The World Health Organization announced in September that it is expanding its initiative to train health care providers in low- and middle-income countries in essential emergency, basic surgery and anesthesia skills.

The WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) was established in 2005 to improve access to and quality of surgical care in developing countries. This initiative is a partnership of organizations and individuals from around the world committed to working together to promote and support the development of appropriate surgical services in developing countries. The second meeting of the GIEESC was held in Dar es Salaam in September of this year. HVO, a partner in this initiative, was represented by several members including Drs. Richard Fisher and David Spiegel.

According to Dr. Luc Noel, who is in charge of clinical procedures at WHO, this initiative "signifies a shift in the way we think about surgery. Until recently, surgery was a neglected health issue in developing countries because it was assumed to be too expensive and sophisticated." With little or no data to demonstrate that surgery could be a cost-effective intervention, few resources have been allocated in recent years to support the training of health care professionals in basic surgical and anesthesia services in developing countries.

Data do show, however, that death and permanent disability can be avoided through simple surgical interventions following road traffic accidents, violence or war, abdominal emergencies, complications of labor and delivery, congenital abnormalities, fractures, burns or acute infections. According to the 2002 World Health Report, these conditions cause the loss of approximately 11% of the total lost years of healthy life. Injuries alone kill more than 5 million people every year.

Dr. Meena Cherian, an anesthesiologist by training and formerly on the staff of the Christian Medical College in Vellore, India has been spearheading WHO’s work in this area. Dr. Cherian is a tireless advocate for broadening the definition of primary health care to include basic and emergency surgery. “Why should a child die from appendicitis, or a mother and child succumb to obstructed labor, when simple surgical procedures can save their lives?” asks Dr. Cherian.

continued on page 6
Once again, I am astonished by how quickly the year has gone by and by how much we have done. By year’s end, we will have sent more than 470 volunteers overseas. We opened a record setting number of new programs this year – 11 including our first programs in the area of wound management.

The American Society of Hematology became a sponsor mid-year and plans are underway for site assessments in Cambodia, China and Uganda. The American Society of Clinical Oncology also decided to become a sponsor this fall and we look forward to working with them in the development of programs addressing cancer in developing countries.

This fall, I was invited to a meeting in Geneva, Switzerland to discuss developing a plan to integrate wound & lymphedema training and services where appropriate in the management of morbidity associated with a variety of neglected tropical diseases. These diseases include, but are not limited to, lymphatic filariasis (elephantiasis), leprosy, buruli ulcer, and onchocerciasis.

John Macdonald, MD, President of the Association for the Advancement of Wound Care and the driving force behind the World Wound Care Alliance and Mary Jo Geyer, PT, PhD, a faculty member at Chatham University, were in attendance as were representatives from Handicap International (who graciously hosted the meeting) and the World Health Organization. At the end of two days of discussion, there was consensus that there was both a need and an opportunity for this working group to pursue the development of integrated guidelines, programs and materials in wound and lymphedema management.

Sadly, this year also saw the death of two long-time supporters and members of HVO – Dr. Garry Hough and Dr. Lee Gordon. I met Dr. Hough in 1985 at my first American Academy of Orthopaedic Surgeons’ convention. He was very involved in Orthopaedics Overseas at that time and was instrumental in the founding of HVO in 1986. I learned much from him – he was a true friend and mentor. Dr. Gordon had been involved with HVO since 1993 and was a catalyst in the development of opportunities for hand surgeons here at HVO. Dr. Gordon served in Uganda, Honduras and Peru. His energy and commitment were inspiring. They both will be missed.

As the year draws to a close, I hope that you will keep HVO in mind as you consider your giving plans. With 73 programs in 23 countries on 4 continents, HVO and our volunteers are making significant contributions to improving health for hundreds of thousands of current and future patients around the world. A gift to HVO is an investment in the future. Thank you for your support!

Nancy A. Kelly, MHS
Executive Director

Dr. Martin Hobdell, an HVO volunteer and member of the Dentistry Overseas Steering Committee was recently honored at the convocation of the International College of Dentists, USA Section in San Francisco, CA.

Dr. Hobdell was honored and acknowledged for his work through HVO in dental public health at the Faculty for Odonto-stomatologie in Vietnam and the University of Health Sciences in Cambodia, where he has initiated, established and maintained graduate level certificate and masters training courses in dental public health. Dr. Hobdell created the curriculum of the 2-year courses along with local faculty at each site, monitored the progress of the students, and co-taught the courses with other public health education volunteers. The programs are continuing with recent graduates performing research and assisting with ongoing programs that positively impact the public health of their countries.

The International College of Dentists is the premier international dental organization that acknowledges dentists for outstanding service. Dr. Hobdell’s service to HVO and to global public health is truly appreciated and respected by the international dental community.
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Anesthesia
Eritrea ....................... 2 - 8 weeks
India .......................... 2 - 4 weeks
Peru .......................... 1 - 4 weeks
South Africa ................ 2 week minimum
Tanzania ..................... 3 - 4 weeks
Vietnam ..................... 2 week minimum

Burn Management
India .......................... 2 - 4 weeks
Zambia ....................... 2 - 3 weeks

Dentistry
Cambodia ..................... 2 weeks
China .......................... 2 weeks
Laos ............................ 1 - 2 weeks
Nicaragua .................... 1 week
St. Lucia ....................... 2 - 4 weeks
Tanzania ..................... 2 weeks
Vietnam ..................... 1 - 2 weeks

Dermatology
Palau .......................... 2 weeks
Peru ............................ 1 - 4 weeks
St. Lucia ....................... 2 - 4 weeks
Uganda ....................... 3 - 4 weeks

Hand Surgery
Honduras ..................... 1 week
Peru ............................ 1 - 2 weeks

Internal Medicine
Cambodia ..................... 2 - 4 weeks
India .......................... 2 - 4 weeks
Peru ............................ 2 - 4 weeks
Uganda ....................... 1 month

Nurse Anesthesia
Cambodia ..................... 2 week minimum
Eritrea ....................... 2 - 8 weeks

Oral and Maxillofacial Surgery
Cambodia ..................... 2 weeks
India .......................... 1 - 2 weeks
Peru ............................ 1 - 2 weeks
Samoa ....................... 2 - 4 weeks
Vietnam ..................... 2 - 4 weeks

Orthopaedics
Bhutan ......................... 1 month
Cambodia ..................... 2 - 4 weeks
Cameroon .................... 1 month
China .......................... 2 - 4 weeks
Ethiopia ....................... 3 weeks
Malawi ....................... 1 month
Moldova ..................... 2 weeks
Nicaragua ................... 2 weeks
Peru ............................ 2 week minimum
St. Lucia ..................... 2 - 4 weeks
South Africa ................ 1 month
Uganda ....................... 1 month

Pediatrics
Cambodia ..................... 1 month
Honduras-Roatan ........... 1 month
Malawi ....................... 1 month
St. Lucia ..................... 2 - 4 weeks
Uganda ....................... 1 month

Physical Therapy
Bhutan ......................... 4 months
Cambodia ..................... 3 weeks
Nicaragua ................... 1 - 2 weeks
Peru ............................ 2 - 4 weeks
St. Lucia ..................... 2 - 4 weeks
Suriname .................... 2 - 4 weeks
Tanzania ..................... 2 weeks - 3 months
Vietnam ..................... 2 - 4 weeks

Wound Management
Cambodia ..................... 1 - 2 weeks
India .......................... 1 - 2 weeks
Peru ............................ 1 - 2 weeks

Please Note: New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: programs@hvousa.org or 202-296-0928. Visit the web site www.hvousa.org.
HVO Launches the Knowledge Network

The Knowledge Network, HVO's virtual forum, officially launched this fall with the introduction of five workspaces that cover the program areas of orthopaedics and hand surgery; physical therapy and rehabilitation; anesthesia; burn management, dermatology and wound care; and pediatrics, internal medicine and hematology. HVO will design and roll-out workspaces for the remaining programs areas throughout 2008.

This platform is an HVO member-benefit that will provide staff, volunteers, program directors, and on-site health care professionals and students with a secure environment for sharing information about HVO training programs - providing a means to engage in discussions about how to strengthen programs, to better prepare HVO volunteers and to further meet the educational needs of the sites. Each workspace is equipped with a great breadth of resources and educational tools, including volunteer lectures, trip reports, travel blogs, relevant articles on global health, access to medical libraries, discussion boards, e-mail listservs and much more.

If you haven’t already signed-up to join the Knowledge Network or want to learn more about it, contact Maria Trujillo at the HVO office or via e-mail at m.trujillo@hvousa.org.

Are you missing the HVO Net Connection? We need your e-mail address to send you our secure, monthly newsletter on-line. Contact the HVO office at info@hvousa.org to add your e-mail address to our subscriber list or sign up through the HVO web site www hvousa.org.
What is the Legacy Circle?
The Legacy Circle honors those members of Health Volunteers Overseas who have the foresight and dedication to include HVO in their estate plans. We encourage long-time members and supporters to become a part of this circle. Legacy Circle members will be highlighted in our annual report and on our website (or may remain anonymous). In order to be included in the Legacy Circle, simply advise HVO of the bequest. There is no need to provide any specific details unless you wish to do so. You may contact HVO at giving@hvousa.org for more information.

Planned gifts can come in many forms: it can be a bequest in one’s will for a specified dollar amount, a percentage of one’s estate or a charitable remainder trust, just to name a few. Alternatively, you may name HVO as the beneficiary of a life insurance policy. If you need advice or have questions about planned giving options, contact the HVO office and we will refer you to our financial planner at Smith Barney.

Why include HVO in your will?
By including HVO in your will, you will be not only an integral part of the organization’s present but a key to its future. A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries. It will allow us to continue to increase the number of fully trained health care workers in the areas where they are needed most, making a difference in the lives of others. Not only does a planned gift insure the continuance of HVO and its programs into the future, but it also provides an additional benefit of a tax deduction to the donor.

(If you have already included HVO in your estate plans, please contact Nancy Kelly at (202)296-0928 or e-mail giving@hvousa.org. Thank you!)
Several HVO members are involved in the Global Initiative serving as advisors and consultants. Dr. Richard Fisher served as one of the clinical editors of the WHO manual, *Surgical Care at the District Hospital*. Published in 2003, this manual is part of the WHO *Integrated Management of Emergency and Essential Surgical Toolkit* which is being used in a series of “training the trainers” workshops around the world as part of the GIEESC. Topics cover both the organization and management of the surgical service as well as the fundamentals of surgical practice, emergency obstetric care, resuscitation and anesthesia, trauma and orthopaedics. (This e-learning toolkit is available on the WHO web site - http://www.who.int/surgery/publications/imeesc/en/index.html).

Drs. David Spiegel and Richard Gosselin have also shared their time and expertise. They recently authored an article in the September 22, 2007 issue of *The Lancet*, *Surgical services in low-income and middle-income countries*, in which they called for studies “to assess and enhance the effect and cost-effectiveness of programmes designed to reduce the burden of surgically treatable disorders.”

With the dramatic increase in trauma found in low- and middle-income countries as more and more cars, trucks and buses compete for space with pedestrians and motorcyclers, it is obvious that basic surgical services will have an important role to play in reducing the burden of death and disability. As Spiegel and Gosselin state in *The Lancet* “Available epidemiological information and experiential evidence lend support to the conclusion that basic surgical and anaesthetic services should be integrated into primary health-care packages.”

*Published in 2003, this manual is part of the WHO Integrated Management of Emergency and Essential Surgical Toolkit which is being used in a series of “training the trainers” workshops around the world as part of the GIEESC.*
FACTS OF INTEREST FROM THE WHO WEB SITE

- Injuries kill more than 5 million people annually, accounting for nearly 1 in every 10 deaths;
- An estimated 500,000 women die every year from pregnancy-related complications requiring surgical interventions;
- Road traffic accidents are the second leading cause of death for children between the ages of 4 and 14;
- Almost 50% of the world’s injury-related mortality occurs in young people between 15 and 44 years of age;
- The burden of disease related to injuries - especially road traffic injuries, interpersonal violence, war and self-inflicted injuries - is expected to rise dramatically by 2020;
- The quality of essential and emergency surgical care is often constrained by inadequate basic equipment for interventions that are simple but vital such as resuscitation, giving oxygen, assessing anemia and inserting a chest drain;
- Most essential and surgical interventions can be delivered at the first referral level facility (rural or district hospital, health center) provided the health care staff possess a few basic skills and some basic equipment;
- It is estimated that more than 100,000 babies are born every year with congenital club-foot with 80% of the cases occurring in developing countries where most cases are untreated or poorly treated;
- Globally, neglected club foot is the single most serious cause of physical disability among congenital musculoskeletal defects.

MEETING A GLOBAL NEED

OPPORTUNITIES FOR GIVING

There are numerous ways to support Health Volunteers Overseas. Below are listed some of the most common:

Gifts of Cash:
HVO welcomes cash donations of any amount by check or credit card. You may make your donation online by using our secure server. Or, if you would prefer to donate by mail or phone, please contact us at: Health Volunteers Overseas, 1900 L St, NW, Suite 310, Washington, DC 20036, (202) 296-0928. Consider joining one of our Leadership Circles listed on page 11.

Workplace Giving:
HVO participates in many local, state, and private workplace giving campaigns across the country. HVO also participates in the Combined Federal Campaign (CFC). Please consider designating your gift to HVO. Check your catalog for the HVO number.

Matching Gifts:
If your employer offers a Matching Gifts program, please send the form to HVO along with your donation.

Year-End Gifts:
Include HVO in your year-end tax planning. Gifts postmarked by December 31st can be deducted on that year’s tax return.

Gifts of Appreciated Stock:
Giving long-term appreciated stock offers significant tax savings.

Planned Giving:
Consider giving gifts such as life insurance policies or making a charitable bequest in your will.

Please contact Nancy Kelly directly (202) 296-0928 or by email (giving@hvousa.org) to learn more about planned giving and gifts of stock.
New HVO Notecards Available

If you are gearing up to send your holiday cards or are looking for a unique card to send to that special someone HVO’s new notecards have you covered. Packets of 12 cards are available with four stunning full-color photos that will capture the imagination of the armchair traveler with scenes from Vietnam, Bhutan, Uganda, and Peru (see a sample of photos below). All cards are blank inside so they may be used for any occasion. The reverse side includes a global health fact and the HVO logo, address and web site. Order a packet of HVO notecards by calling 202-296-0928 or via the HVO website, www.hvousa.org, just click the “Publications” tab on the left-hand column.

JOIN HVO!

YOUR MEMBERSHIP MAKES A DIFFERENCE!

YOUR HVO MEMBERSHIP supports life-saving health education & training programs in the least developed nations of the world.

Visit the HVO website www.hvousa.org & click on “Donate Now” for your membership application or call the HVO office today (202) 296-0928.

The reverse side of each card includes a different global health fact and the HVO logo, address and web site.
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