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Emerging Models in Global Health for Medical Physicists and experiences in parts unknown

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Presentation is from portions of these books

Nothing to disclose:

All proceeds support Global Radiation Oncology



## OUTLINE

- Introduction and Background
- Emerging Models for Global Health Lessons from travelling to Parts Unknown





INTRODUCTION: LMIC	Cancer Burden	Challenge
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Low and Lower Middle Income Countries (LMIC) Mortality



- Over 14 million new cancer cases a year
   Over 8 million deaths per year

# INTRODUCTION: The Cancer Divide



"Do US dogs have better access to radiotherapy than Nigerian people?"

BBC October 11, 2017

LMIC Challenge: Need to Expand Radiotherapy Acces especially in Africa and SE Asia



LMIC Challenge: Radiotherapy Human Resources Training of medical professionals in Radiotherapy

By 2025, LMICs will need an additional...



7,500

6,000

20,000

THE CONTENT OF A SAME

Barriers to Global Health for Medical Physicists who want to participate



- Major upsurge in global health interest: e.g. survey showed nearly 90% of residents interested in global health
- Barriers to Global Radiation Oncology:
  - LMIC Healthcare systems: cancer control plans, radiotherapy infrastructure, human capacity, financing/health insurance,
  - Geographic or space-time barriers
  - Cultural barriers
  - Limited global health funding
  - Limited Career pathways
  - Working in Silos

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# Emerging Models for collaboration to close the cancer divide



- Twinning partnerships: e.g. Harvard-Rwanda Ministry of Health, Fred-Hutch- Uganda
- On site e.g. Seed Global Health: train the trainer in Malawi, Tanzania etc
- Donating equipment: e.g. Radiating Hope
- Professional societies: e.g. ASTRO, AAPM, ARS?
- Funded research (see GO MAP)
- Volunteering
- Engaging the diaspora to turn brain drain to global health gain
- Closing the cancer divide using advanced information and communication technologies (ICTs)

# Emerging Models for Global Radiation Oncology: ICTS

- Education and Training APP: in partnership with the African Organization for Research and Training in Cancer (AORTIC): www.aorticedu.org and Harvard/UPENN
- <u>Telemedicine APP</u>: tumor boards: econtouring, Chartrounds,com, QARC with remote treatment planning/QA potential
- Research APP: e.g. multi-center clinical trials using QARC
- Outreach APP: to diaspora, industry, and government leaders: yearly summits sponsored by Harvard GHC



Comprehensive approach using 4 Apps to close the Cancer divide

# ECANCER CALL

# Comprehensive Cancer Center in the Cloud:

www.ecancer4all.com

- CARE: Tele-health support solution: remote treatment planning and quality assurance support, second opinion, e-consultations
- EDUCATION: Online and F2F training • RESEARCH: Multi-center clinical trials,
- Implementation Research
   OUTREACH: Advocacy, Ambassadors Corp



See Red Journal Publication on this approach
Int J Radiat Oncol 99, Pages 956–962



#### **Comprehensive Cancer** Center in the Cloud:

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### **Global Health: Preparing for Parts Unknown:**

- Whether for global health, international collaborations, cross cultural educational purposes, medical missions, professional development, or NGO partnership developments, many first time and repeat travelers are embarking on exciting journeys to parts unknown.
- 2. The purpose of this work was to document the best, and worst moments of those who have had the global health experience, and provide recommendations for Medical Physicists and others interested in global health.

#### Parts Unknown: Method: Survey and story

- Where, why and when did you travel? 1.
- 2. What was your best experience ?
- 3. What was your worst experience?
- 4. What was a funny experience you had?
- Were your expectations the same as the reality? How similar or different?
- 6. What tips/advice/recommendations would you make for anyone planning to travel to the same place/country in Africa
- Would you travel to an African country again? Also what would you recommend to make things better as a whole in that African country?

Parts Unknown: Method: Survey and story over 20 people  1. Where, why and when did you travel? 2. What was your best experience? 3. What was your worst experience? 4. What was a funny experience you had? 5. Were your expectations the same as the reality? How similar or different? 6. What tips/advice/recommendations would you make for anyone planning to travel to the same place/country in Africa 7. Would you travel to an African country again? Also what would you recommend to make things better as a whole in that African country?	
Results: Survey and story	
Where, why and when did you travel?	
About the Africa bounds and	
Mostly to Africa but also Asia	
Best Moments: Impact	
Over 40 radiation oncologists,	
and Medical physicists	
trained by Global Health Catalyst	
A PARVARD	







Worst Moments: illness	
Worst Moments: transportation	
Worst Moments: Crime and corruption	

Worst Moments: Culture shock	
"Sometimes I felt like a cow being milked constantly	
because people were always lacking money and often	
came to beg. Of course I realize we were rich in their eyes, but we were not able to help all the time and to everybody."	
but we were not able to help all the time and to everybody.	
	-
Funny Moments:	
The "double handshake leads to twins" belief. Ivoirians believe that if two people reach out to share your hand at once, it means you will	
have twins. Once I learned this I purposefully forced my hand into other people's handshakes – this unnerved some people to my great	
amusement.	
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Furnis Marsanta	
Funny Moments:	
One day a girl said that, in Europe all the people still think that Africans are still living on trees, this was	
really funny.	

Funny Moments:  While speaking in a village church, my 6 month old baby	
began to get fussy. Suddenly she grew quiet. When I looked for her, there was an 'old mama' putting Julie on her breast to nurse (doubt there had been any nourishment in them for years, but it worked). I wasn't quite sure how to respond to that!	
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Recommendations:	
RESPECT: Remember English proverb saying: "You can lead a horse to water, but you cannot make it drink."	
Recommendations:	
ADEQUATE PREPARATION:	
<ul> <li>Try to get to know as much as you can about different tribes, people and languages before you get there. If</li> </ul>	
you are able to learn a local language it will be much easier to have any contact with the people and to	
understand their thinking, customs and their way of life.	

	<b>1</b>
Recommendations:	
ADEQUATE PREPARATION:	
<ul> <li>Try to find out what can be bought and obtained there so that you are not bringing things from Europe or America you could buy there.</li> </ul>	
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	-
Recommendations:	
BLEND IN:	
2	
Global Health Catalyst	
Recommendations:	
<ul> <li>Get all suggested vaccinations and take an antibiotic prescription with you in case you ingest some tainted food.</li> </ul>	
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- Get all suggested vaccinations and take an antibiotic prescription with you in case you ingest some tainted food.
- Do not eat any raw food. Use bottled water for drinking brushing teeth, washing your face/hands, and shower with your mouth and eyes closed.
- If available, use mosquito netting over your bed at night while sleeping.

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•Be flexible. Have low expectations, especially about schedules. Be there for the ride. Impact those around you. Random stuff happens, you can choose to worry or try to help. Rather than worry about time and schedules, learn about the culture of the people you are visiting and serving

#### **Recommendations:**

•Be flexible. Have low expectations, especially about schedules. Be there for the ride. Impact those around you. Random stuff happens, you can choose to worry or try to help. Rather than worry about time and schedules, learn about the culture of the people you are visiting and serving

"You are not trying to fit their way of life into your service, you are trying to fit your service into their way of life" – Keaton Spillman.

Recommendations:  Be willing to be humble and learn –put aside your ways of doing things and listen to a new approach.	
Recommendations: Come with an open mind. Look past the dirt, dust and rubbish and you will see things that you may have lost in your own countries like real communities that care about each other, happiness and fresh fruit and vegetables that have flavour. Ask people to tell you their stories and you will hear things that inspire, make you laugh and cry and challenge the way you look at the world.	
Summary?	
Urgent Need for more Global Health in Medical Physics, towards closing	
<ul> <li>the cancer divide</li> <li>Barriers to global medical physics include: funding, space-time, culture, systemic barriers,</li> </ul>	
Different models for global healthinclude: twinning, volunteering, donations, professional societies initiatives, diaspora engagement, use of	
ICTs  • Number of ICTs-powered initiatives with major opportunities for collaboration: Tumor boards, Chartrounds, online global radiation oncology courses, co-mentored research and new tele-oncology platform building on the ecancer4all	

## Summary of parts unknown

This work provides an analysis of global health experiences that could prepare any medical physicist planning to embark on global health or international travel. Specific experiences in different countries are discussed



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Thanks for your attention!

Let's Collaborate

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