



German doctors in the Third World

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Projects (ambulances, rolling clinics, hospitals) around the world

- India – Calcutta
- Philippines – Manila, Mindanao
- Bangladesh- Dhaka, Chittagong
- Kenya – Nairobi
- Nicaragua – Managua
- Venezuela – Caracas
- Columbia – Cali
- (El Salvador, Ruanda, East-Timor, Sierra Leone: temporary projects)

The projects in numbers

- 11 countries
 - 1.000 patients daily
 - 12,5 million encounters since 1983
 - 250/year „german doctors” have taken part in the projects
-

Several doctors return to the missions many times. I am belonging to the fifth row of the table: I had twelve missions.

1x	5014 persons
2x	767 persons
3x	385 persons
4x	103 persons
5x or more	184 persons



Financial background

<u>Annual budget (2016)</u>	<u>8,8 M Eu</u>
Sponsors	53,7 %
Bail (for discharging prisoners)	16,7 %
State founding, EU grants	28,0 %
Other	1,6 %

The NGO receives special income from the german state budget in form of bail.

We are **modest**: we have very low administration expenses, 6% of all spending

Age of the doctors

Number

under 30	1812
30-40	1771
40-50	832
50-60	887
over 60	750!!!

DIFFERENT LEVELS OF POVERTY.

1. In Caracas (capital of Venezuela) we also had a medical station in one of the slums.



2. Mathary Valley is one of the biggest slums of Nairobi (Kenya), 300 000 inhabitants.



3. The majority of the 15 million inhabitants of Calcutta are living within terrible circumstances.



In the Philippines we have six „rolling clinics” . We are visiting the villages in the mountains by jeep or even on horses.



Basic equipment

- Stethoscope, spatula, blood pressure, lamp!
- Othoscope,
- Blood sugar and urine tests,
- Antiseptics,
- ECG
- Ultrasound
- Protocols, list of medicine,
- dictionary,
- assistant-interpreter!!



- Our devices are similar to the basic equipment of an ordinary family doctor's ambulance.
- The assistant-interpreter has a crucial role in in the medical work of the Third World

This is one of our dictionaries with the most important visayan (philippine) medical expressions.

Für Mindanao:
einige wichtige Wendungen
in
"Visayan"

What's your complain	Unsáy imóng sakit
I have caught	naa koy ubo
Headache	sakit sa ulo
epigastric pain	sakit sa tiyán
backpain	sakit sa likód
diarhea	calibanga
colds	sip-on
vomiting	súka
dizziness	lipóng
please breath	palihog ginháua
no infectin in the lungs	waláy infekcion ang imong baga
do you have flame	naa kay fléna
which colour	unsáy color
sometimes bloody sputum	naa bay dugo sa flema usa bay
is the stool watery	unsa man ang ta-e tubigon
is there mucus or blood	na-a bay flema o dugo
for how many days has diarrhea been	pila na ka adlau ang kalibanga
how often do you have stool during the day	kapila sa isa ka adláu ang kalibanga
do you vomite	ga súka ka ba
how often a day	kapila sa isa ka adlau
Is the child breast-fed	gipásu-so ba nimo siya
" " " bottle feeded	" " " " " " sa botelya
continue breast feeding	padayuna ang pagpasúso
apply diet	pag gamit og diéta
apply a lot of fluid	pa-imna og dághan nga túbig
for some days only bananas and rice with salt	para sa pila ka adlau ságing og kan-on na may asín lang
mix 1 liter of boiled	

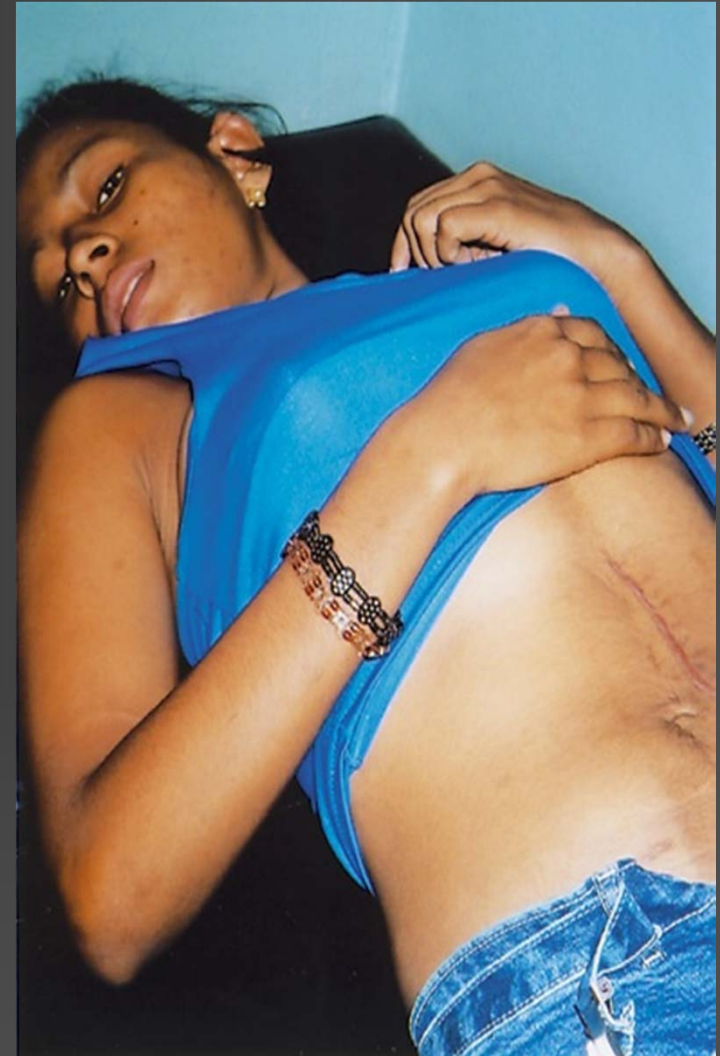
We do some minimal surgical interventions in the cases of:

- abscesses, fractures (Philippines, Kenya)
- gunshot, knife, bites, (Kolumbia)
- fluid in the joints (India)
- ulcus cruris (Venezuela)

The interventions mostly done by local assistants!

2. After five years were forced to close our ambulance in Cali (Columbia) - because of the enormous criminality.

This young pregnant woman was pricked with knife – she lost her baby then.



We have to improvise some times.



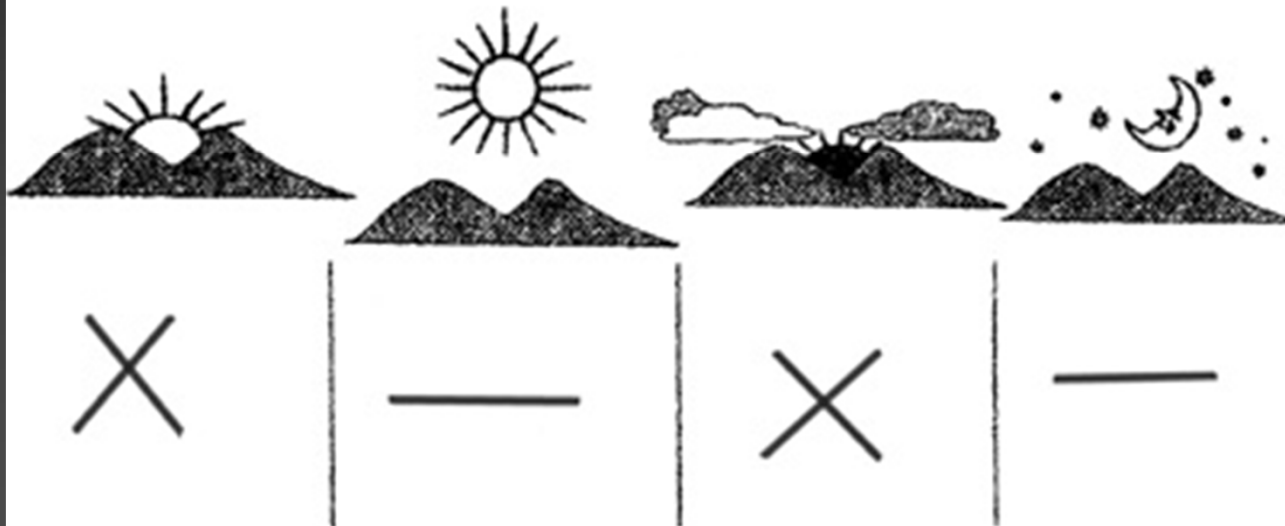
This is a mobile infusion device.

The consulting room was arranged often outdoors.



Prescription for illiterate patients

Name: Jose Martinez
Medicine: Metronidazol



Important medicines and their dosages

Tablets

	Daily dosage	Children		Adults
		Daily dosage	divided in doses per day	Daily dosage (tbl)
Acetylsalicylic acid	300 mg			3x1-2 (+ children >12 y)
Albendazole	400 mg	15 mg/kg	2	2x1 - 2x2
Aminophylline	100 mg	10-15 mg/kg	3	3x1-2
Amoxycillin	500 mg	50 mg/kg	3	3x1-2
Captopril	25 mg	—	—	2x ¹ / ₂ -3x2
Carbamazepine	200 mg	100 (infants) -400 mg/day	3	2x ¹ / ₂ -3x2
Chloramphenicol	250 mg	≤2 months: 25 mg/kg >2 months: 50 mg/kg	3 3	
Chloroquine (Base)	150 mg	10 mg/kg	10 mg/kg day 1 + 5 mg/kg after 6 hours, day 2, 3	3x2 4 tab day 1 + 2 tab after 6 hours, day 2, 3
Cimetidine	400 mg	—	—	2x1 (or 1x2 evening)
Ciprofloxacin	500 mg	10 mg/kg	2	2x1
Clemastine	1 mg	1-3 y: 1/2 tab 4-12 y: 1 tab	2	2x1
Cloxacillin	250 mg	50 mg/kg	3-4	4x2
Cotrimoxazole (TMP)	80 mg	8 mg/kg	2	2x2
Diethylcarbamazine (DEC)	50 mg	6 mg/kg	1	1x6 mg/kg
Diclofenac	25 mg	—	—	3x1-2
Digoxin	0.25 mg	—	—	1x ¹ / ₂ -1 steady state
Diphenhydramine	50 mg	2 mg/kg	3	3x1
Doxycycline	100 mg	—	—	1-2x1
Erythromycin	250 mg	30-50 mg/kg	3-4	3-4x2
Fansidar (sulf./pyr.)	500/25 mg	25 mg/kg (sulf.)	1	1x3
Ferrous sulphate (FeS: Fe ²⁺ = 3:1)	200 mg	15 mg/kg (Fe ²⁺)	1	1-2x1
Folic acid	5 mg	0.3-0.6 mg/kg	1-3	1x1-3x1
Frusemide	40 mg	4 mg/kg	3-4	as needed
Glibenclamide	5 mg	—	—	1x ¹ / ₂ -3x1
Griseofulvin	125 mg	10 mg/kg	4	4x1
Hydrochlorothiazide	50 mg	—	—	1x ¹ / ₄ -1x1
Hyoscine butylbromide	20 mg	—	—	3x ¹ / ₂ -3x1
Ibuprofen	200 mg	20 mg/kg	3	3x2-4
Iodized Oil	200 mg	>1 y:	1x1 per year	1-3x1 per year
Isoniazid	100 mg	5-10 mg/kg	1	1x3
Magnesium trisil.	120 mg	—	—	4x1

The patients do not have to pay for the medicines.

The variation of the drugs are limited, standardised and based on the WHO protocols.

The dosages for children and adults are easy to find in our documents.

Impfempfehlungen und Malariaprophylaxe bei Einsätzen für "Ärzte für die Dritte Welt"



1. Generell für alle Einsätze:

Tetanus, Diphtherie, Polio, Hepatitis A, Hepatitis B, Typhus, Pneumokokken.
Impfstatus prüfen, Impfungen ggf. auffrischen. Bei unklarem Impfstatus vorher Antikörperbestimmung. Tetanus-Diphtherie gibt es in Kombination (für Erwachsene "Td") oder Revarix (Tetanus, Diphtherie, Polio). **Hepatitis A** und **Hepatitis B** gibt es einzeln (z.B. Havrix 1440® 2x im Abstand von 6 Monaten bei Hepatitis A, und Engerix B® 2x im Abstand von 1 Monat, 3. Impfung nach 6 Monaten bei Hepatitis B) oder als Kombination (Twinrix®, 3x, Impfabstände wie bei Engerix B®).

Typhus: z.B. Typhim®, 1x, Wirksamkeit 3 Jahre. Vorzuziehen gegenüber Typhoral®, da gleicher Preis, aber längere Wirksamkeit.

Pneumokokken (z.B. Pneumovax) Wirksamkeit 6 Jahre.

2. Speziell nach Ländern geordnete, zusätzliche Impfungen:

- | | |
|------------------------|---|
| a) Venezuela: | Gelbfieber |
| b) Kenia: | Gelbfieber, Meningitis (Impfstoff z.B. Mencevax®) |
| c) Indien: | Meningitis (Impfstoff z.B. Mencevax®) |
| d) Bangladesch: | Meningitis (Impfstoff z.B. Mencevax®) |
| e) Philippinen: | |
| 1. Manila: | keine |
| 2. Mindanao: | ev. Japan-B-Encephalitis®. |

3. Zusätzliche Impfungen, insbesondere bei Langzeiteinsätzen zu überlegen:

Japan-B-Encephalitis® (Südostasien) (z.B. von Green Cross C. Korea; Aventis USA)
3 x (Tag 0-7-30) - oder beschleunigt: 3 x (Tag 0-7-14)

Tollwut: z.B. Rabivac®

3 x (Tag 0-28-56) - oder beschleunigt: 3 x (Tag 0-7-21).

Danach noch 1x in 1 Jahr.

Bei Exposition „trotz Grundimmunisierung“ Auffrischung.

Bei Exposition innerhalb eines Jahres nach der letzten Impfung 1x.

Bei Exposition länger als 1 Jahr nach der letzten Impfung 2-3x im Abstand von 3-4 Tagen.

Bei nicht immunisierten Personen sind die Impfabstände nach Exposition:

Tag 0-3-7-14-30-90.

4. Nicht notwendige Impfungen: Cholera, BCG.

We had general and
country-specified
vaccination protocols.

In the tropical areas
the common symptoms
do need
a different approach.

(BLUE BOOK)

Diarrhoea with fever and blood:

- Shigellosis
- Campylobacter enterocolitis
- Salmonella enterocolitis
- E. coli haemorrhagic colitis (EHEC)

Diarrhoea with fever, without blood:

- Salmonella enteritis
- Campylobacter enteritis
- Malaria
- E. coli enteritis (EPEC)
- Typhoid fever
- Extraintestinal causes, esp. in children

Diarrhoea without fever, with blood:

- Amoebic dysentery
- Schistosomiasis
- Trichuris (severe infection)

Diarrhoea without fever, without blood:

- Viral infections e.g. rotavirus in children
- Food poisoning e.g. by Staphylococcus aureus, perfringens
- Traveller's diarrhoea (E. coli - ETEC)
- Giardiasis (persistent diarrhoea)
- Cholera

You should be aware of special microbes as well.

Infektionskrankheiten in Kolumbien

AIDS Retrovirus, HIV 1 Erkrankungszahl gering: 0 - 0,5/100.000 Einw. vorwiegend Homo- sexuelle und i.v. Drogen- abhängige (etwa 90%) ausgedehnt	<i>Viruskrank- heiten</i>	Amöbiasis, Amöbenruhr Entamoeba histolytica Endemiegebiet, Prävalenz über 5% ausgedehnt	<i>Protozoen- infektionen</i>
Ankylostomiasis vorwiegend Necator ameri- canus mesoendemisch, im Westen hyperendemisch ausgedehnt, besonders Osten	<i>Helminthiasen/ Nematodosen</i>	Angiostrongyliasis Angiostrongylos costaricensis ausgezeichnet, besonders Ama- zonasbecken	<i>Helminthiasen/ Nematodosen</i>
Anthrax Bacillus anthracis sporadisch Nordhälfte	<i>Bakterielle Infektionen</i>	Dipetalonematose perstans Dipetalonema perstans Endemiegebiet, mesoende- misch Südwesten, besonders Herd am Oberlauf des Inirida	<i>Helminthiasen/ Nematodo- sen/Filariosen</i>
Ascariasis Ascaris lumbricoides Hyperendemiegebiet, Präva- lenz im Südosten um 60% ausgedehnt	<i>Helminthiasen/ Nematodosen</i>	Echinokokkose, alveoläre Bandwurm: Echinococcus vogeli, oligarthrus Endemiegebiet ausgedehnt	<i>Helminthiasen/ Zestoden</i>
Bartonellose, Oroya-Fleber Bartonella bacilliformis Endemiegebiet Süden	<i>Bakterielle Infektionen</i>	Enteritis, bakterielle <i>NICHTINVASIV</i> : E. coli (EPEC, ETEC), Clostridium perfringens, Staph. aureus Bacillus cereus, Klebsiellen- Enterobacter, Cholera geson- dert erwähnt <i>INVASIV</i> : Shigellen, Salmo- nellen, Yersinia enterocoliti- ca, E. coli (EIEC) u.a.	<i>Bakterielle Infektionen</i>
Brucellose Brucella suis, melitensis, abortus sporadisch Westhälfte	<i>Bakterielle Infektionen</i>	Enteritis, virale Parvo-, Rota-, Echo-, Coxsackie-Viren häufig, Rotaviren vorwie- gend bei Kleinkindern und Säuglingen ausgedehnt	<i>Viruskrank- heiten</i>
Chagas, südamerikanische Trypanosomiasis Trypanosoma cruzi Endemiegebiet, Seropräva- lenz >5% Magdalena-Tal und den fla- cheren Gebieten im Nord- osten	<i>Protozoen- infektionen</i>	Enterobiasis, Oxyuriasis Enterobius vermicularis keine Meldungen ausgedehnt	<i>Helminthiasen/ Nematodosen</i>

Thyphoid fever is common in the Philippines



Helminthiasis is the most common tropical disease and need a special approach as well

Common reason of abdominal pain (and somatomental retard.)

Common in adults as well

More kinds of worms in the same time

Stool test only in the case of therapy resistance

Necessary to treat all family members

Repeat the treatment in every 4-6 months

Hygienic advice (washing hands, nails, flies, toilet, etc.)

Cooking: avoiding raw fish especially from sweet water







The treatment of malaria is a challenge in Asia



AIDS is a real tragedy in Africa



Nairobi AIDS 2



Nairobi AIDS 4



Nairobi AIDS 5



Malnutrition







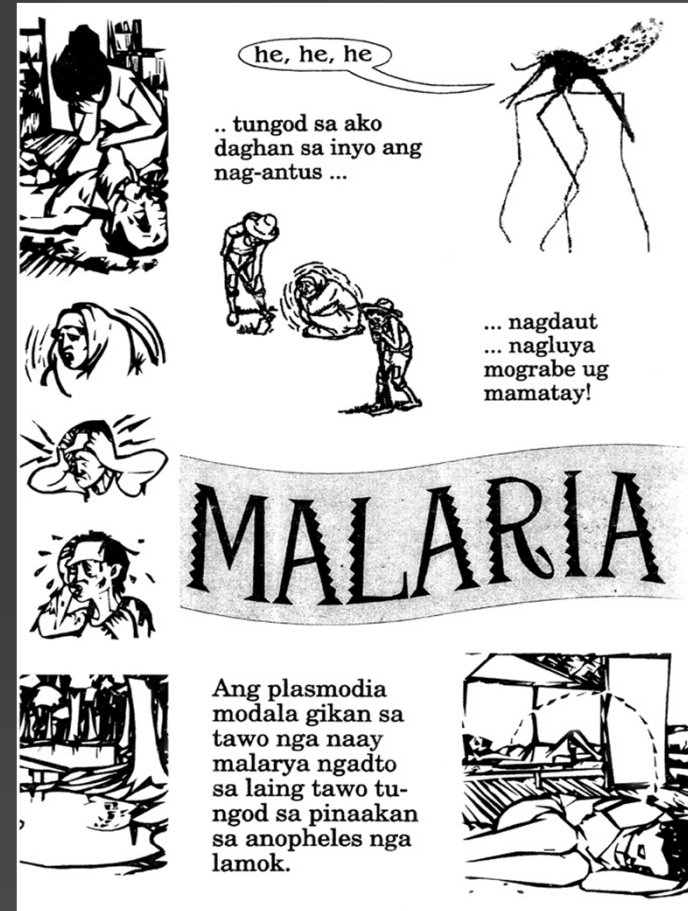
Tuberculosis still kills hundred
thousands
in the Third World



Education and information are essential



Our nurses educate the patients in the waiting room, here in Nairobi



We give leaflets, small „comics” for the local, people

...and beautiful children over the World.











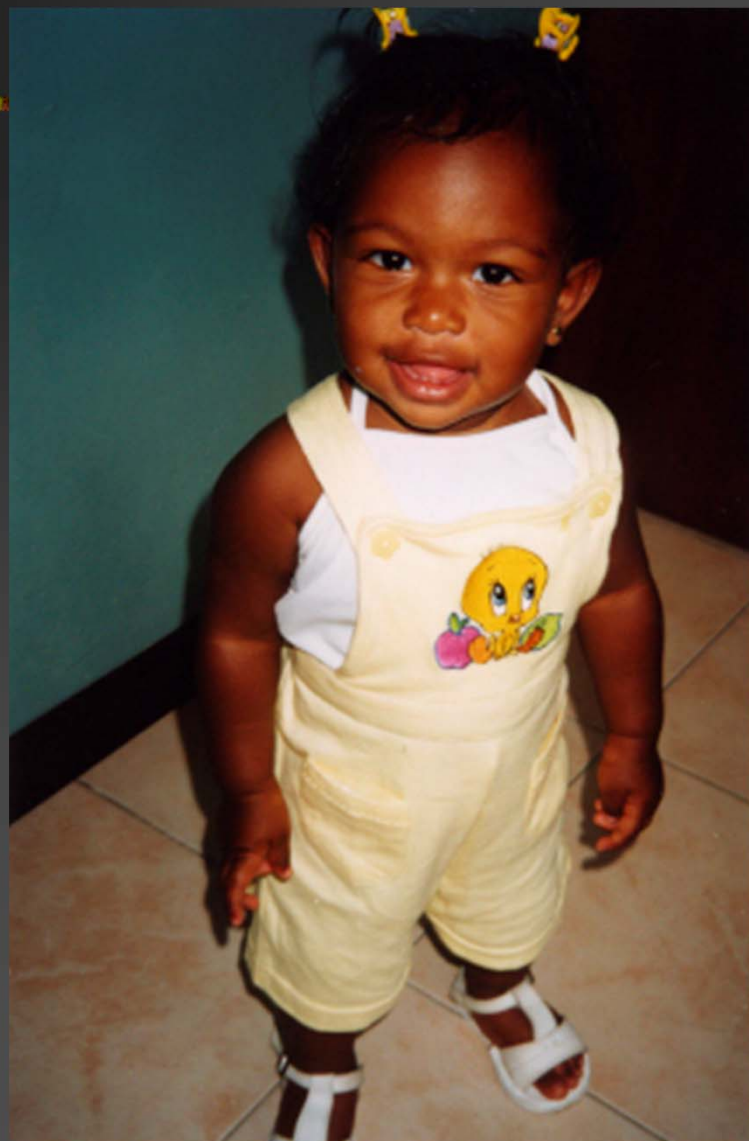




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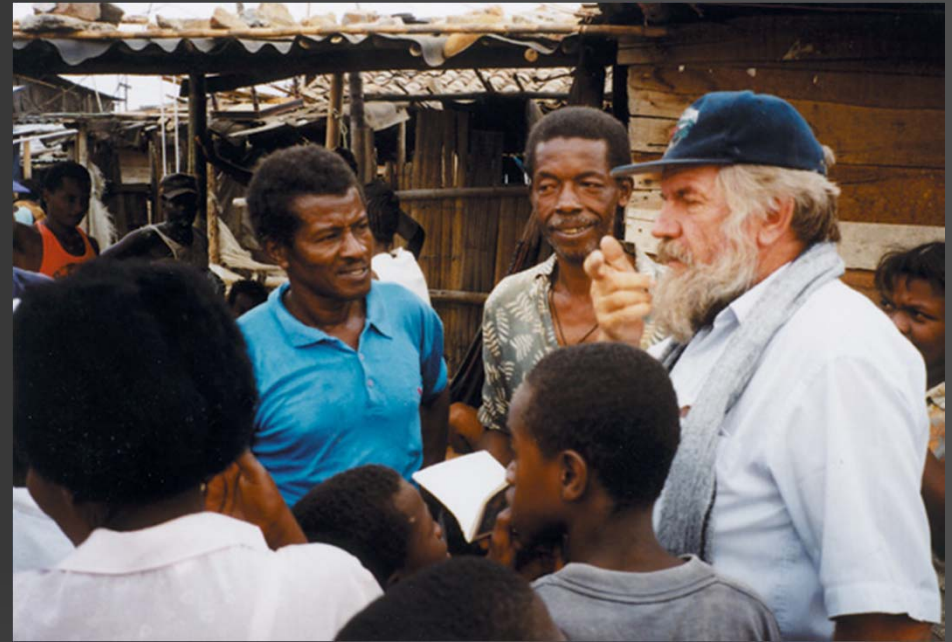






Carmen from Caracas





I met interesting people in the
the Third World,

Mother Teresa in India,
Padre Alfredo in Kolumbia,

Thank You for your attention!

