



EMERGENCY

Independent italian ngo founded in 1994.

Surgical treatment of civilian victims of war.

Promotes a culture of peace, solidarity and respect for human rights.



NETHERLANDS SOCIETY
FOR INTERNATIONAL SURGERY

**Surgery in Low
Resource Settings
What's the limit?
Experiences from
Afghanistan**

Maurizio Cardi



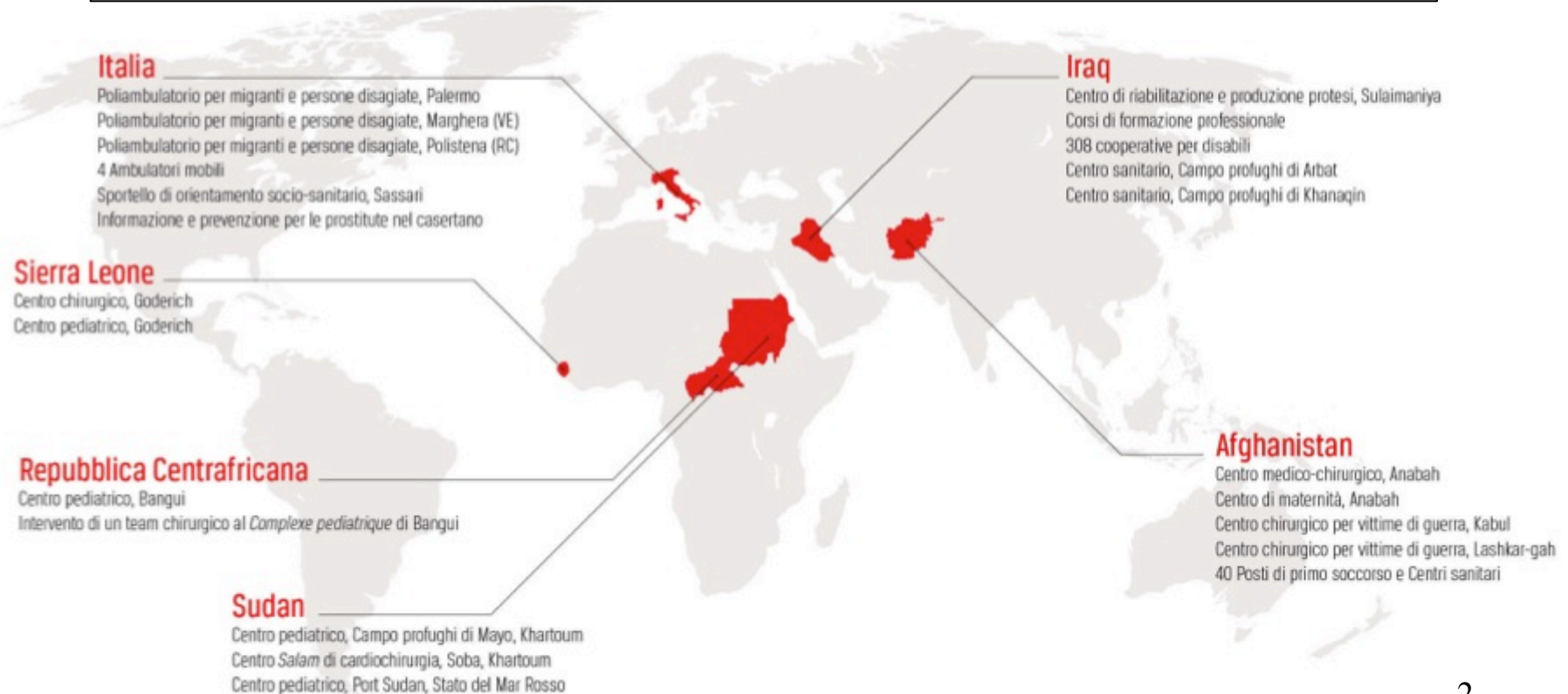
90% of war victims are civilian.

Poverty carries social and sanitary emergencies.

Lack of acceptable level medical facilities and trained staff.

Lack of affective long-term programs.

We evaluate the needs and propose a project to local authorities.





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30 years of war

1.5 millions afghans dead
3 millions disables and
amputees
5 millions refugees
3-5 millions of mines



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Surgery and Global Health: A View from Beyond the OR

World J Surg (2008) 32:533–536

DOI 10.1007/s00268-008-9525-9

Paul E. Farmer · Jim Y. Kim

The neglected stepchild of global health

Surgery has an important role as a public health strategy in at least four areas:

- in the prevention of death and chronic disability in injured patients by the provision of timely, expert, and complete initial surgical treatment
- in the timely surgical intervention in obstructed labor, in pre- and postpartum hemorrhage, and in other obstetrical complications
- in the provision of competent surgery to treat a wide range of emergency abdominal and nonabdominal conditions
- in the surgical care of several elective conditions that have a significant effect on the quality of life, such as cataract, otitis media, clubfoot, hernias, and hydroceles.



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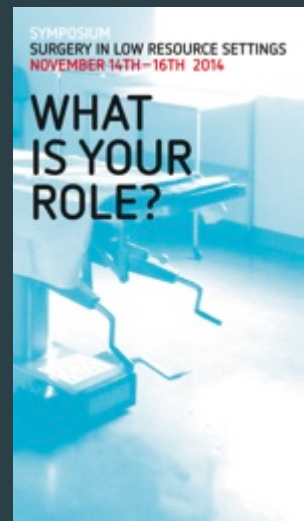
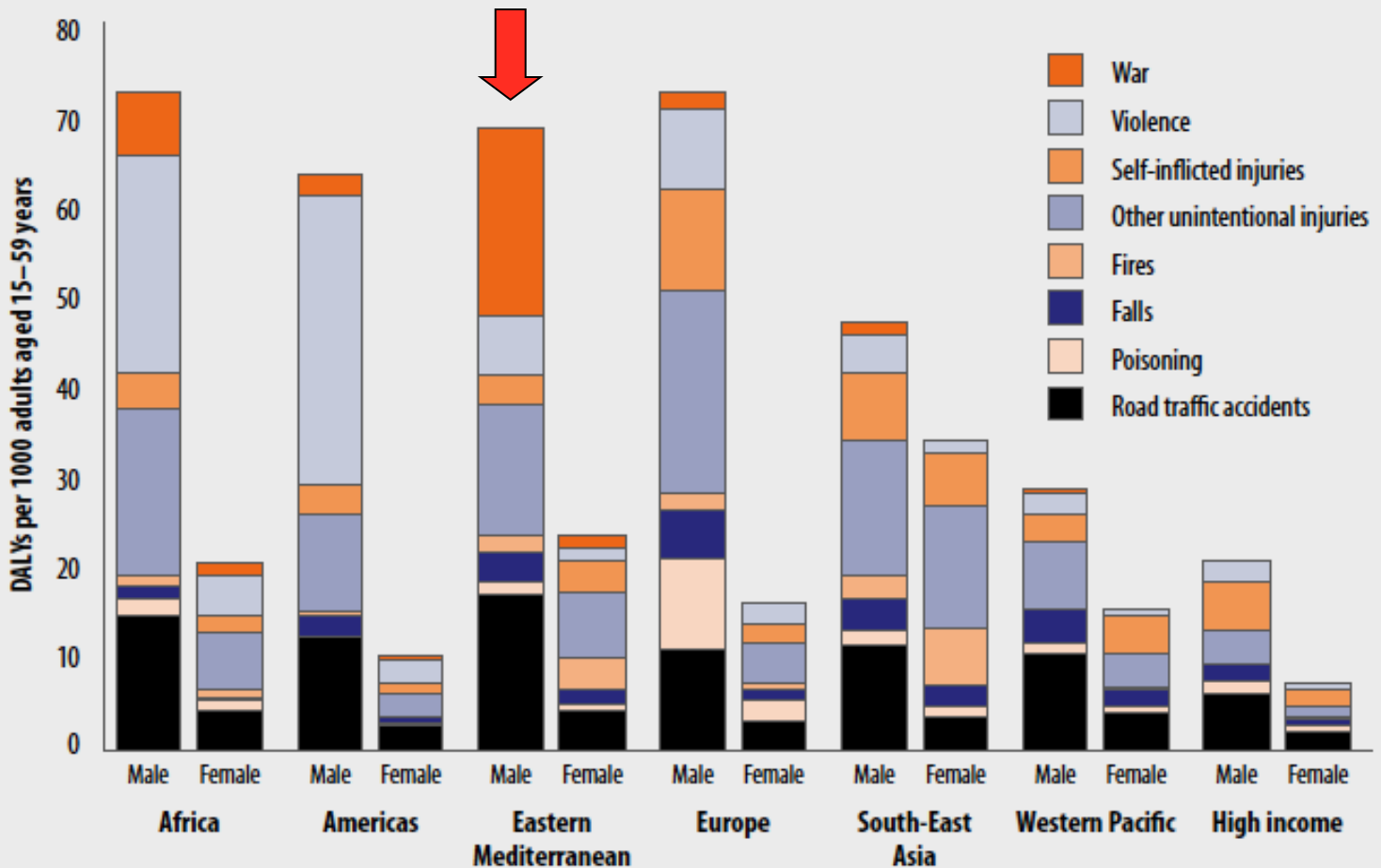


Burden of injuries (DALY's) by ext causes and WHO region. 2004



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Global Health in Transition

Health problem	1990 (DALYs thousands)	2020 (DALYs thousands)	% Change
Maternal conditions	9513	1563	- 83.6
Tropical-cluster diseases	5556	1414	-74.6
Childhood-cluster diseases	30445	15450	-49.3
Leprosy	46	22	-52.2
Malaria	27089	13494	-50.2
Respiratory infections	30941	16483	-46.7
Perinatal conditions	19314	11172	-42.2
HIV	8370	9436	+12.7
Tuberculosis	10184	16440	+61.4
Cardiovascular disease	11612	19672	+69.4
Injuries	45337	94689	+108.9
Malignant Neoplasma	6317	15057	+142.2



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Emergency and Essential Surgical Services in Afghanistan: Still a Missing Challenge

Sandro Contini • Asadullah Taqdeer • Meena Cherian •
Ahmad Shah Shokohmand • Richard Gosselin •
Peter Graaff • Luc Noel

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The limited access to surgery services at peripheral health facilities should be a global concern, and it is highly evident from maternal mortality and injury data and in our survey in Afghanistan. Among the priority health problems of the country, the availability of basic and emergency surgical care is far from being satisfied,

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WHAT
IS YOUR
ROLE?



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Disease Control Priorities in Developing Countries (second edition)

A World Bank Initiative



Chapter 67

Surgery

*Haile T. Debas, Richard Gosselin, Colin McCord,
and Amardeep Thind*

Surgical services incorporated into
hospital-level care may be as cost-
effective as other large scale public
health initiatives

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- *Traditional mindset:*
 - *Surgeon: direct provision of surgical services*
- *New mindset*
 - *Surgeon: direct provision of training of surgical services*

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**WHAT
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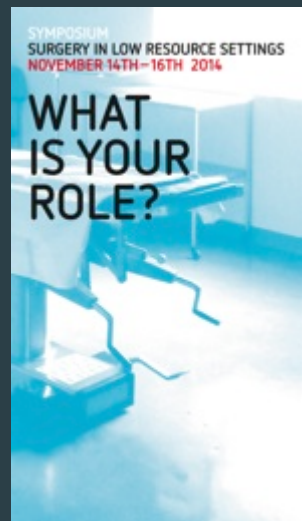


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Basic points

- ✓ **High** standards of cure, **free** of charge, to guarantee access to the poor and to vulnerable groups and **treat everybody** regardless of sex, political and religious issues.
- ✓ Work in close contact with **local authorities** to guarantee the ownership of the projects with the final goal to leave them the project to run (Cambodia, Kurdistan).
- ✓ Build, **organize and run** our hospitals with sustainable, effective and transparent management.
- ✓ Ask donors/partners the **commitment** to reach the poor, pursue goals of global health, ensure equity.
- ✓ Implement effective **monitoring** mechanisms of the standards of care.
- ✓ Provide high-level **training** for local staff and develop residency and fellowship programs.
- ✓ **Pre-hospital**
- ✓ **Simple** protocols based on experience



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MEMORANDUM OF UNDERSTANDING

Between

MINISTRY OF PUBLIC HEALTH

ISLAMIC REPUBLIC OF AFGHANISTAN

And

EMERGENCY

Life Support for Civilian War Victims



Admission Criteria

**Landmines and
war-related injuries**

**Emergency treat. of
life-threatening inj.**

Post-surgical rehab.

PHC in FAP and HC

**ObGyn, antenatal &
neonatal care
(Panjshir)**





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In 1999 EMERGENCY's intervention began in the Panjshir Valley, in northern Afghanistan. A former military compound in the village of Anabah was renovated and turned into a Surgical Centre for war victims.

(پنج شیر)



**Anabah data
(updated to 30/06/2014)
Out-patients: 241,099
In-patients: 33,829
Surgical interventions: 21,416**



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maternity data
(updated to 30/06/2014)
Out-patients: 134,609
In-patients: 34,922
Surgical op: 6,949

Children born: 24,396

In **2003** EMERGENCY opened a Maternity Centre in Anabah to provide antenatal, gynaecological, obstetric and neonatal care to the population of the Valley and the surrounding provinces.



In April **2001**, EMERGENCY opened its Surgical Centre in Kabul, the capital city of Afghanistan, controlled by Taliban at the time.

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Kabul data

(updated to 30/06/14)

Out-patients: 90,878

Patients admitted: 31,305

Surgical interventions: 40,705

2014: 1885 ADM – 2913 OP
AUG 14: 344 ADM – 516 OP



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لشکرگاه



In **2004**, EMERGENCY opened a Surgical Centre for war victims in Lashkar-gah. The Centre is the only free specialized facility in an area - the Helmand province - that has been at the centre of the Afghan conflict in the most recent years.

Lashkar-gah data
(updated to 30/06/2014)
Out-patients: 93,770
Admitted: 21,518
Surgical Op: 27,204

Build (or rebuild) infrastructures



pharmacy



laundry



maintenance



carpenter









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**WHAT
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teaching





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- ✓ Surgical Trauma Residents in Kabul and Lashkargah
- ✓ ObGyn residents in Anabah



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- ✓ Italian residents rotations



BASIC TRAUMA COURSE

Kabul
Emergency Hospital

April 26-May 8, 2014



PRE-HOSPITAL MANAGEMENT

RURAL PRE-HOSPITAL TRAUMA SYSTEMS REDUCE TRAUMA MORTALITY.

WHERE OUT-OF-HOSPITAL TIMES ARE LONG, BASIC LIFE SUPPORT MEASURES BY TRAINED FIRST HELPERS AND PARAMEDICS ARE
LIFE SAVING.









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FIRST AID POSTS and PRIMARY HEALTH CLINICS

Since 1999, EMERGENCY established a **network of First Aid Posts (FAPs) and Primary Health Clinics (PHCs) in Afghanistan**, in order to provide prompt treatment also to the population of the most remote areas or to zones lacking healthcare facilities, such as the Panjshir Valley and the Salang pass, together with some areas around Kabul and in the provinces of Kabul, Kapisa, Logar, Ghazni, Parwan, Badakhshan and Helmand.

The local staff trained by EMERGENCY provides basic healthcare, first aid and the referral of patients in serious conditions to EMERGENCY's hospitals by an ambulance service open 24/7.

> 30 First Aid Posts (FAP)







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FOUR KEY POINTS:

1. TRAINED TRAUMA NURSES PRESENT 24/7
2. MEDICAL MATERIALS
3. DEDICATE ROOM FOR EMERGENCY
4. AMBULANCES 24/7



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TRAINED TRAUMA NURSES

BASIC PRE-HOSPITAL TRAINING:

- Identify hypovolemic/haemorrhagic **shock**
- Resuscitation and **fluid replacement**
- Immobilization of limbs **fractures**
- Immobilization of suspect or present **spinal** injuries
- Immobilization of **pelvis** fractures
- Control of **external bleeding**
- Different **wounds treatment** (chest wound, evisceration, open fractures..)
- Neurological status evaluation (**GCS**) and head injury treatment

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AMBULANCE

Safe transportation with nurse present performing revaluation and treatment.

AMBULANCE WITHOUT NURSE IS
LIKE A TAXI, JUST MORE
COMFORTABLE !

- STRETCHER WITH FLUID HANGER
- FLUIDS
- OXYGEN + DEVICES
- BLANKET / THERMIC BLANKET
- SUCTION MACHINE
- PILLOW
- LINEN
- SAFETY BOX
- FIRST AID BOX



MEDICAL MATERIALS

- | | |
|-----------------------------|--|
| • NGT set | • Sterile gauze |
| • Foley catheter set | • Neck collar |
| • IV set | • Pain killer |
| • Bandage | • Antibiotics |
| • Splint | • Antiseptic |
| • Spinal board | • Fluids (Ringer/Sodium Chloride/
Haemacel) |
| • Suction machine + devices | • Airway cannula |
| • Oxygen + devices | |

PRE-HOSPITAL MANAGEMENT

STARTING POINT



PRE-HOSPITAL MANAGEMENT



FAPs and PHCs
data

(last update 31/12/2013)

Out-patients: **2,690,457**

Referred to Surgical centres: **23,955**

Increase referral pts



	2011	2013
KABUL	170	764
LASH	320	1214
TOTAL	490	1978

1999-2014



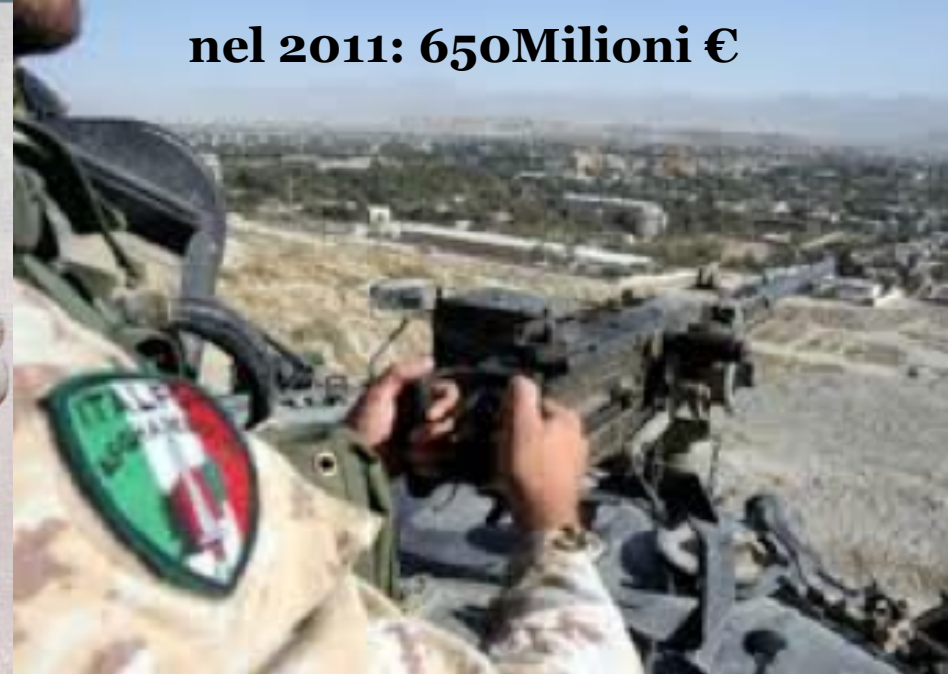
Over 1 MILLION out-patients
125.000 admissions
100.000 operations
25.000 children born



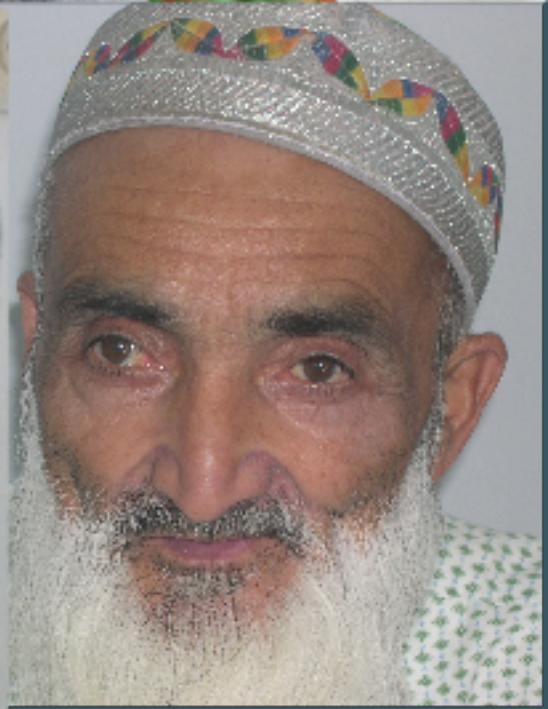
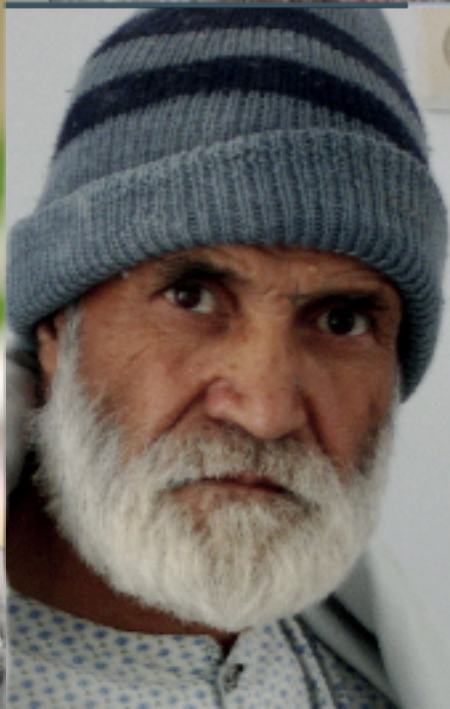
2001-09: 2 Miliardi €



nel 2011: 650 Milioni €



In 2011 the 4 emergency hospitals
in Afghanistan costed
5 milioni €







highly cost-effective

Thank You



[www.emergency.it/work with us](http://www.emergency.it/work-with-us)



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LAB111 Amsterdam - www.surgicalneed.nl



va. communication by design



 **REDERIJ DE NEDERLANDEN**
BELEEF AMSTERDAM