Health Care Projects in Wanni so far..

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....and what next?

Background: This opinion piece, based on the experiences of the author, outlines the planning for a short term-assignment. With growing demand for humanitarian health care assistance to north-east Sri Lanka, a framework for organizing short-term trips to such area would be beneficial to trip organizers.

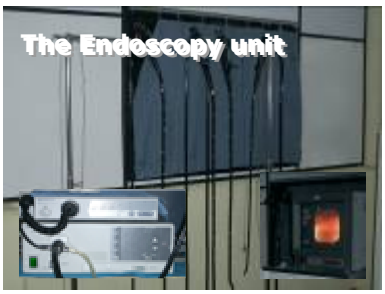
With the help from the THO we were able to comprise a team including an experienced anaesthesiologist and general surgeon from UK, and two junior resident doctors from Australia (Figure 1). We could plan a day which was in accordance with our usual summer holydays. The aim of our mission was to select and treat patients with general surgical problems, problems related to the gastrointestinal tract, endoscopies and evening classes for the staff. The accommodation and the food were excellent.
We choose the OPD as the basic area to select the patients for operations. The communication between local staff and patients were remarkably well. The staff is experienced with medical terms and in English, thus reducing the communication barrier further down.
Although the average length of stay was about a week, our team was able to care for more than 100 patients (25% surgery). The people living in the clinic areas welcomed us warmly and graciously. Never once did we feel like outsiders.

Figure 1. The team members

Discussion: Humanitarian organizations have called upon by devolping countries to assist in providing basic health needs to resource-limited communities. Although the goal is to reduce the disparity between populations, the ability to develope a global perspective remains a challenge. The developed countries have the responsibility of crossing political and cultural barriors to assure that all are afforded the same level of care. This challenge focuses health systems on delivering a limited number of interrventions producing the greatest impact in reducing the disease[1]. According to the recent study[2], "approximately 90% of the global health resources are concentrated on 10% of the world`s population ".

A framework! Do we need it or not? ..well.. consider the area (including the East) and its population. How did the previous groups organize? With the proper guidance, the members of the team will return with posistive experiences and the community will benefit from their expertise. The focus of the mission should be clearly defined, dependant upon the expertise of the interested participants.

Conclusions: A team with few members during a short period of time may reduce the patient-workload to the local staff. There are enough expertice within the overseas tamil communitiy. With proper communication and means both parties harvest benifits and satisfaction. There is a kind of framework exists amoung various teams visiting the north-east. The fascilties at the operation theatre and endoscopy unit in Puthukudyiruppu could handle major surgical cases without referring to the higher centres.



The Endoscopy unit

Some thoughts in the future...

What we know is that there is a younger generation which is being educated and sooner they will be employed in the north-east health sector.

Are we prepared to provide sufficient knowledge to those in the future?

The Endoscopy unit

Some thoughts in the future...

- **Planning, devolopement, and execution of an interprovincial programme in minimally invasive surgery.**

  In the late 1980s, minimally invasive surgery experienced unprecedented growth. Centers appeared worldwide, providing a variety of training opportunities and laboratory experiences.

  There is a possibility to gather a group of experts among the multispecialty surgicalstaff in the devoloped country to design a programme with multidiciplinary course for the younger medical generation in the Eelam. The purpose would be to provide credential and training from the technician level through the instructer surgeon level.

  A (workshop) model template

  Education and credentialling in minimally invasive surgery would be accomplished by executing a programme of basic science and clinical training for physicians, technicians and nurses. The programme, for example, could cover general surgery, urology, gynecology and thoracic surgery (Video assisted thoracoscopy). The programme should also be able to identify and select one or two persons who could serve as future instructors, to maintian the continuity.

- **Clinical research unit with evidence-based reproductive healthcare**

  `Information poverty` has been identified as substantial impediment to better healthcare in developing countries and even as a form of mental starvation[3]. Typically, in the developing medical libraries are equippped with few worn books and dated journals. Currently there are few updated books scattered in local hospitals in Wanni.

  Evidence-based medicine is the now common currency of medical education, research and clinical practice in the developed countries, and the concept, is appreciated internationally.

  From our experience we know that the ”hunger” to technology and knowledge is tremendous in Eelam. As I mentioned earlier there is a new batch newly qualified medicalstaff is in due course.

  May be we should spot some (2 or 3 is enough to start with) staffs and organize a Research Forum.

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