GENERAL GLOBAL HEALTH ARTICLES

The Basics:


Current developments:

1. PEPFAR (the President's Emergency Plan for AIDS Relief program)
   - Created by George W Bush in 2003
   - 15 focus countries in Africa chosen (based on high HIV/AIDS rates, governmental cooperation and other geopolitical factors)
   - $20.4 billion spent from 2003-2008; another $20 billion from 2009-2011
   - by end of 2011, 4 million people were receiving ART b/c of PEPFAR
   - How to measure PEPFAR's success?

   Article:

   Summary: An editorial summarizing and commenting on an original article in the same issue (Bendavid E. et al. HIV development assistance and adult mortality in Africa. *JAMA*. 2012; 307(19): 2060-2067) which aimed to measure PEPFAR's success. The Bendavid article concluded that mortality declined more in PEPFAR focus countries than non focus countries (the easy assumption being PEPFAR has saved lives). However, “it was not possible to determine whether PEPFAR was associated with mortality effects separate from reductions in HIV-specific deaths.”
Emanuel raises the question: Is PEPFAR worth it?

- from 2003-2008, funding for: HIV (via PEPFAR) = $20.4 b; malaria = $1.7 b; maternal and child health = $2.2 b; family planning = $2.4 b; schistosomiasis = $45 million.
- Total global health assistance remains less than $28 billion a year. (PEPFAR is 75% of the US global health assistance budget)
- Is PEPFAR the best way to use this money?
- HIV/AIDS is not the number one health problem in low income countries (Respiratory diseases – e.g. pneumococcal pneumonia, diarrheal disease, and malaria all cause more deaths and DALYs lost than HIV/AIDS

Potential discussion points:

1. Despite the good PEPFAR has done, in the setting of limited resources, is the investment in PEPFAR worth it?

2. MEPI (Medical Education Partnership Initiative)

   -- Initiative developed by collaboration b/t PEPFAR, NIH, HRSA, USAID, and the CDC to help academic centers in Africa improve their graduate medical education programs and retain their graduates (i.e. reduce the Brain-Drain)
   -- announced in October 2010, partnered institutions in 12 African countries with over 20 U.S and Canadian universities; $130 million invested over 5 years
   -- focus on long-term development rather than disease specific
   -- MEPI program and the various partners are summarized nicely in this article:


   Summary: This article summarizes the MEPI program.

Potential discussion points:

1. MEPI as a facilitator for developing global health resident experience in partnered academic centers.
3. Attention on Non-Communicable Diseases (NCDs)

-- In Sept 2011, the first ever High Level Meeting on the Prevention and Control of Non-communicable Diseases held by the UN General Assembly
-- NCDs include cardiovascular disease, chronic respiratory disease, diabetes and cancers
-- These account for an estimated 63% of the global health toll

Article:

Summary: A viewpoint article, addressing the renewed focus on the diseases often over-shadowed by communicable diseases (e.g. HIV/AIDS and malaria) in the global health discourse. Estimates that by 2030, NCDs will account for 52 million deaths worldwide, 5 times the projected number of deaths from communicable diseases.

Potential discussion points:

1. Why do NCDs get overshadowed by communicable disease?
2. It is said 90% of diagnoses can be made with history and physical alone. Why, then, should radiology be valued in global health work?

Global Health Training and Partnerships:

1. How other specialties have developed global health programs:
   Surgery:

   Pediatrics:
Internal Medicine:


2. The “Sandwich Fellowship” as a Partnership model

--“Sandwich fellowship” is one in which a fellow from a developing country undergoes rotations at both their home academic institution and an institution in the developed world. They bring back this experience to their home country to lead development in their area of expertise.

Article:

Summary: The article documents the experience of the University of Ottawa Departments of Ophthalmology and Orthopedic Surgery partnering with Aga Khan University Hospital in Kenya.

Potential discussion points:
1. Good model to promote bilateral exchange between international partners

Ethics:


RADIOLOGY SPECIFIC ARTICLES:

Radiology efforts in global health:


Radiology - global health partnerships/training:


RAD-AID white papers:

