CAPACITY BUILDING
We bring skills to African health workers, who in turn use these skills to treat their own communities. Our primary commitment is to improve their ability to respond to their community’s health needs and to individuals’ emergencies. Our capacity building programs include formal and informal training courses. The formal courses combine theory and practice and involve hospital and health centre health workers, as well as community workers who are responsible for raising health awareness and education in the villages. The informal training is mostly on the job, shadowing doctors and nurses, international volunteers and local health workers.

ON-THE-JOB TRAINING
This is one of the simplest and most effective ways to pass on knowledge and skills: on-the-job training shadowing experts, for those who are less experienced, providing direct learning in a hospital, in operating theatres, visiting patients and during check-ups in the mobile clinics that reach the most remote villages. Those who know how to perform a specific task teach it to their less-expert colleagues. This is one of the essential aspects of our volunteer doctors’ missions, and the same applies to our health workers with their new recruits; both produce extremely positive results.

TASK SHIFTING
It is essential to ensure that the few health workers present in each area are skilled and able to respond to the highest possible number of health needs. For this to be possible, the redistribution of tasks and responsibilities between different health workers is a highly effective strategy; this is called ‘task shifting’. We train non-medical staff in life-saving surgery (for example, caesarean births) even in the smallest health centres.

APPROPRIATE EQUIPMENT
Appropriate equipment is available, and can be used, even in remote and very poor areas to deal with particularly important health concerns. In practice, the equipment is very low cost, easy to use and maintain. A perfect example is kangaroo mother care (KMC) for preterm and low-birth-weight newborns: simple wraps allow newborn infants to benefit from their mother’s body warmth and skin-to-skin contact. This is producing excellent results in terms of saving lives in places where an insufficient number of incubators could be provided, and where maintenance would be impossible, due to cost and lack of skills. Furthermore, experience has shown that using this type of equipment also promotes a joining together of healthcare provisions and social setting, working to break down potential cultural barriers and encouraging the community to use the available health resources.

COMMUNITY PARTICIPATION
Engaging with local communities is another fundamental aspect of our work. Understanding their real needs, and sharing the creation and implementation of our plans, increases our programs’ effectiveness. In addition to having facilities that work and appropriate skills, the local people must be made aware of how important it is to prevent and treat diseases. Our presence in these countries for many years works in our favour, as the people now know and trust us. Moreover, the choice to reinforce the National Health System, instead of creating a parallel one, allows us to work as a team with the local communities. This means that in time they will be able to continue the work without us.

GLOBAL HEALTH
Global Health is a research and action approach, defined by adopting a broad view that analyses the interdependence between local and global phenomena, and benefiting from the contribution of many inter-disciplines, as well as those that are typically health-related (social and human sciences, economy and law). We have wholeheartedly adopted this approach since the 1990s, increasingly paying attention to the various determinants of health. Our activities aim at establishing useful teamwork so that health service improvements go hand-in-hand with integrated community strengthening; for example, by means of income-generating activities and improvements to the infrastructure needed for better hygiene.

VOLUNTEERING
The CCM was set up by a highly motivated group of volunteers in 1968. The same strong sense of motivation still allows today’s volunteers to overcome the many physical and psychological challenges that our missions bring with them. Without this strong motivation, it would be difficult for our volunteers to continue to take part in missions (which often happens), or to continue their work when they return home, raising awareness, sharing their experiences and involving others (as they continue to do). Over the years, the organization has been structured so as to increase the impact of its actions. Today, the CCM is no longer just a volunteer organization; it also has a strongly motivated staff of professionals, both in its offices and in the field. However, volunteers are still one of our most precious resources.