

A conversation with Mercy Ships, August 23, 2017

Participants

- Stephanie Sparks – Director of Development/Foundations, Mercy Ships
- Michelle Murrey – Mercy Ships
- Lulu Tian – Senior Associate, IDinsight
- Natalie Crispin – Senior Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Mercy Ships.

Summary

GiveWell and IDinsight spoke with Mercy Ships as part of their investigation into programs working on cataract surgery (<https://www.givewell.org/charities/IDinsight/partnership-with-idinsight/cataract-surgery-project>). Conversation topics included Mercy Ships's program model and process, eye care program, operational constraints, room for more funding, and plans for the future.

Program model

Mercy Ships runs largely hospital ships staffed by volunteers. It currently operates one ship with a crew of around 1,200 volunteers but has operated many ships since its formation.

The ship is docked at a port and typically services patients for a 10-month period before leaving. Mercy Ships offers a wide variety of medical services—including interventions in the areas of eye care, orthopedics, women's health, plastic surgery, dental care, maxillofacial surgery, and general surgery.

Capacity development work

In addition to providing medical services, Mercy Ships works with local doctors, hospitals, and clinics to build their capacity to provide safe surgeries.

Training program

The training program is designed for a broad audience seeking experience in various medical techniques. Mercy Ships focuses on skills and experience related to surgical skills within healthcare, including anesthesia, primary trauma care, and the World Health Organization (WHO) safe surgical checklist.

Mentoring program

The mentoring program is smaller than the training program. A Mercy Ships doctor is paired with a local doctor, and they work alongside each other.

Mercy Ships believes that the mentoring program can provide local doctors with skills and knowledge they can use in their practice and spread to their peers. For

example, a former mentee has gone on to train surgeons in Togo and other West African nations. He returns to the ship every time it is docked in order to aid with the mentorship program and to strengthen his own skills.

Process

Working with government

Before the ship arrives at the port, Mercy Ships communicates with the local government to understand the country's public health needs. The government may also have development goals and strategies relevant to Mercy Ships' work. For example, after determining that around 40% of blindness in its port city is caused by cataracts, the Ministry of Public Health in Cameroon made it a priority to improve medical training and infrastructure development for cataracts.

Within the programmatic goals, Mercy Ships plans the program for its 10-month field service around the information provided by the government. For example, if Mercy Ships learns that a specific health issue is more prevalent than another, it may expect to perform more medical interventions in this area.

Screening for patients

Mercy Ships works with government and NGO partners to send out teams that can perform screenings to determine if patients are eligible for the program. Roughly 50% of patients come from the port city, but Mercy Ships makes an effort to reach patients in the interior of the country as well.

Collecting patient data

Mercy Ships used to spend a sizable amount of resources on patient screenings. It first tried to hold a large screening in the port city but found that people were spending significant sums of money on travel expenses—often only to be told they were not eligible. The police and transportation system was also overburdened during this large influx of people. Mercy Ships then tried holding many different screenings across the country but found that advertising and travel expenses for staff were too costly.

Mercy Ships now uses a mobile application to gather information on patients. It determines the cities where it wants to hold screenings and then hires people already based in those cities to conduct the screenings. The local workers fill out patient information such as name, location, age, gender, and photos on the form, which uploads the data to the Mercy Ships information database after an Internet or cell phone connection is established. Economic status of patients is also gathered and taken into consideration during the admissions process, but Mercy Ships does not reject potential patients solely based on income. After Mercy Ships doctors receive the information, they review it and contact potential patients for further examination.

Gathering data in this way has enabled Mercy Ships to streamline its process and avoid wasting the time of both patients and doctors.

Waiting list and referrals

Mercy Ships keeps a waiting list of patients that are seen if there are cancellations. It also makes referrals to local hospitals if a Mercy Ships doctor becomes unavailable to perform a scheduled surgery.

Mercy Ships does not have a large-scale referral program. It finds that the reason surgeries might not have been performed is often because medical equipment or relevant knowledge may be lacking in local facilities. Mercy Ships does, however, have a specific referral program for its women's health program. For example, if a woman has undergone fistula surgery, she may be referred to a local hospital so she can receive a caesarean section in the case of a future pregnancy.

Eye care program

Mercy Ships surgeons perform around seven different types of eye surgeries—including both cataract surgery and more technical interventions. Since cataract surgeries are relatively less complicated to perform, they represent a significant portion of Mercy Ships' ophthalmic surgeries.

Land-based clinic

Patients undergo treatment on the ship. However, Mercy Ships also runs a clinic off the ship where eye patients are screened, signed up for surgery, and provided with glasses and sunglasses and follow-up care.

Admissions and release process

Adult patients are checked in, undergo their operation, and recover all on the same day. If they reside in the port city, patients return home. If they are from farther away, Mercy Ships offers housing where patients can recover overnight. They can also stay at provided housing during the six weeks of follow-up treatment.

Pediatric patients are assessed and checked in the day before undergoing treatment and stay overnight. Since pediatric surgeries are done under anesthesia, patients stay an extra night after treatment so doctors can monitor their reaction to the anesthesia.

Around six weeks after surgery—when all follow-up treatment has been completed—Mercy Ships holds a “celebration of sight” at its land-based clinic. This is an event where patients can commemorate their newfound vision with song and dance and share stories of how it has impacted their life.

Operational constraints

Since there is only one operating theater on the ship reserved for eye surgeries, the largest bottleneck for processing additional patients is space.

When local surgeons are being mentored or when medical residents from the US are aboard the ship for training purposes, time is often a constraint because operational processes may slow down.

Room for more funding

Funding for demand generation

It is possible that increased funding would help Mercy Ships find more patients. However, it does not want to take patients away from local hospitals. Rather, it hopes to reduce the medical backlog that can occur in local facilities and build up capacity and infrastructure so that the community's needs may be met by local doctors.

Funding for operational capacity

Due to the nature of Mercy Ships, increasing funding would not automatically increase the number of patients seen. First, space needs to be expanded.

Plans for the future

Collecting long-term follow-up data

Mercy Ships currently collects follow-up information from patients during the postoperative period and at six weeks after surgery. However, it would like to collect follow-up data at two years after surgery so that a more robust impact evaluation may be conducted. It is in the process of consulting with experts to build a set of measurement tools that will be used for long-term impact evaluations. Mercy Ships plans on collecting data on both individual patients and the health system as a whole. It has already been able to collect longer-term follow-up data from a few countries. However, the results may have been skewed due to an Ebola outbreak.

Ultimately, Mercy Ships wants to be on a five-year cycle for each port—consisting of two years of planning and assessment, one year of field service, and follow-up data collection and evaluation two years later.

All GiveWell conversations are available at <http://www.givewell.org/conversations>