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A program of the GFMER



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Mission report April 10 – 24, 2019

Hôpital Saint Jean de Dieu de Tanguiéta, nord Bénin



THE COMMITMENTS

The mission is structured around four types of commitments:

- reconstructive surgery, with mainly treatment of obstetric fistulas and complex urological cases
- medical training and research
- improving the healthcare system, preventative care and reintegration of patients.
- raising awareness among political leaders at the regional level





A long-term medical cooperation and research program undertaken for more than 20 years by Dr. Charles-Henry Rochat.

PREAMBLE

Every year since 1996, Dr. Charles-Henry Rochat has been visiting Saint Jean de Dieu Hospital in Tanguiéta, to operate on women with fistulas. In addition to the care of patients from Benin, Togo, Burkina Faso and other neighbouring countries, the program aims to train local and international staff. A «prevention» and «reintegration» component was also implemented with local NGOs.



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OBSTETRIC FISTULA

Obstetric fistula affects the poorest women who do not have access to prenatal consultations and do not receive timely caesarean sections.

Obstetric fistula is one of the leading causes of maternal mortality among the world's poor. Wrongly considered a fatality for too long, this problem has only started to attract attention in the last twenty years or so, with prevention and treatment programs being launched in various countries, mainly in Africa and Asia.

Obstetric fistula is an injury caused by prolonged labour during childbirth, when the fetal head is deeply impacted in the pelvis, compressing bladder tissue. When the fetus, most often dead, is eventually extracted, a communication appears between the urinary tract (or more rarely the rectum) and the vaginal wall: this is called a vesico-vaginal or recto-vaginal fistula.

As a result, if she survives, the woman will leak urine, or even feces, continuously, day and night. She will be rejected by her husband and her family. She will be stigmatized by society. As though she were somehow culpable for her current situation, she will live the life of a pariah, a victim of cultural prejudice – recluse and shameful.



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2 million

The number of women living with obstetric fistula worldwide, according to the WHO.

CHF 500.-

The cost of operating on a woman with obstetric fistula.



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«Patients, with their urine bags in their hands, in the Tanguieta shelter.»

FISTULA, THE SCOURGE OF POOR COUNTRIES



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According to the World Health Organization, at least two million women and girls live with obstetric fistula worldwide, with 50,000 to 100,000 new cases developing each year.

A condition considered shameful, signifying incontinence and isolation, obstetric fistula now handicaps mainly women in developing countries who do not have access to emergency obstetric care, especially caesarean sections.

«There are women who suffer for a lifetime despite effective surgery being possible, even in small hospitals.»

Dr Charles-Henry Rochat.



AN INTERNATIONAL AND PAN-AFRICAN COOPERATION PROGRAM

« The transfer of skills is one of the key elements of our cooperation program ».

The cooperation component in Benin holds a key position. It joins, on the one hand:

- **Fistula group**, a program of the GFMER, Geneva Foundation for Medical Education and Research, created by Prof. Aldo Campana (www.gfmer.ch).

and on the other hand:

- **Saint Jean de Dieu Hospital**, (Tanguiéta/Benin), since 1996. More than just a simple district hospital, it acts as a referral hospital for the entire region. It is directed by Brother Florent, the cornerstone of the project.

- **The CNHU of Cotonou** (Benin) since 1996.

- **The Albert Einstein College of Medicine** (Department of Obstetrics & Gynecology and Women's Health)(New York/USA). The close collaboration with the Albert Einstein College of Medicine in New York is entering its 12th year.

- The NGO **Women And Health Alliance** (WAHA) International and its regional medical coordinator, Dr. Dieudonné YUNGA FOMA.

- **The Claudine Talon Foundation** (Benin), initiated and led by Mrs. Claudine Talon, provides logistical support, in particular the provision of vehicles, for the «reintegration» and «training» of post-operative patients. In 2017, it has inaugurated a training centre adjacent to the Tanguiéta reception centre.

- **The NGO ESSOR**, represented by its president, Mrs. Rafiatou B.S. Bassongui Imorou, for patient recruitment, and the monitoring and evaluation of results.

- **The Sentinel Foundation**. This year's collaboration with Presidia and Dr. Moussa Guiro of Ouagadougou was not possible, as the border area between Burkina Faso and Benin presented great security threats caused by jihadist activities.



A PROGRAM OF THE GFMER FOUNDATION, A PUBLIC INTEREST FOUNDATION

Fistula group is a program of the GFMER Geneva Foundation for Medical Education and Research Foundation, led by Dr. Charles-Henry Rochat.

Geneva Foundation for Medical Education and Research (GFMER) is a non-profit organization created in 2002 whose mandate is to promote and develop training and research programs in the health sector.

It is supported by the Department of Social Affairs of the City of Geneva and other Swiss and international institutions. It also works closely with the World Health Organisation (WHO) and has long-term privileged partnerships with governmental and non-governmental organisations and universities for the exchange of information and expertise at the international level.

The foundation and its partners lead a series of distance learning and online training courses on maternal and neonatal health research. Since 2015, it has been offering an online course on obstetric fistula in partnership with the universities of Oxford and Harvard. At the end of April 2019, more than 1000 health professionals from 98 countries had completed the diploma.

2 million
page views

14787
online participants since 2011

315
women operated on through
coordinated missions Fistula
Group/GFMER in Africa



THE TEAM

Trainers

Dr. Charles-Henry Rochat, FMH Specialist in Surgical Urology, Associate Professor of Urology at the Faculty of Health Sciences of Cotonou, (Benin), Visiting Associate Professor of Obstetrics, Gynecology and Maternal Health at the Albert Einstein College of Medicine of Yeshiva University, New York, (USA), Co-director of the Executive Committee of the Geneva Foundation for Medical Training and Research (Switzerland).

Dr. James Peabody, Urologist, Medical Director, Henry Ford Hospital, Detroit, USA.

Dr. Jean de Dieu Yunga Foma, Gynaecologist, Women And Health Alliance (WAHA) Cotonou, Benin

The expatriate team

Dr. Tilman Yue, Intensivist Anesthesiologist, University Hospitals of Geneva, (Switzerland).

Mrs. Nadine Piatowski, operating room nurse, (France).

Dr. Elishia McKay, Gynaecologist, Albert Einstein College of Medicine, New York, USA.

Dr. Mengyang Sun, Gynaecologist, Albert Einstein College of Medicine, New York, USA.

The team of doctors from the region and sub-region, (Benin, Togo, Cameroon, DRC and Congo Brazzaville)

Supervisors :

Dr. Ogoudjobi O. Mathieu and Dr. Lokossou Symphorose, CNHU Master Assistants, Cotonou, (Benin).

Graduate diploma (DES) 3rd and 4th years of Gynecology, Cotonou, (Benin).

Dr. Nzikou Boussoukou Loussiemo,

Dr. Moute Blaise Pascal,

Dr. Aholou M.A. Renaud,

Dr. Magri Rutwale Eugène, (Togo),

Dr. Gbovi Jules,

Dr. Fogang Ernest Odon (Togo),

Dr. Fassinou J. Gilbert,

Dr. Zinsou Rodolphe Nounagnon,

Dr. Buseni Muzumbe Jean-Paul,

Dr. Ntayira Nyamugabo Guylain,

Dr. Sonon Aurèle Wulfran D.

Dr. Emmanuelle Kpomalegni, Tanguieta, (Benin).



CONDUCTING OF THE MISSION

Wednesday, April 10:

travel of the expat team/ meeting with the minister of health.

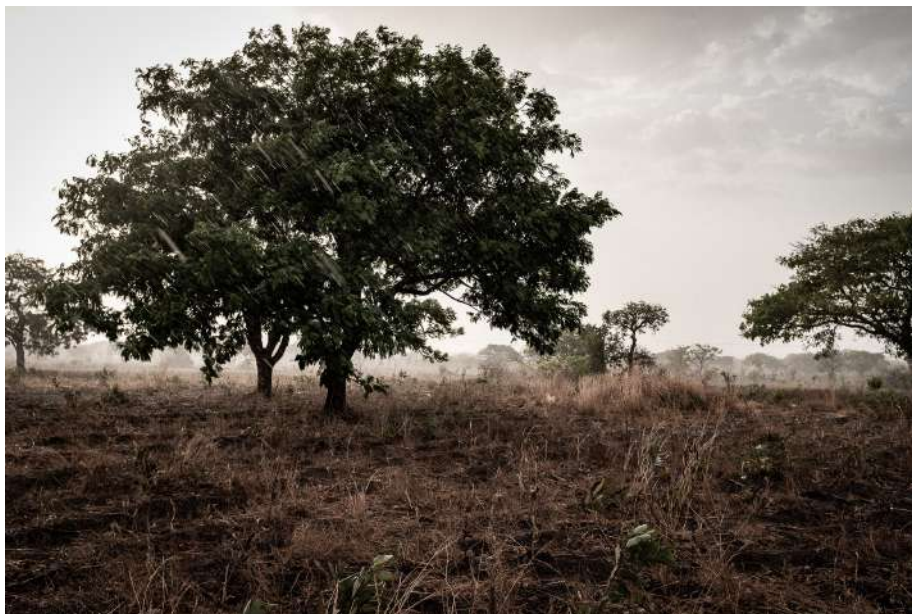
Arrival of the team of 6 expatriates in Cotonou

Some have been involved in the missions for more than a decade. They are Drs. Charles Henry Rochat and James Peabody, as well as Nadine Piatkowski.

The new participants are Dr. Tilmann Yue, an anaesthesiologist, provided by the University Hospitals of Geneva, as well as Drs. Elishia McKay and Mengyang Sun of New York.

At Cotonou airport, the team was welcomed by Brother Florent, Doctor G.B. Priuli, Chief Medical Officer of the Tanguiéta Hospital.

Short interview with Professor Benjamin Kanti Hounkpatin, Minister of Health of Benin and well-informed on obstetric fistula missions in Tanguieta



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CONDUCTING OF THE MISSION (CONTINUED)

Arrival in Tanguiéta after 10 hours of driving. Meeting with Dr. Renaud Haoulou, who came especially from France where he was undergoing a one-year internship in a gynaecology department in Montpellier (Carigest scholarship holder). He came to prepare the mission with Dr. Emmanuelle Kpomalegni.

Thursday, April 11:

trip to tanguieta/ meeting with the local team/ situation report

Of the 100 women they had the opportunity to examine, 68 were selected:

- 50 cases of vesico-vaginal fistulas or persistent incontinence after fistula surgery
- 8 cases of urogenital prolapse
- 10 cases of male and pediatric urology



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CONDUCTING OF THE MISSION (CONTINUED)

Friday, April 12 – Saturday, April 20:
long days of surgery

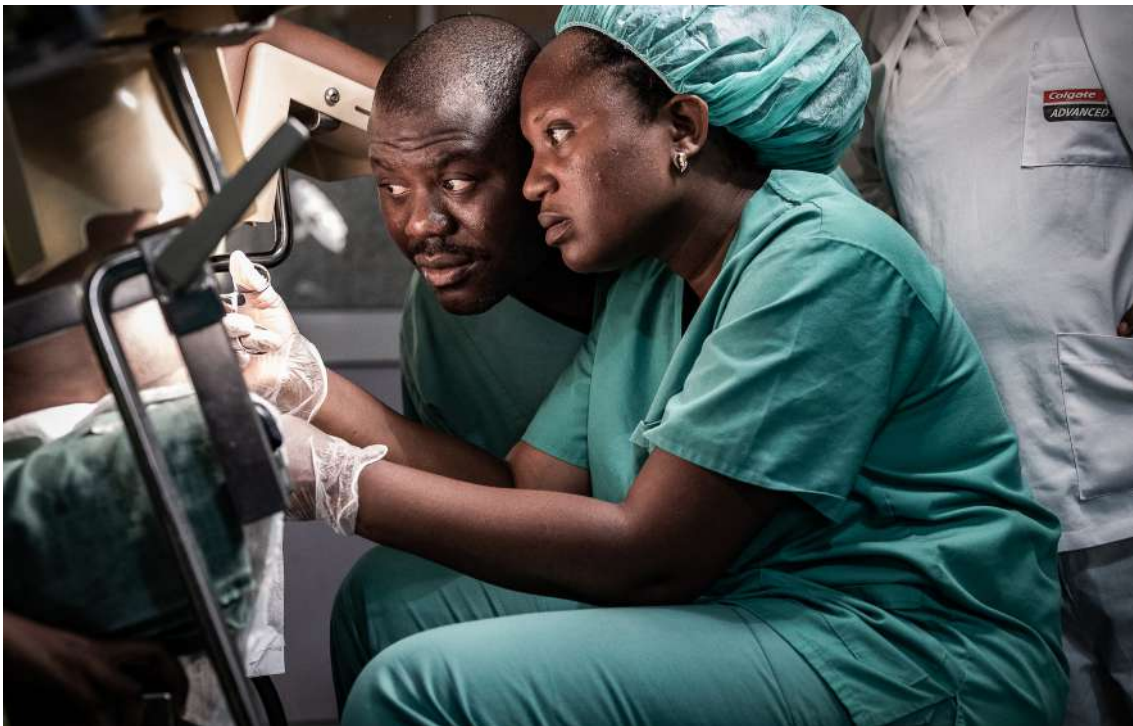
Friday, April 12:
Implementation and start of operations.

Saturday, April 13:
A very complex surgery lasts for 9 hours. It will require a re-operation on Sunday evening and also a week later. The outcome will be positive.

Monday, April 15 – Saturday, April 20:
Long operating days: teams of doctors operate every day for more than 10 hours a day and are spread over 3 operating room tables.

They are led by 3 surgeons: Drs. Charles-Henry Rochat, James Peabody and Jean de Dieu Yunga Foma, as trainers.

On Thursday, April 18:
Departure of Dr. Yunga Foma, one of the surgical trainers.



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"Docteurs Renaud Aholou and Emmanuelle Kpomalegni".



CONDUCTING OF THE MISSION (CONTINUED)

Sunday, April 21 – Tuesday, April 23

Finalization of fistula treatments and, in parallel, male urology

Sunday, April 21: Rest day. Visit to Pendjari National Park.

Monday, April 22 and Tuesday, April 23: Despite the Easter Holiday Monday, the operating room staff worked all day on 2 operating room tables. This allowed them to meet the deadlines set in the schedule and to start, in parallel, the male urology program.

The surgeries were completed on Tuesday, April 23 at 9.30pm, with the satisfaction of having given the appropriate treatment to the entire group of patients, despite the overscheduling of patients.

One exception: the 8 cases of pelvic organ prolapse, performed by Dr. Emmanuelle Kpomalegni, are completed on April 25.



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MISSION HIGHLIGHTS

« This successful technique will be the subject of a specific evaluation in the upcoming months. »

An exemplary partnership with the Gynaecology Department of Cotonou

The mission consolidates a partnership considered as a model with the University Department of Gynaecology of Cotonou where 2 teams of trainees, under the supervision of 2 master assistants, went to the mission. Some of them had just participated in a vaginal surgery course in Cotonou, partly funded by the GFMER Foundation.

Exploration of new techniques

STechnically, during many procedures, the medical team used a fascia strip taken through a suprapubic incision and placed as a suburethral sling to correct incontinence problems and to cover the suture line in complex repairs.

Dr. Jean-Paul Buseni Muzumbe took on this project for his diploma work in Cotonou

Visual testimony of photographer Nicolas Cleuet and awareness project in Europe

A photographic reporter, Nicolas Cleuet, preceded the medical team to report on patient recruitment and then followed some life stories to the operating room and then back to the reception centre.

A travelling exhibition project is being prepared to raise awareness of fistula among the general public.



HIGH SUCCESS RATE



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

- 3 months after the various interventions, it appears that out of 58 treated women, 42 are cured.
- 2 patients with stress urinary incontinence (SUI) had an improvement in their condition (minor SUI).
- On the other hand, there are 14 failures.

>75% of the patients are completely cured.



OBJECTIVES AND FUTURE PROSPECTS

We hope that the prospects of new collaborations and the consolidation of existing partnerships will make possible:

- Increased numbers of patients screened and better access to care.
- Increased numbers of training scholarships for doctors and paramedics in Tanguiéta.
- Increased adjuvant non-medical care (particularly health care) essential for the proper management and follow-up of patients.
- The creation of a new website to facilitate communication, transparency and fundraising

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Other fistula missions in Tanguiéta in August and November 2019.

Missions in Guinea- Conakry, Equatorial Guinea, Cameroon, Burkina Faso and Madagascar.

Report by C.-H. Rochat and S. Barenne, 28.08.2019



ACKNOWLEDGEMENTS

Fistula-Group would like to thank all donors associated with the «obstetric fistula» program who have made this mission possible:

The city of Geneva
SDC Cotonou Office
The Municipalities of Chênes-Bourg, Chêne-Bourgeois,
The Amber Foundations
The Rumsey Cartier Foundation
The Firmenich Family Philanthropic Foundation
The Charitable Foundation of Banque Pictet & Cie
Gabriel Tamman Foundation
Global Foundation for Life Science
The Pharos Trust foundation
The Baur Foundation
Swiss Philanthropy Foundation
Carigest (training scholarships)
Loyal private donors.

The Foundation would also like to thank Medtronic for its support for the suture material.

And of course, warm thanks to the Brothers of Saint Jean de Dieu for making the hospital available and for their faithful friendship!

As we finalize this report, we are very saddened to learn of the death of Mrs. Monique Barbier-Mueller, who was generous and discreet in her support of the work of Fistula Group.



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