

## **GLOBAL HEALTH EDUCATION CONSORTIUM ANNUAL REPORT B 2010**

This year has been eventful, much has been accomplished and the groundwork is being laid for a critical year ahead. This brief report highlights ongoing and new activities as well as a description of operational developments.

### **PROGRAM AND PRODUCTS**

**Annual conference and symposium.** A very successful three-day conference was held in Cuernavaca, Mexico, co-sponsored and hosted by the Instituto Nacional de Salud Pública. Conference theme was: *Alliances for Global Health Education: Learning from South-South Collaboration, Strengthening the Commitment*. Arrangements and facilities were excellent, and the ability to provide simultaneous translation in all plenary and some of the breakout sessions made it a truly multi-national event. The 554 registrants came from 26 countries and included 190 students. In the fall GHEC, in consultation with the Consortium of Universities for Global Health, agreed to organize a joint GHEC/CUGH conference during November 13-15 in Montreal, Quebec. The conference will be co-sponsored by the Canadian International Health Society and under the direction of Drs. Tim Brewer and Anvar Velji.

**Innovative Medical School project.** The IMS project, initiated in 2007 by GHEC, involves eight socially accountable medical schools in Africa, Australia, Canada, Latin America and the Philippines. Operating in different contexts these schools developed common strategies to meet health system and workforce needs in their regions. They are training physicians to have both the skills and commitment to serve the disadvantaged among their national populations. Now under the management of GHEC's Brussels-based affinity organization, Training for Health Equity Network (THEnet), the IMS project has become a leading model for the reform of health workforce education. During the past year THEnet completed the finalization and testing of its joint Evaluation Framework at six of its member schools. The results were presented at a symposium of the Faculty of Health Sciences at Walter Sisulu in October and shortly thereafter, at the Consensus for Social Accountability in Medical Education Conference in East London, South Africa. As a result of experience gained in this project THEnet has received requests from Capacity Plus to help develop guidelines for a new medical school curriculum in Nigeria and to revise medical education curricula so as to promote socially accountable education programs. It has also provided assistance to the task force for the New Medical Education Curriculum in Ethiopia.

**Modular courses update.** Two courses are under development, one for pediatric residents and the other for introductory level students. The course project is under the direction of a five-person team from three universities. A grant of \$25,000 was received from the Arnold N. Gold Foundation to support work on these courses. Dr.

Glenn Nordehn, Northwestern University, Chicago College of Osteopathic Medicine, has been helping greatly to develop a robust and versatile module platform for use in the courses. (1) **Pediatric course** (13 modules): Three global health modules are well advanced (Neonatal Health; Malnutrition; Public Health Systems and Health Access Inequities) and were in draft by year's end. The remaining modules will be done in phases through the first half of 2011. These will then be available for field tests, evaluation, and following review, final revision. The project is proceeding under the direction of Dr. Suzinne Pak-Gorstein of the Univ. of Washington in collaboration with the Section on International Child Health of the American Academy of Pediatrics. The focus will be on the special problems of delivering child health services in low resource situations. (2) **Introduction to Global Health course** consists of (22 core and 10 supplementary modules). Two modules are in advanced draft; author instructions and a module template became available in December; invitations to potential authors will be sent out in January for most of the planned modules. The SAC has identified many students who would like to help with module development so GHEC will be serving as a matchmaker, linking up students with authors. At least half of the modules should be ready for review by the summer and the balance by the end of 2011.

**Review of existing modules.** Arrangements are being made to have each of the ~90 existing modules reviewed by at least two students and one peer reviewer. The reviews will be sent to the authors for consideration and revision. GHEC is developing an improved IT platform for this '>upgrade phase' of the project. Several new modules are under development on: neglected tropical diseases; global health ethics; nutrition; skin diseases.

**GH mini-tutorials for the Kaiser Family Foundation.** KFF arranged with GHEC to produce five mini-tutorials (Careers in GH, Child health, Health economics, Population Dynamics, and Women's health), not exceeding 15 minutes. In their first venture into global health they seek to provide short, informative tutorials for students and the informed citizenry. These are intended to inform and attract persons into learning more about global health, and not as course teaching materials. The first one is available on health economics, authored by Dr. Kevin Chan of the Univ. of Toronto. Go to: [www.kaiseredu.org/tutorials/economics-health/player.html](http://www.kaiseredu.org/tutorials/economics-health/player.html). Two others are in advanced draft and the final two will be completed in early 2011.

**Collaborations to distribute modules.** A student organization, Universities Allied for Essential Medicines (UAEM), has requested permission to make many of GHEC's modules available to students in low income countries on memory sticks. GHEC has agreed to this and the details are being worked out. Additionally, GHEC has approved translation of many modules into Korean for use in their educational programs.

**Global Health Residency Guidebook.** In 2005 GHEC collaborated with three student organizations led by IFMSA in the preparation of the document, *Developing Global Health Curricula: A Guidebook for U.S. Medical Schools*. Under the direction of Dr. Jessica Evert, a much expanded (about 60 more pages) and improved 2nd edition of this popular Guidebook will be available in early 2011. The guidebook will be available in soft cover and available for download and online access. It explores the

hurdles and opportunities inherent in global health graduate medical education. Included in the Guidebook are a comprehensive list of resources and ethical considerations along with a listing of the features offered by selected existing programs. Its preparation has benefitted greatly from the participation of students and residents as well as faculty.

**Clinical Case Studies Workbook.** In late 2008 Dr. Gerald Paccione of the Albert Einstein College of Medicine organized a working group to develop over the next several years approximately 80 clinical case studies covering common problems encountered in low income countries (predominantly Africa). A typical case study consists of a short case presentation followed by questions that focus on diagnosis-without-resources and clinical reasoning, and are supplemented by notes for instructor use. The goal is to assist clinical year students, residents and physicians develop skills for providing care in low resource situations. By the end of 2010 ~50 case studies were in draft and another ~50 should be available by late 2011.

**Non-clinical case studies project.** Dr. Ted MacKinney at the Medical College of Wisconsin, assisted by a Steering Committee of faculty and students, initiated in November a call for non-clinical case studies. Suitable for pre-clinical as well clinical students, they will deal with the myriad community, organizational, programmatic, political, social, ethical, workforce and other issues students and residents face when working in low income countries. These studies will complement the eLearning modules by providing faculty with good materials for use in classroom discussions.

**Code of Conduct for Overseas Training and Service project.** Dr. Jim LoGerfo of the Univ. of Washington, aided by Dr. Anvar Velji of UC/Davis, drafted a Code to guide those involved with placing students overseas. Following membership review and the Student Advisory Committee, the Code was revised and posted on GHEC's website.

**Global health competency standards.** In 2010 a U.S./Canadian committee of faculty and students under the direction of Dr. Timothy Brewer of McGill posted draft recommendations for global health educational and competency standards for all undergraduate medical students (see: <http://globalhealtheducation.org/resources>, or [www.mcgill.ca/globalhealth/resources/](http://www.mcgill.ca/globalhealth/resources/)). Dr. Lynda Wilson of the Univ. of Alabama at Birmingham School of Nursing, adapted these to nursing and had them translated into Spanish and Portuguese for review and revision by nursing faculty in North and South America. These and related GHEC projects seek to provide guidance in the design, implementation and evaluation of educational programs.

**GH Textbook evaluation project report.** Dr. Neal Nathanson of the Univ. of Pennsylvania led a small team to review five introductory global health textbooks published since 2007. Ultimately 37 faculty and students participated in the project. Thirteen content areas were identified, e.g., health and development, health systems, burden of disease, child health. Each area was reviewed and rated by two students, one generalist and one content expert according to four criteria, and the five books, taken as a whole, was reviewed by four faculty. The findings were analyzed, a detailed report prepared, and the findings disseminated to the membership. An abbreviated

article will be published in February, 2011, by *Global Public Health: An International Journal for Research, Policy and Practice*. This multi-book review will provide valuable information to instructors, students, authors, and ultimately, to publishers and can help answer the question, what makes for a good textbook in this complex and rapidly growing field.

**Global Health Directors Network.** As a result of interests expressed at the 2008 Sacramento conference GHEC created a network of global health directors under the leadership of Dr. Calvin Wilson of the Univ. of Colorado School of Medicine. The Network seeks to facilitate exchanges among program directors about common program problems, challenges, opportunities, best practices and methods. A listserv was created and a list developed of problems and resource needs. In 2010 Dr. Wilson left for an overseas assignment and at the 2010 Cuernavaca conference, Dr. Andrew Dykens of the University of Illinois - Chicago, assumed Network leadership. Approximately 40 program directors met at the April 2010 Cuernavaca conference and discussed potential plans for Network development. Dr. Dykens created a Google Groups site as an interim access point and invitations were sent to network members to contribute. The lack of a robust GHEC website with committee, wiki and forum capabilities has slowed full utilization of the Network's potential. Once GHEC's IT revision has been completed by early 2011 Network members will be surveyed to identify priorities and plan activities.

**Website Resources.** The resources section of the website continues to expand and improve. Updates of GHEC's global health bibliography (27 topic categories, >800 citations) and the annotated website list developed in collaboration with the student organizations, AMSA, CFMS and IFMSA, are scheduled for 2011. These and other time-sensitive website resources are to be updated every several years.

### **MEMBERSHIP, OPERATIONS, LINKAGES, PLANS**

**Membership.** During the year GHEC worked to recruit new members, focusing especially on schools of disciplines other than medicine. New institutional members in 2010 included 8 medical schools, 6 professional schools and 2 residency programs. By year end the number and distribution of members were as follows: 57 medical schools; 12 health professional schools (including schools of public health and health sciences centers), 8 schools in LMIC countries; 8 residencies; and 6 NGOs and related organizations. Approximately 700 persons are on the professional listserv and 500 students and residents are on a separate listserv. There were 40 medical schools and universities that paid a discounted fee to join both GHEC and CUGH. In late 2009 GHEC and CUGH agreed to provide a discount of over 20% to schools maintaining memberships in both organizations. To coordinate the billing process with CUGH, GHEC changed from a rolling membership year, in which renewal occurs at the anniversary of joining GHEC, to a calendar year basis. This change created some confusion for many but by the end of 2011 most GHEC members were on a calendar year cycle.

**Governance, merger discussions, and operations.** GHEC is governed by a Board

of distinguished educators and includes two students representing American and Canadian student organizations. The Board meets twice a year and has conference calls every two months, alternating with the Executive Committee.

Since late 2008 GHEC has been in merger discussions with the Consortium of Universities for Global Health. In early January 2011 the two Boards signed a Memorandum of Understanding that will guide discussions during 2011. The MOU calls for four GHEC Board members to join CUGH Board members on a 'Transition Committee' which will oversee work during 2011. Three new faculty coming from non-health disciplines will also be added to the Transition Committee. Three joint GHEC/CUGH working committees will be concerned with Educational Programs, Operational Planning, and Membership and Programs. The MOU sets a target date for merger at the November 13-15 Montreal conference at which time a single Board will be formed for the combined organization.

Since 2007 GHEC's Secretariat has been co-located with Child Family Health International in San Francisco and benefits from MOU-purchased services from CFHI. In 2010 staff included a full-time Executive Director and Program Manager and a part-time Educational Programs Coordinator.

**Student Advisory Committee.** The SAC continues to play an important role in GHEC. Many current SAC members ended their terms in the summer and with the GHEC conference now in the fall, the SAC terms will go from fall to fall. In the fall of 2010 a call for new SAC members went out, more than 50 applications were received and 11 from the USA, Canada and four other countries were accepted. The 13 member SAC is co-chaired by Laura Pascoe and Genevieve Bois. Applicants not accepted or who didn't apply in time was regrouped in a student pool that is available to help with various projects. These students, along with the new SAC, started reviewing each of the ~90 eLearning modules now online. Student reviews will be complemented by at least one peer review by a person with topic expertise. These reviews are part of a major effort to upgrade GHEC's eLearning products. In progress since November, this will be excellent way to foster collaborative work between students and faculty and a major contribution by the SAC. In October SAC was informed of nine new and ongoing GHEC projects where the SAC and other students could have valuable input. In November SAC started matching student interests with the projects and work will start in early 2011. SAC members will also serve on the conference planning committee for the November 2011 Montreal conference.

**Information technology.** GHEC's server and IT system became increasingly unreliable starting in late 2009. Limited capabilities also put excessive demands on staff to handle membership needs and maintain the site. Equally important, the site could not provide the membership with the kinds of services and ease of access now expected in modern IT systems. In May GHEC commissioned a comprehensive IT review by NPower of NYC and their 41-page report documented many needed changes. Repairs and improvements started in the summer and a contract was signed with Prequel, of Pittsburgh, PA, to complete by early 2011 the system upgrade and commission GHEC's new server. Many new features will be available and the system

will be much easier to monitor, maintain and backup.

**Liaison with the Physician Assistants Educational Association [PAEA].** The PAEA Board approved liaison with GHEC in October 2008 to collaborate on international and global issues important to the physician assistant profession. Workforce development is one area of potential collaboration to help address the current estimated shortage of 4.3 million health care providers worldwide. PAs and PA analogues can help importantly to ease the global shortages and collaborations with GHEC can help prepare PAs to work in low resource regions of the world.

**GHEC participation in global health meetings.** **Dr. Anvar Velji** chaired a panel and was also a member on the abstract-poster selection committee at the CUGH meeting in Seattle, Washington (September). He also represented GHEC at The Global Consensus Meeting on Social Accountability in Medical Education at Umtata, South Africa, and at the launch of the US Summit and Initiative for Global Citizen Diplomacy in Washington, DC. Dr. Velji is a task force member of the Global Health section of the initiative. **Dr. Tom Hall** participated in the annual Global Health Council conference. He and Board member **Dr. Tim Brewer** organized several breakout sessions on educational methods and innovations at the 2<sup>nd</sup> annual Consortium of Universities for Global Health conference, hosted by the Univ. of Washington in September. – **Dr. Andre-Jacques Neusy** represented both GHEC and THEnet at multiple conferences and consultations including: Aspen Institute’s inaugural Global Health Roundtable (January); Cross Europe Conference: Delivering the Right to Health with the Health Millennium Development Goals-European Parliament, Brussels (March); Global Health Policy Forum, European Union, Brussels, (March); Medical Innovation 2010: A Global Perspective on Healthcare Innovation, Univ. of Oxford (March); African Medical Education Symposium (AMES), Dar es Salaam (April); Independent Global Commission on Health Professionals for the 21st Century, Beijing (April); The 2<sup>nd</sup> Inter-Agency Country Health Sector Teams (World Bank) meeting on: Improving Implementation Bamako, Mali (June); Global Health and Medical Education Symposium, at Ben-Gurion University of the Negev (May); CUGH 2010 Annual Meeting, Seattle (Sept); Launch of the Independent Global Commission on Health Professionals for the 21st Century, Boston (Nov-Dec.)

**Future Plans.** GHEC has four major objectives for 2011. First, work with CUGH to merge the two organizations and concurrently, develop a four-year strategic plan for the educational portion of the merged organization’s program. Second, complete the many modular eLearning resources now under development and update major resources now on GHEC’s website. Third, upgrade GHEC’s IT capabilities so that it can more efficiently manage its membership, financial, and programmatic information. Fourth, plan and coordinate GHEC’s 20th Annual Conference, to be held in Montreal, Quebec, November 13-15. The conference, with an anticipated 1,000+ registrants from multiple health and non-health disciplines, will be co-sponsored by GHEC, the Consortium of Universities for Global Health (CUGH) and the Canadian Society for International Health (CSIH).

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