

AEMRN MOBILE CLINICS

1. About AEMRN

The Afro-European Medical and Research Network (AEMRN) is a non-governmental and not-for-profit organization, working with a strong vision of partnerships to improve quality of life, especially the health of people living in resource-limited settings. AEMRN headquarters are in Bern, Switzerland for global operations and Liberia for the Africa region. Focal points are located in Cameroon, Congo DRC, Eritrea, France, Germany, Ghana, Kenya, The Netherlands, Nigeria, Portugal, Rwanda, Sierra Leone, South Africa, Spain, Sweden, Togo, United Kingdom, United States of America, and Zambia.

The members and activities of AEMRN focus on public health issues, including medical, mental, social, educational needs and support. AEMRN welcomes participation regardless of religion or socio-economic background. AEMRN works with individual professional volunteers and also works in partnership with public health organizations.

AEMRN is both a network and an organization that implements specific projects. The AEMRN network is multi-disciplinary and brings together active professionals in education, medicine, engineering, nursing, and medical logistics to work together in supporting people in need. AEMRN activities include training and conferences for sharing and professional development as well as special mobile clinics. The combination of our network, activities and mobile clinics provides a platform for health promotion, training and clinical service delivery.

2. Mobile clinics and medical camps

AEMRN recruits medical volunteers and other professionals from around the world to promote multi-cultural exchanges of knowledge, peace and understanding.

In line with this vision, the concept of medical work camps with mobile clinics involves physically going to communities, living with the people, sharing information, and providing support and health services. Volunteers with medical and other needed experience operate the mobile clinic services under guidance from local health care providers, national health officials, and AEMRN leadership.

The mobile clinic teaches, promotes, and treats. The mobile clinic is an opportunity to bring needed medical care to regions in need. It also can act as an entry point for delivering specialized services or for training and promotion.

2.1 Goals of the medical camps:

- 2.1.1 To address the health needs of underserved populations in a normal and natural village setting.
- 2.1.2 To contribute to, augment and strengthen the efforts of the local health delivery system.
- 2.1.3 To encourage health care providers to engage in collaboration and research projects in a collective attempt to seek answers to problems.

- 2.1.4 To contribute to reducing morbidity and raise the level of awareness of causes of mortality from common treatable diseases.
- 2.1.5 To leverage innovation, information and capacity building efforts through partnerships with other programmes.

2.2 Expected outcomes of the medical work camps with mobile clinics

- 2.2.1 The mobile clinic estimate per country is that it will treat 9,000- 11,000 patients in each community where it operates.
- 2.2.2 Patients from the community are treated, including those from all walks of life, such as pregnant women, neonates, infants, older children, men, women, and those with mental or physical disabilities.
- 2.2.3 Medical services are provided in the towns and villages that the mobile clinic visits during its period of operation.

2.3 Mobile clinic or Outreach team composition

- 2.3.1 Volunteers: 40-50 local and international volunteers aged 18 years and above, are needed at each camp.
- 2.3.2 Team composition: The medical work camps are multidisciplinary, including doctors, physician assistants, nurses, paramedics, researchers, health educators, medical logisticians, and pharmacists. Supportive services are also provided by pastors, Muslim and other religious leaders, and medical and nursing students.

2.4 Mobile clinic structure and functions

- 2.4.1 Health Promotion unit: Acts as the core function of each outreach team and provides talks to patients on selected topics of interest. Camp members and special guests provide visual, audio, or other media to deliver information and are also available for interactive sessions.
- 2.4.2 Registration unit: Ensures continuity of treatment after the mobile clinic, providing medical history cards for each patient. The information can be used for follow up treatment, data analysis, and as a record to facilitate follow-up visits to the village.
- 2.4.3 Clinical unit: Provides trained medical staff, including professional volunteers and local doctors, physician assistants, paramedics, laboratory technologists, etc. to carry out clinical examinations, diagnoses and treatment of common ailments. Cases requiring urgent surgical and other intervention will be referred to our colleagues in the major referral hospital for prompt action.☐
- 2.4.4 Nursing unit: Provides professional nursing services and ensures referrals to the main hospital are managed.
- 2.4.5 Dispensary unit: Dispenses basic medications to patients and advises on correct usage.
- 2.4.6 Laboratory unit: Performs on site basic laboratory investigations as requested by the clinicians. Specialized test are referred to recognized centres as needed.
- 2.4.7 Data Documentation and Research Unit: Administers and collects data from questionnaires and surveys. Supervises other related research issues, including consent. Supports approved

community based research on topics of interest, such as HIV/AIDS and other Sexually Transmitted Infections (STI's), malaria, alcoholism, family planning, hygiene etc. based on clearance from the ethics committee in the country.

3. Workshops and Seminars

During the medical camps at least one workshop or seminar will be held in main townships on a common topic specific to the region. Speakers and participants will be invited locally and from various parts of the world. Special facilitators and collaborators are also included as available.

Workshops on important health promotion topics such as infectious diseases including HIV/AIDS, drug abuse, alcoholism, mental health, reproductive health and family planning will be organised in collaboration with the appropriate governmental and NGO's.

4. Camp participation

- 4.1 Cost: The cost of participation will depend on the geographical location of the programme and will be communicated in the announcement of each mobile clinics.
- 4.2 Accommodation: Efforts will be made for volunteers to stay in a single location or as close to one another as possible.
- 4.3 Meals: Three meals a day are provided, including occasional meal-time entertainment. There will be a combination of local diet and western food. Volunteers with special dietary or other needs may request accommodation well in advance of the camp dates and all attempts will be made to manage any special needs.
- 4.4 Language: The official Language in the medical camp will be English, but is not a pre-condition for participation.
- 4.5 Health needs: Volunteers are responsible for ensuring that they are able to travel and live in the conditions of the clinic. Volunteers should consult the health authorities in their respective countries of residence before departure for immunizations, malaria prevention, and other preparation to stay healthy while in the camping countries.
- 4.6 Foreign exchange: The updated information will be made available to volunteers for country specific currencies.

5. Follow-up of patients and Mobile clinics

At the end of the medical work camps we will continue to follow up on patients seen during the camp period to monitor their progress. Research projects also continue as needed. Most of these activities will be undertaken by the local health staff as well as interested volunteers who would like to stay for an extended period after the official camping operations. Modalities of such activities will be arranged and negotiated AEMRN officials and the collaborating partners in the specific countries.

6. Mobile clinic special projects

Each year, the mobile clinic has capacity to incorporate a special project or public health initiative. For example, the mobile clinic can provide training in specific target areas to health professionals, or serve as surge capacity to local facilities during an emergency. Examples of potential initiatives include those mentioned below. AEMRN seeks to partner with international organizations to use the mobile clinic as an entry point for these types of initiatives.

Examples include:

6.1 Promotion of standard treatment guidelines

In regions that do not have regular access to internet or continuing medical training, it can be difficult to be aware of changes in standard treatment guidelines. For example, the WHO 2010 Rapid Guidelines for paediatric treatment of tuberculosis recommend significant increases in the doses recommended for children. AEMRN can provide training to health care workers on new regimens, diagnostics, and other concerns.

6.2 Surge capacity for emergencies or special programs

When emergencies strike or when a specific campaign needs to be implemented, rural health centres may not have the capacity to take on the extra patient care, administration, or training of the health care workers. The mobile clinic provides surge capacity and a centre for training when and where they are needed.

6.2 Training of trainers:

Health care workers around the world recognize the vital importance of continuing professional development. In some regions, training is not accessible, but in many cases, health care workers are simply too overworked to leave their posts and participate even for 1-2 days. The mobile clinic will bring practical training in a their location and where patients who need care receive it at the same time.

7. Conclusion

AEMRN works to meet the health needs of people, where they live. It works in collaboration with professional volunteers from around the world to share mutual and promote mutual understanding in the context of public health. AEMRN partners with international institutions and agencies to promote critical health needs by bringing them to the communities and contexts of the health workers and patients with highest need.