

# POLICY PLAN



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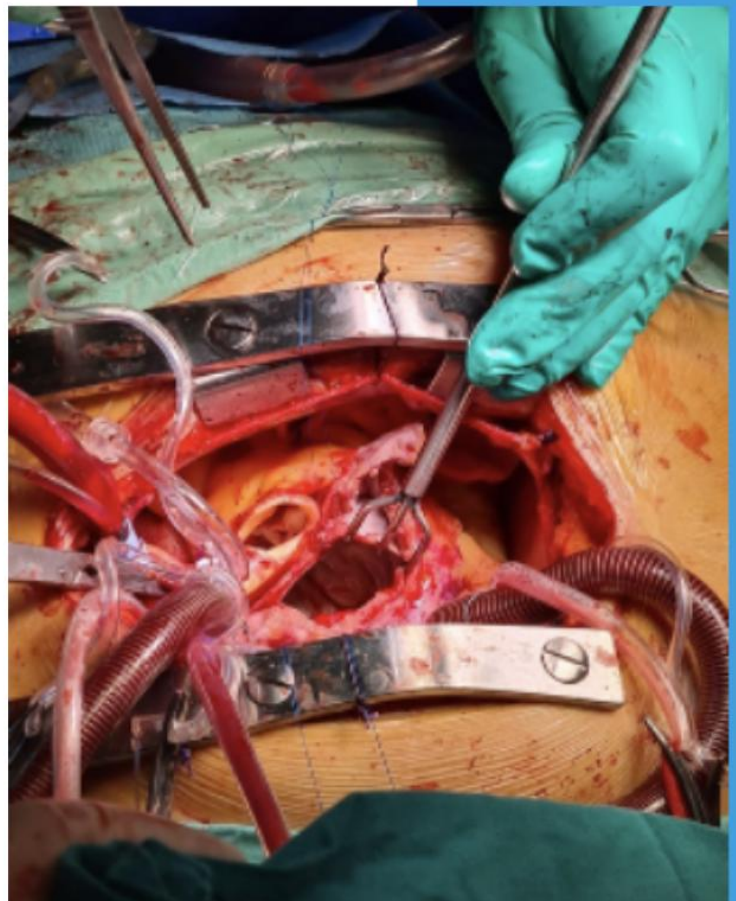
# PREFACE

Heart for Humane Investment (H4HI) is a foundation that provides care to patients in developing countries who cannot afford it themselves. Our focus is on heart operations that are taken for granted in our country, but can make a big difference for people in less than wealthy societies. Heart disease is common in developing countries and the demand for surgical treatment is great. In the chapters “Mission” and “Objectives” (pages 5-6) we discuss our ambitions in more detail.



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*Operatie van een aangetaste mitraalklep en aortaklep door rheumatische hartziekte*



# INTRODUCTION

The H4HI team has been performing heart operations in Egypt, Ghada's homeland, for years Shahin. She is a cardiothoracic surgeon and under her leadership more than 130 open heart operations have been performed over the past thirteen years. The entire team is committed to providing and improving care for cardiac patients and promoting equality of opportunity in medical development but also improving knowledge of preventive medicine, in underprivileged areas of the world, with a specific focus on Egypt so far.

The scale of the problems related to heart surgery is large in terms of numbers and availability of the required care. This is caused by a number of factors. Smoking cigarettes is still very common in developing countries. It causes narrowing of the coronary arteries that supply blood to the heart, which in the worst case can lead to a heart attack. The same applies to diabetes, high cholesterol and high blood pressure. Due to economic disadvantage, many suffer from an unhealthy lifestyle and can contract the above-mentioned conditions. This increases the risk of coronary artery disease. Another common problem is rheumatic valvular disease . This is caused by a bacterial throat infection (Streptococcus group A) that often occurs in early childhood and is inadequately treated. This bacterium causes damage to the heart valves. This can lead to heart failure later in life (peak 10-20 years), requiring the implantation of new heart valves. Furthermore, congenital heart defects that require heart surgery occur in developing countries.

High quality cardiac surgery is already available in developing countries such as Egypt. However, it is concentrated in the big cities, such as Cairo. The economic situation in the big cities is better than in the “periphery”. It is only understandable that doctors, nurses and paramedics prefer to work in a city where employment conditions are better. Concentration of cardiac surgical care in a number of large clinics that can provide the required care puts pressure on capacity. This leads to long waiting times and possibly even death whilst on the waiting list. For patients, due to the large distances, combined with a challenging infrastructure, medical care is not accessible to everyone. Even though the government bears a significant part of the medical costs, so much is still borne by the patient that undergoing heart surgery is not feasible for a patient with an average or low income. It is precisely these people who end up at the bottom of the waiting list, with all the consequences that this entails.

Cardiac surgery is an expensive treatment that involves a lot of technology. A good outcome for the patient undergoing heart surgery does not only depend on a properly performed operation, but is mainly determined by the collaboration between different disciplines such as cardiology and heart surgery, but also Intensive Care, anesthesia, nursing, physiotherapy, etc. This is called chain-care. It is often this chain-care that is lacking or remains limited in developing countries. The need for active recurring medical assistance is of great importance, as is cooperation with other foundations that perform similar support work.

Implementing care as is available in Western countries, in developing countries does not work. We are dealing with conditions that hardly occur in our country anymore, such as certain infectious diseases that affect the heart and heart valve function. Resources are often limited. For example, there are hospitals, but there is a lack or shortage of materials and well-trained staff.

Our experience is based on the collaboration with Foundation Zorg Groep Twente Overseas (ZGT Overzee, chairman Dr. Salah AM Saïd , Knight in the Order of Oranje-Nassau, cardiologist). This collaboration has been very fruitful in recent years. Cardiac surgery and interventional cardiology projects took place in Zagazig , in the eastern Nile Delta and in Qena , a city north of Luxor in southern Egypt. In addition , a study into the prevention of heart valve disease has been started in collaboration with the University of Qena . Read more about this in the section Projects.

Thanks to our years of experience, we know what it is like to work in a completely different environment. It is important that less fortunate people are treated respectfully and with compassion instead with pity. In our efforts to transfer our knowledge to colleagues in developing countries, we continue to adopt a teachable approach and are open to mutual knowledge transfer. We ask from our team members a professional and respectful attitude towards each other and towards the team members in the receiving country.





## MOTIVATION TO ESTABLISH THIS FOUNDATION

The board of Heart for Humane Investment asked me, Ghada, to write this section from my personal perspective. In 1990 I wanted to remigrate to Egypt. An Egyptian professor of Surgery advised me to first follow the training in the Netherlands and afterwards make myself useful in Egypt. No sooner said than done. After completing the training for cardiothoracic surgery at the St. Antonius Hospital in Nieuwegein, chance led me to Yemen. Together with a Dutch team, we accomplished a heart surgery project in the capital Sana'a from 2001 to 2005.

In 2010 the opportunity arose to do this work again in Egypt. For almost 15 years we have been fulfilling the dream of sharing Western knowledge and skills with our Egyptian colleagues for the benefit of heart patients. The successful collaboration with Foundation ZorgGroep Twente Overseas (ZGT Overzee) motivated us to set up our own foundation. Our goal is to expand this collaboration, collaborate with other foundations and undertake many other medical projects. The need for care, training and scientific research in many countries requires more structure and frequency of support. A lot of good work is already being done and by joining forces with partners we expect a good chance of success!



*Ghada Shahin neemt informed content af*

## MISSION

The mission of H4HI is to provide high-quality medical care to underprivileged communities in the world, with special attention for the time being to Egypt. We strive to increase access of care to everyone and develop educational and prevention programs to achieve this. In addition, we want to improve the quality of care

through our work at local level in collaboration with local healthcare staff. Through our contacts in underprivileged areas and the healthcare network that we have built in recent years, we want to use our knowledge and experience to provide even more care in various specialties in addition to heart and lung surgery and interventional cardiology. H4HI aims to form teams that are sent several times a year to areas where (extra) medical support is needed due to inequality of opportunity. The aim is to strengthen accessible care in underprivileged areas in this way. Also we aim to give local professionals a boost through training and knowledge transfer and thus promoting and encouraging self-reliance.

## VISION

The H4HI vision is aimed at contributing to a world in which all people, regardless of their socio-economic background, have access to high-quality care and in which development of knowledge is stimulated. We aim to achieve sustainable change through collaboration with local communities, health services, universities and other relevant stakeholders.



*Ghada Shahin discusses patient with cardiologist and local assistant before surgery*

*From a practical point of view, Egypt is used as an example when drawing up the objectives. However, H4HI's ambition is to serve more countries than just Egypt.*

### **DEFINITION OF THE PROBLEM RELATED TO CARDIAC SURGERY:**

Due to the extent of heart disease, government agencies and Non Governmental Organizations ( NGOs ) do not have the opportunity to make healthcare accessible to everyone. Cardiac surgical treatments in particular are currently limited to major cities such as Cairo. As a result, a physically ill person is forced to undertake a long journey and is then often confronted with a waiting list that is almost unacceptable

### **A SOLUTION TO THIS PROBLEM:**

By providing our assistance every year in the same “peripheral” cardiac surgical clinic, we lay a basis for local doctors and nurses. By adding our knowledge and skills to their training, they will be able to operate on patients on site, meaning that traveling to the big city will no longer be necessary. In this way we have demonstrated (in South Valley University Hospital in Qena , Egypt) that we can make an impact.

### **TARGET AUDIENCE:**

The patient target group consists of low-income patients who require complex cardiac surgical, pulmonary surgical and interventional cardiology care.

The medical target group consists of local doctors and nurses who we introduce to our team approach, with MultiDisciplinary Team (MDT) sessions. Transferring and exchanging knowledge and skills leads to self-reliance and less dependence on the large centers to which these highly complex patients would otherwise have to be referred.



## **SUB-OBJECTIVES:**

- Improving access to medical care: H4HI strives to make quality medical services available to underprivileged communities through collaboration with clinics, performing operations, providing medical supplies and training medical staff. The aim is to provide structural care instead of incidental care.
- Develop educational programs: H4HI aims to establish educational programs to create awareness about the prevention and treatment of heart and lung diseases. This includes organizing workshops, seminars and providing educational materials to both local communities and medical professionals.
- Capacity building: H4HI aims to strengthen local capacity. This includes training and educating local health workers, encouraging scientific research to measure results and establishing partnerships between local and international experts to promote structure and continuity.
- Collaboration and partnerships: H4HI aims to work closely with local governments, health care services and other stakeholders to create synergy and increase the impact of our initiatives.



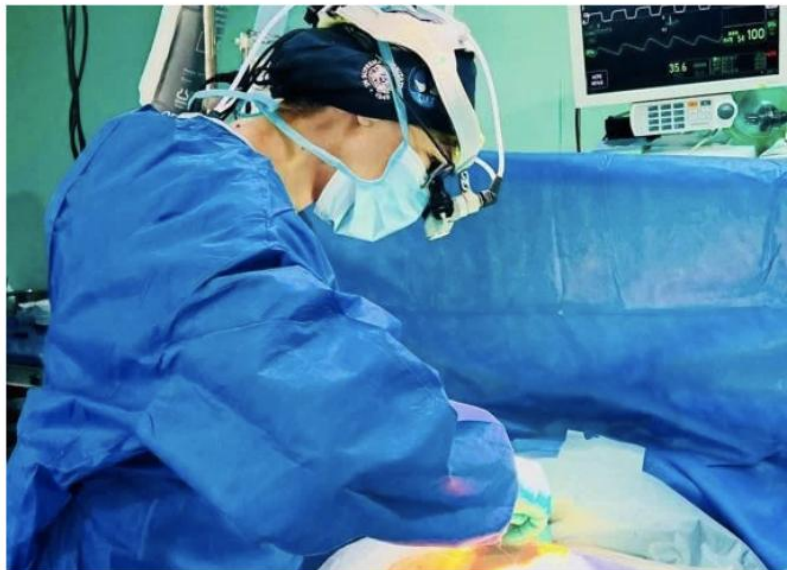
*Salah Saïd in the Cathlab for a complex pacemaker re-do replacement procedure.*

## **MONITORING AND EVALUATION:**

A monitoring and evaluation system that has proven to be effective is that noted evaluation briefings are held before, during and after each mission in which we evaluate, among other things, which materials the local team needs and which items we donate , which shortcomings there are (lessons from the past) and what we have achieved. This is intended to measure the progress and impact of our activities. This enables us to continuously adjust and improve to ensure that we achieve our objectives.

Our mission is to reach underprivileged communities. This concerns both underprivileged patients and underprivileged doctors and nurses. We always evaluate whether we reach underprivileged patients by looking at their socio-economic status. In the past it occurred on occasion that a wealthy family member of one of the staff was presented to us for treatment. We have learned from this by assuring ourselves prior to acceptance that the patient does not have the resources to be operated elsewhere. Naturally, we assess each patient for severity of disease and need for treatment and provide extensive advice about the treatment, its timing and where the treatment can best take place. As for “disadvantaged” doctors and nurses, we seek out the clinics that do not have direct access to high-quality education and training. The doctors and nurses in hospitals such as Zagazig and Qena are in urgent need of training and they are therefore very open to our visits. On the other hand, over the years they have learned how to provide reasonably good care with few resources. And we can learn a lot from that! This is an incredibly valuable way of transferring knowledge, especially when a year later we see that so many new things have been implemented.

In the section Projects you will see that we are conducting a multi-center scientific research into rheumatic valve disease in collaboration with medical students from South Valley University (SVU) in Qena, Egypt. The interest of the management has been aroused to such an extent that the SVU board of directors is aiming to become a Center of Excellence for Rheumatic Heart Disease. This is not be possible without the efforts of our foundation, as we build bridges from North Africa to European universities. In this way, we are not only closely involved with the people affected by the consequences of their low socio-economic status, but we can objectively evaluate our work through sound scientific research.



*Ghada Shanin working during a mission in Qena, Egypt, 2023*



## ( PEDIATRIC) CARDIAC SURGICAL AND CARDIOLOGICAL PROJECTS

This requires at least 10 team members. The disciplines that make up the teams are :

- anesthesia (anesthesiologist, anesthesia technicians)
- physician-scientist researcher
- cardiology (imaging and interventional cardiologist, Cathlab technician )
- surgery (cardiac surgeon, scrub nurses, clinical perfusionists
- Intensive Care (physician assistant and nurses)
- nursing department ( physician assistants and nurses)

## LUNG SURGERY

This requires at least 10 team members. The disciplines that make up the teams are:

- anesthesia (anesthesiologist, anesthesia technicians )
- physician scientist researcher
- surgery (thoracic surgeon, scrub nurses )
- Intensive Care ( physician assistant and nurses),
- pulmonary medicine (pulmonologist)
- nursing department ( physician assistants and nurses)

## SCIENTIFIC RESEARCH

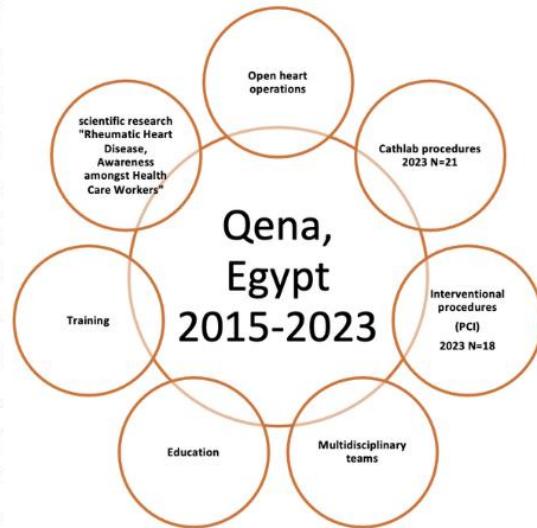
This requires at least 4 team members. The disciplines that make up the teams are:

- physician-scientist researcher
- cardiology (imaging cardiologist, interventional cardiologist)
- surgery (cardiac/thoracic surgeon)
- pulmonary medicine (pulmonologist)

## CURRENT PROJECTS

### SOUTH VALLEY UNIVERSITY HOSPITAL, QENA, UPPER EGYPT

2015-present: Under the banner of the ZGT Overseas Foundation, the “Dutch Medical Team” traveled to the south of Egypt in 2015. This university hospital has a small cardiac surgery department. The request of the director of the university is that we facilitate the training of local doctors and perform open heart operations so that the department can gain more brand awareness, enhancement of quality of care and thus improve the number of referrals. This project is still ongoing, but through years of collaboration we now see clear improvement and selfsupportiveness of the local team.



## PROJECTS 2024-2026 UNDER THE BANNER OF HEART FOR HUMANE INVESTMENT

### PEDIATRIC CARDIAC SURGERY

A Dutch pediatric cardiac surgeon has agreed to develop and implement a Pediatric Heart Surgery project. After an exploratory trip in mid-2024, it is expected that this project will start in the autumn of 2024/spring 2025. The location and other details will follow. The ambition is to start in a center to be determined in Egypt, for 1 week, during which approximately 10 neonates and children will be operated on.

### LUNG SURGERY

There is a lot of demand for help in the treatment of lung cancer. Highly complex lung surgery is an important part of this treatment. There is a particular need for knowledge and skills in the field of minimally invasive techniques (Video Assisted Thoroscopic Surgery) to perform lung operations. The basis of this project is being laid and it is expected that we can undertake an exploratory trip in 2024. This project will take place in a center to be determined in Egypt, during which multidisciplinary tumor boards will be held for 1 week and approximately five Video Assisted Lung operations will be performed.

## **ADULT CARDIAC SURGERY ZAGAZIG , EGYPT**

Now that the El Ahrar Hospital in Zagazig , in the Nile Delta in Egypt, has a new administration and the hospital is under reconstruction, our team has been invited to take up a new Acquired Heart Disease project. This means that we will support heart surgery and interventional cardiology there.

## **EXPLORATORY PROJECTS**

Before committing to one of the above projects, exploratory trips are made by only a few board or team members. These trips are intended to assess whether the preconditions for the success of the projects are present.

## **HAND HYGIENE PROJECT**

In October 2023 we started a Hand Hygiene project in Qena, Egypt. Hygiene is extremely important. To demonstrate this to the local hospital staff we provided theoretical education, after which theory was put into practice and the staff could practice washing and disinfecting their hands. The result could be visualized with a blue UV lamp. The rules of hand hygiene were printed on plasticized posters and hung at crucial places in the hospital.

The ultimate goal of this project is to continue to provide the hospital annually not only with education and training but also the requirements for making disinfection fluid. Alcohol dispensers must be available in the hospital as well as annual training for new staff members.

Hand hygiene is one of the most important measures against the spread of infectious diseases such as diarrhea, pneumonia, bladder infections and wound infections.



# SCIENTIFIC PROJECT PREVENTION OF RHEUMATIC HEART DISEASE

## QENA FROM APPENDIX TO ARTICLE !

Every year, a complete cardiac surgical team goes to a clinic in Egypt where care is less obvious. I took part in this for the first time in May 2022. Arriving at South Valley University in Qena , Egypt, I felt like an appendix because my role was not yet clear, but that would soon change. The young age of the patients with severe heart valve disease is striking . The heart valves are affected by the Streptococcus group A bacteria, which causes throat infections in childhood. This condition is known to be common in countries with lower socio-economic status. It used to occur in countries as the Netherlands, but due to a combination of reasons including hygiene, accessibility and organizational structure of medical care, it has become an uncommon condition over time. Because I didn't really understand where the sting was, I started asking questions (are the children going to a doctor, is the throat infection being treated properly, who prescribes which medication, etc.). After several conversations, I found myself standing in front of a classroom filled with interested students. I managed to inspire them to do research so that we can map out this clinical picture together. In the absence of digital databases, a survey was conducted to measure the state of knowledge and professional behavioral aspects of doctors in 20 Egyptian universities. The results of this survey have been incorporated into a beautiful manuscript that will soon be submitted for publication in a renowned medical journal.

From that first moment in May 2022 to the present, there has been close collaboration through regular recurring Teams Meetings between the students, Ghada Shahin and myself. Recently this contact was also “live” when we visited Qena . The basis has been laid to continue and expand the research in the hope of rolling out action points across Egypt with the aim of eradicating rheumatic heart valve disease. All this will be done of course in consultation with the Egyptian Ministry of Health.

The problem of rheumatic heart valve disease extends to a great part of the world. We're starting small, but other developing countries have already shown their interest in our research. We shall persevere!

Parvin Azimullah ,  
November 2023



*Parvin Azimullah between the students at the University of Qena*

## ORGANIZATION

H4HI was founded in 2022. We are a foundation that only works with volunteers. The board is unpaid and only receives compensation for expenses incurred.

We are transparent in our working methods and guarantee our friends that donations in any form will reach the target group 100% via H4HI.

Of course we are not there yet and we have a large wish list. We find expanding care and strengthening local expertise particularly important.

To make this possible, donations from third parties are indispensable. With every donation we come one step closer to completing projects.

This depends on the vital support of our friends/donors.

The current board consists of professionals who have knowledge and experience in the field of cardiac surgery and management of an organization.

Mrs. Steffi Geerts is well aware of the administrative side of an organization like H4HI. Her experience at Doctors Without Borders is indispensable. Her position within H4HI is general board member.

Mrs. Roelien Kok has extensive experience as a clinical perfusionist (first Dutch heart transplant and setting up heart surgery in Zwolle). She has also been involved in work in developing countries since the first mission to Yemen and Egypt. Her position within H4HI is co-founder and general board member.



Mrs. Rianne Rijdsdijk started as a scrub nurse and further qualified as a Physician Assistant and is currently working at the University Medical Center Utrecht. She is also vice chair and financial board member of the Dutch Association of Physician Assistants (NAPA). Her position within H4HI is treasurer.

Mrs. Ghada Shahin, is a cardiothoracic surgeon currently working at the Leiden University Medical Center in Leiden. Her position within H4HI is founder and chairman.

Mrs. Nicoline Wesseling, she is trained as scrub nurse and has further qualified as a Physician Assistant. She currently works at the University Medical Center Utrecht. She also has experience running her own business. Her position within H4HI is secretary.

Mrs. Noor Smit does not officially participate as board member, but is responsible for the content creation and management of the social media channels and secretarial support .

There is no remuneration policy for board members, other than that expenses incurred are reimbursed.

## COMMUNICATION

The medical target group is reached via emails, WhatsApp, and online meetings. They pre-select surgical candidates.

The patient target group keeps in regular contact with us by physically visiting us when we are back in Egypt and in the meantime, we stay in contact via social media. This way we still keep an eye on the most severely ill patients.

# FINANCES

Management and expenditure of assets:

- The funds received will be spent on the purposes described in the articles of association. The starting point is to keep recruitment, management and administration costs as low as possible.  
For an overview per activity, see the separate budget.
- The treasurer will prepare annual accounts every year. In those cases where this is possible and necessary, a continuity reserve will be included in the annual accounts.
- Money received prior to expenditure is kept in the current account or an internet savings account and then spent on the intended purpose.
- Any positive balance upon liquidation of the foundation will be spent on behalf of a public benefit institution (ANBI) or on behalf of a foreign institution that aims exclusively or almost exclusively for public benefit and that has a similar objective to Foundation Heart for Humane Investment.

Fundraising:


personal network , social media channels and donations generated via the website.



# CONTACT DETAILS

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