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SOCIAL FORUM

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Theme: ***“PROMOTION AND PROTECTION OF HUMAN RIGHTS IN THE CONTEXT OF THE HIV EPIDEMIC AND OTHER COMMUNICABLE DISEASES AND EPIDEMICS”***

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Health care workers in the frontline

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PRESENTATION

INTRODUCTION

I am not a Human Rights expert, I belong to a Catholic Religious Order, the Hospitaller Order of the Brothers of St. John of God, whose principal focus is to provide hospitality to the poor sick, destitute, and vulnerable. We manage health facilities all over the world in the five continents on behalf of the Roman Catholic Church. My religious and professional training empowers me to pursue freedoms and entitlements that belong to every human being irrespective of origin, status or beliefs. These are values that are fundamental to ensure the prevalence of basic human dignity, development and survival.

As a health worker, a clinical nurse administrator, as well as all health workers, we have a unique position to use human rights to improve the health care system because we are the ones who directly experience and see the effects of those aspects of the healthcare system that do not conform with human rights. Due to the nature of our profession, we inevitably play a role in the protection and realisation of health related human rights.

In the health care system, policies, practices and situations affect human rights and some of them include:

- the right to health,
- the right to privacy
- the right to information.

The right to adequate food and nutrition, the right to clean water and the right to education also influence the health status of people falling sick, what type of health challenges that may affect the people and if they will find their way to a health facility.

Persons with health challenges caused by torture or violence against women may end up at healthcare institutions and will require professional care.

Role of frontline health workers in the promotion of human rights in the health care system

Frontline health workers are the first and often the only point of contact to the health care system for millions of people. They are those typically providing services where they are most needed, especially in remote and rural areas. They include: community health workers, midwives, peer counselors, village drug dispensers, health extension workers, physician's assistants, clinical officers and nurses. Some physicians may also be considered frontline health workers when they serve in local clinics and address basic health needs.

They deliver a range of lifesaving interventions to prevent illness, death and disability. Frontline health workers provide a range of services for families from pre-pregnancy through maternal and newborn care, child health and management of chronic and communicable diseases such as tuberculosis, AIDS and diabetes.

Frontline health workers deliver advice and services to patients in their homes and in clinics, serving as counselors, educators and treatment providers. Because they often come from the communities they serve, frontline health workers understand the beliefs, practices and norms of those communities, allowing them to provide more culturally appropriate health care.

Frontline health workers provide counseling to prevent the spread of the disease among adults and from mother to child. They visit infected patients daily to make sure they are taking the correct doses of medication at the correct time. They provide antiretroviral drugs to HIV-positive pregnant women to prevent mother-to-child transmission of the disease. Frontline health workers educate parents about danger signs to watch for. They screen for symptoms, refer patients to clinics and do home visits to ensure correct and consistent treatment. They educate communities about the signs and symptoms to encourage early treatment of TB. Frontline health workers provide ORS and zinc and teach parents how to use these remedies to treat sick children. They educate families about purifying water and accessing sanitation. They also can deliver supplies to households to purify water. Frontline health workers counsel families to sleep under mosquito nets, diagnose the disease when it occurs, and give drugs to treat it. They organize vaccination days in the community and make sure families participate. Frontline health workers counsel new mothers about breastfeeding and young child feeding. They distribute micronutrient supplements. They also assess and treat moderate to severe malnutrition.

As a health worker, our primary role is providing individual, family or community patient care. When we give care by providing the highest possible standard of care, we can say that we are already upholding human rights.

The specific interventions which we could show to uphold human rights in the caring environment could include:

- ❖ No discrimination in giving care
- ❖ respecting patient confidentiality
- ❖ Considering the patient's background as important
- ❖ respecting the autonomy and dignity of all patients
- ❖ providing all information necessary for patients' decision-making
- ❖ maintaining professional skills at the highest possible level
- ❖ obtaining informed consent from patients before treatment

All the above are not done without lapses. There is a serious challenge with confidentiality and respecting the autonomy of patients. This leads us to the new concept of today's practice, "Bioethics" in healthcare practice.

With all the efforts, we as health workers try to make in ensuring that human rights are respected fully in the patient care environment, yet there are some obstacles which may affect human rights promotion in patient care if attention are not paid to them.

In the work environment,

- institutional rules and regulations
- lack of knowledge of health workers
- personal beliefs and attitudes of health workers
- unequal power relations between health worker and patient
- institutional discrimination

Outside the work environment,

- health laws and policies
- denial or lack of necessary resources
- societal beliefs and attitudes

Examples

- Anti snake bite out of stock to rescue a patient from dying from fresh snake bite
- Providing family planning information to a young girl of 13 years but it is not acceptable to do so without the consent of the parents.
- Ebola survivors not tolerated to intermingle with non-Ebola infected persons within the local community especially the young ladies

My Personal Experience during the Ebola Epidemic

Human rights scenarios related to health that were violated in the following circumstances:

- ***Staff related issues***

There was serious lack of protective gears and others available in country at the peak of the crisis, and frontline health workers were yet providing care despite the lack of resources, they were discriminated by the public in their rented houses as they were considered to be possible carriers of the virus, there was no insurance scheme for any frontline health care worker, if not late in the crisis when Government initiated the payment of risk allowances. Front line health workers lacked knowledge of identification of the presentation of the virus in contaminated patients.

We lost over 150 Frontline health workers; specifically, the Hospitaller Order of the Brothers of St. John of God lost four (4) missionaries in the field(2 Spaniards, 1 Cameroonian and 1 Ghanaian) and 18 health workers in our own Health Facilities in Sierra Leone and Liberia.

We embarked on training all the frontline health workers in our catchment and the St. John of God Catholic Hospital. We contacted partners and friends and appeal for support to

procure protective materials and supplies which we distributed to the frontline health workers in our catchment and our hospital.

- ***Access to Care by suspected Ebola patients***

At the peak of the Ebola crisis, any sick person was discriminated, stigmatized and disrespected. The health facilities were not ready to receive any Ebola suspect not until late in the crisis when Ebola Treatment Units(ETU) were established. Diagnosis of the virus was slow. A sick person's laboratory analysis could take 7-10 days before identifying the cause of illness. Many sick persons suspected died before their results were known. Privacy, confidentiality, autonomy rights were all violated at this moment. Families of victims felt disrespected as they had no opportunity to visit their relative and the worst if their relative died. Ambulances were sprayed with 0.5% Chlorine out of fear of possible contamination. This precipitated several deaths of Ebola suspects whilst in the ETU.

- ***Access to health services by other non Ebola related sick persons***

At this moment, 96% of Primary Health Units were opened in Sierra Leone, but people were afraid to utilize them. Pregnant women and children were neglected. Immunisation was not carried out for a whole year or more. Any pregnant woman was highly suspicious of carrying Ebola, so they were neglected, and allowed to deliver unassisted.

At this time, the St. John of God Catholic Hospital dedicated a building as 'Waiting centre' for any sick persons from the community whilst waiting for laboratory diagnosis. Meanwhile we treated them of other ailments not related to Ebola. We opened the Hospital in Liberia and Sierra Leone to give access to pregnant women and children. The hospital continued to provide services to the registered HIV and TB patients.

- ***Quarantining of families of affected victims***

The Government declared a State of Emergency nationwide. Our movements were restricted to the extent that it was difficult for us to procure medicines and get containers out from the sea port.

Families of Ebola suspects who were restricted were not provided with enough food and water and other needs. Any family in similar situation was discriminated and isolated. Survivors were discriminated and not allowed to mingle with others in the community. The St. John of God Catholic Hospital organized her staff with adequate training, raised funds and provided food and water and basic needs to over 200 house holds.

- ***Community Engagement***

At the beginning of the crisis, communities were not engaged, their traditional leaders were not involved in the decision making process to enforce bye-laws. The local communities lost trust in health workers and accused the government of using the crisis to make money for themselves.

In our catchment area, the hospital decided to engage in consultations with the traditional leaders with regards to breaking the transmission chain, responding to sick calls.

The hospital sourced funds to support the communities to construct transit huts for immediate care of sick persons out of the home before calling ambulance. Telephones and Motor bikes were provided to village heads and traditional leaders for easy contacts and community supervision and census.

The ritual of burial was a serious issue between the communities and the health workers. Eventually, a consensus between the two parties was reached by allowing families of dead victims to pray around corpse before burial by the burial team.

The hospital in order to help reduce stigmatization amongst survivors engaged the survivors enrolled and non survivors in a dialogue within their respective local communities. The non-affected families were very dissatisfied with the numerous opportunities given to the Ebola survivors. The Hospital provided food for these families too in communities where survivors were present.

Education was provided to both sides in order to reduce the fear amongst them. This led to the village members asking for a declaration certificate from the health authority if you were evacuated when you return to the community.

Challenges

- Fear of Contamination
- Lack of PPEs and Laboratory diagnosis
- Cultural and Traditional practices
- Delays in diagnosis and treatment
- Lack of finance to run operational cost of the hospital.
- Lack of financial subsidy from the government to provide free health service to the people.
- Weak health systems (lack of supplies, medicines, electricity and Isolation infrastructure).

What we are currently doing now to promote some human rights activities

- We have established a 24 hour emergency unit with a wider space and triaging done.
- We have established a Safemotherhood promotion centre in the centre of the town
- We have signed agreements with partners to provide free maternal health service delivery for our women
- We have also signed MOU with Spanish partners to pay medical bills for under 5 children who visit the hospital
- We have also solicited funding from partners to help us promote a medical outreach service to families who are poor in the rural villages around Lunsar by diagnosing and treating earlier communicable and non communicable diseases.
- We have established a well resources Nursing Training college to offer nursing career

education to young girls especially who might be left without education.

- We provide scholarships to the very poor students
- We have signed MOU with partners to encourage visiting specialist doctors to provide expertise medical services that are not available and/or may not be affordable elsewhere and make these services affordable in our hospital.
- We have signed a MOU with the government to pay special attention to HIV/AIDS and TB clients. We ensure their privacy.
- We provide 24 ambulance service to pick up high risk pregnant women from PHUs.
- We collaborate with the district health authorities to carry out epidemiological surveillance

Recommendations

- Early engagement of the local community in future outbreaks
- Governments should provide resources sufficient enough to ensure safety and foster better care of clients.
- Governments is to embark on training Frontline Health Workers on Human Rights related to Health Care service Delivery.
- Government should collaborate with Faith Based Health Institutions to promote Human rights in the Healthcare delivery system.
- Improve epidemiological surveillance and promote medical Outreach to diagnose clinically earlier communicable disease.
- Governments should provide support to faith-based health Institutions in order to ensure the population in the catchment area have access to health care at an affordable cost.
- Governments should do everything possible to established the social health insurance if the Universal Health Coverage is to be achieved.
- Donor partners should support developing countries to strengthen their weak health systems by identifying their gaps and build upon that especially equipping secondary hospitals.
- Governments should improve training of frontline health workers
- Start discussion on promotion of Bioethics in health care delivery at all level.

Conclusion

Frontline health workers are the backbone of effective health systems and are the only way to serve millions of families who live beyond the reach of hospitals and clinics. So let us invest in recruiting more Frontline Health workers.

Thank you.

Reference

- ❖ INTERNATIONAL FEDERATION OF HEALTH AND HUMAN RIGHTS ORGANISATIONS (IFHHRO): Steps for Change-A human rights action guide for health workers
- ❖ Frontline Health Workers Coalition, January 2012