

Wound Care in Resource-Poor Settings

WAWLC

World Alliance
for Wound and
Lymphoedema
Care



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This year, the EWMA continued its commitment to the topic of wound care in resource-poor settings by providing the World Alliance for Wound and Lymphedema Care (WAWLC) with the fantastic opportunity to organise a full day “WAWLC Stream” at the 2013 EWMA Conference in Copenhagen. This WAWLC Symposium included two sessions that were organised in collaboration with “Médecins sans Frontières” (MSF) and a guest session that was organised in collaboration with Step by Step, the International Diabetes Foundation’s diabetic foot care programme in the developing world, chaired by Prof. Karel Bakker.

The first MSF session, which was chaired by Dr. Hubert Vuagnat from Geneva University Hospitals, focused on the use of negative pressure wound therapy (NPWT) for wound treatment in resource-poor settings. The NPWT technique is an important tool in the wound treatment arsenal, but is viewed as too sophisticated and costly for use in this type of environment. Four speakers shared their positive clinical experiences with NPWT: Dr. John Macdonald, who set up a wound care clinic widely using the help of NPWT in Haiti in the aftermath of the 2010 devastating earthquake; Dr. Corrado Durante, who is an army surgeon with practice in war theater and field hospital experience; Dr. Daniel Stoffel, who has 10 years of experience with NPWT in Lambaréne’s hospital in Gabon (Africa); and Dr. Danielle Zurovick, an MIT engineer whose experience with the development of a simple and cheap mechanical NPWT device is presented in a short article on the next page. This cumulative experience clearly demonstrates that NPWT is both usable and useful and should therefore be considered for wound treatment in resource-poor settings.

The WAWLC Symposium included a guest session by the Step by Step programme, which was chaired by Prof. Karel Bakker.

This session focused on the successes and future of this diabetic foot programme and featured a presentation about the “Train the Foot Trainer” programme, which was delivered by Dr. Stephan Morbach, Dr. Nalini Campillo, and Prof. Maimouna Ndour Mbaye.

Two additional sessions, which were chaired by WAWLC President, Dr. David Keast, featured experiences in wound care from around the world, including presentations from Dr. Kingsley Asiedu, Head of the WHO Neglected Tropical Diseases programme, and abstracts submitted by collaborators and contributors to the WAWLC programme from Australia, Haiti, and Switzerland.



WAWLC Symposium participants sharing knowledge and experiences on wound care in resource poor settings

The second MSF coordinated session was a roundtable discussion of more than 20 experts worldwide to debate the minimum material that is needed to constitute a standard wound care kit, which would be used in the field by either NGOs or the World Health Organization (WHO). This roundtable was led by Dr. Eric Comte, the medical director of MSF Switzerland, who contacted most of the invited participants prior to the meeting to develop a preliminary list of materials through a two-round DELPHI method. Three-quarters of the list were discussed during the roundtable; the remainder of the list was left to be settled through internet sessions. In addition to the types of material to be included in the kit, other details were also discussed, such as the quantity of materials to include, as well as the possibility of dividing the kit to deliver material to more than one health centre or to provide an individual with material for a given number of dressings. The roundtable also debated the crucial question of necessary training and instruction. Although the invited participants agreed that the development of a standard kit is difficult, all agreed that a standard kit is a necessity to establish advanced wound treatment as part of humanitarian interventions.

These two MSF sessions as well as the entire WAWLC Symposium clearly demonstrated both the necessity of introducing advanced wound care in resource-poor settings and the willingness of individuals and societies to do so. ■