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Activity Report 2021 Fistula Group Programme

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GENEVA FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (GFMER)



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Editorial



INCREASED VULNERABILITY BUT AN ACTION THAT BEARS FRUIT

Since 2020, the health crisis has spared no continent, no region, no gender, no country. But some populations already affected by various kinds of calamities suffer even more violently from its effects.

This is the case for the populations of the region of Tanguiéta, in the north of Benin, who attend the Saint Jean de Dieu hospital with which the GFMER and the Fistula Group have been working for over 25 years. In addition to these health crisis , there are also difficulties related to the risk of terrorism. This is linked to attacks by terrorist groups that have now crossed the border from Burkina Faso to Benin.

These health and security crises are drastically reducing or even eliminating the possibilities for revenue-generating consultations, while at the same time the number of patients without income is increasing. For this reason. we need to strengthen our funding the needy population. for

A national strategy is being developed

However, against this tragic backdrop, a national strategy for fistula has been built up over time.

This shows that our tenacity works.

"against this tragic backdrop, a national strategy for fistula management has been built up over time".

To start, the implementation of a program of free caesarean section was developed in 2005, giving care designed to prevent development of obstetrical fistulae. Following this, better access to healthcare through extensive information and awareness campaigns was begun.

Today, we have established a focal point in Cotonou and created a toll-free number for better organization and distribution of cases and harmonization of the work of recruiting and follow-up of patients with the NGOs.

The Fistula Group, which helped develop this program, welcomes this major advance. But the eradication effort must continue, because the free caesarean section program pays only for the surgery itself and does not cover transport to a facility or the cost of medicines, which are obvious obstacles for the poorest women.

In addition, the free treatment of obstetric fistulas when they do occur, and routine obstetrical care is not yet a reality. Finally, universal access to family planning and sexual and reproductive health care are in their early stages.

Towards the autonomy of projects

Another development that should be highlighted is the importance of South-South cooperation, one of Fistula Group's priorities: this involves the sharing of knowledge and experience, through training and the transfer of knowledge. The Fistula Group network is growing over time. allowing for greater and economies of scale, cooperation improving economic viability of projects and the dissemination of information. In this report, we highlight how the next generation of fistula surgeons had been and is being trained and are becoming ready to take the baton.

Nevertheless, the financial needs are still very great and the traditional donors are still in Switzerland. Let's stay mobilized!

C-H. Rochat Geneva, 3 March 2022

But the ideas are coming along ..



April 2021- Tanguiéta. On the first day, Dr Rochat, Dr Peabody (Dr James O. Peabody from Detroit, who has been participating in the missions since 2007), and Dr Aholou (Chief of the maternity ward at St Jend de Dieu) meet the young doctors from the region who have come to participate in the mission.



October 2021 - Yaoundé Women operated on for fistula, accompanied by some members of the campaign team and Prof. Tebeu

-/ Overview 2021

A TOTAL OF 346 PATIENTS WERE OPERATED ON IN 2021 DURING SURGICAL WORKSHOPS AND ROUTINE SURGICAL PRACTICE

CAMEROON AND BENIN

Since 1993 and Dr Rochat's meeting with Brother Florent, the network has continued to expand and activities have taken place... even during the COVID pandemic.

Significantly, in 2021 The Fistula Group held four surgical workshops for complex cases that have made a lasting difference to the lives of nearly 58 women affected of obstetric fistulas and severe prolapse. These workshops allowed :



this allowed teams of doctors in training, to become familiar with complex surgical techniques for repair of fistulas.



In addition it allowed the team to develop new surgical approaches and to provide a basis for further scientific publications.

4 SURGICAL WORKSHOPS, 58 VICTIMS OF COMPLEX PATHOLOGIES

2 WORKSHOPS IN CAMEROON

During which a total of 21 patients were operated on. We celebrate the nomination of Prof. Tebeu as Director General of CIESPAC on 18 December 2021. This will allow us to consider :

 \rightarrow continued activity in other CEMAC countries \rightarrow the establishment of the network of providers in the fight against obstetrical fistula in Central Africa

 \rightarrow The centralization of data for a detailed analysis of the status of fistulas and other neonatal genital pathologies in this region of Africa.

2 WORKSHOPS PLANNED IN BENIN

In April 2021 Dr Rochat and his team operated on 31 patients. The second workshop was aborted in Tanguieta due to terrorist attacks nearby in Porga, but was completed in Cotonou. In Benin, the partnership agreement with the Artemedis Foundation signed in 2020 was renewed, facilitating the funding of field activities in Benin.

27 PATIENTS IN ROUTINE CARE IN BENIN

Fistula Group has treated 11 fistulas and 16 prolapses during 2021as part of routine surgical care not associated with specific specialist missions.

BURKINA FASO

147 PATIENTS OPERATED ON IN 2021

Tanguiéta is located near the frontier with Burkina Faso which is the site of recent unrest due to terrorist activity.

The transit between south-eastern Burkina Faso and northern Benin is currently at a standstill. Under these conditions, it is therefore not possible to resume cooperation with Sentinelles, an NGO that recruited fistula patients in Burkina Faso for fistula missions and workshops in Tanguiéta. The patients are therefore operated on locally in Ouagadougou.

MADAGASCAR

114 PATIENTS OPERATED ON IN 2021

Since Dr Rochat's last mission to Madagascar in 2019, the cooperation has grown, enabling surgical missions to be carried out on a recurring basis in different hospitals of SALFA, an organisation that oversees ten Lutheran hospitals in Madagascar and 40 other health units spread throughout the country.

–/ Operating missions /and routine operations

Benin: special fistula missions + routine fistula operations

- Mission with Dr Rochat: 7 -21 April 2021

 December 2021 (a mission planned for August/September 2021 in Tanguieta was postponed to December and then cancelled due to the attacks in Porga, however the mission patients were able to be transferred directly to Cotonou and the surgeries completed there.
 simple cases throughout the year, are operated by Dr Aholou's team.

Cameroon: missions organized by the team of Prof. Pierre Marie Tebeu

- 24 July - 2 August 2021 - 2 - 11 October 2020

Madagascar: operating campaigns

Dr Randria is responsible for fistula surgery for the SALFA hospitals.

He performs surgical campaigns throughout the year. He retired from general practice in November, 2019, but continues to manage and teach fistula surgery, thanks to the support of Fistula Group.

The program is also currently supporting a young doctor in training, Dr. Martin, during his specialization in urology in Dakar, Senegal as a way of planning for the future needs of fistula patients in the region.



Dr Emmanuelson RANDRIANAINA (second from right) and his team at the hospital in Fandriana, Madagascar, north- east of Fianarantsoa

—/ Operating missions / and routine operations

Burkina Faso: routine operations

Patient care and training activities take place throughout the year.

This allowed 147 patients to be treated in 2021. The on-site training involves health workers of different levels of training: 9 certified gynecologists, and 17 DES (doctors in training): 4 in gynecology and 13 in urology who participated in the diagnosis and treatment of fistula cases.



Dr GUIRO Moussa and his team at the Saint Camille Hospital in Ouagadougou, Burkina Faso.



In view of WHO standards and the complexity of the cases treated in Tanguiéta, the result is considered particularly satisfactory.

/ The scholarship / programme

THE SCHOLARSHIPS IN PARTNERSHIP IS SUPPORTED BY A GENEROUS ANONYMOUS DONOR ADVISED BY CARIGEST SA

The Fistula Group program focuses on reconstructive surgery, treatment of obstetric fistulas and prolapse, improvement of local health care systems, prevention of fistulas, reintegration of patients to society after treatment, and most importantly, training and research.

The "Tanguiéta Model" which was developed over more than a decade of work has resulted in one of the most successful training centers for surgical treatment of fistula in West Africa. In Tanguiéta, many surgical experts who are now instructors, as well as dozens of surgeons seeking to learn fistula surgery have passed through and followed operative workshops.

Because of the structure of the program and its location, Tanguiéta has the patient volume and complexity of cases needed to develop expertise in fistula surgery in the sub-Saharan more generally on the African region and continent. The hospital has generated a "cascade effect" with replicationof the "fistula treatment schools" in emeraina training of African doctors countries. The developed by the Fistula Group is bearing fruit, as demonstrated by the fact that it is now primarily doctors from the continent who treat fistula cases on a daily basis.

More than 150 surgeons were trained during the surgical workshops, including around 15 who can treat the most difficult cases.

Today, Dr. Moussa Guiro for Burkina Faso, Dr. Pierre-Marie Tebeu for Central Africa and Cameroon, Dr. Jean de Dieu Yunga Foma for Benin, and Dr. Kindy Dialo for Guinea have become respected experts in this field.



Dr Martin, currently in his second year of specialization in urological surgery.

This objective of knowledge transfer is essential. Dr Renaud Aholou, a former Fistula Group Fellow, was appointed on 4 January 2021 as head doctor of the maternity ward at Saint Jean de Dieu Hospital in Tanguiéta. This objective of knowledge transfer is essential.

The scholarship program set up and supported by CARIGEST is for long-term funding of training and covers several years (up to 6 years for surgeons).

The program is based on practical workshops/ operational missions organized on a recurring basis in these partner locations, several times a year, in partnership with the Saint Camille and Paul VI hospitals in Ouagadougou, the SALFA hospitals (Groupement des Hôpitaux Luthériens de Madagascar) as well as CIESPAC and OCEAC for Central Africa. It also aims to train more than 15 doctors and nurses who have been carefully selected for their technical skills, seriousness of purpose and motivation to learn practice and teach fistula surgery in Africa in the future



Maurel M'Po is currently in her 6th year of medical school.

The scholarship holders are from the Saint Jean de Dieu Hospital in TanguiŽta (Benin), a longstanding partner of the Fistula Group, as well as from Madagascar, which has a severe shortage of specialized surgeons, and from Congo and Cameroon.

IN BENIN

Two scholarship holders are in the process of completing their specialization:

Dr. Sosthène ADENIRAN who will take over the service at the hospital in early 2022.
Dr Roméo HAOUDOU who will finish at the end of 2022.

- Dr. Stalin Adisso is successfully completing her second year of specialisation in obstetrics and Maurel M'Po, currently in her 6th year of medical school.



Dr. Staline Adisso is in her second year of specialisation in gynecology and obstetrics.

IN SENEGAL

Dr Martin, supported by the program since 2020, came first in the first year core surgery exams out of all the interns. He is also the only individual to have passed the GFMER / Oxford and Harvard online fistula course with a 100% score.

IN CONGO

Dr Jean-Claude Otshudi Diumi completed his speciality in obstetric gynaecology and in 2021 and participated in the surgical workshops organised at the Beniker polyclinic located about 35 km from the city of Lubumbashi in the Democratic Republic of Congo. This facility treats patients with obstetric fistulas on an ongoing basis and hosts three to four campaigns each year.

A long-lasting programme

THE PARTNERS

Fistula Group has increased the number of cooperation agreements.



In Europe :

- The Artemedis Foundation, which paid for 50% of the operating missions in Tanguiéta.

- Sentinels with 12 years of collaboration in fistula management in Burkina Faso.



In Africa :

- To relay the work on site, to promote the training of local doctors, and to organise the operating workshops

- To inform the population and prepare the missions in advance.

This work is accomplished through :

- the Claudine Talon Foundation.

- local NGOs: ESSOR (Benin) - Sentinelles (Burkina Faso) - OCEAC and CIESPAC (Central Africa) - SALFA (Madagascar) - Engender Health (Guinea Conakry).

- local teaching hospitals.



ISOFS: International Society of Obstetric Fistula Surgeons (Asia-Africa).

FIGO: International Federation of Gynecology and Obstetrics.

FISTULA FOUNDATION (First in Africa but also in Asia).

UNFPA: United Nations lead agency for sexual and reproductive health.

WHO: Department of Reproductive Health.

OFWG: International Obstetric Fistula Working Group.

The involvement of parapublic institutions is important. The work with the Claudine Talon Foundation, the foundation of the First Lady of Benin, is emblematic of this.

Raising awareness among the authorities and the population is also an important part of the Fistula Group's joint work with international and localNGOs.

Nominations and awards



2.

- Dr Guiro Moussa was awarded the distinction of "Chevalier de l'ordre de l'étalon du Burkina Faso" for his fight to eradicate obstetric fistula.
- 2. Dr Pierre-Marie Tebeu appointed Director General of CIESPAC.



3.



4.

3. Dr Anne-Caroline Benski appointed Technical Coordinator for Gynecology and Obstetrics projects at the ICRC.

4. Dr. Charles-Henry Rochat has been appointed as an associate member of the FIGO (International Department vice chairman.)

THESE AWARDS AND NOMINATIONS UNDERLINE THE DYNAMISM AND PROFESSIONAL VALUE OF THE FISTULAGROUP TEAM, WHICH IS RECOGNISED NOT ONLY IN THE COUNTRIES WHERE THE PROGRAMME IS ACTIVE BUT ALSO INTERNATIONALLY.

—/ Projects to raise / public awareness

PHILANTHROPY LUNCH WITH THE UNIVERSITY OF GENEVA



The aim of this event was to present an integrated model of maternal health that is now validated and internationally recognized, based on field experience.

This model has made it possible to develop an original, replicable approach that takes into account components that were previously ignored.

The approach consists not only of treating women in developing countries who have suffered injuries during childbirth, but also of providing them with psychological assistance and making them active participants in their social reintegration.

With the provision of academic expertise, the initiative includes the creation of surgical workshops in countries with very low resources, followed by comprehensive care for women, from patient recruitment to social reintegration. It includes the training of doctors, clinical and public health research and awareness raising. In this context, the essential role of the Geneva Foundation for Medical Education and Research (GFMER) and the usefulness of distance medicine were highlighted.

PROGRAMME

INTRODUCTION

Prof. Henry Peter, Director of the Centre for Philanthropy

PANEL

Dr. Charles-Henry Rochat, urological surgeon and founder of Fistula Group, Alumnus 2020 of the University of Geneva

Dr. Anne-Caroline Benski, Head of Clinic, Department of Obstetrics, DFEA-HUG, Head of Clinic, University of Geneva, Technical Coordinator for ICRC projects in gynaecology and obstetrics

Prof. Giuseppe Benagiano, President of GFMER, former Professor of Gynecology and Obstetrics at the Universities of Geneva and Rome "La Sapienza", former Director of the Special Research Programme on Human Reproduction of the United Nations (UNDP, UNICEF, UNFPA, WHO, World Bank), former Director of the Italian National Institute of Health (ISS)

MODERATOR

Prof. Antoine Geissbuhler, Head of eHealth and Telemedicine at the University Hospitals of Geneva, Vice-Rector of the University of Geneva and Director of the HUG Innovation Centre

ORGANIZER

Laetitia Gill, Executive Director of the Centre for Philanthropy.



From left to right: Prof. Henry Peter, Dr. Charles-Henry Rochat, Prof. Antoine Geissbuhler, Dr. Anne-Caroline Benski, Prof. Giuseppe Benagiano, Laetitia Gill

Press Review

Care is a duty. Date: 22 November 2021 L'AGEFI https://fistula-group.ch/soigner-est-un-desee/

According to Dr Charles-Henry Rochat, humanitarian action in West Africa has suffered particularly from the coronavirus pandemic,

From the beginning of his career, Charles-Henry Rochat has devoted his time and knowledge to the most disadvantaged: in the Middle East to care for the war-wounded, then in Africa to help women. For the past twentyfive years, his fight has been called "obstetric fistula": a lesion of the bladder tissue that occurs during childbirth when the child's head remains stuck in the mother's pelvis for a long time, due to lack of medical assistance. Within the Geneva Foundation for Medical Education and Research, Charles-Henry Rochat created the Fistula Group Programme, which integrates all the Foundation's activities: prevention, treatment, research and training.



ST UN

Health for all, one man for all.

Date: 20 May 2021 TEMPO TV https://fistula-group.ch/la-sante-pour-tous- aman-for-all/

Live Whats'up Africa hosted by Prof Désiré Baloubi



Press review

Remote medicine?

Date: 5 May 2021 RTS Temps Présent https://fistula-group.ch/interview-du-profrochat-in-time-present/

Interviewed on the RTS programme Temps Présent (Radio Télévision Suisse / Bataille des antennes, la guerre n'est pas finie, broadcast on 1 April 2021), Prof. Charles-Henry Rochat describes 5G as an opportunity for remote medicine but where the surgeon would remain close to the patient. In his view, the surgery of the future remains contact surgery.

The usefulness of 5G (in particular the speed of image transmission, without latency) is perceived by Prof. Rochat as a real lever mainly for learning or remote control.



In April 2022, teletransmission is also on the agenda of Dr Rochat's mission to Benin.

Operating workshops in Tanguiéta, the games.

Date: 7 April 2021 Eden Benin https://fistula-group.ch/le-dr-charles-henry-rochat-au-micro-deden-benin/

Dr. Charles-Henry Rochat and his team undertook an operating mission in TanGuiéta, in northern Benin, on 7 April 2021. Speaking to Eden Benin, he recalls the challenges of these missions.

In Tanguiéta, many women are waiting for them, as well as doctors who will learn this surgery and other training doctors from the sub-region. The campaign, which will last about ten days, will be the subject of intense operations, with three teams working simultaneously. Given the limited number of beds, however, the number of operations will not exceed 50.

The work of care is global, it includes therapeutic care and training, but also, through collaboration with the Claudine Talon Foundation,



awareness-raising, prevention and reintegration of patients.

"We have to look after the rural areas. That's where the poorest people live, who have no money, no education and no access to Caesarean sections," says Dr Rochat.

Press review

Report - From Geneva to Tangiuiéta, a urologist's itinerary to serve women Date: 8 April 2021

Report - Conference of 8 April 2021 in Cotonou produced by the Beninese Society of Urology



A doctor of human medicine.

Date: 14 January 2021 Paris Match, by Romaine Jean https://f istula-group.ch/un-medecin-curieux-de-lhumain/

Dr Rochat's graduation from the University of Geneva was an opportunity to highlight his humanitarian work and the projects developed by Fistula Group in Africa.

"His humanitarian vocation was born forty years ago. After attending his first ICRC delegate course in 1981, the young Rochat took part in a seven-month stay in Peshawar, Pakistan, in a war hospital. This was followed by a number of missions in Afghanistan, Cambodia and Iraq, with 1,000 war-wounded being operated on by him. After his last mission in Iraqi Kurdistan in 1991, Dr Rochat devoted himself to obstetric fistulas. Un médecin curieux de l'humain

ACTUALITÉS - REPORTAGES SUCCESS STORY CULTURE LIFESTYLE - PEOPLE LE CARNET



Research

Scientific articles

■ 1. Title: Vécu des femmes souffrant d'incontinence urinaire au Centre Hospitalier Universi- taire de Yaoundé (CHUY), Author(s): Pierre-Marie Tebeu, Jesse Saint Saba Antaon, Sandra Edzi- gui Ndzana, Yvette Nkene Mawamba, Charles Henry Rochat, Support: International Journal of Health Preference Research Publication: June 2021

Summary: This study reports on the experience of women suffering from urinary incontinence (UI) received at the gynecology department of the Yaoundé University Hospital. To this end, a descriptive qualitative study was conducted with 12 women suffering from urinary incontinence. Data were collected through semi-structured interviews between 25 September and 12 December 2013. The interviews with the women were held at home for 11 of them and at the place of service for another. They were recorded, transcribed and then analysed to report the experiences of women with UTIs. The patients ranged in age from 23 to 68 years, eight were married, three were single and one was a widow. Ten had reached secondary school or higher. Regarding etiological beliefs about urinary incontinence, most of the causes mentioned were old age (1), diabetes (1), spinal deformity (1), deep sleep (4), childbirth (3), mysticism (1), urinary tract infection (1), and other causes (2).

(1) and drinking water regularly (1). In terms of self-esteem, urinary incontinence has led some women to undervalue themselves to the point of no longer finding their place in society, with one woman's tendency to commit suicide. In conclusion, UI is not well experienced by women. It is therefore necessary to conduct studies to better understand the phenomenon in Cameroon.

Key words: Urinary incontinence; Women's experience; Self-esteem.

Objective To report on the experiences of women suffering from UTIs received at the gynecologicalobstetric service of the University Hospital of Yaoundé (CHUY).

Distribution of expenditures



SENDING MATERIAL TO MADAGASCAR

Given the great need in this country, Fistula Group sent essential equipment for SALFA's hospitals in Madagascar in 2021 including an ultrasound machine, a generator, a respirator, and oximeters. Madagascar has indeed fallen into a critical economic and social situation. It is now one of the poorest countries in the world. This is particularly true in the area of public health.

surgicals workshops CHF60000.-

BENIN: 2 CAMPAIGNS CAMEROON: 2 CAMPAIGNS BURKINA FASO: ANNUAL MADAGASCAR: ANNUAL CONGO: ANNUAL

SCHOLARSHIPS

CHF35000.-

MAINLY IN BENIN IN MADAGASCAR

MATERIALS

CHF26500.-

EQUIPMENT, UROLOGICAL, & PEDIATRIC, AND RESPIRATORS FOR BENIN AND MADAGASCAR.

communication & fundraising CHF16500.-

EDITORIAL CONTENT WEBSITE DOC. COMMUNICATION BROCHURES INFORMATIVES FUNDRAISING

CHF15000.-

ALMOST 80% OF THE FUNDS RAISED ARE DIRECTLY INVESTED IN AFRICA

–/ Acknowledgements /–

Fistula-Group would like to thank all the donors associated with the obstetric fistula programme who have made these actions possible:

Albatros Foundation Baur Foundation Rumsey Cartier Foundation Genolier Foundation Lark Foundation Global Foundation for Life Sciences The Pharos Trust foundation A generous donor advised by CARIGEST SA The faithful private donors.

The Foundation would also like to thank Medtronic and Anklin for their support in providing materials.



Nadine Piatowski and Brother Florent

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Worldwilde



Switzerland

Headquarters of Fistula Group (Geneva) and of Sentinelles in Lausanne.

В

Benin

Focal point of the Fistula Group programme.

C

New York (USA)

Albert Einstein College of Medicine, a collaboration of over 10 years.



Detroit (USA)

Collaboration with Henry Ford Hospital, Detroit, in particular Dr James Peabody, urologist and Department vice chairman. E

Guinea Conakry

Cooperation via the AFOA (Association of Obstetric Fistula in Africa) and Engender Health led by Dr Jerôme Blanchot and Dr Jean-Marie Colas.



G

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Burkina Faso

Collaboration with Dr. Moussa Guiro for operations in both Burkina Faso and Benin.

Cameroon

Collaboration with Prof. Pierre-Marie Tébeu for operating missions in Yaoundé and Central Africa.

Congo Brazzaville

Headquarters of CIESPAC, a partner of Fistula Group.

I

Madagascar

Collaboration with SALFA.

—/ Fistula Group /—



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RESTORING DIGNITY AND BUILDING RESILIENCE



Fistula Group, a GFMER programme Geneva Foundation for Medical Education and Research Charitable foundation

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