

**EFORT SYMPOSIUM, Saturday, 6<sup>th</sup> June 2009,  
AUSTRIA CENTER VIENNA (ACV),  
Room D, Level 1,  
10:00 – 12:00**

**Title: "Emerging Third World Orthopaedics"**

**Programme**

**Introduction (M. Salzer):**

"Do we want to help people in the 3rd world?"

Of course : That 's what we all want!

But how to do it best?

A sensible option is to work locally in a developing country. But it is much more easy to deliver money to an experienced NGO.

The essential content of any orthopaedic project is always the Know-How-Transfer. But it is not sufficient that a team is going to Africa or to another place, stays there for some days or weeks, carries out operations, leaves then and returns a year later.

To bring a highly disabled person to Europe and do here difficult operations or expensive treatment is a high humanitarian action, but can not be considered as orthopaedic development cooperation.

Effective development aid means sustainable development aid !

This Sustainable development cooperation is the only possible chance to achieve a permanent improvement of the situation in developing countries.

To reach sustainability it is important to do very exact

Strategic planning of a project:

- The focus of the project is matched to the specific local needs.
- Through a fact finding mission local resources are defined and the demands are evaluated.
- Through a pilot-project first practical experiences are collected.
- After evaluating the results a long term project will be established and arranged with the local government regarding Ownership and Alignment (see Paris declaration below).
- As soon as possible educated local specialists take over the project and foreign experts withdraw.

In 2005 the Paris Declaration on Aid Effectiveness was resolved to enhance the Development Cooperation.

The main points of the declaration are:

- Ownership: the Government of the recipient country takes over the responsibility for the future project
- Alignment: donating countries get oriented through the system of the recipient country.
- Harmonisation: coordination of support amongst the different local working NGO 's.

These „new“ guidelines became more and more important for planning and implementing the development cooperation projects.

For everybody who decides to join actively a Third World Project this is definitely a life-time experience: This is true for young orthopaedic doctors as well as for experts who donate their experience – on a professional and personal level.

The experience there is based on the fact that even with small medical interventions miracles can happen and a human life can be led from a negative into a positive direction.

For all colleges who are interested in 3rd world projects this symposium is supposed to give room for discussion and exchange of experience.

## Lectures

- 1. Martin Salzer**  
**Austria**  
7'

**"Sustainability, the basic demand of every project of development cooperation"**  
Abstract: see Introduction above
- 2. Asa Molde**  
**Sweden**  
12'

**"Back to basics- experiences from working for the International Committee of the Red Cross (ICRC) in war-torn, low-income countries"**  
Abstract:  
Since 1990 I have been working as surgeon for the ICRC in war-torn countries such as Afghanistan, Sudan, Congo and Angola where the majority of wounded have injuries to the extremities. Not only have I treated a huge number of wounds but I have also given theoretical courses to local doctors and worked with them to give practical training. Since war wounds are always infected internal fixation is not an option. With good wound management and the basic methods of fracture treatment such as POP, traction and sometimes external fixation acceptable results can be achieved. As with all methods there are advantages and disadvantages which should be known. These methods are sustainable because they are easy to learn and cheap.
- 3. Roland Jakob**  
**Switzerland**  
12'

**"The AO Reversed Fellowship in Eritrea"**  
Abstract:  
Since 2003 we maintain an Educational program with Eritrea, this war beaten country in East Africa. 3 Orthopaedic surgeons and the Head scrub nurse have been invited to spend time with us in Fribourg and join the AO Course in Davos.  
A number of Reversed Fellows, all very experienced Orthopaedic Surgeons from Switzerland and Germany have spent 6-8 weeks each in Asmara, Eritrea to assist the local surgeons in their daily work in Traumatology, secondary reconstructions and Orthopaedic Surgery. The idea is to reach a sustainable effort by assisting 70% of the surgical cases to the local surgeons. The Minister of Health has extended his wish in 2008 to help in a Residents teaching program for Orthopaedic residents. Slowly, the 4 Orthopaedic surgeons in Eritrea extend their skills to the most common fracture areas. The biggest problem is lack of suitable facilities and the need for a new Orthopaedic Clinic equipped with personnel that is motivated and that must be continuously taught to gain more competence. We are grateful to the AO Foundation and AO Switzerland for financing this program that works as a direct program from surgeons to surgeons.  
**R. Jakob and M. Lottenbach**
- 4. Ulrich Holz**  
**Germany**  
12'

**"Critical Aspects of Short Term Engagement in Jemen"**  
Abstract:  
Scoliosis, club foot, malunion, congenital pseudarthrosis, varus-deformity, CDH, Mb. Perthes, phocomelia, polydactylism, contractures of cerebral palsy, Volkmann's contracture, Hansens disease, neglected fractures and chronic osteomyelitis are typical problems you are confronted with in Yemen.  
A medical programme for 2-3 weeks twice or thrice a year could start the operative treatment of most of these diseases, but the necessary continuation and control as well as follow up is hardly or not at all possible.

Malnutrition and poor infant vaccination coverage give great cause for concern.

. The "Hammer Forum" established a separate hospital wing with operative theatres and wards in the first floor and living facilities in the second floor. We have been lucky to find two German trained doctors who helped us to communicate with the people. With this fairly good environment the one stage procedures could be operated successfully. But it is impossible to hand over this wing into local responsibility, because people are not ready to maintain the place properly. This becomes evident if you look at the adjoining building which is a government hospital sponsored by Chinese and Italian Government some time ago. In spite of many employees and police everywhere nothing is clean and garbage is cleared only occasionally. May be that common chewing of Qat (Khat) is the major cause for making these people unconcerned about their problems and future.

With a short term engagement we may help some individuals with health problems that can be solved by one surgery. But this is a drop in the bucket.

What people in this country need are long term solutions based on local education. The "culture of ignorance" will make such programmes very difficult.

**5. Paul Rompa  
Netherlands  
12'**

**"The orthopaedic 'infrastructure' of Ghana West-Africa"**

Abstract:

Preferable if not compulsory for a visiting orthopaedic surgeon is the existence of a good "orthopaedic infrastructure" in the 3rd world country he is going to work.

In the whole of the orthopaedic care the surgery itself is only a small – but of course very important - part.

The outcome of the surgery depends on many more factors such as good prescreening, well kept perioperative protocol, medical and nursing skills in the postop period and a responsible sometimes longstanding and well supervised rehabilitation.

The author is working in Ghana since 1994 and will tell the audience how things are organized in Ghana to secure an optimal result.

**6. Christian Wurnig  
Austria  
7'**

**"Surgery for Ghana pitfalls and success are close"**

Abstract:

Surgery for Ghana is a project where Orthopaedic surgeons and traumatologist are travelling to Ghana to perform orthopaedic surgery. However our group is doing that since three years with more or less success. In 2007 we had to recognize that patients on whom we performed surgery had to pay regular fees to the hospital despite our contribution. So corruption is a all-time present problem in developing countries. In the light of that fact a project were ever it is should face this problem. Currently we are re-establishing our project.

**Christian Wurnig, G. Grohs, B. Neugebauer**

**7. Christof Radler,  
Martin Salzer  
Austria**

**7'**

**"Problems and obstacles in establishing a sustainable clubfoot project in Mali"**

Abstract:

Clubfoot is one of the most common congenital musculoskeletal deformities. With an incidence of 1.5-2 on 1000 live birth the deformity represents a socio- economic burden especially in countries with a high birth rate. Clubfoot programs using the Ponseti method have been initiated in many third and second world countries in the last years. However, many treatment related,

logistic, and structural problems are encountered during these efforts. We report our three-year experience with a clubfoot program in Mali, starting in April 2006. A total of 41 health care workers were trained in Ponseti-treatment, whereas only four of those were approved after examinations as trainers. Up to now 253 children were treated with the Ponseti method. Although the results seem to be very satisfying, the follow-up was insufficient.

Parallel to the Ponseti program a program to operate neglected or resistant clubfeet was initiated. 23 patients were operated by the project members, which is not a sustainable solution.

Regular meetings with the government at different levels were attained and efforts were made to include the clubfoot program into the national program of Community Based Rehabilitation. Ideally the project should follow the Paris declaration and therefore the ownership of the project should be transferred to the local government as soon as possible.

Due to the low-tech and low-cost approach the Ponseti method is suitable for the developing world. Nevertheless, many obstacles have to be overcome to implement a sustainable project, most of which are not so much treatment associated but of structural, organizational and political nature. In-depth planning and evaluation of the local structures can help to prevent major obstacles and pitfalls in developing world health care projects.

**C. Radler, M. Salzer**

**8. Semin Becirbegovic,  
Ismet Gavrapetanovic  
Bosnia-Herzegovina  
Martin Salzer**

**Austria  
7'**

**"Know How transfer in orthopedic surgery, Austria-Bosnia and Herzegovina"**

Abstract:

In war devastated country of Bosnia and Herzegovina, there was a need for introduction of modern approaches and surgical techniques in different areas of orthopedics.

We identified the priorities: Total hip replacement in young patients with sequelae of DDH and Orthopedic oncology.

From 1998 up to 2008, there were organized more than 80 visits of Martin Salzer from Austrian NGO "Doctors for Disabled" to University Clinical Center Sarajevo – Clinic for orthopedics and traumatology. (UCC). In that time, there were performed more than 300 surgeries in a teamwork with M. Salzer. Most of them were difficult cases of dysplastic hip arthrosis treated with cementless prosthesis (ceramic /ceramic), followed by orthopedic oncologic surgeries and congenital disorders.

We established "Social Hip Project" in which funds were raised to support surgeries of socially jeopardized young patients (mostly under 40). In this project we operated 102 patient, who were followed for at least 2 years, with very good outcome.

Final result of this Know-How-Transfer is that we have self-sustaining projects, with staff trained to treat very difficult cases and is able to pass on knowledge to other parts of the country.

**S. Becirbegovic, I. Gavrapetanovic, M. Salzer**

● **Discussion**

● **Closing remarks: M. Salzer**