GLOBAL IPE
CHALLENGES AND OPPORTUNITIES

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

- **Sierra Leone**: Every 100 births, a mother dies from pregnancy-related complications.
- **Haiti**: 60% of births are not attended by skilled health staff.
- **Liberia**: $66 is spent on health per person. (In the United States, it's $8,800 per person.)
- **Malawi**: 10% of the adult population is living with HIV.
- **Lesotho**: 1 in 10 children dies before age 5. (In the United States, it's 1 in 943.)
- **Navajo Nation**: 43% of adults live below the poverty line.
- **Russia**: 176,000 people live with tuberculosis.
- **Rwanda**: There are 9 physicians per 100,000 people. (In the United States, there are 241 per 100,000 people.)
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

- Specialists
- Physicians
- Midwives, CHOs
- Nurses, Psychologists
- Auxiliaries, Social Workers
- Community Health Workers
- Drivers, Cleaners, Cooks, Gardeners
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

<table>
<thead>
<tr>
<th>Buckets of tasks</th>
<th>Role</th>
<th>Sites that have this cadre of CHWs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accompaniment</strong></td>
<td>• DOT</td>
<td>All sites</td>
</tr>
<tr>
<td></td>
<td>• Patient treatment support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral to clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical accompaniment to appointments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Follow up</td>
<td></td>
</tr>
<tr>
<td><strong>Community case management of illness</strong></td>
<td>• Providing medical care via standardized protocols</td>
<td>Rwanda</td>
</tr>
<tr>
<td></td>
<td>• Referral and counter referral mechanism</td>
<td>Very soon at scale: SL, Liberia, Haiti and Lesotho</td>
</tr>
<tr>
<td></td>
<td>• Integrated community care management (iCCM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• This often includes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dehydration grading and ORS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory rate counting and Amox for Pneumonia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rapid diagnostic tests for fever and malaria Rx</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provision of family planning methods including:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injection of Depo</td>
<td></td>
</tr>
<tr>
<td><strong>Promotion of public health and prevention</strong></td>
<td>• Growth monitoring</td>
<td>All sites</td>
</tr>
<tr>
<td></td>
<td>• Health education at community level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rally Posts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral to clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Active case finding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Household register</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provision of health related materials, but not based on diagnosis (i.e.: ORS, chlorine bed nets)</td>
<td></td>
</tr>
</tbody>
</table>
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

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)
Thank you!

www.ughe.org

@ughe_org
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.

Referral Hospital (5)
- Physician Specialist (150)

District Hospital (42)
- Physician Generalist (475)

Health Center (469)
- Nurse Generalist (8,273)

Community Level: Village (14,837)
- Community Health Workers (~45,000)

~80% of burden of disease addressed here

Complexity of care

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
http://fox4kc.com/2014/08/01/who-ebola-outbreak-is-moving-faster-than-we-can-control-it/
“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
TRAVEL BAN
SHOULD WE BLOCK EBOLA INFECTED COUNTRIES?
MORE THAN 400,000 PEOPLE, AND MORE THAN 600 FLIGHTS HAVE BEEN...

NEW YORK POST
EBOLA HERE!

MAINE NURSE ALLOWED TO LEAVE HOME AFTER JUDGE REJECTS EBOLA QUARANTINE

Bloomberg Businessweek
EBOLA IS COMING

STOP THE FLIGHTS!
Ebola in HCW’s

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

London Review of Books, Farmer 10/14
Ebola Outbreak

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

Photo by Rebecca E. Rollins/Partners In Health

PIH clinicians must bring all food, medicine, and supplies necessary for patient care at the beginning of their shifts.
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
Jariatu

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*
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**