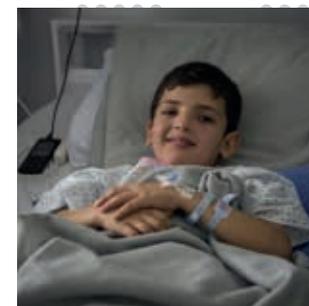
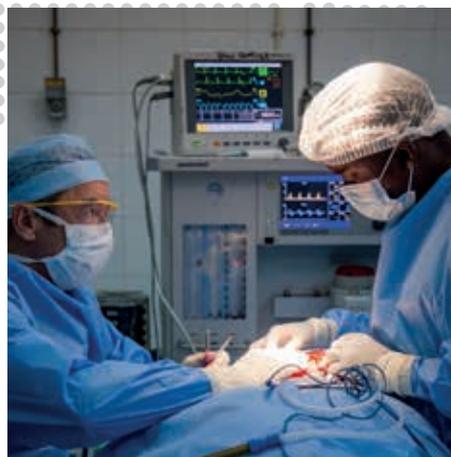


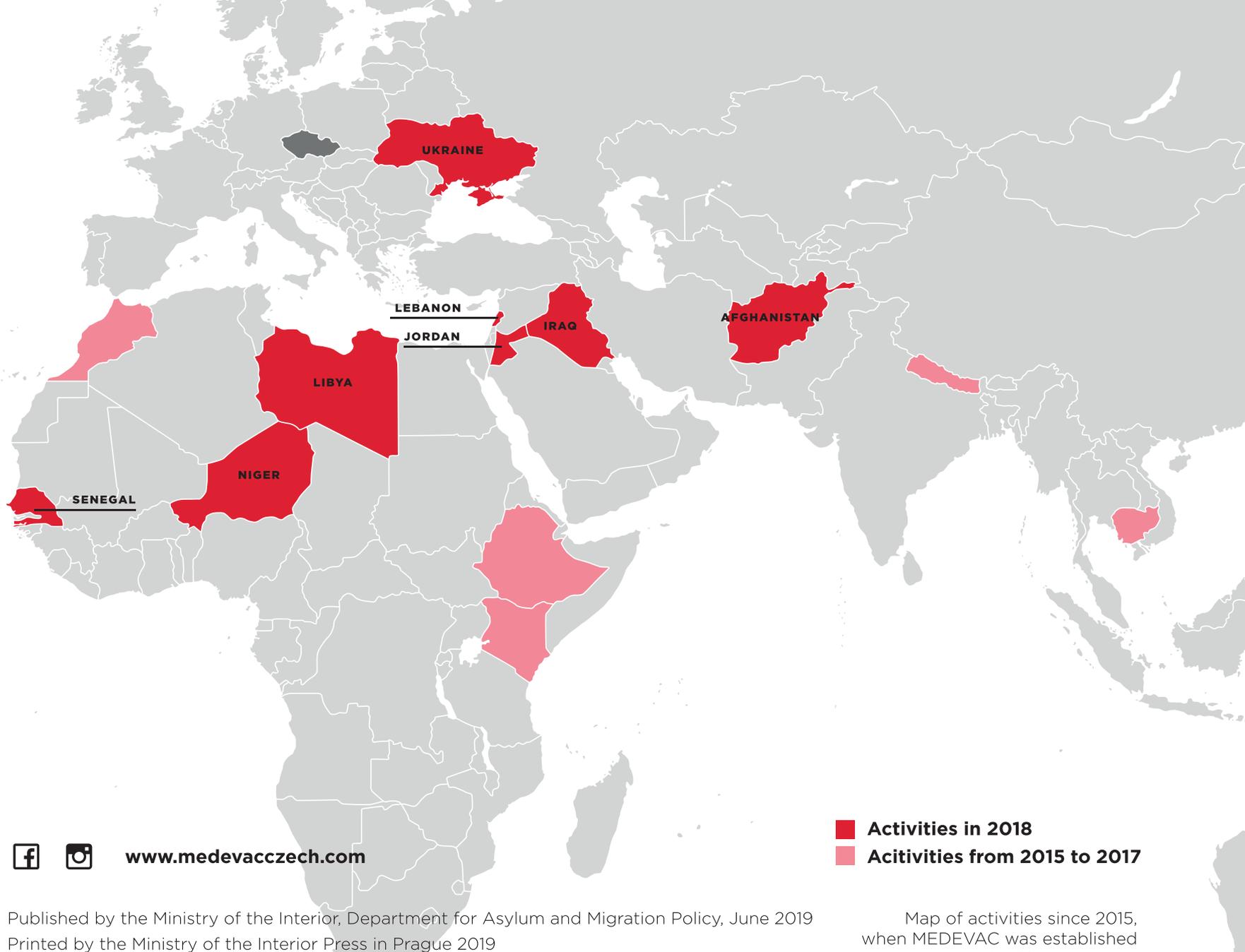
2018



MEDEVAC czech



MINISTRY OF THE INTERIOR
OF THE CZECH REPUBLIC



www.medevaczech.com

■ Activities in 2018
■ Activities from 2015 to 2017

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 Štěpán Lohr, Adam Hříbal, Jiří Pasz, Hussein Elyaser, Ollivier Girard

Map of activities since 2015, when MEDEVAC was established as a permanent medical humanitarian programme coordinated by the Ministry of the Interior of the Czech Republic.

A Word of Introduction by the Director of the Department for Asylum and Migration Policy

It is my pleasure once again to have the opportunity to present the achievements of the Permanent Medical Humanitarian Programme MEDEVAC, which has long provided assistance in the countries affected by migration or burdened by a large number of refugees. Working together with its sister Aid in Place Programme, the Programme MEDEVAC further contributes to the broader solution-seeking of migration and refugee situations in the European neighbourhood.

In many cases, the human stories that have taken place against the backdrop of the programme have so far remained hidden – be it the stories of Czech doctors who, at the expense of their own safety and comfort, go to the affected countries to lend a hand, or the fates of their patients who are refugees and impoverished local residents. With this in mind, the Ministry of the Interior decided to create an exhibition called Flying Doctors to capture the daily routine of the MEDEVAC Programme from the doctors' perspective, together with the life



© Mol CR (Photo: Adam Hříbal)

stories of the patients who, thanks to the MEDEVAC Programme, have access to healthcare they could not reach otherwise. The exhibition brings the public closer to the reasons why the programme makes sense and how these means of assistance make a unique contribution to the Czech effort in seeking solutions of the refugee and humanitarian situations. Throughout the whole year, the exhibition toured partner hospitals in the Czech Republic and travelled to Brussels, Geneva and Amman.

While the year of 2018 was dedicated to the exhibition, we certainly did not neglect the main activity of the programme – the medical humanitarian aid, which was indeed provided in abundance by deploying medical missions abroad, training foreign medical staff and implementing health projects. And we shall continue in this direction.

Mgr. Pavla Novotná

MEDEVAC Figures for 2018

1200+

expert examinations
with diagnostics



205

non-invasive interventions
among patients



1

medical humanitarian evacuation
of an Afghan child to the Czech
Republic for treatment



896

operations carried out abroad (in the fields
of paediatric cardiac surgery, gynaecology,
ophthalmology, ENT, orthopaedics, traumatology,
and reconstructive and plastic surgery)



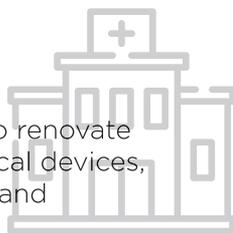
14

medical teams deployed abroad with the
participation of 7 Czech hospitals
(Bulovka Hospital, Hradec Králové University Hospital, General
University Hospital, Královské Vinohrady University Hospital,
Military University Hospital, Motol University Hospital, Olomouc
University Hospital)



4

projects of total budget of **781 000 EUR** to renovate
medical centres, equip hospitals with medical devices,
and train medical staff in Iraq, Libya, Niger and
Ukraine. (ADRA, CARE, Caritas, ICRC)



2

**professional rehabilitation-focused trainings/
traineeships** for foreign doctors and medical staff
in Czech hospitals totalling **11 Ukrainian health
professionals**



- + **Opening of the MEDEVAC exhibition entitled Flying Doctors** at the National Library of Technology in Prague
- + **3× Flying Doctors exhibition at partner hospitals** (Olomouc University Hospital, General University Hospital) and the Ministry of the Interior
- + **3× Flying Doctors exhibition abroad** (Brussels, Geneva, Amman)
- + Promotion of the MEDEVAC Programme at the **2018 Europe Days** in Prague

Overview by specialisation in 2018



MEDEVAC snapshot



Partner hospitals

Bulovka Hospital
General University Hospital
Hradec Králové University Hospital
Královské Vinohrady University Hospital
Military University Hospital
Motol University Hospital
Olomouc University Hospital

14 projects to reinforce health infrastructure (for a total of approx. 1,97 mil EUR)

2720

patients operated

68

medical teams deployed abroad

227

medical humanitarian evacuations

7

participating Czech hospitals

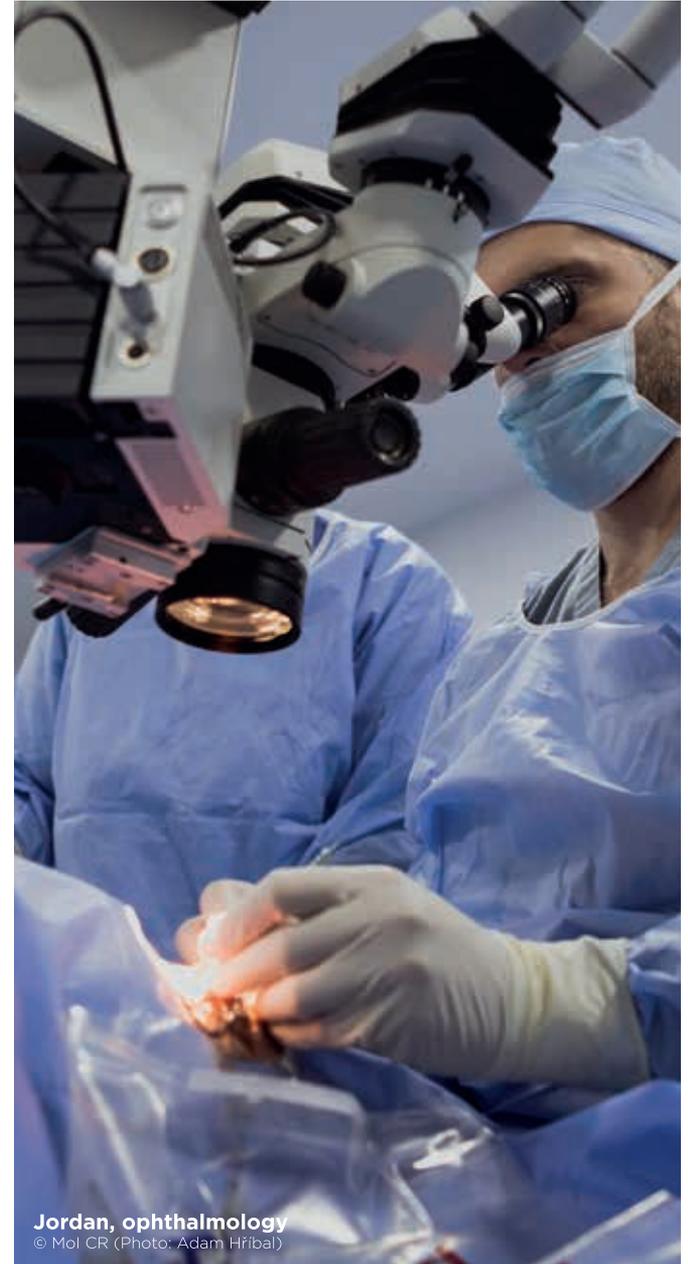
20

countries in which the MEDEVAC Programme has been implemented

164

persons trained

14

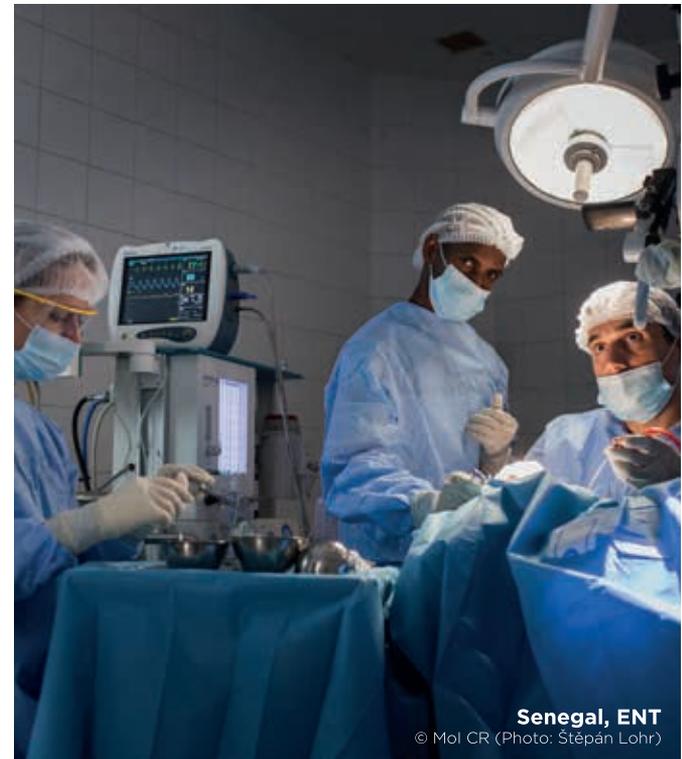




Jordan, plastic and reconstructive surgery
© Mol CR



Jordan, orthopaedics
© Mol CR (Photo: Adam Hřibál)



Senegal, ENT
© Mol CR (Photo: Štěpán Lohr)

Implementation of the MEDEVAC programme in 2018



JORDAN

12 medical teams
818 operations
Traumatology, orthopaedics,
ophthalmology, paediatric
cardiac surgery, plastic
surgery
Approx 1,35 mil EUR



LEBANON

Reconnaissance mission
Approx. 2 000 EUR



IRAQ

Medical project: 3D printers
for medical devices
Approx. 196 300 EUR



AFGHANISTAN

Medical humanitarian
evacuation
Approx 33 390 EUR



UKRAINE

4 training courses abroad
and 3 training courses in
the Czech Republic on
physiotherapy
1 medical project: equipping
of health centres
Approx. 353 500 EUR



LIBYA

Medical project: health
infrastructure support
Approx. 196 300 EUR



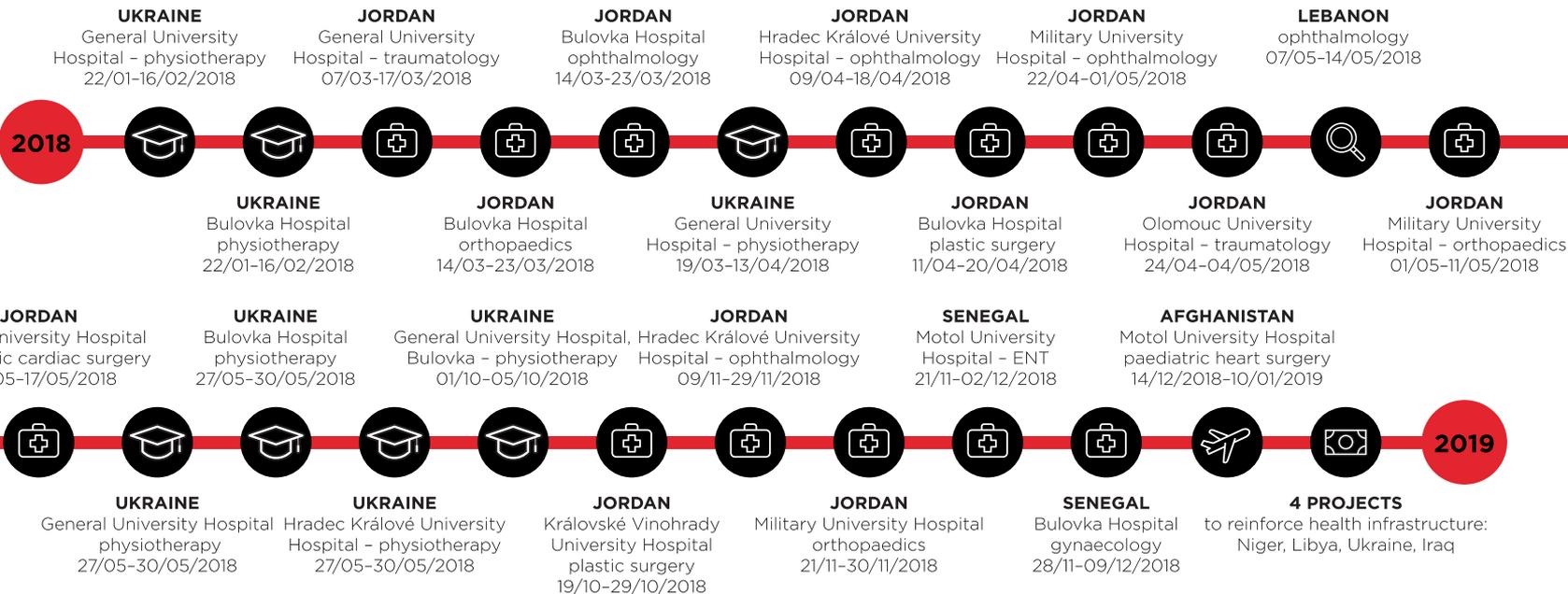
SENEGAL

2 medical teams
68 operations
ENT, gynaecology
Approx. 62 850 EUR



NIGER

Medical project: prevention
of sexual violence and
sexually-transmitted
diseases
Approx. 196 300 EUR





© MoI CR (Photo: Štěpán Lohr)



Training session for foreign medical staff



Czech medical teams deployed on missions abroad



Reconnaissance mission



Health infrastructure building projects



Medical humanitarian evacuation of persons to the Czech Republic for treatment

Evacuation

The MEDEVAC humanitarian medical evacuations take place only in isolated cases – where surgery and subsequent treatment would be too complicated for doctors to carry out during a mission, or where patients come from countries to which medical teams are not deployed. At the end of the year 2018, a four-month-old patient, accompanied by his mother, was transported to the Czech Republic. Ibrahim, from Afghanistan, was suffering from a ventricular septal defect. Paediatric cardiac surgery is a very specific field that is not yet fully established in many countries around the world. We are

glad that, courtesy of the professional care provided by the Children's Heart Centre at Motol University Hospital – one of the best centres of its kind in Europe, we were able to successfully provide surgery for Ibrahim in the Czech Republic and then transport him and his mother home to Kabul to reunite with the rest of their family.

In the following paragraphs you can read an interview with the doctor who operated on the small patient and with Ibrahim's mother about his family's feelings and how the child is doing today. ♡



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Interview

with Dr Petr Bukovský

– the cardiac surgeon who performed the surgery of little Ibrahim



© MoI CR (Photo: Adam Hřibál)

The boy was admitted with the diagnosis of a ventricular septal defect. Can you explain in layman's terms / in a nutshell exactly what that means? How is it manifested?

A ventricular septal defect is one of the most common congenital heart defects. There is an opening in the septum between the left and right ventricles through which the blood flows after a pressure drop – that is, usually from the left ventricle to the right one. This “extra” blood in the right ventricle must flow through the lungs and return to the left ventricle. In this situation, the pulmonary flow is greater than the systemic flow (in the absence of a defect, the two flow rates are the same). This affects both the heart, which has to pump more blood, and the lungs, which are exposed to higher pressure and to more blood than normal. The boy's defect was manifested by dyspnoea and enlargement of the chambers on the left side of the heart. Dozens of children with the same or a very similar diagnosis are operated on every year at the Children's Heart Centre.

If a child is unable to undergo this type of surgery, how is the defect manifested later in life?

If we had not operated on the boy, the changes in the heart and lungs would gradually have become irreversible.

A later operation does not change the very poor prognosis for children diagnosed with this defect who are not operated on. They gradually develop a condition where the pulmonary vascular resistance increases – the patient becomes very short of breath and may subsequently die of heart failure.

You take part in foreign missions yourself. You have operated on children in Jordan, Cambodia and India. Although these countries are sure to be very different from one another, what is the standard of cardiac surgery in these countries and how accessible, generally, is this sort of surgery in public hospitals there?

I would need more time to give a proper answer. In general, however, the availability and quality of care for children with congenital heart disease is much worse than in the Czech Republic. Our sophisticated system of care for these patients, encompassing the prenatal diagnosis of congenital defects, a network of outpatient cardiologists, and a central heart disease department, is unique in the world. ♡

Interview with the mother of the evacuated patient

When did you learn about your son's illness?

About five days after he was born, my son began to cough. My husband and I thought this was normal for a newborn baby. But the coughing didn't stop, so I took him to the paediatrician for an examination. The doctor told me that our baby probably had a serious heart condition and that we should take him for an ECG. There, the cardiologist told us that our son had two holes in his heart. He was 18 days old.

What opportunities are there to treat this condition in Afghanistan?

When we found out that our son had heart problems, we went to many public and, eventually, private hospitals. But they all told us that open-heart surgery in Afghanistan was not available and that we should send our son abroad for treatment. I was devastated. How could we afford to send our son to another country for treatment? I didn't even know where to start. The operation would have cost a fortune and we did not have that kind of money.

When your son was offered the chance to have his surgery in the Czech Republic, how long did it take you to decide?

To be honest, when I heard the good news from the Czech Embassy in Kabul, I thought God had sent me an angel. I will never forget this help.

What was your family's reaction?

Brilliant! When I told the family that my son could have an operation in the Czech Republic, they were all very optimistic and supportive. That was important to me. And they all appreciated the Czech Republic's help.

What were your feelings when you got on the plane in Kabul?

As I boarded the plane, I was wondering how the surgery would take place – whether it would be successful, how the doctors would behave, and how the Czechs themselves would treat us. But when I finally arrived in the Czech Republic, I realised that the Czechs were a very hospitable nation and that they had a very rich culture.

Did anything surprise you during your stay in the hospital and in the Czech Republic? How was the treatment?

I was genuinely surprised by the helpfulness of the Czechs and I am grateful to them. They are nice, quiet, honest and good-hearted. The doctors and nurses were especially friendly. The rooms were pleasant and the hospital was full of modern equipment and high-quality services. The doctors' professionalism enhanced my good impression of the Czech Republic even more.

How is your son now that you have returned to Kabul?

My son is now perfectly fine and healthy. I thank God and the people of the Czech Republic for my son's successful surgery and treatment. I'm very proud of them. ♥

Health Infrastructure Building Projects

NIGER

CARE International (Approx. 195 000 EUR)

- + Improvement in healthcare at one healthcare facility
- + Training for 100 trainers on the theme of preventing the transmission of sexually transmitted diseases and sexual violence
- + The establishment of 11 community groups to support victims of sexual violence and raise awareness about preventing violence
- + As many as 7,500 women and men aged 15–49 benefited from the aid



© CARE International
(Photo: Ollivier Girard)

LIBYA

ICRC (Approx. 195 000 EUR)

- + MEDEVAC's financial support was channelled into a programme of the International Committee of the Red Cross (ICRC) in Libya aimed at supporting the health infrastructure
- + The programme included support for a Misrata Physical Rehabilitation Centre project involving the creation of orthoses and prostheses for those who have been injured
- + ICRC supports 58 healthcare facilities in Libya



©ICRC
(Photo: Hussein Elyaser)

In 2018, MEDEVAC oversaw four health infrastructure building projects that were implemented in cooperation with non-governmental organisations.



IRAQ

Caritas Internationalis (Approx. 195 000 EUR)

- + Provision of a 3D printer, for printing medical devices to a partner organisation in Nineveh Governorate
- + Parts are printed for the repair of 5 medical devices: 11 devices have been repaired (following the printing of 25 parts for four different healthcare facilities)
- + Around 5,000 people have benefited from the aid



UKRAINE

ADRA International (Approx. 195 000 EUR)

- + The equipping of 10 healthcare facilities in conflict-ravaged parts of eastern Ukraine with medical supplies and apparatus
- + The equipping of 10 healthcare facilities with materials needed to keep the wards functioning: furniture, bed linen, mattresses
- + Improvements in hygiene at 10 healthcare facilities
- + The training of medical staff at 10 healthcare facilities
- + The healthcare facilities involved annually provide care to up to 60,000 patients



Jordan, orthopaedics
© Mol CR (Photo: Adam Hřibál)



Senegal, ENT
© Mol CR (Photo: Štěpán Lohr)



Jordan, paediatric cardiac surgery
© Mol CR



Jordan, traumatology
© Mol CR (Photo: Štěpán Lohr)



Senegal, ENT
© MoI CR (Photo: Stěpán Lohr)



Senegal, traumatology
© MoI CR (Photo: Stěpán Lohr)



Jordan, paediatric cardiac surgery
© MoI CR



Jordan, ophthalmology
© MoI CR

Specialisation in Detail: Physiotherapy

A surgery alone is no guarantee that the patient will be healed. Without high quality post-operative care, patient convalescence is often incomplete and the treatment cannot be considered successful. Consequently, it is very important that patients who have had orthopaedic or trauma surgery or who have been diagnosed with a neurological disorder do not neglect their rehabilitation and that they start exercising as soon as possible after the operation. While physiotherapy is a field that focuses on patient mobilisation, so that patients are able to perform basic motor functions as soon as possible, occupational therapy focuses on resuming their daily activities and restoring their self-sufficiency. Both disciplines are crucial for the recovery of patients and their return to normal life.

In the Ukrainian health service, however, there is a big gap in this area. Physiotherapy is currently mainly available in the private sector and is inaccessible to the socially disadvantaged. With this in mind, in Ukraine, physiotherapists from the Kiev Regional Hospital are receiving training in collaboration with the General University Hospital, Prague, and Na Bulovce Hospital.

It is not easy to establish a functional rehabilitation department. Physiotherapy is not just about the therapist.

It requires seamless interaction between a physician, a physiotherapist and a nurse: the physician must accurately prescribe physiotherapy, the physiotherapist must exercise properly with the patient, and the nurse is then responsible for the positioning and day-round care of the patient.

The training of Ukrainian physiotherapists takes the form of lectures by Czech health professionals in Ukraine and monthly traineeships in the Czech Republic. Placements give trainees the opportunity to gain a comprehensive insight into physiotherapy and occupational therapy, both on a theoretical level and in practice, as they get to work with patients. In 2018, the MEDEVAC Programme included two courses in the Czech Republic and two in Ukraine. At the end of the training year, there was also a supervisory visit to the hospital Kiev, where Czech doctors saw how the trained Ukrainian physiotherapists and occupational therapists were using the knowledge they had acquired in practice. In 2019, the MEDEVAC Programme will also focus on developing the field of physiotherapy in academia by organising placements for instructors from Ukrainian universities. ♡



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New Faces:

Andrej Sukop

— plastic surgeon from
Královské Vinohrady University Hospital

In 2018, Královské Vinohrady University Hospital newly joined the hospitals that deploy their doctors through the MEDEVAC Programme. In September, the plastic and reconstructive surgery team went on its first mission to Jordan. You can find out what kind of patients the team focused on and what its expectations of the mission were in our interview with Doctor Andrej Sukop, head of the Plastic Surgery Clinic and mission leader.

You are a successful plastic surgeon, head of the Plastic Surgery Clinic at Královské Vinohrady University Hospital, you also have your own established private practice, and you lecture at the medical faculty. What prompted you to take part in missions of the MEDEVAC Programme? How long did it take you to reach that decision?

I don't want to sound pathetic, but I think the work of a doctor is not just a profession, but a mission. I did not hesitate too long after the offer to join MEDEVAC projects. From a professional point of view, I was keen to compare my knowledge and skills with a world where the social, cultural and economic conditions are different, a world where patients face health problems as a result of military conflict. In addition, the team found itself operating on patients with congenital facial and limb defects. Some of the defects we had the opportunity to see are virtually non-existent in our country due to early diagnosis and subsequent abortion. Participation in missions also means gaining truly a great deal of new experience.

In 2018, you and your team first operated in Amman, Jordan. When it came to picking out patients, what were you looking for?

We focused primarily on Syrian refugees living in refugee camps. Children were a priority, but we also operated on adult patients. The indications were very broad, ranging from all manner of post-traumatic conditions and burns to inborn defects of the face and limbs.

Did you, as a surgeon, notice any difference between Czech patients and the patients you operated on in Jordan, be it in relation to either the diagnosis or post-operative care?

Before we arrived, patients had been pre-selected very well by Dr Watheq, with whom MEDEVAC has long collaborated. Thanks to his excellent ability to work his way around and his knowledge of the scope of care provided in our field, we really only had to decide which



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patients to treat and which to set aside in order to fit what we could into the mission schedule. Post-operative care is slightly different. In the Czech Republic, it is traditionally associated with female nurses. In Jordan, we were caught off-guard by the prevalence of male staff.

Was it difficult for you to adapt to a new hospital, staff, and equipment?

Not at all, because the hospital had been well chosen – with a high “American-European standard” of care and documentation – I was very pleasantly surprised at how perfectly organised everything was, and how everything ran like clockwork. We were given everything we asked for.

What were your expectations ahead of your first mission? Did you get the experience you were anticipating or was it completely different?

Before the first mission, I had taken part in a reconnaissance trip, so in principle I knew what I was getting myself into and what to expect. I would say that reconnaissance trips and careful long-term planning are essential. By the same token, if a strategic partnership is established with one of the doctors in the country to ensure post-operative care after the mission has ended, then the excellent results we achieved in Jordan will also be possible elsewhere.

Are you planning to participate in the programme’s missions in the future?

It would be a pleasure to continue helping patients and representing the medical standards of our country. ♥

Flying Doctors Exhibition

Flying Doctors is an exhibition that captures the activities of the MEDEVAC Programme and the Aid in Place Programme. Programmes through which the Czech Ministry of the Interior helps to address the refugee and migration situation in EU neighbouring countries. This specifically involves the provision of medical help and assistance to people who are forced to flee war zones or who find themselves in a vulnerable position. The exhibition shows that people in Iraq, Jordan and Ukraine are just like Czechs in trying to live a normal life: going to school, going to work, and fulfilling their dreams. What they need most, however, is protection and health – and top medical care is precisely what the Czech Republic can offer.

The Czech Republic is helping to solve the formidable challenges of migration and refugee issues around the world. This makes Flying Doctors more than just an exhibition of two government programmes. First and foremost, it conveys the message that the Czech Republic is not indifferent to human suffering and can provide meaningful help to those who need it.

The exhibition began its journey at the beginning of the year at the National Library of Technology in Prague, where Minister of the Interior Lubomír Metnar and Minister

of Health Adam Vojtěch ceremonially inaugurated the exhibition tour and, as such, launched a presentation of the foreign assistance programmes managed by the Ministry of the Interior. The exhibition toured the Czech partner hospitals of the MEDEVAC Programme, as well as embassies abroad. At Christmas, the exhibition returned to the Ministry of the Interior in Letná.

In the Czech Republic, visitors were able to see the exhibition at Olomouc University Hospital, where it was exhibited in the Faculty of Medicine, and at the General University Hospital in Prague.

The exhibition also proved to be a great success abroad. It was presented at the Permanent Representation of the Czech Republic to the European Union in Brussels, and also made an appearance at the UN Palace of Nations in Geneva. In addition, the exhibition made its way to Jordan, which remained the flagship of the MEDEVAC Programme in 2018.

During 2019, the exhibition is being displayed at other partner hospitals in the Czech Republic. ♥



Interview with author Jiří Pász

How did Flying Doctors come about? Was it difficult for you to select the photos that would be included in it?

The exhibition itself was the culmination of two years of photography. Several tens of thousands of photos were taken, and it was very difficult to choose. There were many powerful images. Fortunately, several people were involved.

The exhibition photos were taken in 2015-2016. Looking at them with the benefit of hindsight, would you have taken the pictures differently? Would you have taken an interest in other topics?

I wouldn't have taken a different approach. But I have always been interested in the personal lives of the doctors who go on these missions. In exploring their motivation, their personal background, and in showing who they are and what sort of personality they have.

You visited different countries with the MEDEVAC Programme. Did anything surprise you – pleasantly or otherwise?

The exhibition also reflects how people try to live normal lives in abnormal conditions – the Ukrainian front, Syrian refugee camps or a slum in Kenya. Two things always surprise me: how creative people are in those materially deprived settings and how often hope prevails over ruin.

Has your participation in the missions changed your outlook on refugee and migration issues?

I am essentially a humanist and I believe that refugees need to be helped. Most refugees and internally displaced

persons are hosted by developing countries, so these struggling countries need a great deal of help – including via the MEDEVAC Programme and the Aid in Place Programme. We also need to make a distinction between refugee issues and migration. The fact that we help refugees who have fled war is not equivalent to trying to integrate all those people into our own country. That's nonsense. Besides, 99.9 % of refugees I have personally met all around the world have said they would like to live at home – in their country of origin. I have seen with my own eyes the tremendous pain these people feel at losing their home, and their incredible strength in trying to cope with their situation and maintain their dignity.

What led you to photography? Where does your inspiration come from?

I've always tried to retell the stories I've encountered on my travels, and photos are a format that lets me do that. I am inspired by documentary-makers such as Koudelka, Salgado and Nachtwey. A photo should be balanced, truly contextualised, and promote human dignity.

The exhibition also included guided tours and workshops. Did any questions interest visitors more than others?

They wanted to know whether I managed to go into the operating theatres without ever fainting. I was initially afraid, but the incredible professionalism of the doctors and their humour helped me. After the first operation, I began to accept blood, guts and scars as part for the course. ♡



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© MoI CR (Photo: Jiří Pašz)



The exhibition in the National Library of Technology, Prague
© Olomouc UH



The exhibition at the UN Palace of Nations in Geneva
© MoI CR



The exhibition at the UN Palace of Nations in Geneva
© MoI CR



The exhibition in the General University Hospital, Prague
© MoI CR