Caring for Victims in Low Resource Settings

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Learning Objectives

• Identify the myriad resources that may be lacking in the care of trafficked people
• Employ techniques for assessing and treating health problems in low-resource areas
• Identify ways in which a health care professional can help bridge resource gaps
• Identify necessary steps for short term teams to be effective
Low Resource

• “Low resource” is a standard term for developing, impoverished, or previously labeled “Third World” countries which in general have higher rates of poverty and disease and lower life expectancy than developed countries.

• Medical care must be delivered creatively with limited resources in these areas.
Low Resource

• Areas and situations without adequate resources or services to meet all the needs of trafficked people.
• “Low resource” situations exist inside the USA as well as other “developed” nations.
• Some developing countries have developed better integration of resources for trafficked people than others.
• Comprehensive services are not necessarily expensive.
Examples of resource gaps

Lack of:
• Medical services – immediate and long term
• Mental health services – immediate and long term
• Forensic medicine
• Trauma-informed specialists
• Comprehensive services beyond the basic necessities of care for survivors
• Lack of advocacy for survivor-centered policies, procedures, and programs
• Lack of political will and cooperation between nations to deal with international trafficking problems.
• Reliable, trained interpreters
Examples of resource gaps in the US

Lack of:

- specialized rehabilitative facilities for minor victims of sex trafficking
- affordable medical care
- housing for adult victims of sex trafficking
- specialized counseling for victims of trauma
- specialized legal services
- educational services for adult victims
- job training for adult victims
Vignette: Svey

• Svey is a 22 year old Cambodian man who was recruited to work in the fishing industry.
• He ended up in South Africa after 2+ years on a fishing vessel, starving and without pay.
• He was rescued from the ship that was impounded for illegal fishing, but he has yet to be sent home, in political limbo in S. Africa.
• The Cambodian government has no official presence in S. Africa, the agencies currently involved don’t know what to do with Svey and his compatriots, how to send them back, let alone pay for their return.
Svey

- Svey’s situation may seem extreme, but it is unfortunately quite common.
- Svey does not have access to any of the following services, primarily because he “doesn’t exist” according to the South African or Cambodian governments.
- He has no:
  - social work advocacy
  - legal representation
  - medical or mental health care
Basic principles to keep in mind when needs are greater than resources

- Prioritize the safety of the clients, staff, and yourself
- Be prepared with information for referral and collaborate with other support services
- Respect rights, choices, and dignity of each person
  - Obtain voluntary, informed consent
  - Ensure privacy and confidentiality
- Provide information that the client can understand
Principles to address TIP are the same everywhere

• Advocacy and Awareness
• Prevention
• Outreach and Identification
• Survivor-centered approach in providing services
  – Legal
  – Medical
  – Social
• Short- and long-term after care
Advocacy & Awareness: tools of prevention

- Some citizens who are vulnerable to being trafficked don’t know what human trafficking is or how it happens in their region/country.
- Some do not know their rights.
- Therefore, increasing awareness can help prevent trafficking; and citizens can develop advocacy campaigns that work for them.
- Awareness & advocacy can also increase understanding of those who have been affected and facilitate re-integration in the community.
Advocacy & Awareness

• Networking is an essential and effective way to address trafficking anywhere – especially in low resource areas
• Many organizations that don’t identify as being “counter-trafficking” have a lot of overlap with counter-trafficking efforts
  – Hotlines for children/women at risk, community development projects, child protection advocates, disaster relief agencies, etc
• Start by initiating conversations – some large campaigns get started this way.
Regional networks

• Networks are a good way to work together and learn from each other

• Examples:
  – HEAL – USA (health professional education, advocacy & linkage)
  – Mukti (Nepal, India, Bangladesh)
  – European Freedom Network (Europe)
  – Chab Dai (Cambodia)
  – Freedom Collaborative (SE Asia, global)
  – ICAP (global, with regional connections)
Networks: there is more available than you think

• Learn what the local authorities already have in place and develop relationships – low resource may mean a limited capacity (time, people, money) to develop and implement a program

• You may find yourself in a position to help on a macro-level scale.
Prevention:

- Prevention is the most important and the least resource-demanding way to address TIP.
- Integrated community development in at-risk communities (rural or urban).
- Help the poor and uneducated find work and migrate (when necessary) safely to prevent enslavement.
- Address risk factors specific to a region:
  - In Northern Thailand, the most important risk factor to being trafficked is lack of citizenship.
Health Education as Prevention

- Many trafficked women are illiterate in low resourced countries
- Basic health education is critical for development
- Health education before, during, and after a person is trafficked IS possible
Health Education: examples of topics

• Safe drinking water and food preparation
• Hand washing
• Prevention of HIV, other blood-borne infections
• Mosquito control
• Prevention & treatment of dehydration
• Contraception, family planning
• Nutrition
Outreach & Identification

• Work in partnership with those who have contacts with at-risk people.

• As a health care professional, make yourself known and available to assistance programs (APs) who are assisting trafficked people.
Outreach & Identification

• If you lack an interpreter, consider using a phone service, or the Multilingual Healthcare Providers Phrasebook$^2$
  – the latter requires literacy of the client
• Take services to where you may find people who need them – don’t wait for them to come to clinic.
  – Homeless shelters
  – Shelters for juveniles
Working with survivors: Staff Development

- Low-resource settings (outreach, aftercare shelters, etc.) may not have staff with the ideal level of education.

- Consider using developed protocols for medical care, emergencies, initial examinations, child protection, general safety, nutrition, etc to improve the level of care provided in shelters.
Working with survivors: Staff Development

• Many organizations lack the resource of having a health care professional with whom they can consult.
• You may be able to provide:
  – Basic training in treatment of basic health problems
  – Provide basic health care and preventive health care services to shelters
  – Address anticipatory guidance; child protection issues
Care of the Care-giver

• Often, in settings where there are little resources, care-givers are maximally stressed to meet the ever-present needs

• Good staff are a precious resource. Attention to care of the staff is of great importance

• A health care provider should be available to care for the staff as well as the beneficiaries.
Programmatic constraints to health care in low resource settings

• A uniform practice of care and referral is not established
• Trauma-focused and victim-centered approach to care is lacking,
• Governments do not prioritize medical care for survivors
  – Due to budgetary restraints, lack of political will, etc.
  – Government facilities do not often provide appropriate training of staff to deal with traumatized people.
  – Process tends to focus on prosecution, not victim-centered approach to care
Programmatic constraints to health care in low resource settings

- Health professionals lack training and clinical expertise/experience in dealing with trauma survivors
- Limited capacity or availability of confirmatory or diagnostic testing
- Poor Infrastructure
  - Limited reporting
  - Difficult to contact patients
Mental Health Services in low-resource areas

• Mental health services are often non-existent in many areas where TIP thrives.
• Mental health specialists are often found in urban settings and already over-burdened
  – For example: Psychiatrist colleague in Thailand must see between 40-60 patients per day
Mental Health Services in low-resource areas

• A myriad of counseling methods are available and valid. It may be useful to:
  – Know which method has been used successfully
  – Know in which method the local counselors have been trained

• Even though the need is great, treatment with psycho-tropic medications should not be managed without oversight from a health professional familiar with the diagnosis and medications
Mental Health Services in low-resource areas

- Mental health is heavily influenced by culture, some cultures do not understand what counseling is.
- Always defer to local professionals and/or the staff for guidance.
- It is especially important to remember to care for the care-givers.
- Smiles with open ears and hearts can convey genuine love and concern.
- Please refer to the module on mental health for more comprehensive information on this topic.
Health care basics

• “Treat all contact with trafficked persons as a potential step towards improving their health.”

• Rely on one’s clinical acumen and index of suspicion when many modern conveniences are not available to a health practitioner.

• You may be working in a place where the health care infrastructure is underdeveloped.

• Review the other modules for more on assessment of specific problems.
“Low Technology”

- Fortunately there are methods developed to diagnose and treat in low resourced areas where laboratory services are limited or nonexistent
- Technology that “works” at the lowest resource level of the health system
  - Integrative
  - No “rate-limiting” steps: all test requirements & materials locally available
  - Can be performed by non-physicians (with training)
  - Can be performed in unsophisticated settings
Low-tech Health Care

• STIs – probably will not find NAATs or PCR diagnostics available. Rely on culture, symptoms, risk factors, other tests.
• Know what diseases are reportable in your province/country.
• HIV & TB: be aware of the protocol in your area
• Most common conditions are not difficult to diagnose and have relatively inexpensive treatments.
• You may not be able to solve the underlying cause, but you can provide relief
Particular health concerns in low-resourced areas

- Tuberculosis (TB)
- HIV
- Hepatitis B (HBV)
- Sexually Transmitted Infections (STI)
- Cervical abnormalities
Tuberculosis (TB)

- TIP victims may reside or come from high-TB burden countries, some of which are also multi-drug resistant (MDR) TB countries.
- Crowded and poorly ventilated living and working conditions, poor nutrition, and contact with locals with TB are risk factors for transmission.
- Like syphilis, however, TB is a great masquerader. Although TB symptoms and signs are often respiratory, keep in mind that TB can affect any organ of the body, including the nervous system and the reproductive system.
- Younger trafficked persons with TB, and children in contact with a trafficked adult with TB, are more likely to have extra-pulmonary TB.
HIV Testing & Treatment

- Many countries have HIV testing and treatment protocols with varying levels of availability and coverage for treatment.
- Rapid test kits are available in many settings. It is essential that the patient receive both pre- and post-test counseling.
- A trafficked person’s willingness to be tested for HIV may be a function of their age, understanding of how HIV is acquired and treated, and the significance of a positive or negative test.
- HIV treatment is almost always directed by a country’s health system so it is important to know the process.
- Many countries do not provide monitoring or care of opportunistic infections.
Low-tech Health Care examples

• Good Old Fashioned History and Physical Exam
• Syndromic approach to STIs, malaria and other illnesses
• Visual inspection of the cervix with acetic acid (VIA)
• Cryotherapy
Common conditions often have inexpensive treatments

- Anemia
- Malnutrition
- Parasitism (e.g. gastrointestinal, malaria, skin infestations)
- Pregnancy
- Symptomatic STI
- Headaches & musculoskeletal pain
Focus on Reproductive Health

Because many victims of trafficking suffer from reproductive health issues, regardless of whether they are trafficked primarily for labor or sex; and because there are specific and effective ways to help those with reproductive health problems in low-resource areas, we choose to focus on those interventions in this module.
Syndromic approach to STI case management\textsuperscript{3,4}

- A WHO-endorsed protocol that groups clinical findings and patient symptoms combined with patient risk assessment for diagnosis

- Tested and improved in many countries since 1970’s
Principles of syndromic management:

• Recognize the syndrome
• Use algorithm for that syndrome to choose treatment plan
• Treat with a combination of drugs covering potential organisms responsible for the syndrome
• Organisms must be sensitive to the drugs
STI’s are grouped by the following syndromes with algorithms for each:

- urethral discharge
- genital ulcers
- inguinal swellings
- scrotal swelling
- vaginal discharge
- lower abdominal pain
- neonatal eye infections
Syndromic approach - advantages

• No laboratory tests needed:
  – reduces costs, overcomes non-availability
• Simple to use
• Can be used at all levels of the health system
• Promotes standardization
• Facilitates training
Syndromic Approach- advantages

• Allows immediate treatment
  – increases the odds of a successful cure
  – reduces consequences of the disease
  – reduces the length of time during which the infection can be spread

• Patient not lost to follow up or significantly disadvantaged by need to return before treatment given
Syndromic approach - challenges

- Many STIs are asymptomatic
  - 20% gonorrhea, 70% chlamydia
  - Can improve diagnosis with speculum exam
- Discharge is not necessarily the result of STI
- Overuse of drugs: costs, side effects, resistance
- Lack of acceptance by clinicians
- Best results when algorithms incorporate local data-prevalence, antibiotic resistance, and drug availability
In spite of its limitations, the syndromic approach is at present the most realistic option for the management of STIs in resource-poor settings.
Sumana

• Sumana is a 19 yo female who lives and works in the brothels/slums of Mumbai. She comes to the clinic, which is a tent in the middle of the lane, complaining of a white vaginal discharge with no odor or itching. She denies pain or fever. Her menses are regular. She uses no contraception.

• Hx: when she was 12yo, a woman approached her parents in a rural poor area of Nepal with a promise of a good job in Kathmandu caring for children. Sumana was sold to her, drugged and put on a bus. She awakened in Mumbai where she has been used as a sex slave since that time.
Sumana, cont’d

• PE: tender lower abdomen bilaterally. She refused a pelvic exam
• Impression: pelvic inflammatory disease
• Rx: Zofran, Ceftriaxone 250mg IM x 1, Doxycycline 100mg BID x 14 days. Consider adding Metronidazole (or Tinidazole) for Trichomoniasis

• Another approved regimen is Azithromycin 1g PO x1 + Cefixime 400mg PO x1 + consider adding Metronidazole (or Tinidazole) for Trichomoniasis
Cervical cancer - a high risk group in low-resource areas

- 80% of cervical cancer occurs in low resourced countries
- Trafficked women and girls have increased risk factors for HPV/cervical cancer:
  - Early age of onset of sexual activity
  - Multiple sexual partners
  - Other STI’s
  - Low socioeconomic status
  - Restricted access to health care
  - Douching
Approaches to Cervical Cancer Prevention

- Primary prevention
  - Abstinence or monogamy
  - Condom use
    - Often not in the woman’s control - negotiation strategies can be taught
  - HPV vaccine
    - Expensive (drug companies have some donation programs for low resourced countries but customs duties, etc. may still make cost prohibitive)
    - Requires series of 3 injections = multiple visits
    - Requires refrigeration
    - Most effective when given before the onset of sexual activity (will not treat HPV types already acquired)
Approaches to Cervical Cancer Prevention

• Secondary prevention
  – Pap smears/ HPV testing/typing
    • Complex laboratory test (sampling instruments, slides, fixatives, reagents, processing equipment, microscopes)
    • Requires trained cytotechnologist and pathologist
    • Continuous lab monitoring to maintain high quality
    • Results unavailable during the visit
  – Visual inspection with acetic acid
  – Colposcopy
    • Good tool, not for mass screening, expensive equipment, generally unavailable
Visual Inspection with Acetic Acid (VIA)

For use in low-resource settings:

- Effectively identify most precancerous lesions
- Non-invasive, easy to perform, inexpensive
- Can be performed by all levels of healthcare workers in almost any setting
- Provides immediate results on which decisions for treatment or referral can be based
- Requires supplies and equipment that are readily available locally
What is VIA?

• Naked eye (or low power magnification) inspection of the cervix to detect acetowhite abnormalities after applying dilute (3-5%) acetic acid

• Left: before; Right: after acetic acid application
VIA Classification

Test negative

- Cervix is smooth, pink, uniform and featureless. May have ectropion, polyp, cervicitis, inflammation or Nabothian cysts

Test positive

- Raised and thickened white plaques or acetowhite epithelium, usually near the squamocolumnar junction

Suspicious for Cancer

- Cauliflower like growth or ulcer; fungating mass
VIA

- Current recommendations for use in low resourced areas is to screen between ages 30-45
- There is no data to know when screening should begin in trafficked people who may be having coitus as young girls
- Studies even show benefit to a once in a lifetime screening for decreasing cervical cancer deaths. Other studies base their data on yearly screenings.
Analysis of 5 cervical cancer tests

>58,000 women in 11 countries

<table>
<thead>
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<th>Test</th>
<th>Sensitivity</th>
<th>Specificity</th>
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<tbody>
<tr>
<td>VIA</td>
<td>81%</td>
<td>85%</td>
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<tr>
<td>VILI *</td>
<td>91%</td>
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<tr>
<td>VIAM**</td>
<td>81%</td>
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<tr>
<td>Pap Smear</td>
<td>62%</td>
<td>93%</td>
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<tr>
<td>Hybrid Capture</td>
<td>62%</td>
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* + Lugol’s solution
** + magnification
A single-visit approach using VIA combined with immediate treatment or referral appears:

- Safe for testing and treating women at district hospitals and in primary health care facilities,
- Acceptable to both patients and providers, and
- Feasible for use in low-resource settings
- To have the potential to be an efficient method of cervical cancer prevention in low-resource settings.
'VIA is an attractive alternative to cytology-based screening in low-resource settings. Similarly, cryotherapy has been selected as the treatment option for the eligible test-positive cases. The alternative simple and safe cervical cancer-prevention techniques simplify the process and render it feasible and acceptable to women and providers in low-resource settings.'
Rosa’s mother was prostituted for sex work and the clients began to abuse Rosa when she was 7 years old. Now 31, she remains in the brothels having never gone to school or job training. A friend tells her of a free medical clinic being held at a shelter for women and girls and decides to come because she has frequent headaches.

While registering, she is offered same day testing and treatment if necessary to try to prevent cervical cancer. She opts for screening.
VIA is positive, the lesion not extending into the os, and contained in one quadrant. She has immediate colposcopy which is suggestive of a low grade squamous lesion. She is counseled and offered immediate cryosurgery which is done without complication and without discomfort to the patient.

Follow-up pap result (which was done by a cytotechnologist and pathologist who came with the short term team running the clinic) was also read as LGSIL.
Outpatient treatment procedures: Cryotherapy

• Advantages:
  – Effective with small and moderate sized lesions (85-95% cure rate)
  – Inexpensive
  – Non-physician can perform
  – No anesthesia required
  – No electricity required
  – Associated with few side effects or complications
  – Little or no effect on the patient’s reproductive capacity
Outpatient treatment procedures: Cryotherapy

Disadvantages:
• Variable success rates with large lesions
• Destructive (leaves no tissue for confirmatory diagnosis)
• Difficult to determine exact amount of tissue destroyed
• Associated with profuse watery discharge for up to 6 weeks following treatment
• Requires access to and resupply of coolant (carbon dioxide or nitrous oxide)
• Rare complication of cervical stenosis
SAFE Demonstration Project⁹

- Conducted in Roi Et, Thailand
- Mobile teams of trained nurses performing exams
- Referral teams located in district hospitals
- 5,999 women tested in 6 months
- 739 cryotherapy procedures performed
- High acceptability
- No major complications, minor complications <2%
SAFE Project: Conclusions

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Short-term Trips: one approach to addressing TIP

• Some health care specific opportunities are available for short term help
  – Providing direct clinical care
  – Providing health & wellness education to staff and beneficiaries
  – Training other health care professionals about human trafficking

• Given the nature of the population careful vetting of partners is important
  – Host organization must thoroughly investigate team members (background checks not uncommon)
  – Short term team should select an organization that exercise high ethical standards in counter-trafficking work
Short Term Teams May:

Provide clinical care

- Deliver health care to people who are underserved
- Enhance outreach potential: exposing new patients to APs by offering health care services
- Discuss treatment plan of current patients with case managers of APs
- Provide health care to host organization staff
Short Term Teams May:

Provide health & wellness education to staff and beneficiaries in APs

• Train others in CPR and other skills
• Proper use of commonly used medicines
  – Acetaminophen, URI Rx, topical meds, ORS, etc.
• Educate about guidelines on nutrition, wellness activities
• Give guidance on issues such as eating disorders, deliberate self-harm, addictions
• Other topics identified by AP
Short Term Clinic Effectiveness

- A clinic outreach must include effective local follow up – partner with local health programs in the area
- Adequate local staff for the myriad logistical and assistance roles necessary for a successful clinic
- Qualified interpreters
- Outreach and/or education prior to clinic
- Equipping short term team members about providing care in low resource areas (e.g. syndromic treatment of STIs)
Short Term Clinic Effectiveness

Do your homework:

• Licensure requirements for health professionals
• Dental needs are very common – bring a dentist or review oral health problems
• Know resistance patterns
• Know TB, HIV and other STI prevalence in the area.
• Identify available diagnostic or treatment facilities as well as sources for referral and follow up
• How to interview traumatized people\textsuperscript{10}
• Working effectively with interpreters
Logistics Considerations

- Information on customs regulations and procedures (e.g. importing medicines or equipment)
- Disposal of waste; cleaning equipment
- Transportation to/from site(s)
- Accommodations for team
- Food and water availability
Short term trips: Do’s & Don’ts

- **DO** read about the area and situation to which you are going
  - geography, people groups, politics, etc.
- **DO** think critically – Do not be critical
- **DO** ask questions – Do not condescend
- **DO** hold regular debriefing sessions
  - pre-, mid-, and post-trip debriefing is recommended
Short Term Expectations: Be Realistic

- You will not abolish human trafficking
- You will not “heal” victims who have been rescued
- DO NOT be a “cowboy”
- Do not expect to “rescue” victims
Summary

• Many things can be done with little money, but with a lot of time and patience

• Just because it *may not* be evident that something is being done about human trafficking (particularly in poor countries), don’t assume that nothing is being done

• Be aware of and join with others already involved in counter trafficking work
Summary

An integrated response is necessary
- Coordination at both local and national levels must include a health care component
- policy development (public health, hospitals, etc.)
- comprehensive health services
- mental health services
- Integrated response across medical disciplines as well as other disciplines (e.g. legal, social work)
- training of health care professionals
- prevention and community education
References

6. CDC 2015 STD Treatment Guidelines.
References cont’d

7. Sankaranarayanan et al., Intl J of Ca, 2008


Resources

- WHO guidelines: use of cryotherapy for cervical intraepithelial neoplasia
- Training manual for pharmacy employees
- STI case management in Uganda
- Cervical Cancer Prevention Guidelines for Low Resource Settings, JHPIEGO
Post Test –

Your success in gaining knowledge through this module is important to us. To measure what you have learned, click on the following link and take a brief self evaluation:

https://www.surveymonkey.com/r/6VF7PHP

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).