



Together With Africa, Asia and the Pacific

Mercy Ships Australia Impact Report 2021

It has been inspiring
to see how this
organisation has
navigated these
challenging times
with commitment
and courage.

From the Chairman, Mercy Ships Australia

Dear Friends,

Over the course of 2021, we've had the amazing opportunity to help change lives during a historically difficult time.

Of course, all these successes were only possible because of the strong relationships we have built across African and Asia-Pacific countries with governments and healthcare leaders who are deeply committed to seeing their healthcare systems sustained and grow.

We are thankful to be invited as part of the journey and celebrate transformations together. The innovations and initiatives we see taking place in our partner nations is exciting to see. And with the addition of the *Global Mercy* to our fleet in the next year, this is only the beginning.

Together, we're living out our mission of hope and healing in new ways while keeping our eyes on the horizon and gazing with eagerness into 2022 and beyond.

We can all be proud of how far we've come together, but I believe in many ways, this is still just the beginning.

God bless and thank you for your support and service.



Richard Wankmuller
Chairman of the Board
Mercy Ships Australia



**Thank you for
being a part of
this journey –
the best is yet to
come.**

From the Managing Director, Mercy Ships Australia

This year, we found that most of the countries we served experienced healthcare needs of its people well in excess of their capacity.

And despite the challenges brought on by the COVID-19 pandemic, our goal was to help as many people as we possibly could. Meeting this goal was only possible because of our community of supporters, volunteers, partners and staff – to whom are so very grateful.

This year we provided financial support and volunteers into 11 countries across Africa, delivering life-changing training, surgery, infrastructure, and medical oxygen and equipment donations to people and hospitals throughout the continent.

Across Asia-Pacific we provided PPE (personal protection equipment) supplies and medical equipment into six countries to strengthen and sustain their fragile and overwhelmed healthcare systems.

We saw the *Africa Mercy* receive extensive maintenance that will expand her lifespan for years to come. And welcomed into our fleet the *Global Mercy*. At the start of 2021, she ended her construction phase, and over the months that followed, she was delivered, made her maiden voyage to Europe, and began equipping in Antwerp, Belgium. Our first purpose-built hospital ship is taking form, more and more each day and will sail into Senegal, West Africa in mid-2022.

It has truly been an honour to serve as Managing Director again this year and to be a part of this important journey.

Thank you for being a part of this journey — the best is yet to come!

Alan Burrell
Managing Director
Mercy Ships Australia

Overview

Of the 7.7 billion of the world's population, an estimated **five billion people** do not have access to safe, affordable, surgical care when they need it. Most of these people live in low- and middle-income countries where surgical safety remains poor and surgical outcomes are significantly worse compared to high-income countries. This creates a very significant disparity and inequity worldwide.

Surgery must be an indispensable part of the healthcare system if we are to overcome injustice and improve access to safe, affordable, and timely surgery and save lives.

Founded in 1978, Mercy Ships is an international development organisation, using hospital ships and volunteers to deliver:

- 1. Direct medical care, dental care and surgery to those without access**
- 2. Education, training, and mentoring of local healthcare workers**
- 3. Improvements to healthcare infrastructure**
- 4. Humanitarian aid, PPE supplies and medical equipment**

Our model is based on transformational development and as a result, we have witnessed thousands of changed lives for more than 40 years.

We believe transformed lives can, and do, change nations. We witness the profound impact of free surgeries on board our ships. We restore hope to patients and their families. We see the potential of medical professionals to inspire, build up, and transform their surgical systems and take care of their populations.

This Mercy Ships International Programs Strategy is based on current global health frameworks and terminology. It describes our theory of change and will oversee the direction of our programs for the next 5 to 10 years.

As a surgical non-governmental organisation working across eight different surgical specialties, our programs focus on **improving the quality of life for people living with disease, disfigurement, and disability.**

We achieve this through direct medical services, whole person care, and building the capacity of surgical systems to meet the needs of the future.

We have a unique part to play in the attainment of key Global Goals, such as Sustainable Development Goal 3: Good health and wellbeing.

We will achieve this by directing our programs to three key strategic aims:

- 1. Decreasing the burden of unmet surgical need;**
- 2. Improving outcomes for patients by supporting surgical systems to become more effective, efficient, and responsive;**
- 3. Engaging with governments and policymakers at local and national levels.**

To achieve these aims, **we will align our transformative work with the World Health Organisation (WHO) Health Systems Strengthening (HSS) approach.**



Dr. Likith Reddy, Mercy Ships maxillofacial surgeon, performing a surgery alongside Cameroonian surgeon, Dr. Christian Kjieukam (Cameroon).

This approach strives to strengthen health systems in a uniform way so that they improve community health, are responsive to the needs of their populations, have social and financial risk protection, and are efficient and well-governed. We will align activities to contribute to one or more of the 6 WHO HSS 'Building Blocks' in our country engagement strategies:

1. Service delivery
2. Health workforce
3. Health information
4. Medical products and technologies
5. Health financing
6. Leadership and governance

To achieve this, we will create 5-year Country Engagement Plans based on 3 areas of

operational focus: direct medical services; medical capacity building; and engagement with governments and policymakers at the national and local level. These plans will enable Mercy Ships to walk alongside host nations in their journey towards health systems strengthening, working in partnership to understand the existing capacities and developmental needs of surgical care systems. Based on our level of relationship and partnership with each country, plans will allow for longer-term capacity building to strengthen the surgical system.

We believe that transformed lives lead to transformed systems and communities. Moreover, **when communities are transformed, so are nations.**

The Need

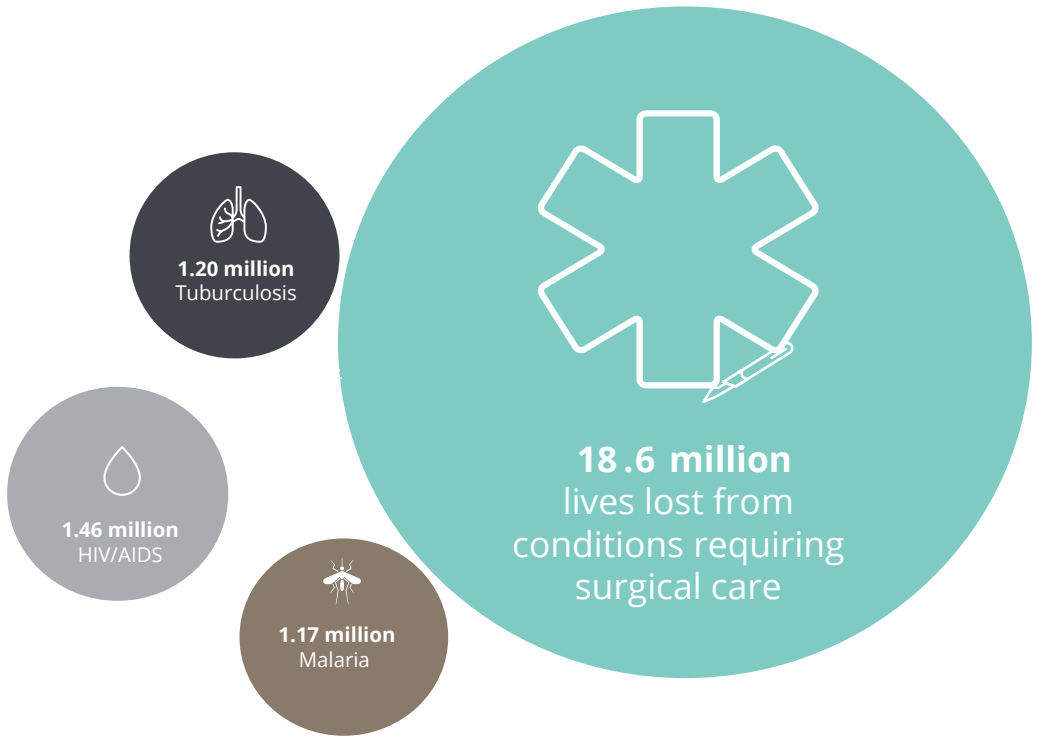
Congenital diseases such as clubfoot and cleft lip and palate, and acquired diseases such as obstetric fistula or noma, can be devastating for individuals and families living in poverty or areas of low development. Poverty exacerbates conditions and hinders access to treatment, as sufferers face reduced earning potential, social marginalisation and ill health.



Noma, also known as cancrum oris or the face of poverty, is a rapidly progressive polymicrobial opportunistic infection resulting in orofacial gangrene and eventually death if untreated. The cause of the disease has been attributed to extreme malnutrition, dehydration, and inadequate oral hygiene.

Ulrich, orthopaedic patient, before surgery (Cameroon).





Surgical conditions account for **nearly one-third of all disease**. The Lancet estimate that 18.6 million lives were lost from conditions requiring surgical care. This translates to 32.9% of all global deaths. This figure far surpasses the number of deaths from HIV and AIDS, tuberculosis, and malaria combined (3.83 million people, or 7.5% of global deaths). Adequate provision of basic surgery can avert 77 million disability-adjusted life years (DALYs) and save 1.5 million deaths per year in low- and middle-income countries. Yet, 9 in 10 people in low- and middle- income

"In the absence of surgical care, common, easily treatable illnesses become diseases with high fatality rates."

Global Surgery 2030, Lancet, p. 570

countries cannot access even basic surgical care. In sub-Saharan Africa, approximately 93% of the population does not have access to safe, affordable, and timely surgical and anaesthesia care.

Challenges in Accessing Surgical Treatment in low HDI Countries

1. Insufficient investment in surgery.

The international community's focus and investment in tackling individual communicable disease over the past 20 years has been at the expense of surgically treatable conditions. Donors invest around \$4 billion a year into the Global Fund to tackle HIV/AIDS, malaria, and tuberculosis – diseases that cause on average 3 million deaths each year. Yet surgical conditions, which cause 18.6 million deaths every year, have no dedicated fund or centralised strategy from the international community¹⁹. The result is an under-invested and under-resourced surgical care system, particularly in rural areas. Treatment options can be severely limited as some surgeries are simply unavailable due to insufficient training, equipment, or knowledge at local hospitals.

2. Health workforce shortages and skills development.

Much of the workforce is disproportionately distributed in urban areas, leaving rural areas under-resourced and without capable surgical and anaesthesia skills. With poorer facilities and few opportunities for skills development, it's notoriously challenging to recruit to rural health posts. The World Health Organisation (WHO) found that in low- and middle-income countries, the health workforce has too few opportunities for skill development after graduation. This contributes to poor surgical **outcomes and**

low job retention. The Lancet estimates a shortage of 2.28 million specialist surgeons and anesthesiologists in low- and middle-income countries by 2030. Yet, this is relatively easy to rectify. Studies found that by increasing the availability of training and professional development opportunities, rural health workers are more likely to remain in their roles and to be better motivated.

3. Overburdened health systems.

Under-staffing and low skills investment at first-level hospitals pushes acute surgical needs to tertiary hospitals, reducing their ability to undertake planned, elective surgeries. Deprioritised elective surgeries create a long backlog of conditions that gradually places incredible stress on the system and lengthens wait times for patients.

4. Poor infrastructure, maintenance, and management.

Severe shortages of essential equipment and infrastructure inefficiencies, such as inconsistent water or electricity supply, increase the risks of surgery. In some cases, surgery becomes simply infeasible. The WHO estimates that approximately 70% of hospitals in **low HDI countries** do not have access to a pulse oximeter. With as much as 80% of all surgical equipment donated by high-income countries, local biomedical



Aicha, orthopaedic patient, at home before surgery to correct her bowed legs (Guinea).

Technicians struggle to source parts, reducing equipment lifespan, reliability, and usefulness. Without functioning equipment, fewer surgeries take place, adding to the ever-growing backlog. Infrastructure challenges can severely limit rural healthcare access.

5. Catastrophic expenses.

Where surgical services are available, they are often expensive. Without pro-poor policies and outreach, many households face catastrophic expenditure from accessing surgical care. According to The Lancet, 3.7 billion people — around half of the world's population — would face catastrophic expenditure if they needed surgery. The World Bank, WHO, and Lancet Commission on Global Surgery want to see financial protection from catastrophic expenditure by 2030 for all people needing health and surgical care. But in the meantime, this disparity further divides those with the means from those without, and continues to limit access to lifesaving and life-changing care.

“Most medical schools and training programs are centered in densely populated areas. Few are located in rural communities where disease pathology and patient needs might vary and unmet need for care is usually much higher than in urban areas... Without exposure to rural medicine and surgery, trainees might graduate from training unaware of the scale of rural needs and with substantial deficits in their knowledge and competencies.”

Global Surgery 2030, Lancet 2015, p. 590

Surgery must be given proper attention as an indispensable part of the healthcare system if we are to improve access to safe, affordable, and timely surgery and save lives.

Within the Global SDG Context

The signing of the Global Sustainable Development Goals (SDGs) in 2015 has given all nations a road map within which to grow and thrive. The ambitious goals seek to promote mutual flourishing of all peoples, economies, and environments by 2030, placing equal importance on the health and wellbeing of individuals, populations, and the earth and her resources.

Of the 17 goals, Good Health and Wellbeing (SDG 3) is of particular relevance to Mercy Ships Programs. From maternal, infant, and child mortality, to road traffic accidents and non-communicable diseases, surgery has an indispensable role to play in attaining SDG 3 targets. As surgical and anaesthesia specialists in eight specialties — plastic reconstructive, maxillofacial, paediatric orthopaedic surgery, general surgery, paediatric general surgery, women's health (including obstetric fistula), ophthalmic, and dental — our programs focus on attaining the greatest health outcomes for patients requiring surgical treatment in the countries in which we work. We accomplish these outcomes through direct medical services and medical capacity building to meet the needs of the future.

We know all too well that for people living in many low- and middle- income countries, access to quality surgery is oftentimes limited, unaffordable, and carries high risks with variable outcomes. Too many people live with their ailments for longer than they need to, because the service they need is too expensive or unavailable. Our programs provide relief from suffering through direct medical services on board our fully outfitted hospital ships, while also investing in the health workforce to develop surgical skills and expand surgical service provision nationwide.

SDG 3: GOOD HEALTH AND WELLBEING TARGETS

By 2030:

3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 End preventable deaths of newborns and children under 5, reducing neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births.

3.3 End epidemics of AIDS, TB, malaria, and other tropical diseases, and combat hepatitis, waterborne, and other communicable disease.

3.4 Reduce by one-third premature mortality from non-communicable disease through prevention and treatment.

3.5 Strengthen prevention and treatment of substance abuse.

3.6 Halve the number of deaths and injuries from road traffic accidents.

3.7 Universal access to sexual and reproductive health services.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and medicines.

3.9 Reduce deaths and illnesses caused by hazardous chemicals and air, water, and soil pollution and contamination.

3.c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce.

www.who.int/sdg/targets/en/

Mercy Ships International Transformative Work

Despite the challenges, there are distinct opportunities for Mercy Ships programs to contribute towards real change within health systems, and support governments in their efforts to attaining their SDG 3 targets.

The international community has already developed a framework for action through the **WHO Health Systems Strengthening (HSS)** approach, which has been endorsed by each African nation. The HSS approach aims to elevate the standards of health systems in a uniform way so that they:

1. Improve health
2. Are responsive to the needs of their populations
3. Have social and financial risk protection for those accessing health services
4. Are efficient, well-governed, and cost-effective.



Mercy Ships has a unique opportunity to respond to these challenges through a long-term strategy that focuses on investing in people as agents of transformative change. **We will align our transformative work with the WHO HSS model** to organise and focus our efforts, as well as to work in synergy with other agencies.

Mercy Ships will continue to focus programs predominantly in **countries** that are considered low on the United Nations Human Development Index (**HDI**) and in need of health system improvement. Mercy Ships applies its historical experience and ongoing assessment to identify countries **needing support**.

The following section will outline how we align interventions to the HSS Framework to achieve the mission and vision of Mercy Ships.



THE HSS 6 'BUILDING BLOCKS' OF AN EFFECTIVE HEALTH SYSTEM:

1. Service delivery: Good health services are those which deliver effective, safe, quality health interventions to those that need them, when and where needed, with minimum waste of resources.

2. Health workforce: A well-performing health workforce is one that works in ways that are responsive, fair, and efficient to achieve the best health outcomes possible, given the available resources and circumstances. This means having sufficient staff, fairly distributed, who are competent, responsive, and productive.

3. Health information: A well-functioning health information system is one that ensures the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance, and health status.

4. Medical products and technologies: A well-functioning health system ensures equitable access to essential, scientifically-sound medical products, vaccines and technologies of assured quality, safety, efficacy, and cost-effectiveness.

5. Health financing: A good health financing system raises adequate funds for health in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them.

6. Leadership and governance: A well-managed health system ensures strategic policy frameworks exist and are combined with effective oversight, coalition-building, and regulation, with appropriate attention to system-design and accountability.

Mercy Ships International Programs: *Our Vision for Change*



Our vision is to use hospital ships and in-field programs to transform lives and serve nations.

We have an ambitious vision. We want to see a day where all those suffering from disability, disfigurement, or disease will have access to safe, affordable, timely surgical treatment and whole-person care in a transformed surgical care system, so that they can reach their potential.

This goal will be achieved through three key strategic pillars:

1. Decreasing the burden of unmet surgical need (Direct Medical Services).

We work in partnership with the Ministry of Health in host nations to offer free surgeries and post-operative care, predominantly through our hospital ships. In doing so, we help to relieve suffering for those who are unable to access quality surgery, and are therefore excluded from the surgical system. We also help to relieve an over-stretched surgical system in-country by reducing the number of people awaiting surgery.

2. Improving outcomes for patients through supporting surgical systems to become more effective, efficient, and responsive (Medical Capacity Building).

In alignment with SDG 17, *Partnerships for the Goals*, our programs are co-designed in partnership with governments as we walk alongside them in their journey of HSS. Our activities align with each host nation's targets and vision to strengthen health systems and reduce unmet surgical needs in the longer-term.

3. Engaging with governments and policymakers at local and national levels.

We engage in discussions with key decision-makers in host nations to identify areas of need within the surgical care system at the national and local level. This opens the door to policy and practice changes that encourage access to safe, affordable, and timely surgery.



Australian volunteers on board the Africa Mercy in Senegal

Our Volunteer Model

Our ships are crewed by volunteers from over 60 nations, with **now up to 3,000** volunteers joining our mission each year. Every volunteer covers their own travel expenses to the ship as well as paying monthly fees to cover their room, board, and personal expenses which allows our supporters' donations to go even further.

While our ships are in port, local professionals are recruited to help deliver our projects. Our patients and programs benefit from the experience and skills of these local volunteers, and a few go on to join the crew full time.

Each year, **hundreds of** volunteers from Australia **and Asia** join our international crew and contribute **their time and talents**.



Bobby Gane, volunteer electrician

"I love the electrical and engineering team I serve with. I think all services on the ship are invaluable and electrician is no different in that respect. I have no medical skills myself but using my skills to keep the hospital ship functioning so that others can do that work is a tremendous honour."



Lorraine Walker, volunteer pharmacist

"The ship is filled with exactly the type of people I imagined; people willing to step out of their own comfortable lives for two weeks, or even years, to give people they've never met a few of the opportunities we take for granted."



Professor Raphiou Diallo (L), a maxillofacial surgeon from Guinea, performing a surgery to remove a tumor from a patient's mouth with assistance from another local healthcare professional (Guinea).

Working Together – Country Engagement

Local partnership is key to our approach.

Using a 5-year Country Engagement Plan, we work with local partners and stakeholders to deliver projects that make incremental steps towards health systems strengthening.

Each project is based on specific assessment and ongoing evaluation by Country Engagement Teams.

Our programs will be tailored to the host nation's needs and our depth of relationship.

In doing so, we support governments to strategically build capacities and meet their commitments to the WHO HSS Framework.

While our ship Field Services remain a vital tool within the Country Engagement Plans, our programs will also focus on longer-term (5-year) efforts to build sustained capacities of people and systems to multiply impact.

We believe that transformed lives transform nations. This approach allows for increased time for capacity building efforts and true partnership.

It also allows for alignment with national health (surgical) priorities to promote sustained, systemic change.



Monitoring Our Work

By outlining the parameters in which our Country Engagement Plans should operate, and by aligning our transformational strategy with the WHO HSS Framework for Action, Mercy Ships will be able to effectively measure the impact of our International Programs. This allows us to quantify our contribution to improved quality of life for people living with disability, disfigurement, or disease in targeted African nations.

We will use a set of standardised indicators across each country engagement to collectively measure our impact as a Programs team. Our monitoring framework will align with the WHO indicators, so that our data will be directly relevant for African governments in reporting back on progress against the HSS Framework for Action. We will periodically review the International Programs Strategy and make course corrections as needed.

In addition to such indicators, Mercy Ships International Programs also commits to ensuring — and monitoring — that our programs adhere to our Program Principles. While our indicators will demonstrate impact, we cannot focus on impact at the expense of our values.

In addition to the Mercy Ships Core Values, our programs should adhere to some common principles. We want to ensure that our country engagement plans:

- Work in genuine partnership with host nations, and fully align with their national health and development plans.
- Are locally owned and deliver sustainable change so that knowledge is retained in the country after we leave. We seek to actively recruit African workers and trainers for our ships and local learning centers.

A local nurse holds the WHO Surgical Safety Checklist used for training during a surgery at the Limbe Regional Hospital by the MCB team (Cameroon).





Dr. Dave Ugai (L) attends to a patient while training students Amadou (C) and Malika (R), at the Gamal dental clinic (Guinea).

- Minimise any distortion to the existing surgical ecosystem. For example, since we offer free surgeries, we aim to ensure that our surgical schedule focuses on the most marginalised who are unable to access existing surgical services, so as not to undermine existing surgical providers.
- Consider the multiple barriers to service provision and cross-cutting issues, including gender and disability, to ensure our interventions are as accessible as possible and leave no one behind.
- Leave space for innovation, learning, and piloting of new ideas.
- Adhere to the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee criteria of being relevant, coherent, effective, efficient, sustainable, and having measurable impact.

Our programs will not be able to bring change alone. It is our hope that our targeted programs will demonstrate to governments and other health providers how change can happen, so that they can replicate and scale up efforts.

This applies not only to our partners, but to our own teams as well. We are all on a transformational journey and we believe that nothing is impossible.

The International Programs strategy has laid out a framework within which we want to focus our activities. It seeks to provide clarity on the work that we do, the change that we aspire for, and the way we approach our work.

2021 in Review

ASIA/PACIFIC 2021

2021 was a complicated year for healthcare around the world. In developing nations, where human and material resources are normally scarce, the global COVID-19 pandemic threatened to decimate local healthcare systems.

Having identified the urgent need to support these health services through the crisis, Mercy Ships Australia began looking for corporate and philanthropic partners to supply the needed PPE and equipment and local partners in the developing countries in Africa and Asia/Pacific to receive and distribute these resources.

These resources would protect the healthcare workers who were already at risk and in short supply in countries like Papua New Guinea, Samoa, Fiji, Tokelau & Niue, and help them to identify and treat COVID-19 patients more effectively.

During 2021 Mercy Ships Australia received and shipped supplies and equipment worth more than \$1.5 million dollars.

We would like to thank all of our donors and supporters who enabled us to support healthcare services in so many developing nations during 2021.

350,000

Examination gloves

250,000

N95 respirators
and surgical masks

180,000

Isolation gowns

50,000

Litres of hand
sanitiser

33,000

Face shields

114

Infrared
thermometres

2

Abbott I-stat bedside
blood analysers

Below: Health workers receive donated supplies in Papua New Guinea.



This year, one of our goals as an organisation was to help as many people as we do during a normal year.

3,138

Total surgical procedures

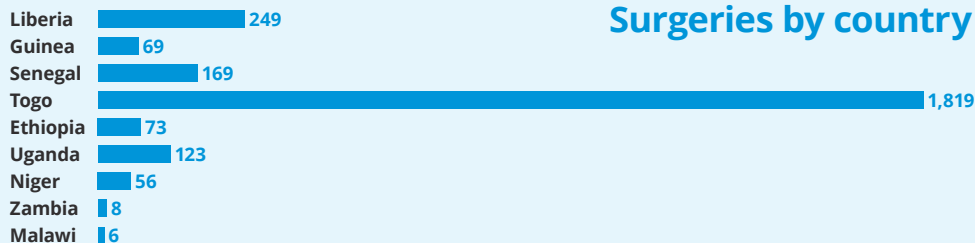
16,067

Dental procedures

2,526

Basic oral health instruction

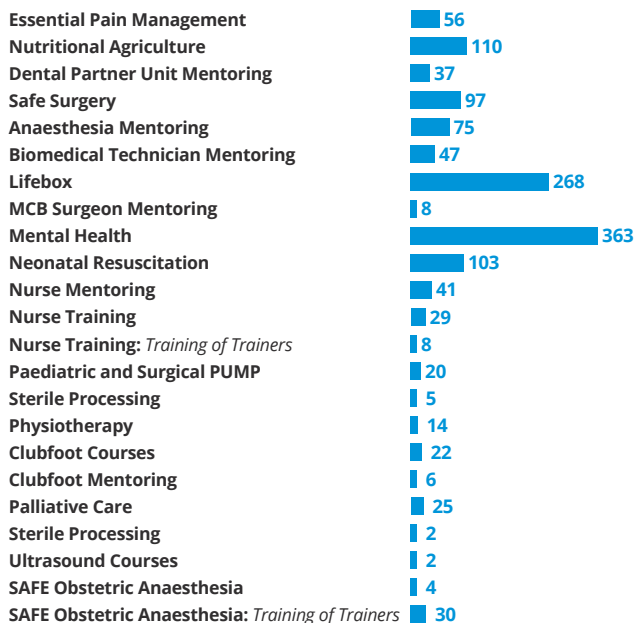
Surgeries by country

Medical
Capacity
Building

1,343

Medical Capacity Building
participants trained

157,812

Total number of participant
training hoursCourses presented and total number of
participants:Participant numbers by
country:

Responding to COVID-19 across Africa

COVID-19 Policymaking

In response to the pandemic, Mercy Ships created an internal COVID Medical Advisory Group focused on adapting to the latest medical information and creating safety-focused, responsible policies. These health and safety policies will continue to be instrumental in both our ships serving in Africa safely.

This year, with the help of generous partners, Mercy Ships received and supplied 817,300 units of PPE valued at more than \$1.6 million to 11 African countries.



Above: Volunteer staff carrying supplies for donation.



In Dr. Pierre M'Pele's Words

"Leading the Africa Bureau [during the pandemic] was very tough. But we seized the opportunity and made sure that we can support African countries to deal with the COVID-19 response together.

We had a plan, and we implemented the plan by making donations of PPE valued at more than \$1.6 million to 11 African countries. That was with the aim of protecting our counterpart health workers.

We also supported Senegal with their national response against COVID-19.

The pandemic demonstrated that we need to continue supporting Africa to strengthen the healthcare systems.

We now have a ship with all the facilities to not only provide free surgeries, but also to focus more on capacity building and make sure that we bring African colleagues to do surgery on board. We work as a team. It's kind of a dream."



Above: Dr. Tertius Venter with a young patient

Uganda, Niger, Zambia, Ethiopia & Malawi

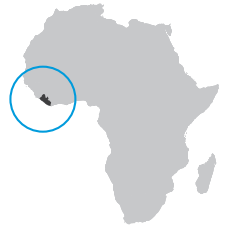
In 2021, Mercy Ships brought surgical care to patients in need of hope and healing in an exciting new way. Through new partnerships, four long-term Mercy Ships volunteers offered life-changing care to patients in Uganda, Niger, Zambia, Ethiopia and Malawi for several weeks at a time.

Dr. Tertius Venter and Dr. Sarah Kwok were both thrilled to represent Mercy Ships and use their skills to serve. Dr. Tertius spent several weeks in Niger and Ethiopia performing plastic reconstructive surgery on children as well as assisting with the mentoring and training of surgeons.

Dr. Sarah — who split her time between Uganda and Ethiopia — saw hope and healing come to life through these partnerships. “The children often have complex neurological problems, which makes caring for them challenging. By walking alongside the team here, we are setting high standards of care and ensuring the patients get the very best they deserve. The team is transforming lives and giving patients a future filled with hope and expectations of a normal life,” said Dr. Sarah Kwok.

Dr. Sarah Kwok, volunteer anaesthesia supervisor





650

Participants trained

21,965

Participant training hours

Courses provided to participants:

Anaesthesia Mentoring:

41

Biomedical Technician Mentoring:

33

MCB Surgeon Mentoring:

4

Nurse Mentoring:

41

Lifebox:

268

Mental Health:

119

Neonatal Resuscitation:

103

Nurse Training:

29

Nurse Training: *Training of Trainers:*

8

Paediatric and Surgical PUMP:

20

Sterile Processing:

5

249 maxillofacial surgeries



Liberia

With a country engagement team on the ground in Liberia in 2021, Mercy Ships was able to launch and deepen many exciting partnerships. Education was a high priority focus for our programs in Liberia. Over the course of the year, we offered several training courses, including biomedical technician training, neonatal resuscitation, and basic life skills courses.

Mercy Ships also partnered with a local hospital to provide needed anaesthesia equipment and surgical care. Mercy Ships volunteer ENT surgeon, Dr. Doug Schulte, performed 249 surgeries by the end of the year, greatly helping to reduce the surgical backlog formed during the pandemic. Two Mercy Ships volunteer nurses also shared their time and skills to provide care and nurse mentoring to participants like Pris Senah, a registered midwife.

"I will use [the neonatal resuscitation training] regularly with complicated babies to save the baby's life."

Pris Senah, Registered Midwife



Above: Dr. Doug Schulte performs a surgery at a local hospital in Liberia



Togo

Mercy Ships was active in many projects in Togo this year, including providing a mental health training program as well as supporting our long-time partner, Dr. Abram Wodomé, in establishing a new cataract surgery training institute. Mercy Ships also sponsored 1,000 cataract surgeries through local partners.

A Sight to See: Dr. Wodomé

Dr. Abram Wodomé is an ophthalmologist in Lomé, Togo. A decade ago, he completed a mentorship on board the *Africa Mercy*. After learning alongside Mercy Ships volunteer eye surgeons, he caught a passion for non-profit work and opened a clinic where he continues to perform free cataract surgeries and train other Togolese surgeons.

In 2012, Mercy Ships provided essential training equipment to the clinic. In addition to the training he received on board, this equipment has helped catapult him forward, enabling him to bring more sight to people blinded by cataracts. As Togo's leading cataract surgeon, Dr. Wodomé provides thousands of surgeries every year to visually impaired patients. Many of these surgeries are performed entirely free of charge.

"The future of eye surgery in Africa looks very bright because more and more people are interested in quality training. It is the basis of everything. When the training is of good quality, the surgery gives good results, and the patients are confident about their practitioners. I think that over the next few years, Africa is promised a better future."

Because of the skill and commitment of Dr. Wodomé, his team, and Mercy Ships Medical Capacity Building program and support, his patients have the hope of restored sight and fulfilling their dreams.

"I used to say, 'if you give someone fish to eat, you feed him for a day. If you teach him to fish, you feed him for his whole life. But if you teach people how to teach other people, then you feed a village for a whole generation.'"

Dr. Wodomé

Dr. Abram Wodomé, Ophthalmic surgeon



112

Participants trained



4,763

Participant training hours

Courses provided to participants:

MCB Surgeon Mentoring:

■ 4

Mental Health:

108

1,819

ophthalmic surgeries completed in Togo in 2021:



Togo cataract surgery teaching institute: 410



Cataract surgery campaign: 762



Sight.org partnership: 647



156

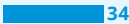
Participants trained

37,584

Participant training hours

Courses provided to participants:

Anaesthesia Mentoring:



Biomedical Technician Mentoring:



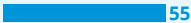
Clubfoot Courses:



Clubfoot Mentoring:



Nutritional Agriculture:



Palliative Care courses:



Sterile Processing Courses:



Ultrasound Courses:



Mercy Ships provided 169 surgeries in Senegal in 2021:

General surgery:

56

Ophthalmic surgery:

113

Senegal

Mercy Ships programs continued to transform lives throughout this year, training participants in sustainable agriculture practices through our nutritional agriculture project, as well as running various MCB and infrastructure projects and continuing to support projects through funding support. We also partnered with the Ministry of Health and local hospitals to provide surgeries locally to patients who have been awaiting care.

The Sustainable Impact of Food for Life

Meet Birima, a student at the Food for Life course. He, along with a group of more than 30 fellow students, developed a foundation in the world of agriculture, including agroecology, nutrition, and food processing.

The course empowered him to begin his own food production business. He started his venture with the equivalent of \$53 — and it has already bloomed into a thriving, sustainable local business.

“Having this knowledge allows me to be independent and take care of my own food supply,” says Birima.



Above: Birima, Food for Life course participant.

Guinea

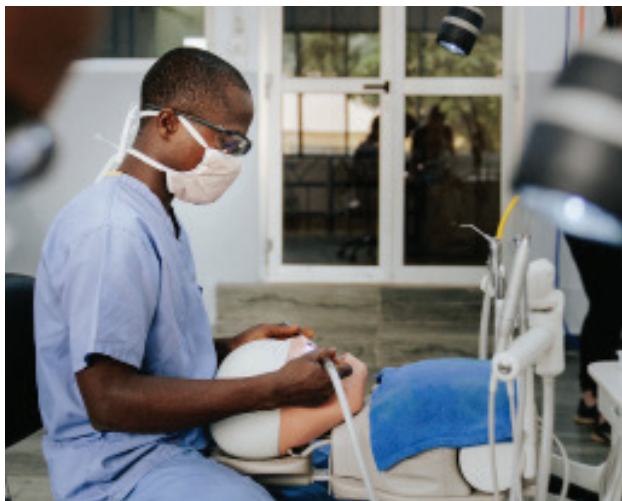


Mercy Ships has been actively engaged in Guinea ever since our previous service in 2018-2019, and this partnership has continued in 2021. This year, some of our key projects included ongoing investments and training at the Gamal Abdel Nasser University dental clinic and maxillofacial surgery training center, as well as surgical and biomedical training, infrastructure, and equipment donation projects.

“Through this program with Mercy Ships, I realise that the dental field is not a small profession, but a noble one. It is an important part of taking care of community health.”

“This dental program really helped me to improve in the dental field. When Mercy Ships came, we understood that there is a huge difference between talking about theory and taking practical simulation courses. Thanks to Mercy Ships, today we really recognise ourselves as dentists.”

Francois, a student at the Gamal Abdel Nasser University dental school



Above: Francois, training in the simulation lab.



Dr. David Ugai

Dr. David Ugai first joined the Mercy Ships dental team in 2012. His passion for safe dental care and quality training led him to lead the dental training program at Guinea's Gamal University, in collaboration with university leadership and local partners. This year, with the help of Dr. David, Mercy Ships continued training 37 future dentists at the post-graduate dental program in Guinea.

“I enjoy working with students. I enjoy helping them realise their potential and seeing that light bulb turn on when they get a procedure right. I can't do much by myself — but if I can teach people to do much, much more, that's going to make a bigger impact.” Dr. David Ugai

134

Participants trained



30,680

Participant training hours

Courses provided to participants:

Dental Partner Unit Mentoring Program:

37

Safe Surgery:

97

69

Through the expertise of Mercy Ships partner and former trainee, Dr. Raphiou Diallo, we were able to provide 69 surgeries in Guinea this year.



Benin



Dr. Odry Agbessi, plastic surgeon



111

Participants trained

50,127

Participant training hours

Courses provided to participants:

Essential Pain Management:

56

Nutritional Agriculture:

55

With flourishing projects in Benin throughout 2021, Mercy Ships was able to build upon years of partnership with the Ministry of Health and local healthcare professionals. Our projects in Benin this year included running an Essential Surgical Skills and Essential Pain Management course, in collaboration with Dr. Odry Agbessi, former trainee and current partner of Mercy Ships. This year, Dr. Agbessi was honored with a 2021 Leadership Award by a Senegalese non-profit, Speak Up Africa, in honor of her dedication to raising awareness to Africa's pressing health issues.

In Benin this year, we also ran a Food for Life training course and built a Food for Life training center. The new regional campus will facilitate training for local agriculturalists to learn sustainable farming and agro pastoral practices, so they can rebuild, restore, and renew their land. The building of the Food for Life campus was in done in partnership with Phaz Compassion, led by Mercy Ships volunteer Eliphaz Essah.

"This is really what I was looking to do in my life. Training young people to be self-dependent, transferring good techniques, and creating a relationship between health, nutrition, and also sustainable agriculture activities. This is something unique that I came across with Mercy Ships and it shaped my vision [for Food for Life]."

Eliphaz Essah



Above: Eliphaz Essah, with participants from the Food for Life program.

South Africa



In South Africa, Mercy Ships focused on promoting mental health with an innovative new mental health training program. Through the course, 105 local healthcare professionals learned practical and sustainable ways to promote better mental health among their patients. Parts of this course focused specifically on mental health among current prison inmates as well as their families.

In addition, Mercy Ships led several SAFE courses designed to promote safer surgery practices.

Meet one of our Heroes of Healthcare, Dr. Gcobani Tuswa, a local surgeon who is transforming cataract care in South Africa.

When Dr. Tuswa came to Mercy Ships in 2009, he received an intensive six-week training on the Manual Small Incision Cataract Surgery (MSICS), an effective and inexpensive procedure to treat cataracts.

The advantages of MSICS became evident to Dr. Tuswa soon after his time with Mercy Ships: "When I came home to my hometown, Mthatha, I started working in a public hospital where they were cancelling surgeries because the hospital had a shortage of suturing material. I said, no, we can do this with the MSICS... I showed them how this surgery works and they were amazed. MSICS is now a standard cataract operation procedure at the Mthatha hospital. The four junior doctors that I worked with learnt this procedure and became eye specialists as well. Now they are working in different places around the country."

Dr. Tuswa opened a practice — the only one in the area. "In the future I want to expand the practice. Hopefully I'll be able to open operating theaters and find colleagues to work with. Then we'll be able to help even more people and continue to fight the cataract problem in my country."

Focused on promoting mental health with an innovative new mental health training program.

135

Participants trained

11,627

Participant training hours

Courses provided to participants:

Mental Health:

105

SAFE Obstetric Anaesthesia:

4

SAFE Obstetric Anaesthesia:

Training of Trainers:

30

Dr. Gcobani Tuswa, ophthalmologist





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