



ریکراوی هیفی یا ساخله‌هی ریکراوی نه حکومی
منظمة هیفی الصحیة منظمة غير حکومیة

Heevie Annual Report for 2006



Statistics:

- The total patients have been examined or treated **(3098)** patients.
- **1665** patients treated inside Iraq.
- **148** patients have been sent to Italy in three special Airplanes in cooperation with Italian Organizations.
- **1285** patients have been examined in Kurdistan by Italian Medical Teams and Local trainee Doctors.
- **30** local medical Doctors trained in Italy in cooperation with Italian Organizations.
- **16** Local medical staff and Doctors trained on the job in Kurdistan by Italian Medical Teams.
- **28** Professional medical Italian works in Kurdistan several times.

Projects:

1- Treating Patients inside Iraq - [Click to View](#)

2- Registering and examining the Congenital Heart Diseases Children in Kurdistan Region - [Click to View](#)

3- Treating Patients and Training the Local Medical staff in cooperation with Italian organizations - [Click to View](#)

1- Treating Patients inside Iraq

Heevie worked to treat the patients inside Iraq and Kurdistan region in cooperating with Kurdistan Regional Government, Ministry of Health, Hospitals in Iraq and Kurdistan Region.

- The numbers of the patients who have been treated in 2006 are **1665** Patients.
- **339** Surgeries have been conducted

Helping out patients throughout the following methods:

1- Sending the patients to be treated in Baghdad Hospitals: Heevie has rented a house for patients accommodation, equipped and staffed with Doctors, drivers, housekeeper and city guidance in Baghdad. Heevie paid all the necessary expenditure of patients including medicine and transportation.



Heevie patients House in Baghdad

2- Heevie treated both Adult and children patients in Kurdistan Region by paying the cost of the treatments including operations and Medicines.

3- Inviting the specialist Doctors from outside Kurdistan Region:

This is not for the benefit of patients only, but also for our Doctors in Kurdistan Region too, because they could get more experience by working with the specialist doctors, therefore Heevie invited many Doctors in 2006 to examine patient's ad make some necessary operations like Plastic Reconstructive Surgical Diseases doing 66 operation by Dr.Ali Amin Al-Bazaz from Baghdad.



Dr.Ali Amin Al Bazaz , Plastic surgeon from Baghdad in Duhok

4- Heevie has provided doctors and medicines for refugee's camp like Muqible camp.



Muqible camp

5- Assisting Handicapped Patients: For the Handicapped Patients Heevie is helping Handicapped Patients by providing their requirements like wheel chairs and walking sticks.



Wheel chairs

The table below shows the statistics for year 2006

Treating Patients inside Iraq on the basis of type of diseases on 2006														
No.	Months	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	2006
	Diseases													Total
1	Internal Medicine Diseases	6	10	3	7	11	11	18	2	9	8	15	4	104
2	Adult Cardiac Diseases	19	28	8	23	9	9	16	9	12	11	13	6	163
3	Neurological Diseases	5	11	7	9	10	10	12	11	17	10	16	8	126
4	Orthopaedical Diseases	38	36	19	39	32	38	25	12	32	21	31	16	339
5	Haematological Diseases	7	4	6	5	6	8	9	8	10	27	7	1	98
6	Ophthalmological Diseases	20	13	20	13	18	11	14	16	13	4	7	9	158
7	E.N.T Diseases	6	9	9	11	19	10	12	4	5	3	2	4	94
8	Gynecological&Obstetrical Diseases								2					2
9	Plastic&Reconstructive Surgical Diseases	9	4	8	4	4	5	5	132	1		33	1	206
10	Dermatological Diseases			8		14	6	7	4	9	7	5		60
11	Urological Diseases	5	2	4	2	6	3		13	4	6	4		49
12	Nephrological Diseases	10	1	1	9	1	2	9	2	2	2	6	3	48
13	Oncological Diseases						1	6	7	9	10	7	2	42
14	Congenital Heart Diseases	18	26	11	23	15	17	9	8	8	35	3	3	176
	Total	143	144	104	145	145	131	142	230	131	144	149	57	1665
1	Surgery	25	31	26	18	17	24	29	41	10	67	46	5	339
	Exam.& Medicine	118	113	78	127	128	107	113	189	121	77	103	52	1326
2	Male	48	68	45	63	61	51	71	116	56	66	63	30	738
	Female	95	76	59	82	84	80	71	114	75	78	86	27	927
3	Adult	81	82	59	85	80	77	75	100	89	85	97	37	947
	Children	62	62	45	60	65	54	67	130	42	59	52	20	718

2- Registering and examining the Congenital Heart Diseases Children in Kurdistan Region.

Due to the large number of the children facing Heart Diseases Heevie in cooperation with SIA NGO took the initiative to build up a data base for Congenital Heart Diseases patients in Kurdistan, the process of collecting all the necessary data has taken lot of time, following up with patients and contacting their doctors and parents to update information on their current conditions to help out the patient and to set up plans for treatment.

Heevie in cooperation with the Italian Organizations (IME,Medchild ,SIA) and KRG, Ministry of Health started to examine the patients in Kurdistan by Italian doctors and also by our local doctors who already have been sent to Italy for training.

In 2006, **693** Patients have been examined, shows in the table below:

The total of patients Examined in Kurdistan by Italian Medical Teams and Local trainee Doctors in 2006:

No	Diseases	City	Total
1	Congenital Heart Diseases	Duhok	258
		Kirkuk	130
		Erbil	125
		Sulaymania	180
	Total		693

3- Treating Patients and Training the Local Medical staff in Cooperation with Italian organizations

It has become possible for Heevie to treat children in cooperation with the Italian NGOs and the support of Kurdistan Regional Government in cooperating with the Ministry of Health.



Heevie signed an agreement in 2006-2007 with IME, MED CHILD, and Solidarity Initiative Italian Organizations to treat the patients in Italy and in Kurdistan as well as training the Local medical staff.

The Italian Teams visited Kurdistan several times for examining the patients, choosing the groups to be treated in Italy and selected the doctors to be trained in Italian hospitals.

Several workshop and meeting had been hold with KRG Government Prime Minister His Excellency Nechirvan Barzani, Ministry of Health, Ministry High Education, General Directors of Health of Duhok, Sulaymania, Erbil, Kirkuk discussing the potential ways of improving horizons of coordination and cooperation.

- In 2006 Heevie sent 148 patients in three special flights to Italy in cooperation with Italian Organizations.
- 592 patients have been examined in Kurdistan by Italian Medical Teams and Local trainee Doctors.
- 30 trainees local medical Doctors sent to Italy in cooperation with Italian Organizations.
- 16 Local medical staff and Doctors trained on the job in Kurdistan by Italian Medical Teams.
- 28 Professional medical Italian works in Kurdistan several times.

Activities:

1- Italian NGOs Visits Kurdistan, 2006

In this year many Italian NGOs and Medical Teams visited Kurdistan, the Italian Medical Team that visited Kurdistan in 2006 to examine the patients and chooses the urgent cases consisted of the following Specialization:

The Italian Medical Teams -2006

No.	Name	Profession and Institution	Gender	Nationality
1	Ilja Gardi	Medchild Health Director - Medchild	M	Italy
2	Enrico Musso	Project Manager MC - Medchild	M	Italy
3	Iole Pinto	President - Solidarity Initiatives	F	Italy
4	Rita Lourenco	Coord .Prog. International IME	F	Italy
5	Jiyan Ali Aziz	Physician – Emergency ASL7 -Local Health Centre of Siena	F	Italy
6	Flavio Giordano	Pediatric Neurosurgery	M	Italy
7	Sardar Ali Aziz	Secretary of the Kurdish-Italian Cultural Association	M	Italy
8	Soriani	Engeneer from S.Donato hospital	M	Italy
9	Mauro Pompili	Communication IME	M	Italy
10	Claudio Farinelli	RAI News	M	Italy
11	Rosanna Mazzocchini	Training Programs IME	F	Italy
12	Duilio Giammaria	Journalist RAI	M	Italy
13	Enrico Bellano	Journalist RAI	M	Italy
14	Giovanni Perrelli	Journalist Espresso	M	Italy
15	Pamela Pioli	Photographer Espresso	F	Italy
16	Fabio Cortese	IME Information & Communication	M	Italy
17	Marco Vignetti	Gimema Foundation – Data Centre Coord	M	Italy
18	Carmelo Arcidiacono	Cardiologist - San Donato	M	Italy
19	Mario Carminati	Cardiologist - San Donato	M	Italy
20	Alessandro Frigiola	Heart surgeon-San Donato Hospital	M	Italy
21	Anna Maria Testi	Hematologist -Leukemia - Policlinico Umberto I Rome	F	Italy
22	Marco Andreani	Biologist Transplantation Lab.-IME Policlinico Torvergata Rome	M	Italy
23	Paola Polchi	Hematologist	F	Italy
24	Rossella Tavormina	Cardiologist	F	Italy
25	Cesare Forlini	Ophthalmological	M	Italy
26	Chiara segantini	Nurse	F	Italy
27	Claudio Mele	Nurse	M	Italy

2- Treating the Patients in Italy, 2006

The total of patients sent to Italy in cooperation with Italian Organizations in 2006: (148) patients.

No.	Diseases	patients sent to Italy in 2006	Total Patients
1	Haematological Diseases	41	
2	Thalassaemia Diseases	24	
3	General Surgical Diseases	1	
4	Thoracic&Vascular Surgical Diseases	1	
5	Ophthalmological Diseases	1	
6	Oncological Diseases	7	
7	Paediatric Surgical Diseases	1	
8	Congenital Heart Diseases	72	
	Total		148



Minister of Health Dr.Abdulrahman Younis, IME President Prof. Ilja Gardi, SIA President Iole Pinto, KRG Reprehensive Mr.Pharda Turan, Italian Embassy Mr. Luigi Orsini, Heevie Manager Bakhshan Ali in Erbil Airport



Selected Pictures of the patients sent to Italy in three special Airplanes 2006 and in Italian Hospital

3- Evaluation and examining patients by Italian Medical teams in Kurdistan, 2006

The total of patients Examined in Kurdistan by Italian Medical Teams and Local trainee Doctors in 2006: (1285) patients, shows in the table below:

No	Diseases	City	Total
1	Congenital Heart Diseases	Duhok	258
		Kirkuk	130
		Erbil	125
		Sulaymania	180
	Total Each Diseases		693
2	Onco Haematological Diseases - Leukemia	Duhok	110
		Kirkuk	8
		Erbil	80
		Sulaymania	73
	Total Each Diseases		271
3	Oncological Diseases	Duhok	31
		Kirkuk	2
		Erbil	25
		Sulaymania	38
	Total Each Diseases		96
4	Thalassaemia Diseases	Duhok	40
		Kirkuk	40
		Erbil	40
		Sulaymania	40
	Total Each Diseases		160
5	Ophthalmological Diseases	Duhok	45
		Kirkuk	
		Erbil	
		Sulaymania	20
	Total Each Diseases		65
	Total		1285



Selected Pictures for examining patients by Italian Medical Teams in Kurdistan 2006

4- Training the Local Medical staff in cooperation with Italian organizations:

- 30 local medical Doctors trained in Italy in cooperation with Italian organizations.
- 16 Local medical staff and Doctors trained on the job in Kurdistan by Italian Medical Teams.



5- Workshop in Erbil Year 2006:

Period 2nd April – 7th April 2006 / Subject: Pilot Cooperation Project for the Kurdistan Region for paediatric congenital heart diseases medical staff.

Heevie in cooperation with a delegation of IME Foundation SIA – Solidarity Initiatives Association has been planned meeting with the team of cardiologists of San Donato Hospital of Milan in order to plan the development of the Pilot Project Kurdistan in the field of paediatric congenital heart diseases. In order to discuss all the relevant aspects related to the development of CHD project in Kurdistan, we ask to His Excellency Minister of Health Kurdistan Region to invite to participate to the IME CHD meeting which will be held in Erbil on April, 20 Doctors from Health directorate of Erbil, Duhok, Sulaymania, and Kirkuk with their General directors.

6- Update Report of activates 2006 presented by Med Child:

Heevie, IME, Med child and SIA NGO “Pilot Project for the Iraqi Kurdistan

The Pilot Project aims to improve local access to medical treatment for main pediatric pathologies in all Iraq starting from Kurdistan Region. This initiative is placed within a general setting of international cooperation relationships with Italy NGO established with Kurdistan, and proposes to set up an integrated network of healthcare centers in Kurdistan, linked to high specialty Italian hospitals, capable to provide top quality healthcare services .

The General Project Management is entrusted by IME, MedChild to the Governmental Commissioner Dr Ilja Gardi - and the logistic is committed to the Italian NGO “Solidarity Initiatives” (SIA), which has been working, in Kurdistan since 1997.

The resident representative of the Project in Kurdistan is Mrs. Bakhshan Ali Aziz, Manager of Heevie which coordinates all operational aspects of the Project in close cooperation with IME, SIA and Med child Rome office.

Heevie, as local ONG has provided a decisive contribute to the implementation of the whole project by making available its personnel, already active and with large experience in the region for the fulfillment of other humanitarian programs, to assure the organization of all patient groups departure to Italy. Acting in synergy with SI for all local logistic matters and sustaining travelling costs and expenses for patients families, Heevie has been also committed to the support of families while in Italy.

On the 5th of April 2006 IME (Dr. Ilja Gardi) and Kurdistan Regional Government (PM Nechirvan Barzani) signed and ratified a Memorandum of Understanding (MoU) establishing the terms and conditions of the Cooperation activities to be implemented in order to achieve an effective and efficient healthcare services provision in Kurdistan whose main beneficiaries are:

Kurdish population, in particular patients and their families who will have access to the highest quality services and innovative treatments;Kurdish healthcare personnel who will receive training to better fulfill their specialist tasks; The Kurdish healthcare system in general which will potentially benefit from the improved technologies and upgrading of healthcare structures.

As previously mentioned IME Italian network includes several excellence Italian hospitals which are available and willing to contribute to the joint implementation of the Pilot Project assuring treatment for a wider range of severe paediatric pathologies ,with high incidence and prevalence in the Kurdish Region, such as congenital heart diseases.

Description of Cooperation Objectives

The Cooperation objectives to be achieved pursuant to MoU can be summarized as follows:

Short term objectives:

Epidemiological assessment;

Urgent actions of cure for Kurdish patients and training of Kurdish personnel;

Planning of relevant sub projects healthcare networks and execution of in depth feasibility studies, in the following fields:

Blood Disorders - Haemoglobinopathies (thalassemia) and malignant haematological diseases (leukaemia) -
Cardiology and Heart surgery – Diagnosis improvement and treatment of congenital heart diseases;
Maternal and neonatal assistance – Diagnosis improvement and counseling to prevent the high incidence of neurological damage pathologies resulting from deficient assistance during delivery;
Blood Banks – creation of blood banks and related transfusion centers network;
Emergency Healthcare Services - reorganization of emergency healthcare services.

Medium term objectives:

Completion of IT infrastructure ;

Setting up / up-grading of existing healthcare facilities through supply of medical equipments (ex. Pediatric echocardiographs)

Training consolidation in Kurdistan;

Long term objectives:

Building of first group of new healthcare centers in Kurdistan;

Transfer of knowledge and technologies related to each sub-project.

ACTIVITIES CARRIED OUT IN 2006

Assessment of needs and healthcare offer in the Kurdish region

A main team composed by physicians, nurses, technicians, interpreters, logistic and planning staff, initiative development experts, which have been conducting since December 2005 five field visits to the Kurdish Region covering the three main cities (Erbil, Duhok and Sulaymania).

In these occasions they have been visiting some main healthcare facilities operating in Kurdistan, and discussed and exchanged views with the Kurdish professionals in order to plan adequate and effective cooperation activities according with the needs identified.

The team conclusions resulting from the assessments made is that the Kurdistan Region, which is emerging with difficulty from many years of segregation and persecution, in particular by Saddam Hussein's regime, seems open to a reconstruction and development trend more marked than in the rest of Iraq. It follows that this lays down the necessity to adapt its social level in terms of primary and secondary personal services, especially healthcare, which represents the most important priority, even as acknowledged by the Kurdish Regional Government Authorities. In addition one can think of the region as an area to fit out with qualified services that can be used by the entire Iraqi population, because of the relative security and control of the territory, absolutely unparalleled relative to the rest of the country .

Unfortunately it must be emphasized that, beyond the current structural and organizational deterioration of the Kurdish healthcare system, in the last twenty years the geo-political situation prevented medical personnel, except for those few expatriates in other countries, from accessing training and refresher courses, and this restriction has worsened the crisis of the local health system.

The main cities of Kurdistan are furthermore without adequate health services able to correctly diagnose many diseases, especially paediatric ones which require highly specialized care at the best clinical standards. In fact, because of the particular demographic situation of the region, which is "inverted" relative to the European one, paediatric pathologies make up the most considerable share of the demand for healthcare. In Iraq, as in almost the entire Middle East, there's a paradox in that on one side there is an excess demand without an adequate supply, and on the other, as happens in Italy and in Europe, an excess of qualified paediatric supply without the corresponding demand.

The result of these factors is that the population of northern Iraq cannot access needed specialist care and many children afflicted with pathologies "typical" to developing countries are condemned to death.

The summary of data presented below, referring to a population of approximately 5 million inhabitants, corresponds to the current number of recorded cases of principal paediatric pathologies. The collection of data was carried out by the region's hospital structures and by the Ministry of Health, through the association SI.

It should be noted, in what concerns the epidemiological data mentioned hereto, that currently in vast areas of Iraqi Kurdistan, and especially in the outskirts of the main Kurdish cities of Duhok, Erbil and Sulaymania, the living conditions are such that access to medical care is impossible for most of the population who live in mountainous areas, given the distance to hospitals and the lack of means of communication. That circumstance can reasonably lead us to the conclusion that the number of children afflicted by the following pathologies is, in reality, much higher.

Within the Project activities the first two missions were basically assessment of epidemiological situation and healthcare offer and the subsequent mainly operational with purpose of jointly defining clinical selection criteria of patients in need of urgent care.

On 24th of June we have transferred to Italy the first group of 25 children afflicted by severe congenital heart diseases (CHD) from the lists presented by each of the 4 governorates (Erbil, Duhok, Sulaymania and Kirkuk). The patients were distributed by several highly specialized Italian hospitals participating on this Pilot Project, notably San Donato and San Rafaelle in Milan and Bambino Gesu in Rome.

From the 24th to the 29th of August IME – Medchild delegation conducted the fourth mission in Iraqi Kurdistan – Erbil and Duhok – during such mission the team conducted clinical assessment of patients conditions determining optimized cure modalities for each paediatric pathology.

The result was the selection of cases of CHD, of onco haematological, and several cancer pathologies to be transferred to Italy within October to receive treatment at the main paediatric healthcare structures participating at this Project such as Bambino Gesù in Rome, Policlinico San Donato and San Raffaele in Milan, Meyer Hospital in Florence.

On the 21st October the fifth mission reached Sulaymania and Duhok to assured the transfer of this new group of patients coming from several cities of the Kurdish region.

Following the assessments made loco and epidemiological studies conducted (please see details on next section), priority was given to the subprojects of paediatric cardiology, heart surgery and haematological diseases.

As first step for 2006 was decided to start with the treatment of cases afflicted by haemato-oncology diseases and congenital heart diseases which, following the physicians selection clinical criteria, needed to receive urgent treatment in Italy.

Considering the results of the survey below, that indicate also a significant high incidence of cerebral palsy and skeletal disorders from damages mainly related to fetal development or inadequate delivery management, the subsequent step (from 2007 onwards) appears clearly to focus on obstetrics/gynecology and mother infant issues in order to prevent such severe disabilities with programs to be implemented in loco.

Since the Project goal is not only to provide immediate relieve to the children, but mainly to add value to local healthcare system by assuring training of healthcare professionals and these children come accompanied by the physicians. Besides the training on the job, the Italian hospitals hosting the professionals were requested to evaluate during the first period of training their level of knowledge to plan further training schemes that have started in October 2006 and the granting of scholarships.

Cure Activities

The main objective of the cure activities carried out was to transfer to Italy the more urgent and complicated cases, properly selected, and simultaneously start up activities of clinical know-how transfer through training, in Italian centers of excellence, of teams of healthcare professionals such as doctors, neuroses and technicians, in order to set up as quickly as possible on-site diagnostic and therapeutic activities.

Within the context of the Pilot Project for Iraqi Kurdistan Region, till now the Italian hospitals part received patients affected by:

- ✓ Congenital cardiopathyies
- ✓ Oncological diseases
- ✓ Genetic blood disorders (thalassemia and onco – haematological).

During the meeting held in April 2006 in Erbil between the head of paediatric cardiology departments in Duhok, Erbil, Sulaymania and Kirkuk, and the IME cardiology and heart surgery project leader – Prof. Alessandro Frigiola - common criteria have been established to select the urgent cases of children affected with congenital heart diseases to be transferred to Italy for heart surgery .

It should be noted that the two groups of patients transferred so far to Italy were mainly in poor condition despite careful rehydration and intravenous infusion treatment during transport. The procedures for correction of malformations executed at Italian healthcare centers were technically successful in all cases .

As to thalassemia and onco-haematological diseases identical meetings were held in Italy between Kurdish and Italian head physicians from IME to define the selection criteria of patients and establish the grounds for a joint protocols for certain onco –haematological pathologies.

The HLA typing of thalassemic children started on March 2006. Blood samples of 176 families have been sent to IME laboratories in Italy in order to find compatible donors for patients requiring bone marrow transplantation. From the 61 HLA typing exams conducted during 2006, no compatible donor was found for 34 patients but there are still 115 samples to be typed during the coming months.

From the tests done so far we have identified 27 patients with compatible donor and four patients have already been transplanted in Italy. The remaining patients have already started the pre bone marrow transplant phase being scheduled for transplant within the coming months .

Key of Italian Hospitals: BG = Bambino Gesù SD = San Donato SR = San Raffaele
SC = San camillo-Forlanini SE = Sant'Eugenio SG = San Giovanni
TV = Tor Vergata UI = Umberto I MH = Meyer Hospital
SO = Sant'Orsola Hospital

TRAINING AND KNOW HOW TRANSFER

In parallel with the treatment activities, a multiple training program has been started and successfully carried out related to this Pilot Project. The main goal is to transfer know how, medical protocols and resources to the local staff and facilities, as well as a managerial set up in order to assure an adequate development of human resources whilst improving local healthcare services .

As far as the medical field is concerned, the training modality chosen as the most suitable one is the training on the job, which perfectly matches trainees' practical learning and patients' medical treatment, by enabling the medical staff to experience a wide range of real possible situations to be faced and gone through in Thalassemia and Leukaemia treatments and follow up. Moreover, in the field of congenital heart diseases, an intensive six month-fellowship in diagnosis, management and follow up of congenital heart diseases and a four years scholarship program has been activated in last October.

The trainee medical staff is directly involved in patients' assistance and treatment, and constantly cooperates with the supervising local staff and tutors in all actions, in an effectively profitable interaction .

Kurdish physicians, while escorting groups of patients abroad and cooperating with Italian professionals are also enabled to properly follow up all subsequent developments, and so guarantee a real continuity both in medical learning and monitoring activity.

From June 2006, some excellent and prestigious Italian healthcare centers spread all over the territory have been welcoming and hosting some small groups of trainees escorting a great number of patients from the Iraqi Kurdistan: those professionals had the opportunity to share methodologies and protocols in use in the IME and go through all specific matters accordingly, while taking care of their patients. So, the continuity of a "non-interfered" relationship between patient and doctor (due to common roots and culture) constantly offers a profitable contribution to the Italian medical staff, which on the other hand support the Kurdish staff by supplying frame and resources for advanced patients' treatment.

Moreover, the training proposed is a "multiple" training program: it involves simultaneously different medical branches in response to the priority areas which have been identified following the initial assessments by Medchild – IME. It also offers multiple advantages that no other training may guarantee:

- ✓ Learning in a real context
- ✓ Patients' extra-assistance and care
- ✓ Advanced protocol sharing
- ✓ Team work skills (interaction and cooperation)
- ✓ Constant update of patients' conditions
- ✓ Continuity in patients' treatment and care
- ✓ Profitable follow up and monitoring activity
- ✓ Trustful relationship

In the 2006, three main flows of trainees coming from all Kurdistan governorates were scheduled and have been operating in some different healthcare centers of excellence spread over the Italian territory. According to the treatment, training and transfer of know how method, these training programs are held simultaneously with the treatment of patients in Italy.

The following tables summaries the training programs and professionals received in Italy during 2006.

Period	Professionals	Healthcare structures
June-July 2006	4 Haematologists	Polyclinic of Tor Vergata, Rome San Raffaele Hospital, Milan
	2 Onco-Haematologists	Umberto 1 st Polyclinic - Rome
	4 Cardiologists	San Donato Polyclinic, Milan Bambin Gesù Pediatric Hospital, Rome
	2 Heart surgeons	San Donato Polyclinic, Milan
October- November 2006	4 years scholarship for 2 heart surgeons previously hosted in June	San Donato Polyclinic, Milan Bologna (Sant'Orsola Hospital)
	2 Cardiologists previously hosted	San Donato Polyclinic, Milan
	1 onco-Haematologist previously hosted in June + 1 hospital director	Umberto 1 st Polyclinic, Rome
	1 Haematologist	Meyer Hospital, Florence
From December 2006 - January 2007	1 Onco-haematologist previously hosted	Umberto 1 st Polyclinic, Rome
	1 New onco-haematologist	Umberto 1 st Polyclinic, Rome
Total professionals hosted and trained in 2006 =15		

HOSPITALITY TO PATIENTS AND FAMILIES

During the patients stay in Italy, and until completion of their treatments, IME-Med child has been assuring hospitality for patients and families in apartments and comfortable guest houses. Appropriate accommodation was also provided to physicians while attending training courses.

Besides assuring a comfortable accommodation IME-Med child goal is to minimize the anxiety and suffering of the patients and parents due to the child's disease, especially those that for the type of disease are required to remain in Italy for longer periods, being therefore subject to related stress and frustration that may have negative impact on the treatment results. For this purpose, besides the play room for children at the hospital, most family houses hosting patients in Rome have instituted several activities for patients and families such as Italian, English and Kurdish lessons, workshops of handicraft and gardening hence actively contributing for the integration of these families within the new environment that the family house represents.

Furthermore, and specially for thalassemia patients which bone marrow transplant procedure takes approximately 6 months, Umberto I IME Center in Rome and Cagliari IME centre in Sicily are organizing a program that in a near future will allow patients and donors to attend regular school.

Even though the hospitality conditions may vary from one city to another, IME- Medchild continuously monitor the families conditions and level of satisfaction through the interpreters of Kurdish mother language that accompany the patients and provide support at the hospitals and also at home, and searches, within the possibilities available, to meet families expectations.

UPGRADING OF LOCAL HEALTHCARE SERVICES

As to the upgrading of structures IME-Med child proposed the Hub & Spoke network model for the reorganization of the local healthcare services in the region.

In a Hub & Spoke healthcare network the level and the complexity of the treatment provided by each centre increase gradually from the peripheral spokes – primary healthcare centers - (i.e. outpatient clinics, small clinics for day hospital and day surgery), to the hubs of the secondary care level (i.e. provincial general hospitals), further to the hubs of tertiary care level (i.e. highly specialized hospitals and teaching hospitals).

During the first year, and based on the assessments made in the Region as to its specific needs pursuant to available healthcare offer, number of inhabitants, main pathologies and life expectancy among other parameters, the main initiatives contributing for the upgrading of existing healthcare services were focused on:

- A) Urgent supply of electro medical equipment (i.e. echocardiographs) to strengthen local diagnosis activities;
- B) Organizational and management planning design and support to set up the new heart surgery centre of the Al Amal Hospital in Erbil;
- C) Presentation of a preliminary feasibility plan of construction of a new high specialization paediatric hospital. This hospital should be build within 3 to 4 years. During the construction period the physicians and other personnel should benefit from the training on the job in Italy and in Kurdistan remaining an essential step the activation of the heart surgery provisory unit at al Amal Hospital in Erbil.

The goal of the Project is to allow the Kurdistan Region to be able to manage in autonomy within 3 to 5 years, using its own healthcare professionals, 4 new paediatric cardiology diagnosis centers connected to 1 (or 2) surgery units with capability to provide high level health services to children afflicted by heart diseases covering the whole region area.

As stated above, and within the programmed activities aiming for the improvement of local assistance to paediatric patients, IME – Med child started, in parallel with training and cure activities, have presented to the Italian and Kurdish authorities a first initiative regarding the creation of 4 paediatric cardiology centers to allow adequate diagnosis for patients afflicted with heart diseases.

This new centers will allow to conduct a paediatric cardiology diagnosis program for the whole region in cooperation with the Italian network of Hospitals, thus contributing effectively for the improvement on the diagnosis and treatment of CHD .

As to this specific initiative a preliminary action plan was drawn in terms of :

- ✓ Supply of adequate instruments to assure correct diagnosis;
- ✓ Paediatric patients selection through morphologic diagnosis of congenital heart malformations;
- ✓ Implementation of training programs for physicians pursuant to their level of knowledge.

It is worth noticing that the Project included the organizational support of Italian experts for the conclusion of the restructuring works on the new cardio surgery unit at Erbil – Al Amal hospital which will allow as soon as possible the Italian team to perform in Kurdistan surgery to children suffering from CHD and the starting of the training in loco of surgeons, nurses and other healthcare personnel, being this a vital step to prepare the Kurdish human resources for the future.

As to this aspect IME- Med child experts on 2006 conducted five visits to the works site and provided for consultancy services as to the inclusion of a dedicated operating theatre for children and required infrastructure and structure adjustments to assure functionality of said heart surgery unit according to international best standards.

Moreover, within the Project is foreseen for 2007 4 to 5 operating missions per year to be conducted by an Italian team composed by 1 or 2 surgeons, 1 or 3 cardiologists 1 anesthetist, 1 perfusionist and 1 reanimator. Such missions will only be possible if a suitable location for the performance of paediatric surgeries is implemented at the former Al Amal maternity hospital, pursuant to the IME-Med child experts preliminary indications as to equipment, personnel and infrastructure i.e. including operating theatre, a Intensive care unit and hemodynamic room .

Until the completion of the works at the heart surgery unit, IME-Med child the operating missions programmed will be replaced by clinical missions for patients evaluation, teaching seminars and conferences on paediatric cardiology and heart surgery in order to provide continuous training for local physicians.

2007 PROSPECTIVE

In particular, during 2007 while in Italy the treatment of urgent cases and training of professionals will continue, the key objective is to assure that in Kurdistan the same treatment clinical protocols for management of patients afflicted by onco- haematological diseases used in Italy, start to be followed at the relevant haematological departments in Kurdistan – this is a condition for the continuity of the all Project itself .

The clinical assessments in the Kurdish region will continue through 2007 and are expected to be improved thanks to the use of MOPSET vehicle - Mobile Pediatric System for Emergency and Tele Diagnosis.

MOPSET is a 6 meters long all-terrain truck equipped as an ambulance and a 8 meter long trailer equipped as an itinerant out – patient unit which will operate on the filed in connection with Italian hospitals participating to the Pilot project.

The vehicle is fully equipped with electrical generators, oxygen, compressed air supply, air conditioning and filtration systems being able to manage casualties. The system will be managed and operated by a team composed by 3 physicians and 3 nurses to be appointed in the beginning of 2007 .

The distance care support through second opinion provided by Italian physicians thanks to Internet connections available, and training activities to be periodically organized in loco - pursuant to the availability of IME itinerant healthcare team - are also the main instruments that IME-Med child expects to be able to use during the coming semester.

Furthermore, and in order to assure the coherent progression towards development of human resources in parallel with cure activities and rehabilitation of healthcare structures, additional training in the managerial field is being programmed. IME main intent on this field is to cooperate with the Government by supplying all fundamental resources and methodologies to support the building up of an adequate regional healthcare system, following the Hub & Spoke model.

This action will require :

- first a screening of the real existing supply at present in Kurdistan
- a selection of the facilities to be intended as the Main Centers (Hub)
- and a managerial set up concerning health care system planning, management and government

The whole action will be consisting of a series of educational workshops aimed at some Health Centers Directors appointed by the Government. The IME has scheduled for the beginning of 2007 the first initiative.

Besides the above initiatives, and depending on required further funding availability, the Project will be focusing on the following priority areas:

Mother-infant prenatal assistance subproject - To improve assistance to pregnant women and upgrade management of delivery.

In this sector the proposed actions include:

- A) Sanitary diagnosis screening of children and pregnant women Counseling services and organizational solutions of the "Italian mother-infant model departments" type;
- B) Plan and carry out training of medical personnel;
- C) Identify the needs for improvement in terms of structures and medical aid equipment.

Blood Banks subproject – planning and design of a network of blood banks being this aspect a fundamental requirement for the upgrading and regular functioning of local healthcare structures such as any heart surgery centers, thalassemia centers among others.

In this sector the proposed actions include:

- A) Formulate a first Kurdish plan for blood and plasma;
- B) Define a plan to promote voluntary unpaid blood donation and define a strategy to set up an association for blood donation;
- C) Educate and train medical, nursing and volunteer personnel on blood donation;
- D) Transfer management know-how regarding transfusion;
- E) Support setting up a first blood bank in the in the Kurdish region.

Emergency management subproject – planning and design of an emergency system, both from the organizational and technical point of view. The project to be defined in 2007 shall include :

- A) Planning of an emergency network for the Kurdish region;
- B) Training of the dedicated personnel based on standard international procedures;
- C) Structural and infrastructural outfitting for the function of the emergency network.

ECONOMIC SUSTAINABILITY AND HEALTHCARE PLANING

As to the activities carried out during 2006 the following were entirely sustained by IME- Medchild through own funds and specific financing granting by the Italian Foreign affairs.

- ✓ All medical treatments and hospitalization of patients
- ✓ Accommodation in full board regime
- ✓ Interpreters service provided to families
- ✓ Administrative permits for the stay in Italy
- ✓ Hospitality of physicians in training (accommodation and full board regime)

For 2007 IME – Med child have assured a financing that will allow the continuity of the programs for cure and training in Italy for main paediatric pathologies in similar terms at least until June 2006.

Considering the successful results obtained with first year activities illustrated on the present report, 2007 will represent the passage for the subsequent phase of the project and the focus on the following Cooperation objective:

Upgrading of local healthcare structures and adequate connection among them to meet population needs – planning of a Regional Healthcare Plan - key step for the development of Kurdistan.

The Cooperation activities foreseen in the Project, especially the medium and long term ones, still require appropriate funding schemes for coverage of respective costs. In the framework of the MoU it has been agreed that both the Parties shall jointly search for financial solutions that can serve Kurdish authorities strategy and Cooperation objectives through public co financing mechanisms and also through public/private partnerships, especially in what concerns the building and start-up of new healthcare centers .

Such funding mechanisms that must, to the extent possible, stimulate Kurdish regional economy by involving local companies Consortiums, are to be defined by the Kurdish Regional Government authorities .

Remain thus essential that adequate investments are made to assure the continuity of the project and the coherent progression towards medium / long term objectives agreed by the Parties in the MoU agreement signed, namely for the upgrading of local healthcare structures that are functional to the starting of the activities in loco. As to this particular aspect we believe that such upgrading and related investments should be planted in the context of a regional healthcare plan tailor made for Kurdistan region.

Main challenges of healthcare planning can be summarized as:

- ✓ Promote excellence and rehabilitate healthcare structures
- ✓ Re-qualify human resources through continued high level training in medical sciences and healthcare management
- ✓ Promote the development and use of new technologies
- ✓ Guarantee and monitor the quality of healthcare services provided

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7- Supporting and Consolidating Schools:

Heevie has provided requirements of the students and the schools, specially the schools in villages and poor areas, such areas in Shekhan District with necessary needs such as Kerosene Heaters, School bags, Stationery, clothes, shoes. The cost was a donation from the Italy-Tuscany Emergency hospital volunteers sent by Dr. Jiyan Ali. Besides providing assistance to the schools it was aimed to ensure offering awareness on personal hygiene and prevention from some types of diseases.



Photo of Dize School in Shekhan Region at November 2006