Title:
Health Care Around Sekondi-Takoradi - 2009

Destination:
Sekondi-Takoradi, Ghana
Latitude North: 4 degrees, 56 minutes
Longitude East: 1 degree, 48 minutes

Flag: #52

Dates of Expedition:
19 February – 11 March 2009

Sponsorship:
Project HOPE, Millwood, VA
U.S. Navy, Africa Partnership Station

Explorer Club Members Participating:
Joyce M. Johnson (FN ’03)

Objectives of the Explorers Club Member
• To collect data for an article to help prepare volunteer health providers for work in low income countries.
• To provide health education (“mentoring approach”) to local health care providers in the vicinity of Sekondi-Takoradi, Ghana.

Description
A major purpose of this expedition was to gain a better understanding of the necessary components of medical volunteer work in a low income country, and then based on the information from this and prior expeditions, to write an article to assist health providers planning future doing volunteer work.

The medical volunteer component included a multi-disciplinary team of 14 health care volunteers coordinated by Project HOPE, a U.S. based volunteer organization. These volunteers provided mentoring to local health care providers at two civilian hospitals in
Sekondi-Takoraki. Most subsistence and some logistical support was provided by the U.S. Navy. Other support was arranged by the volunteers locally.

Discussion

This expedition complemented another recent expedition (Guatemala, January 2009) to collect data for this article. The Ghanaian mission placed volunteers in two local hospitals, to train and assist local health care providers, and to assist with patient care. Medications, equipment and supplies used by the volunteers were those available to the local health care system and providers. The volunteers augmented the local hospital personnel. The patients were seen in conjunction with local providers, and were the patients who would normally be seen in those facilities. The medical problems ranged from basic primary care needs to psychiatry to acute trauma to childbirth.

The Ghana model was in sharp contrast to the Guatemala activities. The Guatemala mission involved a team of volunteers who established “portable clinics,” generally for a day per village. The Guatemala team brought all needed medications, supplies and equipment. The team would go to a village, set up a clinic, see patients, refer the more serious cases to local providers, and then pack up and go to another village the next day. The Guatemala volunteers saw basic primary care patients. Many of the children seen were essentially healthy, came for a “check up” and received preventive care and health education. Most adult patients, especially older adults, had chronic problems such as back pain and epigastric pain.

From a “medical volunteer planning perspective” the two missions had the usual logistic and other challenges of volunteer missions. However, from a medical perspective, the missions differed. The following chart provides a summary.

<table>
<thead>
<tr>
<th>Clinical Characteristic</th>
<th>This Expedition</th>
<th>January 2009 Expedition</th>
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</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>Local hospitals</td>
<td>Brought “portable clinic”</td>
</tr>
<tr>
<td>Equipment and Supplies</td>
<td>Furnished by local facility</td>
<td>Brought from U.S.</td>
</tr>
<tr>
<td>Interaction with local health care providers</td>
<td>Worked directly with them, learning from each other</td>
<td>Referred more serious cases; no direct interaction</td>
</tr>
<tr>
<td>Patients</td>
<td>Regular patients seen by provider; some had true emergencies including trauma</td>
<td>Many healthy patients, especially children, seeking “check up”; others with chronic disease</td>
</tr>
<tr>
<td>Services provided</td>
<td>Range of services provided from primary care to minor surgery; utilized hospital lab and x-ray; hospital formulary</td>
<td>Very basic primary care; no lab or x-ray; a few medications, many over-the-counter, all from U.S.;</td>
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Both volunteer missions included about two weeks of patient related services. However, the volunteer’s clinical experiences were differed. The Ghanaian volunteers provided services in the same clinic each day, working with the same health care providers, so
there could be continuity of the mentoring. In contrast, the volunteers in Guatemala rarely worked directly with a local health care provider, and generally provided services in a village for only a day.

What was a “day in the life of a volunteer”? In Ghana, the volunteers began their day with a short – about 30 minute – van ride to the hospital. Each volunteer went to a different medical service and worked with the local providers, seeing the patients who came, using the supplies and equipment available. The volunteer and local health care provider examined the patient, developed a differential diagnosis, and discussed possible treatment options. They worked together, learning from each other. The patient load was the usual patient population the local provider would see in a day. The fees were what the patient would usually be charged.

In contrast, the volunteer in Guatemala would wake early to begin what may be a three hour drive in a local van to the day’s village. Once there, a clinic would be set up in a community location such as a school. The volunteers would unpack their supplies – primarily medications – and organize a simple pharmacy. The clinic essentials would be defined – waiting area, reception area, exam rooms, etc. Volunteers would be assigned duties. Patients were generally waiting in long lines before the volunteers arrived. Once organized, they began seeing patients. A short chart was developed by the intake volunteer, and then the health provider saw the patient. If medications were prescribed, they were usually dispensed there. No real lab work was available. Simple treatment was provided – often limited to over-the-counter medications. No fees were charged. If a patient was very sick, referral was made to a local provider.

A volunteer in Ghanaian-type expedition is very dependent upon the local health care system, and how local providers practice medicine, including their equipment and supplies. The Ghanaian medical environment differs from the U.S. The volunteers require an additional level of medical judgment and flexibility. The volunteers must also be respectful and appreciate the dedication to their patients that the local providers have despite some of the challenges they meet daily in attending to patient needs. Volunteers should recognize and accept the differences in culture, economic base, and medical practice before deploying.

**Summary and Conclusions**

The expedition was successful and met its goals of providing mentoring to health professionals in Sekondi-Takoradi, Ghana and collecting additional information that was used to write an article for others on volunteer medical missions.