



The Global Leader in Clinical Skills Rapid Transfer to Emerging Nations

**GLOBAL MEDIC FORCE**  
**Force Mondiale des Médecins**

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## FREQUENTLY ASKED QUESTIONS



*Burundi – Cambodia – Ethiopia - Kiribati – Lesotho - Nepal – Rwanda - South Africa – Suriname – Vietnam – Zambia  
Democratic Republic of Congo – Honduras – Zimbabwe – Congo Brazzaville*

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**GLOBAL MEDIC FORCE = SUSTAINABILITY + IMMEDIATE IMPACT + REPLICABILITY +  
SCALE + LEVERAGE + FINANCIAL CATALYST**



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## MISSION AND PURPOSE

Global Medic Force is ***“the global leader in clinical skills rapid transfer to emerging nations.”***

What initially started as a small program in Cambodia has spread its wings rapidly across countries and continents. Working in countries as diverse as ***Nepal, Vietnam, Cambodia, South Africa, Lesotho, Burundi, Rwanda, Ethiopia, Suriname, Congo Brazzaville, Zambia, Zimbabwe, Democratic Republic of Congo, Honduras and Kiribati***, Global Medic Force is deploying over ***6,500 aggregate man*** years of high quality professional medical expertise from some of the finest doctors and nurses in the western world, to their colleagues in the developing world, saving tens of thousands of lives. Global Medic Force clinical mentors work in a wide number of fields including primary care, HIV/AIDS, infectious diseases, maternal and child health, emergency medicine, OB/GYN, and pediatrics among many others.

Highlighted recently in ***the Economist***<sup>1</sup> for its ***sustainable impact***, Global Medic Force’s signature clinical mentoring model proves that a significant contribution to dramatically improving healthcare in the developing world can be made by individual healthcare professionals, who use an ***innovative*** method of clinical mentoring to rapidly transfer their practical skills to local caregivers so that they too can provide the best care possible, within the existing resource limitations of their country / clinic setting. As such, Global Medic Force ***puts to use the largest underutilized resource*** in the fight to save lives in resource-poor countries, namely: health providers who have the expertise and skills needed in the developing world, but who are require a structured program setting in a limited time frame within which to be maximally effective.



LESOTHO

As a direct result of Global Medic Force’s mentoring program, ***tens of thousands of patients*** across countries and continents ***now have access to medical care*** where none existed before. Given that these patients are receiving care because of increased clinical competency of their own caregivers and as a result of the set-up of operational systems required for care delivery, the impact of rapid skill transfer through clinical mentoring is ***immediate, yet long lasting and sustainable***.

A central role in delivering Global Medic Force’s clinical mentoring programs is played by healthcare professionals sourced from across the West. Global Medic Force currently has over 850 highly qualified experts in its network who, on a volunteer basis, are able to work as a Global Medic Force clinical mentor in some of the most resource limited settings on earth, for a minimum of 6 weeks per year.

Through its offices in the US, UK and South Africa, Global Medic Force recruits, screens, prepares, and manages the clinical mentors from the first moment of contact until their return to their home country. Upon their return to the West, 30% have accepted a second assignment within 12 months of the first, with some participating for the fourth time this year.



CAMBODIA

<sup>1</sup> <sup>1</sup> “More money than sense. Lack of money can no longer be blamed for the poor world’s health problems” The Economist, 5 July 2007, Print Edition, “The trouble with Private Equity”, p 61-62; Section: Global Public Health.



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## **WHERE DOES GLOBAL MEDIC FORCE WORK?**

Using its cadre of over **850 highly qualified western healthcare providers** (doctors, nurses, social workers, pharmacists, lab technicians), Global Medic Force is currently deploying > 6500 man years of aggregate clinical expertise **to**:

### **1. AFRICA:**

-  Burundi
-  Ethiopia
-  Lesotho
-  Rwanda
-  South Africa
-  Zambia
-  Zimbabwe
-  Congo Brazzaville
-  DRC



### **2. ASIA:**

-  Vietnam
-  Cambodia
-  Nepal

### **3. SOUTH PACIFIC:**

-  Kiribati

### **4. SOUTH AMERICA:**

-  Honduras
-  Suriname



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## **WHAT IS THE SUSTAINABLE IMPACT OF GLOBAL MEDIC FORCE IN DEVELOPING COUNTRIES?**

### **THE STORY OF BINH THANH CLINIC – THE FIRST OUTPATIENT AIDS CLINIC IN VIETNAM**

The sustainability and defined scope of Global Medic Force's endeavors can be best highlighted using the example of a clinic in Vietnam that has become "mentored out". Binh Thanh clinic is located in Ho Chi Minh City, one of the areas in Vietnam with the highest HIV prevalence rate.

In March 2005 was funding made available in Vietnam to provide anti-AIDS medications to AIDS patients through the public sector.

In a collaboration between the Provincial Health Authorities and Family Health International, Binh Thanh OPC became the first outpatient AIDS clinic. Given the high stigma associated with being HIV positive in Vietnam, the clinic opened in March 2005 without publicity. At the time of opening, the Vietnamese healthcare providers at Binh Thanh clinic had received a two-week didactic training course in AIDS care, and were told to "start providing patients with AIDS care and treatment". Of course it is quite a different matter to be told how to do a spinal tap for crypto-meningitis, than to have the confidence and practical skills to carry out the procedure. Hence, to get the clinic personnel up to speed and institute the necessary operational systems, Global Medic Force was asked to send its volunteer clinical mentors during the initial period of introduction of AIDS care and treatment in the clinic.

In this country where HIV-infected patients typically go into hiding, ***Binh Thanh OPC had 200 patients in HIV care within 6 weeks of opening, 600 patients in AIDS care with more than 1000 patient visits another 6 weeks later; and another 3 months after that, 1200 patients were in AIDS care and the clinic personnel started to provide leadership to clinics in the surrounding areas.***

At that point, Global Medic Force pulled back as quality control procedures showed that our local colleagues were providing the best AIDS care possible within the existing resource limitations. Hence the clinic was, in our parlance, "mentored out". 32 local healthcare providers had been given practical clinical expertise by 7 clinical mentors over a period of 6 months.

Following Global Medic Force's pull-back, the clinic continued to flourish. By March 2006, ***the patient population had grown to 1500*** and the local government relocated the clinic to a larger space. Binh Thanh clinic remains a model of excellence in the region and is being copied throughout the country with assistance of Global Medic Force's clinical mentors.



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In addition, an unintentional effect of our clinical mentoring activities turns out to be the effect on local healthcare workers of being exposed to passionate colleagues and of being given the skills to provide the best care possible. By the time the clinic became mentored out – and this is true across the board in all clinics we are asked to deploy into - the clinic staff walked around as if they owned the clinic, they were proud and passionate to work there having seen their standing in society rise as word about the quality of their services had spread. This was quite a different picture than the staff's attitude when we initially arrived, an attitude rooted in the high stigma associated with caring for AIDS patients.

This example of Global Medic Force's successful clinical mentoring program has by now been replicated across countries and continents and into other medical fields besides HIV and has resulted in improved medical care for thousands of patients who didn't have access to care before.

Two years after initiating the clinical mentoring program in Vietnam, Dr. Marie Charles, Founder, Chair & CEO of Global Medic Force, was awarded the ***National Medal of Honor by Vietnam's President***, at the opening of the National Assembly in June 2007, in Hanoi.



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## **GLOBAL MEDIC FORCE'S IMPLEMENTATION PARTNERS**

### **In developing countries:**

Within each developing country, Global Medic Force works with a local implementation partner who assists with the coordination of logistics and quality control of the clinical mentoring program. So far Global Medic Force's implementation partners in the field have included, amongst others:

-  World Health Organization
-  Family Health International
-  Care International
-  NCHADS (Cambodia)
-  HealthNet TPO
-  Clinton Foundation
-  COVAB (Central Nursing School Suriname)
-  Highland Economic Development Organization (HEDO)
-  Right-to-Care, South Africa
-  Foundation for Professional Development, South Africa
-  St. Francis Hospital, Lusaka, Zambia
-  Ministerio Episcopal, Honduras



## **A UNIQUE, HIGHLY STRUCTURED AND SIMPLE PROGRAM MODEL WITH SUSTAINABLE IMPACT**

Global Medic Force's program model is very simple, very structured and highly sustainable.

Global Medic Force only ventures into those settings where all other elements needed to provide basic, quality healthcare exist, including political leadership, infrastructure, and basic medication and supplies.

In such an environment, Global Medic Force clinical mentors are stationed at public sector clinics and hospitals. The clinical mentoring coverage in each clinic is provided on a *continuous* basis for approximately 4 to 6 months, depending upon the needs of the site. Typically each Global Medic Force clinical mentor covers multiple clinics during his/her assignment.

In order to ensure sustainability and appropriateness of the program in the field, Global Medic Force clinical mentors are provided with all country-specific materials prior to their field assignment, including but not limited to national treatment guidelines and profiles of the clinics in which they will be stationed. All clinical mentoring activities are carried out within the specific guidelines of each respective country.

***The goal of clinical mentoring is to scale-up the clinical skills of local healthcare providers so that they are capable of providing the best care possible within the existing resource limitations of their clinic setting.***

Our goal is not to increase the local, material, resources; our goal is also not to re-create Western standards and resources in isolated pockets of the developing world as such an initiative would not be sustainable in the long run. Examples of Western initiatives without a sustainable exit strategy are plentiful.

***Global Medic Force specifically empowers the developing nation to create its own sustainable healthcare system within its own resources, thus actually freeing them from the yoke of endless reliance on aid, while simultaneously saving hundreds of thousands and ultimately, millions, of lives.***



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### **WHY DO DEVELOPING COUNTRIES INVITE GLOBAL MEDIC FORCE?**

Developing countries request Global Medic Force's assistance because:

- Global Medic Force gives them what they need (clinical expertise) on their own terms
- Global Medic Force does healthcare capacity building thereby empowering the developing countries to take care of their own populations. Global Medic Force clinical mentors provide coaching of local healthcare workers, thereby transferring their clinical skills to their local colleagues rather than taking over from them by providing care directly to patients.
- Global Medic Force clinical mentoring adheres to the appropriate national care and treatment guidelines and does not attempt to re-create Western healthcare systems.
- Global Medic Force clinical mentors respect the existing resource limitations within each setting and do not attempt to change those. Their goal is to get their local colleagues to provide the best care possible within the resource constraints of their respective clinics.
- Global Medic Force's clinical mentoring assistance within each country is only needed for a limited time period. Once a clinic has become mentored out, Global Medic Force withdraws while the clinic continues to flourish.
- Global Medic Force does not request that developing countries pay for the western costs associated with program implementation. However the developing countries do cover all local program implementation costs plus economy class airfare for Global Medic Force clinical mentors.





## **The profile of a Global Medic Force clinical mentor**

The over 850 Global Medic Force clinical mentors (the highly qualified experts who are selected and trained to transfer their clinical expertise to the developing world on a pro bono basis) are sourced from hundreds of clinics, hospitals and academic institutions from countries such as the USA, UK, Canada, Australia, New Zealand, Germany, Ireland, Scotland, France, Netherlands, Brazil, and selected experts from developing countries including Botswana, South Africa, DRC, the Philippines, and Uganda.

- Global Medic Force's clinical mentors are sourced from 15 western countries with the US being the largest contributor, given that Global Medic Force was first set up in the US, and only 2 years later in the UK. In the US, clinical mentors came from over 150 institutions, in the UK from over 40 clinics. Participating institutions cover a wide range, from community clinics to academic treatment centers, from clinics in the private sector to those in the public sector.
- The clinical mentors include doctors, nurses, physician assistants, nurse practitioners, social workers and pharmacists. Overall, Global Medic Force's typical clinical mentor is someone who is older than 40, although we have had some who just finished their fellowship with outstanding results. Global Medic Force's typical clinical mentor has the following qualifications:
  - more than 3 years clinical experience in the requested specialty (with a large portion of the volunteers having more than 10 years)
  - works in a diversity of settings (fairly equal distribution between private practice, clinics/non-profit health centers, university teaching hospitals)
  - a large portion have previous experience working in developing countries
- In addition to their clinical qualifications, all of the volunteer Global Medic Force clinical mentors are screened for bedside manner, teaching ability, cultural sensitivity and a solid understanding of what clinical mentoring means (as opposed to provision of direct care or didactic training).
- Prior to being deployed, Global Medic Force clinical mentors are required to attend a preparation course which focuses on "what it takes" to move from a resource-rich to a resource-poor setting, on communication skills, and on personal security and safety. The preparation course serves as the final screening tool given that it enables us to evaluate the personalities of the clinical mentors in person prior to matching them to an assignment.
- Each field assignment lasts an average of 6 weeks with some lasting as long as three months. Typically, each clinical mentor provides coaching to healthcare workers in two or three clinics during his assignment. All clinical mentors contribute on a pro bono basis, but field expenses are covered by funding sources inside developing countries. No western funding is used to cover those expenses.

The level of preparation, screening, and hands-on volunteer management Global Medic Force provides to the clinical mentors is a pivotal factor in the success of the program and is greatly valued by both the clinical mentors and the developing country governments and partner organizations.



## **Fast Facts**

Global Medic Force is an international not-for-profit organization that engages healthcare professionals to rapidly transfer their medical expertise to colleagues in developing countries, using an innovative method of clinical mentoring. Global Medic Force volunteer clinical mentors do not provide patient care directly. Instead, they equip local caregivers with the skills needed to take care of their own patients. As a result, thousands of patients receive care when none existed before, care delivered by their own healthcare providers, within existing resource limitations. ***Within four years of operationalizing the program, Global Medic Force deployed into 15 countries across 4 continents.***

### **Unique strengths that distinguish Global Medic Force include:**

- Provides rapid skill transfer** to local healthcare workers using an **innovative** method of clinical mentoring.
- A **simple, highly structured** program model designed for **sustainability**.
- Builds **national** healthcare capacity in resource-poor settings. **Maximum return on investment**.
- Proven scalability** from pilot to national level.
- Proven replicability** across countries and continents. The model has been implemented in Vietnam, Cambodia, Lesotho, Ethiopia, Rwanda, the South Pacific, Nepal, Burundi, DRC, Honduras, Congo Brazzaville, Zambia, Suriname, and South Africa with new countries to be added throughout 2009.
- A **small investment** with **exponential impact**: Within 4-6 months of clinical mentoring, a clinic typically increases its patient flow **from 0 to 1200 patients**, at which point no further clinical mentoring is needed.
- Strong quality control** ensuring that the quality of skill transfer delivered is high in all settings and consistent throughout any given country.
- Extreme leverage** through an **innovative triangular funding mechanism**: Clinical mentors contribute 6 to 12 weeks of their time on a pro bono basis. Western recruitment and preparation costs are funded through Western funding sources. Program costs within developing countries are funded by in-country sources.
- The pool of volunteer clinical mentors is **growing** at the rate of 15 – 25 new qualified applicants / month sourced from 15 countries. 30% of clinical mentors return for additional assignments within 12-18 months.

### **Global Medic Force's Operating Principles:**

- Requests for assistance originate within developing countries.**
- For sustainability, Global Medic Force **optimizes the quality of care delivered despite existing resource limitations**.
- Global Medic Force forms **close partnerships with local organizations** which become responsible for coordinating local logistics under supervision by Global Medic Force.
- Global Medic Force has offices in London, New York, and Stellenbosch (South Africa).