DID YOU KNOW?

- Skin diseases affecting our patients in sub-Saharan Africa include many of the same conditions we treat here in the U.S., including skin cancer, eczema, fungal infections, psoriasis, and lupus.
- Skin disease can affect our patients’ ability to provide for their family. A study of the global burden of disease has shown that skin disease can cause as much, if not more, disability than asthma and diabetes.
- HIV is common in many of the areas we work. Over 90% of HIV/AIDS patients will develop a skin condition at some point over the course of their illness.

YOU CAN HELP

You can help make high quality diagnosis and treatment a reality for those suffering from skin disease in some of the most impoverished communities worldwide.

If you would like to make a gift to support our efforts, please reach out to:

Megan Daniels
mdaniels@mgh.harvard.edu
617-643-0987

Make an online contribution at:
http://because.massgeneral.org/global-health-dermatology

WHERE WE COLLABORATE

Kenya
Moi Teaching and Referral Hospital—Eldoret

Uganda
Infectious Disease Institute—Kampala
Mbarara Regional Referral Hospital—Mbarara

Nigeria
Institute of Human Virology—Abuja

Switzerland
World Health Organization—Geneva

South Africa
Stellenbosch University—Tygerberg

TO LEARN MORE ABOUT OUR PROGRAM:
massgeneral.org/dermatology/globalhealth
GlobalHealthDerm@partners.org
WHO WE ARE

Esther Freeman M.D. Ph.D. is a dermatologist and epidemiologist specializing in global health dermatology. She has worked to improve healthcare, especially those affected by HIV, in sub-Saharan Africa, Latin America, and southeast Asia since 2003.

Since 2012, she has collaborated with the World Health Organization to establish guidelines for the treatment of HIV-associated skin conditions in the developing world. She has won the American Academy of Dermatology’s Member Making a Difference Award and was the most highly-cited author in the area of epidemiology in AIDS in 2009.

Her current work centers around Kaposi’s sarcoma, a potentially deadly tumor associated with HIV that first appears on the skin. Her work has been supported by the National Institute of Health (NIH), the American Skin Association, the Harvard Center for AIDS Research, the Medical Dermatology Society and the Dermatology Foundation.

OUR DUAL MISSION

1. To improve diagnosis and treatment of skin conditions in resource-poor settings.

2. To train providers at home and abroad in delivering high quality dermatologic care to those most in need.

LACK OF ACCESS, LACK OF TRAINING

Some of the issues we face in resource-poor settings include:

- Limited training of healthcare workers
- Lack of diagnostic tools and equipment
- Poor patient access and transportation to sites providing quality care

LIVES CAN BE SAVED BY EARLY DIAGNOSIS OF SKIN CANCER

For example, we have developed our version of a Kaposi’s sarcoma “SWAT” team: by training healthcare workers in rural areas of Kenya and Uganda to do skin exams and skin biopsies on patients far from larger hospitals, we are diagnosing patients earlier in their disease, leading to earlier treatment and lives saved. In addition, we are currently researching novel rapid, point-of care diagnostic strategies. We are evaluating whether existing technologies and concepts can be adapted from other areas of medicine, in order to make diagnosis for patients in some of the poorest areas of the world even faster.

Dr. Freeman training a healthcare worker in Kenya to perform a skin biopsy to diagnose Kaposi’s sarcoma.

One of the most critical factors in patient outcomes is the challenge of rapid and accurate diagnosis in an environment with little technology, wrenching poverty, and harsh travel conditions. Fortunately, by sharing our knowledge, we can help advance early diagnosis and treatment for diseases such as Kaposi’s sarcoma.

Kenya: Patients receiving chemotherapy treatments under temporary tents.

Dr. Freeman says, “I realize the pace will be slow, but the result will be that no patient anywhere in the world will slowly suffocate from Kaposi’s sarcoma because the care needed simply wasn’t part of the community’s training”.

Dr. Freeman training a healthcare worker in Kenya to perform a skin biopsy to diagnose Kaposi’s sarcoma.