Report on medical mission trip to ELWA hospital, Monrovia Liberia from 14th November to 30Th November 2025 by Dr Craig Parker

The trip was conceived after discussions with Dr Victor Friendland as well as Dr Augustin Lutukwa where the need for anaesthesia support in Africa north of our South African borders came up. Following a trip earlier in the year to Liberia by Augustin, the specific anaesthesia needs of Liberia were highlighted and a decision was made to plan a trip there together at the end of 2025. Circumstances eventually meant that Augustin was unable to travel and so I went on my own to spend two weeks assisting and assessing the anaesthesia capability at ELWA hospital, and in the broader Liberian context, to see how we could assist. A short course during the time based on the Global Surgery anaesthesia launchpad was also planned. The trip was co-ordinated through, and hosted by, Dr Rebecca Epp of SIM, the Chief Medical Officer at ELWA.

ELWA hospital is a full service hospital with a theatre complex comprising 3 theatres. A team of general surgeons and an obstetrician provide elective and emergency surgical services to the Monrovian community. A vast range of surgeries are performed from neonates up to the elderly. Anaesthesia is given by a rotating team of nurse anaesthetists who have spent a minimum 3 years doing a postgraduate degree in anaesthesia at the local Phebe College of anaesthesia. There are approximately 120 nurse anaesthetists in the country with up to 14 being trained each year at the college. There are currently 3 specialist anaesthesiologists in the country, all based at the JFK government hospital in Monrovia but there seems to be limited interaction between them and the other hospitals in country.

The trip started with spending a week in theatre getting to know the team and to see how theatre was structured and operated, the equipment they were using, the anaesthesia providers as well as their skill levels. Cases are done under spinal anaesthesia wherever possible, and the team was comfortable giving Spinals and managing patients under spinal. It seems that previous spinal complications have not necessarily been managed well though when they occur. There was opportunity to discuss theatre preparation as well as the management of complications of spinals should they occur. There was also the opportunity to do a few general anaesthesia cases and the anaesthesia team is less comfortable doing these, not least of which due to the very old anaesthesia machines and equipment that they have. Overall, I was most impressed with their knowledge, skills and desire to serve their patients to the best of their abilities.

One case of interest that first week was an 11 month old girl who has a piece of wire stuck in her nasopharynx that was extremely difficult to locate and remove. Much was learnt by the team on duty through anaesthetising and managing the child. The wire was removed and she was discharged the next day completely well.

On Friday and Saturday of the first week a two day “Anaesthesia launchpad’ course was hosted at ELWA. Nurse anaesthetists from across the country attended with 20 completing the course. Some travelled as much as 5 hours by road to attend the course. We even had a nurse anaesthetist from the armed forces of Liberia in attendance. Dr Rebecca Epp arranged a fantastic venue and food for the event. The two days focussed on improving obstetric outcomes by implementing spinal and GA safety processes as well as managing high spinals, pre-eclampsia and unstable ectopics. The basic training they had received at school was built on and practical tools were provided to help them plan better and execute

these plans more safely. Feedback from the course was most encouraging with a request to please come back and do this again.

The following week was spent in theatre consolidating what was learnt on the course. This included anaesthetising a two week old neonate (who also had malaria) and a number of spinal/GAs that helped with the training on the basics of ventilation and volatile anaesthesia. The OPtiramp pillow I brought was put to good use on obese patients where airway optimising was improved.

A training session was held the first week with the midwifery and obstetric team on managing Post Partum haemorrhage (PPH) with a focus on some of the samples I had brough with me. Sinapi medical in Stellenbosch sent some samples of their ELAVi balloon uterine tamponade device and some blood monitoring drapes. I was also able to donate a couple of Maternawel trays (Maternova/Umoya) so they had a number of different resources to explore for first detecting and then managing PPH. The following Monday I learned that on Sunday, a patient had massive haemorrhage following CS and after losing approximately 3l of blood, one of the Elavi ballon tamponade devices was placed. This stopped the bleeding and she was able to be transfused back up to a stable condition. When the balloon was removed the next day there were minimal clots and no further bleeding. The team was most grateful and felt that the ballon had definitely saved this lady's life. I am struck by how the Lord's timing is perfect! At a national meeting the following week the issue of PPH came up and the difficultly monitoring blood loss and the ELWA obstetrician was able to profile the simple and cost effective interventions we had just discussed the week before. Hopefully that will translate into some tangible action to improving maternal outcomes in Liberia. The WHO maximum for MMR is 70/100,000 live births. The UK is 7/100,000. South Africa is 110/100,000. Liberia is close to 800/100,000. That is almost 1% of women dying from childbirth with a devastating effect on Liberian social structures and PPH is an area where simple interventions can save lives.

Obstetrician (Dr Susan at left) and midwives at PPH training

One day was spent travelling to the nurse training centre in Phebe, approximately an hour from the Guinea border. This was a very useful time exploring the training they receive, meeting the educators and discussing possible ways that we could collaborate going forward. South Africa, through the Rural Doctors Association has a district training program that includes anaesthesia that would be most useful for them to access and be a part of. I am looking forward to seeing how we can make that happen in the new year.

There was keen support from the association of nurse anaesthetists through their chairperson, Dolo, who attended the training and facilitated our visits to Phebe. Their support means that even those not present can still benefit from the material provided and will be plugged into the ongoing support.

At a personal level I was truly blessed to be able to meet a diverse group of medical professionals and missionaries with a common heart to serve the underprivileged of Liberia. I saw such commitment and heart and reflected daily on how grateful I am for the resources that we have available back home. I was welcomed in and made to feel a part of the community from day 1 and even though the time was short I feel like a part of me stayed behind. I was stretched, challenged and blessed as I served there and am richer for it.

Thank you to everyone who was part of making this trip happen. To those who contributed to the trip expenses and to those who prayed – you were all an important part of the mission.

I hope that I will be able to return in 2026 to build on the progress made during this trip.