INTERNATIONAL UPDATE

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

AAFP Center for International Health Initiatives

WINTER 2008/2009

AAFP Members Participate in the Alma-Ata Declaration 30th Anniversary Celebration

By Rich Bruehlman, MD, UPMC—St. Margaret Family Medicine Residency Program

Drs. Bruehlman and Kellerman presenting a talk (prepared by Mary Jo Welker, MD, for the Physicians With Heart Symposia in Kyrgyzstan) on evidence-based methods of preventing coronary artery disease.

While on the Physicians With Heart mission in Bishkek, Kyrgyzstan, AAFP board chair Rick Kellerman, MD and I were accompanied by Barton Smith, MD (an expatriate doctor from the Scientific Technology and Language Institute) on our trip to the Primary Health Care and Family Practice Symposium at the Asfendiyarov Kazakh National Medical University in Almaty, Kazakhstan.

The conference was held the day following the International Primary Health Care Conference, which celebrated the 30th anniversary of the WHO, UNICEF, and the Kazakh Ministry of Health organized Alma-Ata Declaration. Attendees included sixth-year medical students (roughly the equivalent of fourth-year *continued on page 9*

World Health Report Calls for Return to Primary Health Care Approach

Adapted and partially reproduced from:
World Health Organization (WHO) News Release — www.who.int/mediacentre/news/releases/2008/pr38/en/index.html.

The World Health Report 2008 critically assesses the way that health care is organized, financed, and delivered in rich and poor countries around the world. The WHO report documents a number of failures and shortcomings that have left the health status of different populations, both within and between *continued on page 9*

Save the Date!

2009 AAFP Family Medicine Global Health Workshop

- Learn the latest in global family medicine development.
- Develop lasting approaches to sustainability issues.
- Network with leading international developers.
- Share your experiences and learn from others.

September 10 – 12, 2009
Omni Interlocken Resort in Denver (Broomfield), Colorado

Visit www.aafp.org/intl/workshop for details.

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Malaria in Sub-Saharan Africa

Allen S. Craig, MD, Resident Advisor, U.S. President's Malaria Initiative

After finishing medical school with a rotation in a hospital in the jungles of Shell, Ecuador, I was hooked. I wanted to practice family medicine in an under-resourced country. Finding that medical school debt made that dream difficult to fulfill, I spent the next 10 years on the Navajo reservation working as a family physician for the Indian Health Service. Over the years, I have made short term medical mission or public health consultancy trips to Ecuador, Paraguay, Zambia, and China. In 1997, I completed a public health fellowship in the Centers for Disease Control and Prevention's (CDC) Epidemic Intelligence Service Program and subsequently worked in public health in Tennessee.

In December of 2007, after 20 years of preparation, I finally had the opportunity to live and work overseas. I was appointed as the CDC Resident Advisor for the President's Malaria Initiative in Zambia. My family and I moved to Lusaka.

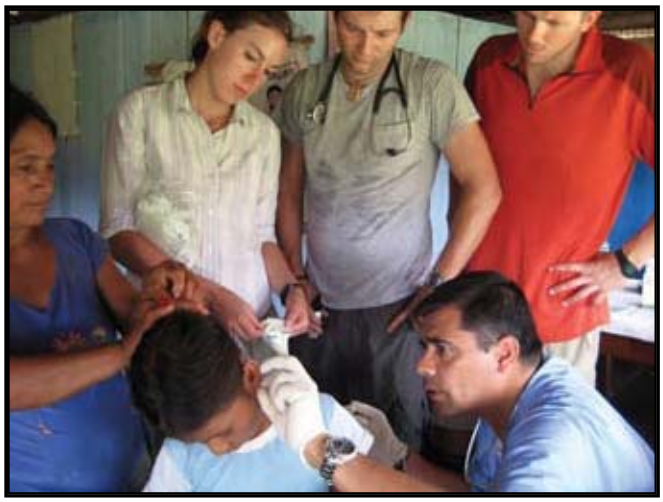
This is a particularly exciting time to be involved in malaria control efforts. For the first time since the 1970s, malaria elimination is being openly discussed. Evidence-based public health has provided a series of proven interventions that the Ministry of Health is implementing in Zambia, including indoor residual spraying with insecticides, artemisinin-containing combination therapy for treating acute malaria, intermittent preventive treatment for pregnant women with sulfadoxine-pyrimethamine, and insecticide-treated bednets.

There is a critical level of interest and funding for malaria control from different sources, including the Roll Back Malaria Partnership, Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as the U.S. Government, World Bank Malaria Booster Program, and the Bill and Melinda Gates Foundation. This effort has major challenges because malaria control does not lend itself to short-term efforts. The recent successes of Zambia in dramatically reducing the burden of malaria can only be sustained with long-term funding. Ministries of Health must continue to make malaria a top priority and international partners need to commit for the long haul in Zambia and other countries involved in the battle against malaria.

Sometimes the Best Teacher is a Failed Project

By Annie Larson, Christopher Warner, and Todd Carlson, University of Colorado, School of Medicine

Experience is what you get when you didn't get what you wanted. We had heard this oft-repeated cliché, but upon returning from our summer in Peru this insight had never been more salient. Months of planning meetings, exhaustive lists of needed supplies, and numerous predictions about project outcomes had not adequately prepared us for the reality of an international health care project. Within the first week, local health care worker strikes, bacterial dysentery, and the acknowledgement of an inoperable protocol forced us to abandon our project altogether. But the experience gained as a result has provided observations, connections, and reflections that have enriched our classroom education and will direct future project goals.



Todd, Chris, and Annie (right to left) look on as Eric Bascunan, MD attends to an abscess on a boy's neck in a small village along the Amazon.

Despite numerous setbacks, we still believed in the validity of a comprehensive health care capacity and needs assessment of the Peruvian Amazon. Yet, by remaining flexible, we were able to find numerous opportunities that gave us extensive exposure to the realities of international medicine. We met local NGOs working to establish better health care access and accompanied two of them on week-long medical missions, witnessing first-hand the

continued on page 3

The Global Health Residency at Loma Linda University

Jamie Osborn, MD, Family Medicine Program Director, Loma Linda University

Loma Linda University's P4 program is pioneering a unique way of preparing the international family physician for practice: the global health residency. In January 2006, the first longitudinally integrated four-year family medicine/ preventive medicine program was approved. James Crounse, MD and Jessica Watters, MD, two second year residents, have been instrumental in its construction.

Dr. Watters, who plans to live and work in China, explains why she came to this innovative program, "I realized early on in medical school that family medicine, more than any other specialty, could give me the broad range of skills I needed to be effective in international rural medicine. However, I wanted to do more than just set up a clinic or help run a hospital. I want to be involved on a systems level – working with communities to address the underlying causes of poor health, working with government leaders to improve access to care, and helping train a new generation of physicians and rural health care workers. Through the unique combination of family medicine and preventive medicine we gain crucial skills not only on an individual level, but on a community level. By integrating a global health MPH into the curriculum, we gain skills in community needs assessment, program development, and health policy."

Dr. Watters and Dr. Crounse, both interested in international medicine for many years, will graduate in 2010 having completed an MPH in Global Health and being dual board-eligible. Both are multilingual and have completed rotations internationally during both medical school and residency...with more international experiences to come.

Jessica Watters, MD with surgeons from Sir Run Run Shaw Hospital in Hangzhou, China, where Loma Linda has a long history of cooperation and academic exchange.

"We are finding that the process of innovating a unique residency is fabulously fun and very pragmatic," adds Jamie Osborn MD, the Family Medicine Program Director. "We are dreaming and negotiating together, designing a program which has an incredibly solid foundation yet is responsive and flexible to individual residents. We are nurturing the next generation of system-savvy servant leaders in international whole person care. Drs. Watters and Crounse are the leaders who will pave the way!"

The Best Teacher *continued from page 2*

weaknesses and strengths of both short- and long-term medical work. In addition, we traveled to numerous villages with a Peruvian doctor, participating in single day clinics, helped rebuild a local hospital, and delved into the world of herbal medicine and shamanic healing. This helped develop our clinical skills and exposed us to the realities of extreme poverty, remote location, and scarcity of health care resources that face the Amazonas region. Although our intended mission in Peru charted a different course, we came home with a better understanding of the complicated set of circumstances that oppose health care access in the developing world, a newfound appreciation for the hardships that people face, and a renewed passion for medicine. These early experiences in global health work will undoubtedly benefit our future diverse patient populations and have begun to sculpt our careers in international medicine.

Shoulder to Shoulder Water Project in Honduras

Winston Liaw, MD, Andrew Bazemore, MD, Jeff Heck, MD

Throughout the rural developing world, governments and NGOs struggle to provide simple and cost-effective strategies for households to maintain potable water, in hopes of reducing childhood diarrhea. Through Shoulder to Shoulder, students, residents, and faculty from eight departments of family medicine work towards collaborative community health development in rural Honduras. Working alongside community health committees, these teams address multiple determinants of health, including water security.

At one such site, the Department of Family Medicine at Virginia Commonwealth University (VCU) is collaborating with community leaders in Pinares, Honduras to reduce the incidence of childhood diarrhea, using a novel intervention created and tested by Potters for Peace (http://www.pottersforpeace.org). Over the past year, VCU brigades have worked with the local health committee in Pinares to deliver silver-impregnated ceramic water filters from Potters for Peace to high-need households. Volunteers also conducted baseline household health surveillance, instruction in the use of filters, pre- and post-water purity testing, and diarrhea incidence surveys. The results have been remarkable. Adoption has been nearly universal with most of the households using the filters daily. Six months after the project's inception, water from intact filters has been free from coliforms (bacteria indicating fecal contamination) while samples from their usual water sources have been frequently high in coliforms. As a result, childhood diarrhea in these families has decreased dramatically.

Success in this project is largely because of support from the local health committee and the longitudinal community partnership model of Shoulder to Shoulder. The organization is similarly addressing malnutrition, girls' education, alcoholism, micronutrient supplementation, and a wide range of other concerns identified by their community partners.

Dr. Liaw getting water from the grotto.

Why Become an International Member of the AAFP?

Tiago Villanueva, MD, family medicine resident, Lisbon, Portugal

When I began my family medicine residency, I was told that the American Family Physician (AFP) journal was one of the educational resources to put at the top of my list. I quickly became an eager and avid reader. In March 2008, I lost free access to the publication with the introduction of the pay-per-view system.

For a few months, I stopped reading the journal. Then I found out that I could become an international member of the AAFP. I never thought my application would be accepted, but in the end it was. And my membership cost was almost the same as subscribing to the AFP journal as a non-member. But with my membership I gained much more than the AFP subscription. I gained a comprehensive portfolio of perks and the added value of a sense of belonging to one of the most prestigious family medicine organizations in the world.

My international membership has allowed me to complete additional online training and courses through which I've earned CME credits. These credits are not recognized in Europe, and thus do not officially count toward my career progression. But they are an extremely useful beacon in terms of my professional development and a sound surrogate for the absence of a more structured and compulsory CME-based post-graduate training system in Portugal.

In several years, I hope to attend the AAFP annual convention. I like to think that being part of the AAFP is belonging to the leading pack in the field. And as a member, I am exposed to some of the latest ideas, developments, and innovations surrounding family medicine. In a global world, I think if any resident wishes to succeed and go far in his or her career, regardless of where they're based, they should make an effort to be as close as possible to the best professionals and scientific and professional organizations available. Even if that means virtual professional networking and distance learning. This is probably as far as most of us can get.

Lessons Learned from My First International Experience: Part II

By Edward Shahady, MD

It soon came time for us to go home. Fortunately, one of our replacements was a physician who was a fellow intern at Akron City Hospital giving us a connection for at least another year. I returned to finish my residency. We continued to raise funds through the annual basketball game for the hospital. Over the next five years, we raised more than $100,000 for the hospital. The Marine Corps proudly built a more permanent structure with more than 100 beds. A faith-based organization was recruited to take over the function of the hospital and continue to provide health care to the many needy Vietnamese children.

I learned many lessons from my year in Vietnam. The one that I carry with me every day is my trust in my diagnostic skills without multiple laboratory tests and an MRI. You can learn a lot by listening, looking, touching, and placing a stethoscope on a chest and an abdomen. We learned we could do a tremendous amount of good without lab tests and x-rays. I also have become more appreciative of how learning to say a few words in another language can engender trust. My few words were crude but they said something that was larger than words. I also learned about caring for diseases that are unique to other countries. Just listen to the people who live with the diseases and they will tell you what they are.

My experience in Vietnam created my passion for sharing my medical skills with other countries. As an educator that passion has permitted me to travel to other countries and help them with family medicine education and also host several of them for faculty development. In 2002, I had the great joy of hosting a Vietnamese physician for five months. He is now in Vietnam teaching the principles of family medicine.

One year we brought one of the original village women, "Whinny" (center second row) who had become the chief nurse to Akron, to our fund-raising basketball game. She is pictured with all the basketball players, cheerleaders, and our kids.

Part I was published in Summer, 2008

David Kuter, MD, and his wife, Hilda, with the first group of local doctors attending the new course. After this group finishes, another group of six doctors will be trained. Eventually these family physicians in Istaravshan will provide more comprehensive primary care with less need for referrals and hospitalizations.

Family Medicine Training in Tajikistan

David Kuter, MD, Madison, Wisconsin

In June of 2008, a new program for training family physicians began in the small city of Istaravshan in northern Tajikistan. The program took this small Central Asian country one step further in its journey to establishing family medicine as the core specialty for primary care.

After the Soviet Union collapsed, Tajikistan continued with the Soviet health care system in which primary care was provided by internists, pediatricians, and gynecologists often working in separate polyclinics. These physicians cared for some simple conditions and performed some preventative measures. But primary care physicians were primarily used to triage patients to specialty care and hospitals. Each family member had to go to a separate polyclinic for care. In recent years, Tajikistan has taken steps to develop family

continued on page 8

Physicians With Heart in Kyrgyzstan

Crystal Cook, MD, Department of Family & Community Medicine at the University of Missouri and an AAFP Foundation Physicians With Heart scholarship recipient

My recent trip to Kyrgyzstan was my first to Central Asia, but my third international medical trip. I learned so much about the country – its people and culture. Most of all I learned about the state of health care there. They are working hard to build a new health care infrastructure, which will change the focus of their health care from a very specialist-based Soviet system to a system of more primary care doctors spread throughout the country. A great effort by both the Kyrgyz people and others, such as the AAFP, is working to affect this great transformation. I am happy that I could be a small part of the work.

Chad Lowe, DO, Resident physician, Mayo Clinic, Rochester, Minnesota and an AAFP Foundation PWH scholarship recipient.

In the heart of Central Asia exists Kyrgyzstan, a relatively unknown picturesque country that struggles to deliver health care in an antiquated, specialist-driven model leftover from years of Soviet rule. As a delegate of family physicians representing the AAFP and Physicians With Heart, we met with government officials, physicians, medical students, and residents to discuss the importance of adopting and embracing a sustainable primary care paradigm based on the family medicine model. We met with clinic leaders who received more than $5 million dollars worth of essential pharmaceuticals to improve the standard of care. We held medical symposia to further educate physicians and student doctors regarding family medicine, and we provided hands-on workshops to share skills in suturing, evaluation of dermatologic lesions, otoscopy, auscultation of cardiac murmurs, and medical education. I was touched at the gratitude expressed. In a country where physicians earn $100 U.S. per month, any assistance is deeply appreciated.

Physicians With Heart Children's Project

Ruth Ostergaard, Physicians With Heart volunteer and Children's Project Committee Chairman

One of the unique features of the 2008 Physicians With Heart (PWH) Children's Project, was a second project in a facility we had assisted in 2003. Chui Boarding House and School, located outside Bishkek, had a broken heating system that caused multiple problems in the school building during severe weather resulting in classes being held in the dorms. The Children's Project provided funds to repair the heating system. In addition, we provided warm blankets, sheets, towels, hats, mittens, socks, underwear, sweatpants, school supplies, vitamins, and toothbrushes. The delegation spent three days at the school painting a mural designed by one of our delegates, Dr. Leto Quarles.

The second facility the PWH Children's Project worked in was Special Boarding School #21 for Hearing Impaired and Deaf Children, located in Bishkek. The U. S. Department of State provided a grant for a small reconstruction project to renovate showers and toilets. Additional funds were provided by the Kyrgyz Ministry of Education and the Rotary Club of Bishkek. The PWH delegation complemented the renovation with towels and hygiene kits. Other items provided were hearing aids/batteries, two classroom hearing systems, as well as quilts, hats, mittens, vitamins, and baseball caps.

The PWH Children's Project delegation also spent a day at the Bohorukerdik Boarding House, a home for abandoned and vulnerable children as well as abandoned elderly individuals. The children and adults were paired together like grandparents and grandchildren. Many of the adults liked talking about their "grandchildren." We enjoyed a program of song and dance by the children. After the party, we handed out balloons and treat bags for the kids, as well as socks and slippers for the adults. In addition, we provided dishes, two sewing machines, two drills/bits, hammers, nails, hats, mittens, toothbrushes, bags, vitamins, and toys. It was a wonderful day!

Attendance at the 5th Annual Global Health Workshop Goes Up

Alex Ivanov and Rebecca Janssen, AAFP International Activities Office

The 5th annual Family Medicine Global Health Workshop was held in September 4-6, 2008 in Omni Interlocken Resort in Denver (Broomfield), Colorado. The inaugural 2003 workshop focused primarily on training international primary care consultants. Since then the thematic message and educational goals of the subsequent workshops have gradually broadened to meet the needs and interests of growing population of family physicians, family medicine educators and residents, as well as medical students interested in and passionate about global health and quality primary care development worldwide.

The 2008 workshop was attended by 155 participants, a 34% increase in attendance compared to last year. Among the participants, there were 21 family medicine residents and 13 medical students. Eleven participants came to attend the workshop from other countries, including Australia, Canada, China, India, Iraq, Israel, Saudi Arabia, and South Africa.

Participants spoke highly of a wide and rich variety of breakout sessions and peer review presentations, as well as a good balance between basic and advanced topics.

The workshop highlighted two networking receptions with poster presentations and longer-than-usual breaks between sessions allowing for networking, experience sharing, time to learn from others, and hear new ideas. "It has been stimulating," said one participant. "Inspiring!," said another. The workshop was made possible thanks to a grant from the American Academy of Family Physicians Foundation.

In 2000, the AAFP Center for International Health Initiatives (CIHI) was created to increase interest in global development of family medicine, lead the process of the workshop CME framework development, and serve as the workshop faculty. The CIHI advisory board develops the programming for this event.

Sixteen posters were presented at the workshop's two Networking Receptions.

"This conference was fantastic, one of the very best I have ever attended. I am not currently involved in global health, but this conference was inspirational and reminded me why I chose family medicine as my specialty. I wish more medical students could have attended. Conferences like this could help us recruit more family medicine residents!

After seven years in practice, I have begun to feel that family medicine is less well-respected and even sometimes less relevant in a specialty and sub-specialty-driven medical community here in the U.S.

Thank you for reminding me why I became a family doctor."

– 2008 Global Health Workshop Participant

Tajikistan *continued from page 5*

In recent years, Tajikistan has taken steps to develop family medicine as its primary care specialty partly by retraining doctors in the depth and breadth of family medicine. Family physicians from several European countries and from the United States have been providing guidance and training towards this goal.

Initially, practicing physicians came to the Postgraduate Medical Institute in Dushanbe for a six-month training course, which disrupted their practice. The new program takes the trainers to the practice site of the family physicians.

In Istaravshan, a ten-hour ride from Dushanbe in good weather, six doctors (internists, pediatricians, and gynecologists) are taking part in the six-month course, consisting of sixteen modules to cover the scope of family medicine. Mornings feature lectures, practical sessions, and workshops. Afternoons are spent taking care of patients under faculty guidance to incorporate newly learned skills.

This program is assisted by a USAID Central Asia ZdravPlus Project implemented by Abt Associates, Inc. Plans are already under way to develop a Family Medicine Center of Excellence in another small city. Participation in its inception by an experienced AAFP family physician would be welcomed and would provide an unforgettable experience of working with colleagues in another culture.

30th Anniversary Celebration

continued from page 1

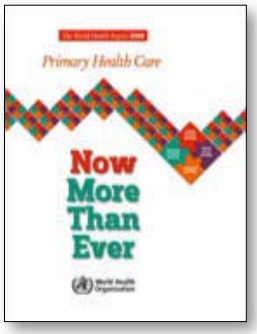
medical students in the United States) and residents in a general practice internship.

The conference goal was to promote student and resident interest in a family medicine career. This goal is consistent with the goals of the Kazakh Ministry of Health (MOH) to increase the number of family physicians in Kazakhstan. The MOH has indicated that over the next three years the percentage of the health care budget devoted to primary care will increase to 40%.

World Health Report *continued from page 1*

countries, dangerously out of balance.

"The World Health Report sets out a way to tackle inequities and inefficiencies in healthcare, and its recommendations need to be heeded," said WHO Director-General Margaret Chan, MD, at the launch of the report in Almaty, Kazakhstan. "A world that is greatly out of balance in matters of health is neither stable nor secure."



The report, *Primary Health Care: Now More Than Ever*, commemorates the 30th anniversary of the Alma-Ata International Conference on Primary Health held in 1978. The event was the first to put health equity on the international political agenda.

Primary Health Care: Now More than Ever. Download the report at www.who.int/whr/2008/en/index.html.

***The Lancet's* focus on Alma-Ata declaration and primary health care:**

- *From Alma-Ata to Almaty: A new start for primary health care* by Salman Rawaf, Jan De Maeseneer, Barbara Starfield; www.thelancet.com published online October 14, 2008
- *Primary Health Care: Making Alma-Ata a reality* by John Walley et al. and the Lancet Alma-Ata Working Group; www.thelancet.com Vol. 372 September 13, 2008
- *Alma-Ata 30 Years On: Revolutionary, relevant and time to revitalize* by Joy E. Lawn et al.; www.thelancet.com Vol. 372 September 13, 2008
- *30 Years after Alma-Ata: Has primary health care worked in countries?* by Jon Rohde et al.; www.thelancet.com Vol. 372 September 13, 2008
- *Integration of Personal and Community Health Care* by Chris van Weel, Jan De Maeseneer and Richard Roberts; www.thelancet.com Vol. 372 September 13, 2008