

Hospital beds for Ghana

With Thomas Erkert, Prof. Dr. Christian Johner

Transcript

00:00:05 Speaker 1

Medical Device Insights.

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A podcast by the Johner Institute for medical device manufacturers, authorities and notified bodies.

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As always, today's podcast is about medical devices.

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But it's still a slightly different podcast, because it's less about medical devices in

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Europe.

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It's not so much about medical device approval, but about medical devices in other countries.

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And I have invited Thomas Ergert, whom I would now simply ask to introduce himself briefly.

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Thank you, Christian.

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My name is Thomas Ergert.

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I originally have a degree in public administration, studied in Konstanz and originally focused on management and international politics.

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later I did a Master of Science and I with Christian while working.

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in health care and the M.

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I originally worked for many years in international or as an international project manager in consulting and have now been working as a freelancer for 15 years.

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I have different clients, all from the social and medical sectors.

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In the last 2 years, I have led the medical technology departments of 3 hospitals as an interim manager, among other things, where I took care of process analyses, mostly in or in these hospitals.

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I also accompany the introduction of P.D.M.S.

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systems, for example, or other hospital-related software solutions from requirements assessment to implementation.

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Yes, and then you're also there, do you have another function for those who don't get any money?

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That's right and that's actually the important thing today, and of course I would like to go into it in particular.

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At HITA Healthcare Information Technology for Africa, I am a founder, idea generator and association prosperity.

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This actually shows that this is a very small club.

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The best way to describe my role there as a source of ideas and foreign minister, I would say.

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In the end, it is simply a matter of the heart of my fellow campaigners and of me.

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Yes, now let's take a look at what, so what does this club, this HITA, do, what problems has it focused on that it wants to solve?

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Now we need time, because it's not so easy.

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Healthcare Information Technology for Africa E.

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HITA E.

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is a non-profit non-profit organization with the original goal of

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To support the training of non-medical staff in rural areas of Africa through information and communication technologies and thus contribute to improving the quality of care.

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The focus of our activities is the west of Africa, namely Ghana.

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It has different customers.

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Among other things, Ghana is simply a relatively safe country, so we are relatively safe there

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and do not have to fear for life and limb.

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We actually stand, that is quite clear, for commitment and empowerment.

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Only if we manage to empower our project partners on site in such a way that they can work sustainably with the origins we started, we have actually done our job properly and it is not so easy.

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Christian was

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for many years also active on site in Ghana and can certainly also from his point of view exactly those who also perceive the problems or respond to the problems.

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In accordance with the education strategy of the Federal Ministry for Economic Cooperation, we as HITA have the goal of expanding access to universities and science and ensuring equal opportunities.

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This is especially true for girls and women in the

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in healthcare.

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Access to higher education is usually limited and unfairly distributed in many African countries, and HITA actually wants to counteract this, for example by providing targeted support for female students and pupils.

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And in doing so, we use computer-aided and decentralized electronic learning, i.e. what is actually called E.

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and Mobile Learning.

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and we promote this through our association.

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Maybe a little bit of context on this very briefly to be able to assess the significance of this.

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The big challenge that they now have in Ghana, for example, the people there, is that there are almost no doctors, because those who are trained then go to other countries and earn more there.

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This means that the health care system is ultimately based on the one on the backs of all the nursing staff.

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and their greatest wish is, so if you ask them, what is the most important thing to you, what would you dream of, they usually don't say, I want to have more medication now, but they say, we want training, because they can really help with it and with it they can also get ahead in their, in their professional development and that's exactly where Hita comes in.

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That's exactly the point you just mentioned.

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We

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We actually have a huge problem, and that is that the initial training of the medical staff, the doctors, but also the midwives and the nurses is excellent.

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Of course, this also encourages them to leave their country and get quasi-well-paid jobs in many European countries or in America and today, especially in the Gulf States.

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And that just leads to the fact that actually the remaining

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there on the ground that we actually have to support them in order to be able to maintain at least a certain quality.

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And that is a task, not only for us, for ITA, but in general, I think, for development policy, that we somehow stop these inequalities, ultimately it is about somehow stopping the braintrain, i.e. this outflow of knowledge.

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And we can actually do that

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with the use of information and communication technologies quite well today, but more on that in a moment.

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Yes, I think we have already arrived at the projects.

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Well, if you might just mention 23 and then lead directly to the current project.

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It is perhaps important for me to say that we are a small association, but we have now carried out a total of 36 projects in the last 10, excuse me, 12 years and these projects,

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They have developed a bit differently than we originally planned.

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Originally, we were concerned with actually improving this education per se through the new technologies and we are both, Christian remembers this from our first trips together, we both assumed that the promises would also be made in the direction of infrastructure, Internet access to schools and so on,

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that this actually happens.

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But then we realized relatively quickly that this is not the case at all, but that in order to be able to engage and empower, we actually have to create the infrastructure first.

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And that's something now and I'll come back to that in a moment, that's something that has been on our minds for many years now.

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How can we actually improve the infrastructure as such?

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And we have divided our 36 projects into different programs,

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the first project or projects, the elections in a program supporting education.

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For example, Christian and I traveled through the countries and had a project Call to Learn or S.

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to Learn and have carried out a feasibility study there in order to actually use these common mobile phones there, by the way, all Chinamade and not at all comparable to our smartphones

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We used these mobile phones to support the trainees in nursing and midwifery schools, so to speak.

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As I have already mentioned, we have already noticed there that it doesn't really work like that.

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We don't have the reception we need to do something like that.

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That's why we started collecting mobile phones very quickly at the time and thought about how we could actually create infrastructures to be able to train people better, even if we don't have Internet access.

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And that led to the second program, which is HITAPC Labs.

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And we can now say, and we are proud of it, that we have now set up a total of 30 such labs in schools, high schools, i.e. high schools, training centers and universities.

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And actually.

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we can say that several 1000 students actually use these labs every day.

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In the Enabling on Empowerment program, we train Healthcare Worker, I.

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Specialists, teachers and students in such a way that they can not only maintain the labs independently, but also use them as purposefully and efficiently as possible.

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Then we have, this goes back to the fact that all or many members of the association are somehow active in the health sector, we have a

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program, which is the support of medical facilities and here, as I mentioned earlier, we simply create the infrastructure to be able to implement what we train at all.

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And it's simply about the fact that the AWO is so extreme in many rural areas that we actually equip health facilities, health posts, small and micro hospitals with the bare necessities and

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And after we have equipped it, then also act in an advisory capacity.

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Then there is a programme ‚Support for rural communities‘.

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This simply resulted from the fact that in these regions where we were then, we noticed that we were actually, that the community in the communities is a very central point.

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Here we have now simply carried out various projects in order to actually support these congregations, this congregation directly.

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For example, we have

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carried out a campaign for the poorest schoolchildren in a region, in, in, in the Volta region, and have school bags and school materials there.

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So we filled the school bags with, pens, paper and other things, so that they could simply learn better with these materials.

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And last but not least, there is a school partnership programme and we work in these school partnerships

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together with schools and basically arrange such partnerships for German schools.

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Let's get to the current project, shall we?

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Now we come to the current project.

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Imagine you come to a hospital and there is no bed and that is exactly the situation that we find again and again and that we want to tackle now and

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It must be said that the generic Ministry of Health is making great efforts to meet the Millennium Development Goals.

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And the medical infrastructure is very important and there are various activities in this area, all within

the framework of the so-called Poverty Reduction Program.

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And the one goal of this program is the no-bed syndrome, which actually means that no bed syndrome

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And in this context, we would now like to ship discarded hospital beds to Ghana in Germany with this 'One Bed for All' project.

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And the goal is to enable as many patients as possible in Ghana to receive medical treatment in a hospital bed.

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So, you described to us what HITA does overall, you reported.

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Ultimately, the main point of application is education.

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This went over 2 steps, so to speak.

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the first was to provide teaching materials, so to speak, but when you realized to distribute them, because, for example, the communication infrastructure is not yet so suitable, you first created the technical prerequisite, so that education is now more available, yes, everywhere these labs that you helped to build.

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But if you now know how to do it, you still have obstacles in your daily work, namely if there are no materials at all or now in this case no beds,

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then this acquired knowledge may only be of limited use.

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And now it's a matter of contributing, it has to be said, to ensuring that every patient has a bed.

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And now there are probably several starting points, you send the beds there or you buy any beds.

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So, which way are you going and what could our listeners contribute?

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Buying the beds is the biggest problem.

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Buying the beds locally in Africa is actually

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Almost impossible, because it is too expensive, because the budget for it is not there.

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That's why we say we can support by collecting refurbished discarded beds in Germany and then shipping them to Ghana.

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That is the goal of this project.

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We have received 300 hospital beds and would gradually ship them to Ghana in this project.

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But that is only part of the project.

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The main part of the project is, of course, we have to actually ensure the proper use or intended use of the beds, and for this we have to carry out accompanying actions.

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This means that we cooperate, for example, with a university, with film students, to make instructional videos, simply to ensure that the use of these beds

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is also sustainable.

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This means that we have to train those responsible to use the beds correctly.

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We have to train them to treat the beds with care, to disinfect them, et cetera, et cetera, in order to simply enable the long-term use of these beds.

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And of course that costs money, so I guess for the preparation, for the transport, for the distribution and for the instruction.

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That's exactly right, we have several

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Partial aspects that we, that we have to cover together with our partners.

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In total, we first need about 60000.00€ for the project.

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We need almost 20,000 euros of this alone for the so-called pre-, main and on-carriage, i.e. the collection, provision and transport of the beds in Germany and then in Ghana and, above all, for the distribution in Ghana.

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Logistics have simply exploded in recent years.

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What we need now is actually immediately needed is the money for transport and then we have a little bit of time to get additional financial resources.

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In total, we expect the total costs for this project to be around 100,000 euros over the next 3 years.

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Yes, so I also had good news, so

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Anyone can donate money.

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Not everyone has a hospital bed that they could have at their disposal, but from what I've heard, you've already organized it and yes, everyone who can contribute is really doing something for a good cause.

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Where can you donate or where should you turn if you are convinced that you want to make a contribution.

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The easiest thing is simply our website, which is the www.hita-ev.org.

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There you will find direct information about the programs, the projects and, above all, about the current project.

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On the first page there is a donate button, as you might know it from other organizations.

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There is an automatism behind it, so that you can donate directly online.

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For more information, you can find information on who you can contact on the page

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to discuss further actions with us.

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Basically, we are looking for partners who would like to support us in the long term.

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Yes, great, so I can only support, so I can not only do it now, but we at the institute have been doing that for over 10 years.

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We have taken over some sponsorships directly, so they are now not only projects that go broad, so to speak, but we also support individual people, there are now more than several generations and I would be happy if you would also be a

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contribution.

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Every euro helps to get closer to this 60 and later one hundred thousand euros goal and thus to ensure that at least the basis is there, namely that the patients can lie in beds.

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Thomas, all I can do is thank you very, very much for 12 years of commitment.

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So that's something very special.

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There are often spikes, somehow of enthusiasm and enthusiasm and helpfulness.

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But to push projects over and over again over 12 years is something very special and that's why I think everyone should contribute something and donate something.

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Thank you very much, Thomas.

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Thank you very much, Christian, and of course not only for your decades of commitment to the club, but for everything else as well.

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Thank you very much for your commitment.

