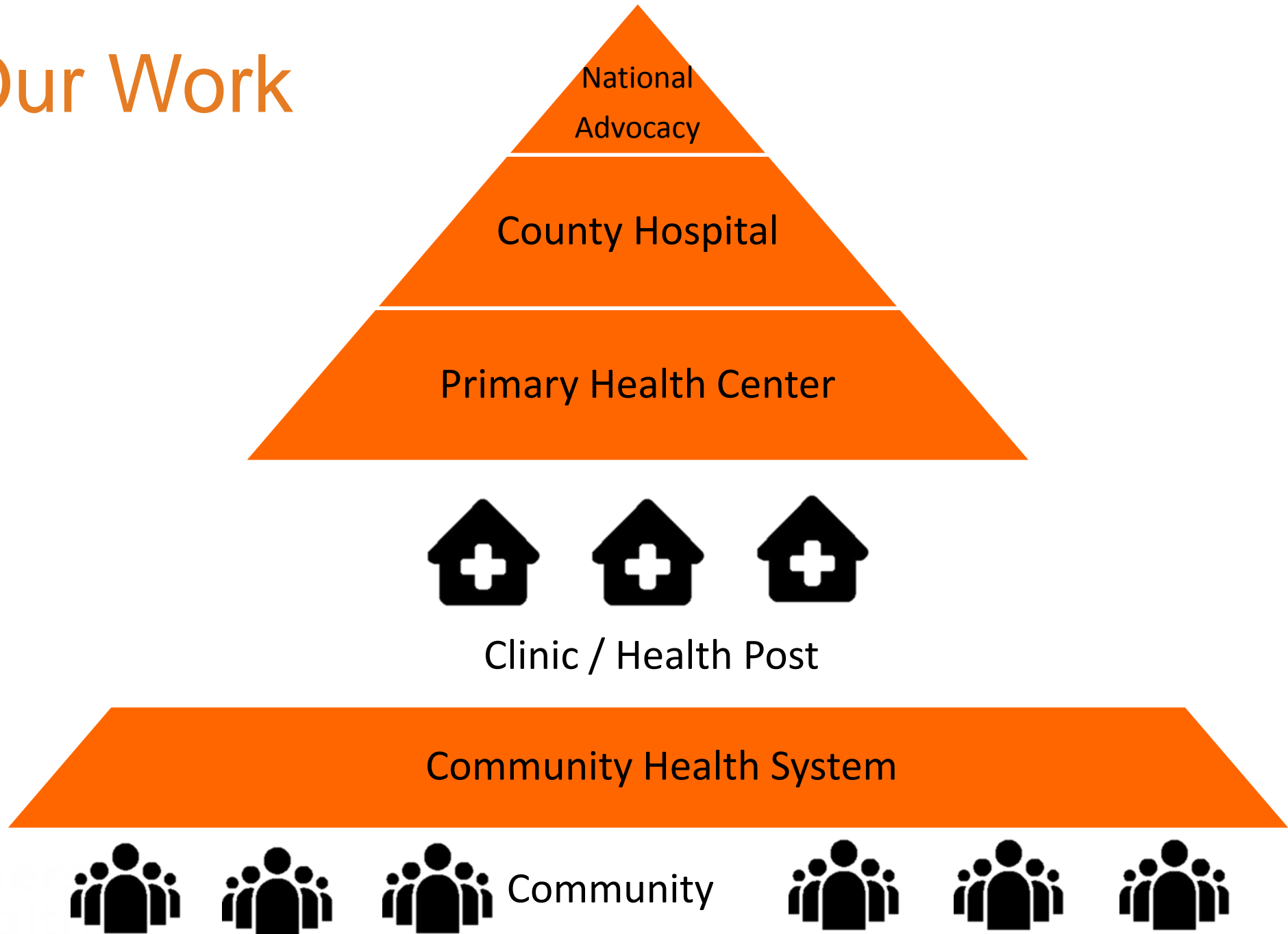


Where We Work





Our Work



Our Approach



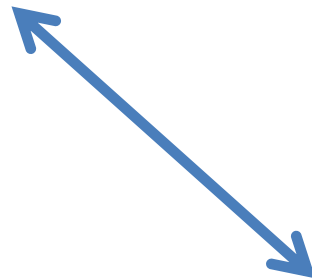
Model for comprehensive care guided by a preferential option for the poor: attend to people who suffer most from poverty and transform the system so that it serves them



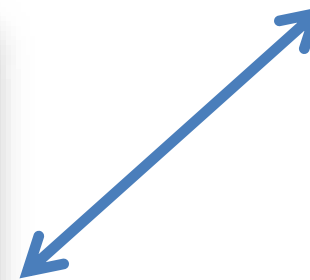
Community-based



Hospital-linked



Health-center enriched





IPE Challenges Globally

- Societal Bias
 - Gender bias impacts MD/Nurse collaboration
 - Perception of HCW's other than MD'
- Language silos
 - Nurses and Physicians often taught separately
 - Physicians often taught in English
 - Nurses often taught in local language
- Institutional silos
 - Physicians considered professional staff
 - Nurses considered supportive, grouped with cleaning or kitchen staff
- Educational Silos
 - Medical schools often under Ministry of Education
 - Nursing schools often under Ministry of health
- Political silos
 - MOH's Chief Nurse in some countries way down in leadership hierarchy

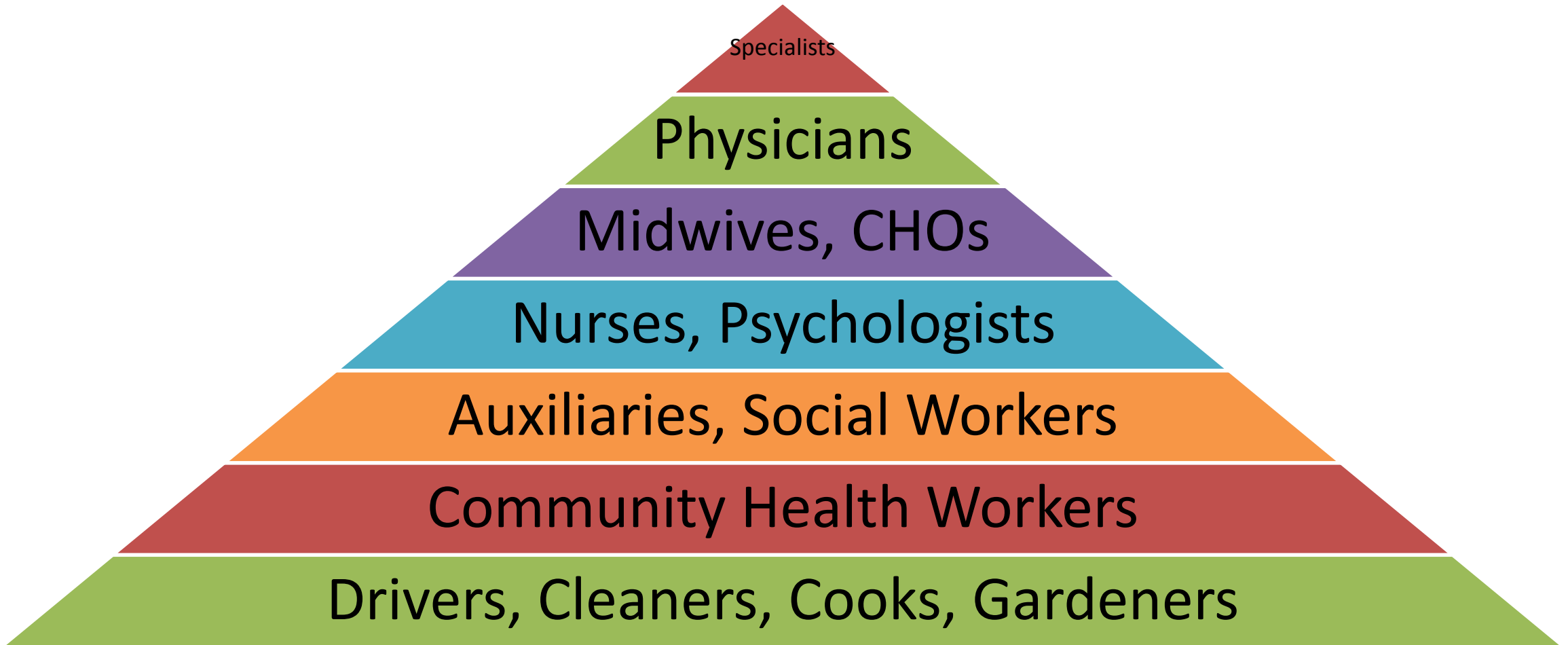


PIH Transprofessional Health Teams

- Clinicians
 - Nurses
 - Midwives
 - Physicians
 - Clinical Health Officers (CHOs)
 - Auxillaires (LPN equivalent)
 - Pharmacists
 - Physical Therapist
 - Psychologists
 - Social Workers
- Other
 - CHW's
 - Pharmacists
 - Drivers
 - Cleaners
 - IPC sprayers



PIH Health Delivery Teams





Community Health Workers

- Community Health Workers (CHW)
 - Village Health workers (VHWs)
 - Community Health Representative (CHR's)
- Maternal mortality reduction program team (MMRPs)
 - Traditional Birth Attendants (TBA's)
- Matrons
- Mental Health CHWs
- Rehab CHW's
- Malnutrition CHWs
- Polyvalent CHW's



PIHs Cadres of Community Health Workers

Buckets of tasks	Role	Sites that have this cadre of CHWs
Accompaniment	<ul style="list-style-type: none"> • DOT • Patient treatment support • Referral to clinic • Physical accompaniment to appointments • Follow up 	All sites
Community case management of illness	<ul style="list-style-type: none"> • Providing medical care via standardized protocols • Referral and counter referral mechanism • Integrated community care management (iCCM) • This often includes: <ul style="list-style-type: none"> Dehydration grading and ORS Respiratory rate counting and Amox for Pneumonia Rapid diagnostic tests for fever and malaria Rx • Provision of family planning methods including: <ul style="list-style-type: none"> Injection of Depo 	Rwanda Very soon at scale: SL, Liberia, Haiti and Lesotho
Promotion of public health and prevention	<ul style="list-style-type: none"> • Growth monitoring • Health education at community level • Rally Posts • Referral to clinics • Active case finding • Household register • Provision of health related materials, but not based on diagnosis (i.e.: ORS, chlorine bed nets) 	All sites

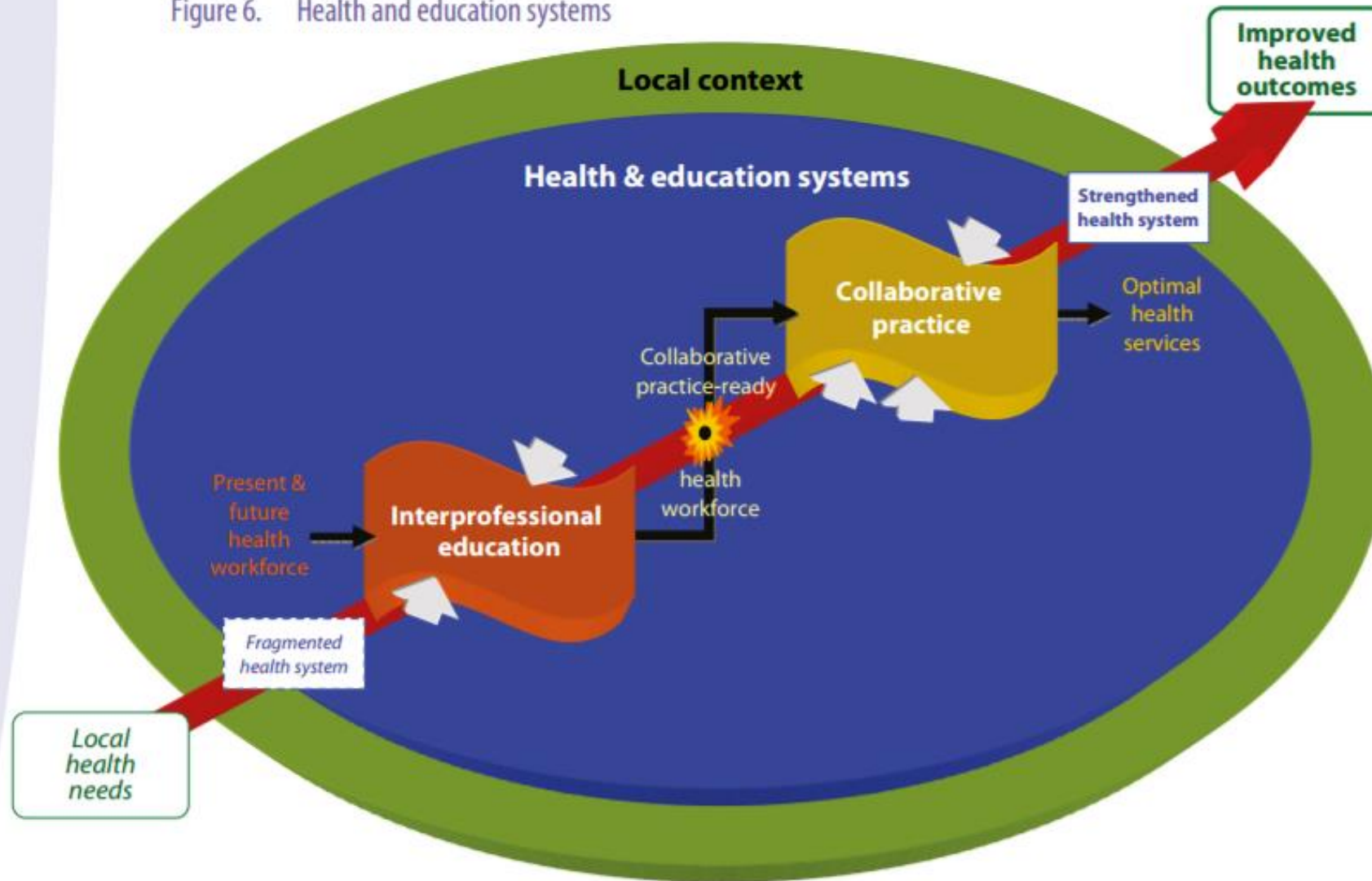


Proposed Interprofessional Competency Domains

1. Global Burden of Disease
2. Globalization of Health and Healthcare
3. Social and Environmental Determinants of Health
4. Capacity Strengthening
5. Teamwork/Collaboration and Communication
6. Ethical Reasoning
7. Professional Practice
8. Health Equity and Social Justice
9. Program Management
10. Social, Cultural and Political Awareness
11. Strategic Analysis



Figure 6. Health and education systems



Gilbert et al. A WHO Report: Framework for Action on Interprofessional Education and Collaborative Practice, 2010.



Change the Education Paradigm

- Fostering mutual respect and acknowledgment of different but important contributions to health delivery is an ongoing process and emerging models of common content being taught for nursing and medical students as a combined class may be part of the solution. This would require an overhaul of nursing and medical education.
- “Transprofessional education might be as important as interprofessional education. An examination of the skill mix in selected countries of sub-Saharan African underscores the importance of professionals learning to work with nonprofessionals in health teams”
 - (Frenk, 2010, p. 1948)..



UNIVERSITY OF
Global Health
EQUITY



Thank you!

www.ughe.org

@ughe_org



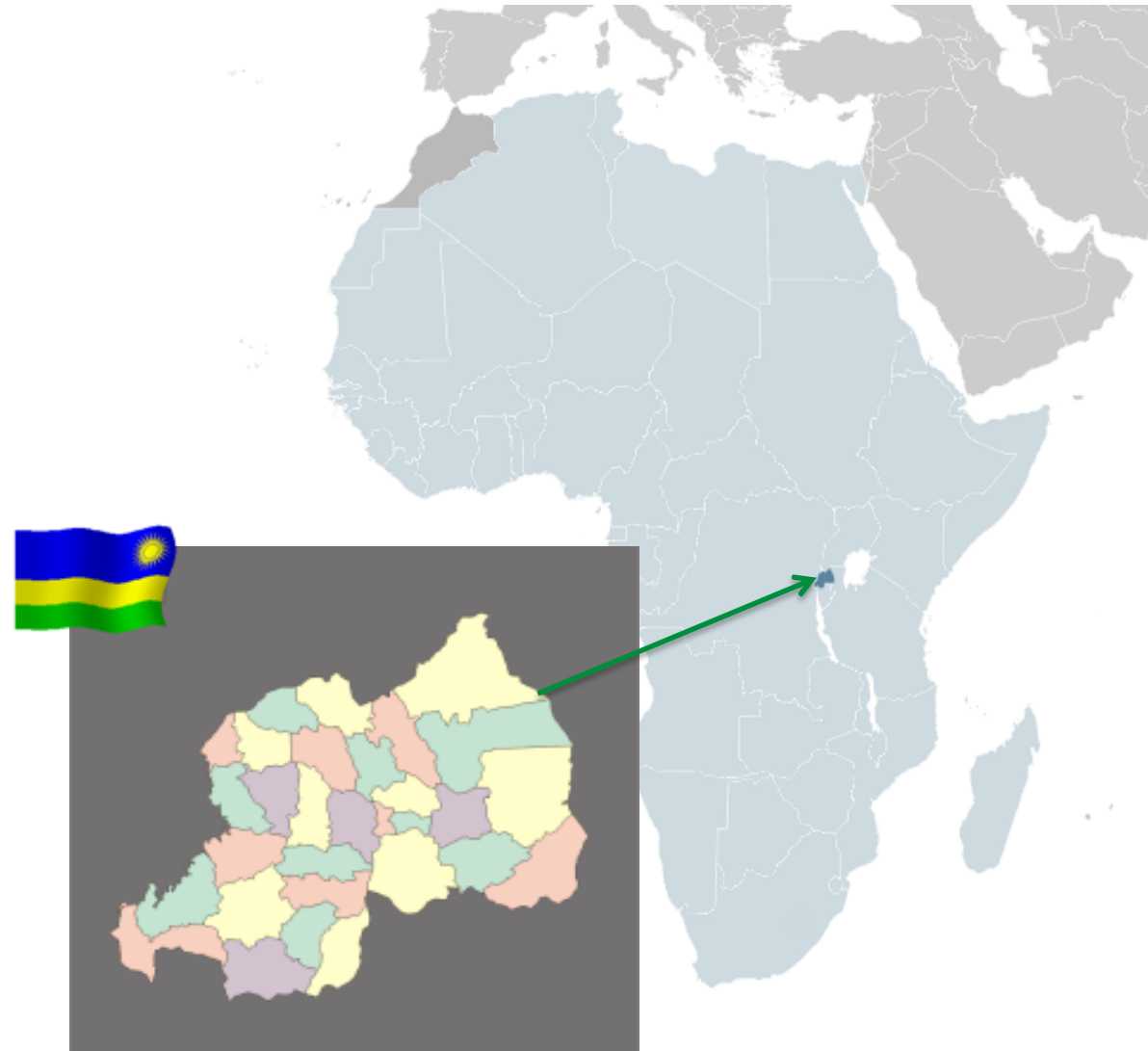
UNIVERSITY OF
Global Health
EQUITY

University of Global Health Equity (UGHE) is a new kind of university focused on the delivery of health care to those who need it most. Building on [Partners In Health](#)'s three decades of delivery experience, and leveraging the unique expertise of Rwanda's health sector, UGHE will train the next generation of global health leaders from Africa and beyond.

An interdisciplinary focus on One Health

Rwanda Country Profile

- Small Landlocked country in Sub-Saharan Africa (26,338 km²)
- Slightly smaller than mid atlantic state of Maryland
- ~12 million people
- Densely populated with 445 people/Sq. Km)





Challenges that faced post-genocide Rwanda

- Deep social, economic and political roots of mass violence
- Profound internal and external displacement
- Unprecedented criminal justice challenges
- Debilitating loss of human capital, infrastructure, institutions
- Spike in levels of poverty and disease
- Diversion of foreign aid outside of Rwanda



Rwinkwavu Hospital a decade after the Genocide

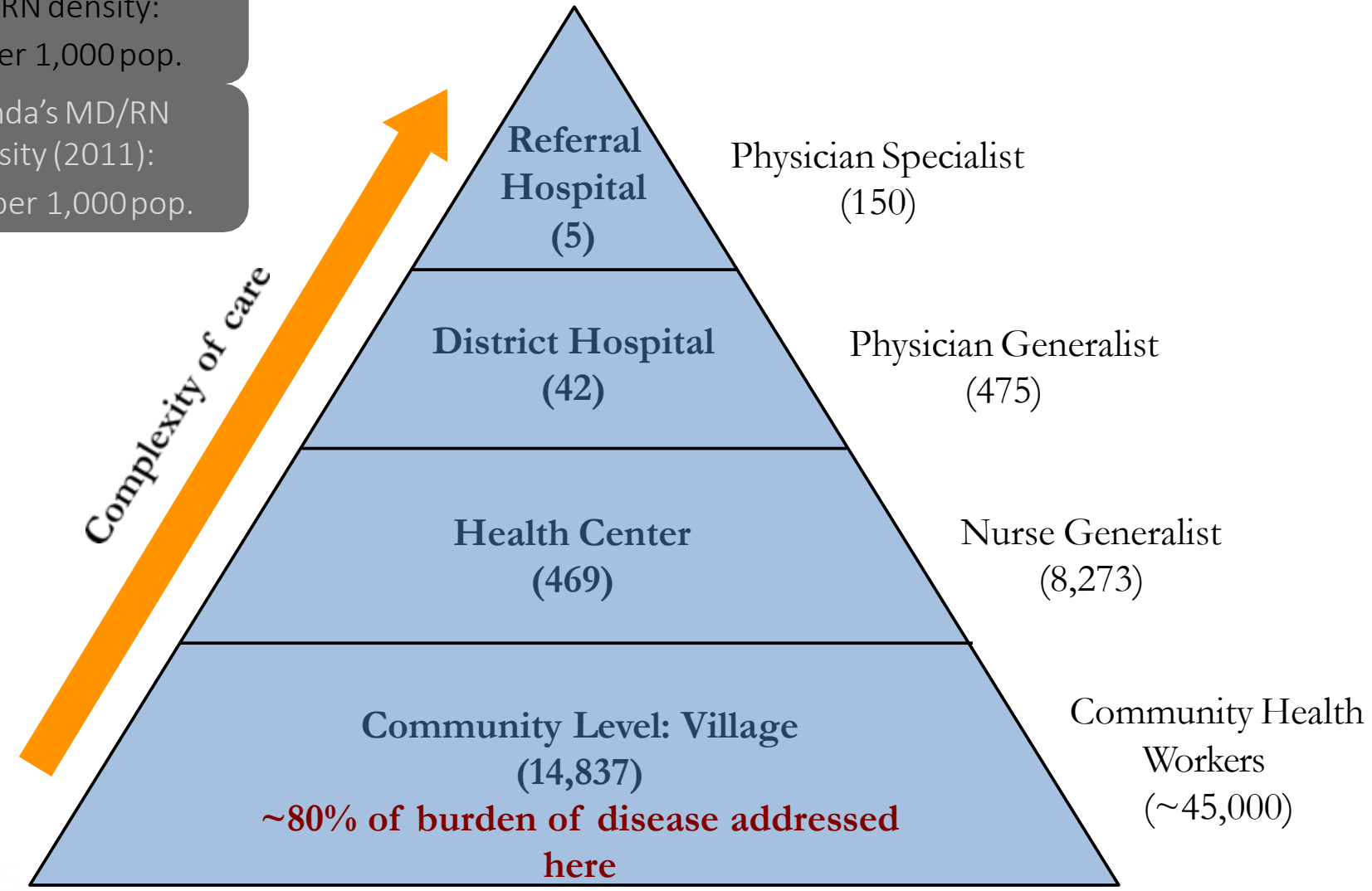


(Re--)Building a Health System



WHO-recommended MD/RN density: 2.3 per 1,000 pop.

Rwanda's MD/RN density (2011): 0.84 per 1,000 pop.





Addressing the social and economic determinants of health through POSER



- Supporting poor, vulnerable and impaired families with:
 - ✓ Shelter/housing
 - ✓ Mutuelle health insurance premiums
 - ✓ Education support to their children
 - ✓ Food supplementation

Lesotho

- Maternal Mortality Reduction Program Assistants (MMRPAs) MMRPAs identify pregnant women and accompany them to the facility for services.
- Maternity waiting homes allow pregnant women to wait for the onset of labor near a health center.
- Decentralization of integrated maternal health services High-quality, skilled maternity services must be accessible throughout the primary

At Bobete, where the program launched, the number of facility-based deliveries has increased 370 percent since 2009.



Malineo Sethobanem MMRPA





“We need you on the ground. The window of opportunity to contain this outbreak is closing. We need more countries to stand up, we need greater deployment, and we need it NOW.”

Dr. Joanne Liu
International President, Medecins Sans Frontieres
16 September 2014

<http://www.msf.org/article/msf-presidents-remarks-un-special-briefing-ebola>



Scene from the Ebola Treatment Unit in Bong, Liberia on Oct. 13, 2014.
Photo by Rebecca E. Rollins / Partners In Health





Ebola in HCW's

- Over 900 HCWs contracted Ebola
- 2/3 of infected HCW died.



PIH-SUPPORTED FACILITIES

DISTRICTS AND COUNTIES



**Partners
In Health**

EBOLA RESPONSE



5 Pillars of PIH's Ebola Response

Direct effort and support of government

1. Stop transmission
2. Treat Ebola
3. Strengthen health systems
4. Train health professionals
5. Generate new knowledge



Ebola Outbreak

- Worldwide, there were 28,646 cases of Ebola virus disease and 11,310 deaths as June of 2016



Scene from Port Loko ETU in Sierra Leone on Nov. 13, 2014.



#SurvivorsCount



Ebola survivors Hawanatu Koroma, Mohamed Nao, and Hafsatu Turay speak with PIH leadership about their experiences during illness in holding and treatment units in Freetown, Sierra Leone on Oct. 8, 2014. *Photo by Rebecca E. Rollins / Partners In Health*



Ebola survivors Momoh "Emoze" Kamara and Mohamed Nao wind through the streets of Freetown, Sierra Leone, after being hired as PIH community outreach staff, on Jan. 8, 2015.

Photo by Rebecca E. Rollins / Partners In Health



As a recruiter for the PIH Survivors Association, Emoze Kamara searches Freetown, Sierra Leone, for other survivors and helps them find employment on Jan. 8, 2015.

Photo by Rebecca E. Rollins / Partners In Health

Yabom Karoma



Yabom Karoma, an Ebola survivor who lost her husband, father, father-in-law and two children to the virus, now cares for babies in an observation center for children of Ebola contacts on the PCMH campus on Jan. 8, 2015.

Photo by Rebecca E. Rollins/Partners In Health



Maforki ETU



*PIH clinicians must bring all food, medicine, and supplies necessary for patient care at the beginning of their shifts.
Photo by Rebecca E. Rollins/Partners In Health*



Maforki ETU Triage-Port Loko



*A patient prepares to receive an IV at Maforki ETU.
Photo by Rebecca E. Rollins / Partners In Health*



Nurse Cheedy Jada returns to his birthplace of Sierra Leone with the PIH Ebola Response team to treat patients at the Maforki ETU in Port Loko, Sierra Leone on Jan. 9, 2015. *Photo by Rebecca E. Rollins / Partners In Health*



Nurse Cheedy Jada returns to his birthplace of Sierra Leone with the PIH Ebola Response team to treat patients at the Maforki ETU in Port Loko, Sierra Leone on Jan. 9, 2015. *Photo by Rebecca E. Rollins / Partners In Health*



Nurse Cheedy Jada returns to his birthplace of Sierra Leone with the PIH Ebola Response team to treat patients at the Maforki ETU in Port Loko, Sierra Leone on Jan. 9, 2015. *Photo by Rebecca E. Rollins / Partners In Health*



Partners In Health recruit, Nurse Martha Phillips at the doffing station following a shift caring for patients in the red zone. Layer by layer she removes her PPE, washing in chlorine between layers. (Photo by Rebecca E. Rollins / Partners In Health)



Government Hospital Port Loko



Photo by Rebecca E. Rollins/Partners In Health



Jariuntu



Photo by Rebecca E. Rollins/Partners In Health



Mariatu



PIH clinician Dr. Regan Marsh cares for Ebola survivor Mariatu, 9, on Jan 9, 2015 in Port Loko, Sierra Leone.
Photo by Rebecca E. Rollins / Partners In Health



PIH clinician Dr. Regan Marsh cares for Ebola survivor Mariatu, 9, on Jan 9, 2015 in Port Loko, Sierra Leone.
Photo by Rebecca E. Rollins / Partners In Health



Mariatu and her Father. *Photo by Rebecca E. Rollins / Partners In Health*



Mariatu Sesay and her father, Sorie, sit together to celebrate her recovery from Ebola on Nov. 24, 2015 in Sierra Leone. *Photo by Rebecca E. Rollins / Partners In Health*



The “survivors’ tree,” a mango tree outside Maforki ETU, where each discharged patient ties a piece of cloth around a branch to celebrate his or her recovery.

Photo by Rebecca E. Rollins / Partners In Health



we go
we make **house calls**
we build **health systems**
we **stay**

