



## AMERICAN ACADEMY OF FAMILY PHYSICIANS

### Recommended Curriculum Guidelines for Family Medicine Residents

# Global Health

*This document was endorsed by the American Academy of Family Physicians.*

## Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at [www.acgme.org](http://www.acgme.org). Current AAFP Curriculum Guidelines may be found online at [www.aafp.org/cg](http://www.aafp.org/cg). These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

## Preamble

Global health is an evolving academic discipline involving diverse areas of training for family physicians. Developing curricula and competencies in this arena is challenging due to the lack of uniformity in definition and standardized education. Global health may reflect public health wherever equity and care disparities exist or focus solely on health issues specific to low- and middle-income countries.

A global health curriculum should broaden understanding of primary care in such contexts, advancing cultural and religious determinants of health awareness while furthering clinical skills and evidence-based interventions for specific populations. Although knowledge of global diseases is essential, physicians must recognize their role within health care systems and resource-appropriate care.

Residency is an ideal time for global electives. These experiences have a profound impact on training and promoting careers in underserved areas. Residents may desire

specific contextualized experiences. However, commonalities should focus on ethics, cultural humility, communication, travel medicine and regional diseases.

## **Patient Care**

At the completion of residency, residents should be able to:

1. Assess the health care and public health needs of communities and make evidence-based recommendations about resource allocation and population health services
2. Provide appropriate patient care for those in other countries, informed by knowledge of global disease patterns, utilizing resources that include local, state, federal and international agencies
3. Recognize the impact of cultural, religious and political structures on the health and health care of individuals, their community and society at large
4. Embrace the need to balance compassion and humanism with realism and practicality in health care delivery models in various global or resource-limited settings
5. Understand the physical and mental health issues specific to immigrant, migrant or internally displaced peoples (diaspora)
6. Understand the presentation, diagnosis, management and prevention strategies of the most common infectious diseases, based on local and international guidelines
7. Use available procedural care to appropriately treat patients in a limited-resource context
8. Practice with an intentional consideration of the prevalence of mental health issues, especially with populations affected by marginalization, displacement, domestic violence, human trafficking and sexual exploitation

## **Medical Knowledge**

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. Appropriate patient care for those in other countries, informed by knowledge of global disease patterns, utilizing resources that include local, state, federal and international agencies
2. Local socioeconomic, environmental, religious and political factors as determinants of health and disease before traveling to a cross-cultural context
3. The United Nations Universal Declaration on Human Rights, the World Health Organization Declaration of Alma-Ata and the United Nation's 2030 Sustainable Development Goals, including goal 3 targets and indicators related to health and well-being
4. Presentation, diagnosis, management and prevention strategies of the most common infectious diseases, based on local and international guidelines

5. Vaccine-preventable diseases and unique immunizations available in developing countries, as well as current international vaccine policies and recommendations per the World Health Organization
6. Availability and safety of medications in international settings and the current WHO Model List of Essential Medicines
7. Medications (over-the-counter and prescription medications) that may legally be brought into a country
8. Resources and issues pertinent to traveling globally, including risk prevention, vaccinations and health maintenance specific to international health care practitioner travelers
9. Evidence-based resources and tools for use in limited-resource health care settings

## **Interpersonal Communication**

At the completion of residency, residents should be able to:

1. Develop treatment and follow-up plans with sensitivity to the medical, psychological, cultural, religious, socioeconomic and health literacy contexts of cross-cultural patients
2. Counsel and educate patients and family members in a respectful manner appropriate to their culture, including delivery of uncertain diagnoses, bad news and end-of-life discussions
3. Deliver effective health care with intradisciplinary teams in cross-cultural settings, including engagement with local physicians, case managers, social workers and nurses
4. Develop appropriate verbal and nonverbal skills in a cross-cultural context, with special attention to the need for appropriate translation
5. Recognize personal biases and stereotypes that affect health care delivery in international settings or with patients of cross-cultural backgrounds
6. Embrace the need to balance compassion and humanism with realism and practicality in health care delivery models in various global or resource-limited settings
7. Identify the social, environmental, geographic and telecommunication factors that influence the ability of the local health system to mitigate chronic disease
8. Communicate effectively and respectfully with physicians and other health professionals in cross-cultural settings, recognizing that cultural differences may drastically affect communication
9. Promote a safe environment where patients and others involved in their care can actively engage in their care decisions
10. Assist patients and others involved in their care in locating reputable medical information on the internet and from other sources
11. Discuss internet safety and protection of health information

## **Systems-Based Practice**

At the completion of residency, residents should be able to:

1. Employ and utilize resource-appropriate, evidence-based studies and procedures to address patient symptoms based on knowledge of global disease patterns
2. Deliver effective health care with intradisciplinary teams in cross-cultural settings, including engagement with local physicians, case managers, social workers and nurses
3. Utilize local community health worker or health registry data to identify patients of minority, marginalized or cross-cultural backgrounds and tailor plans of care to improve health outcomes
4. Demonstrate awareness of the difference in structure and function of health care systems within low- and middle-income countries, including governmental, nongovernmental and faith-based health care systems that contribute to the provision of health care
5. Discuss the issues of social determinants of health, health equity, social justice and governmental policy in terms of their impact on the distribution of health services in low-resource settings internationally
6. Assess the health care and public health needs of communities and make evidence-based recommendations with regard to resource allocation and population health services
7. Understand the need for prudent use of health care resources with regard to the sustainability of health care delivery in international settings
8. Embrace the need to balance compassion and humanism with realism and practicality in health care delivery models in various global or resource-limited settings
9. Advocate for health care delivery systems that utilize a general practitioner (family medicine-based) model to improve the health of the patient population
10. Identify the epidemiology and major causes of infant, child and maternal mortality in LMICs and/or countries in which the resident may travel
11. Identify the various local public health resources used to mitigate epidemics or emergent infectious diseases
12. Understand available resources available for patient care
13. Practice with an intentional consideration of the prevalence of mental health issues, especially with populations affected by marginalization, displacement, domestic violence, human trafficking and sexual exploitation
14. Advocate for the patient, family, community and society to improve health outcomes for marginalized populations

## **Practice-Based Learning**

At the completion of residency, residents should be able to:

1. Utilize health registry information to identify patients of minority, marginalized or cross-cultural backgrounds, and tailor plans of care to improve health outcomes

2. Create a learning plan prior to international travel and patient care that accounts for the non-medical issues (e.g., political, personal security, environmental, legal and climate factors) that will affect these experiences
3. Employ and utilize resource-appropriate, evidence-based studies and procedures to address patient symptoms based on knowledge of global disease patterns

## **Professionalism**

At the completion of residency, residents should be able to:

1. Develop cross-cultural sensitivity and humility in providing care in other cultural contexts
2. Identify needs and provide support to local health care systems and personnel with cultural humility
3. Recognize personal practice limitations and seek consultation with other health care professionals and systems resources to provide optimal care within a global context
4. Recognize personal biases and stereotypes that affect health care delivery in international settings or with patients of cross-cultural backgrounds
5. Embrace the need to balance compassion and humanism with realism and practicality in health care delivery models in various global or resource-limited settings
6. Recognize the need to set limits in one's practice to promote resilience and avoid burnout
7. Recognize the importance of reflection individually and as an organization with respect to moral and ethical stressors encountered in the cross-cultural context
8. Recognize personal freedoms that might be handled differently when taking part in health care delivery in an international context
9. Demonstrate awareness of implicit bias, particularly in relationship to race and ethnicity

## **Implementation**

Implementation of this curriculum should ideally include both focused and longitudinal experiences throughout residency. Examples of didactic training include lecture series, journal and book clubs, global health webinars and other sources of model curricula through professional organizations (see the Resources section). Case-based teaching in the clinic, on rounds or in large-group conferences; problem-based learning; and small-group discussion modalities, may focus on patients of international backgrounds, including both national and international guidelines and standards of care, as applicable.

Domestic medical electives can be an excellent resource for teaching the principles of global health in underserved areas and can include caring for patients who are Native Americans, immigrants, asylum-seekers, refugees or victims of trafficking. These not only imitate the cross-cultural, low-resource health care experiences found abroad but are valuable in their own right. These typically reveal the disparities in health care and

the need for advocacy among vulnerable and marginalized populations in the United States. Clinical experiences in the context of interdisciplinary team-based care and clinical rotations to domestic rural, urban or other resource-limited, underserved areas aid in developing the mindset and skills needed by all family medicine physicians.

When possible, the curriculum should include opportunities to experience health care delivery abroad. These experiences should be offered to residents throughout residency, time permitting. Residents should be informed of opportunities and how to structure international experiences during residency orientation. International partnering sites for international medical electives should embody the principles and practices of safe, ethical and sustainable rotations.

International medical electives should:

1. Provide effective predeparture training for residents prior to their international experiences in terms of personal health, travel safety and ethical practice overseas
2. Provide adequate supervision and mentorship during the rotation with routine communication between the overseas physicians and U.S.-based faculty
3. Establish longitudinal partnerships that are mutually beneficial in promoting a better understanding of the other's respective needs, sustainable and patient-centered learning opportunities, and pursuing bilateral exchanges and the sharing of knowledge and skills
4. Evaluate outcomes based on competencies and learning objectives, which may include multi-source evaluations from host communities, self-reflection or scholarly projects, and the impact on partners and host communities
5. Provide a debriefing of the experience that focuses on appropriate post-travel health needs and the psychosocial, spiritual support for the transition back home (reverse culture shock) and reflection on how the experience may influence future practice

## **Resources**

### **General Textbooks**

Birn AE, Pillay Y, Holtz TH. *Textbook of Global Health*. 4th ed. New York, NY: Oxford University Press; 2018.

Chase, J and J Evert. *Global Health in Graduate Medical Education: A Guidebook*. 2nd ed. San Francisco, CA: GHEC/iUniverse; 2011.

Gaudillière JP, McDowell A, Lang C, Beaudevin C. *Global Health for All*. New Brunswick, NJ: Rutgers University Press; 2022.

Jacobsen KH. *Introduction to Global Health*. Burlington, MA: Jones and Bartlett Publishers; 2022.

Markle WH, Fisher MA, Smego RA. *Understanding Global Health*. 2nd ed. New York, NY: McGraw-Hill Professional; 2014.

Skolnik RL. *Global Health 101 (Essential Public Health)*. 4th ed. Burlington, MA: Jones and Bartlett Publishers; 2019.

Wall AE. *Ethics for International Medicine: A Practical Guide for Aid Workers in Developing Countries*. Hanover, NH: Dartmouth College Press; 2012.

### **Primary Care**

Ajinkya M, Petterson S, Westfall J, Jabbarpour Y. Family physicians continue to offer the most comprehensive care. *Am Fam Physician*. 2021;104(6):560.

Aldulaimi S MD, FAAFP, Koleski J. How to implement a refugee clinic within an existing practice. *Fam Pract Manag*. 2022;29(4):15-18.

Freeman J. Family medicine across the globe: developing effective solutions. *Fam Med*. 2018;50(6):417-419.

Kidd M, ed. *The Contribution of Family Medicine to Improving Health Systems*. 2nd ed. London: Radcliffe Publishing; 2013.

Kruk ME, Porignon D, Rockers PC, Van Lerberghe W. The contribution of primary care to health and health systems in low- and middle-income countries: a critical review of major primary care initiatives. *Soc Sci Med*. 2010;70(6):904-911.

Merry SP, Dahlman B, Sawatsky AP, Palmer D, Shannon KC, Thacher TD. Starting and resourcing family and internal medicine residency programs as integral mission. *CJGH*. 2016;3(2):151-159.

Rao M, Pilot E. The missing link—the role of primary care in global health. *Glob Health Action*. 2014;7:23693.

Rouleau K, Bourget M, Chege P, et al. Strengthening primary care through family medicine around the world: collaborating toward promising practices. *Fam Med*. 2018;50(6):426-436.

WHO. *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings*. Geneva, Switzerland: WHO Press; 2020.

### **Women and Children's Health**

Kamat, DM, Fischer PR. *Textbook of Global Child Health*. 2<sup>nd</sup> ed. American Academy of Pediatrics; 2016.

*Managing Complications in Pregnancy and Childbirth: A guide for midwives and doctors*. 2nd ed. Geneva, Switzerland: WHO Press; 2017.

*Managing Newborn Problems: A guide for doctors, nurses and midwives.* Geneva, Switzerland: WHO Press; 2003.

Maternal health in the perinatal period and beyond. *Lancet Global Health* series. 2023. *Maternal and Child Health Journal.* Springer.

*Pocketbook of Hospital Care for Children.* 2nd ed. Geneva, Switzerland: WHO Press; 2013.

Souza JP, Day LT, Rezende-Gomes AC, et al. A global analysis of the determinants of maternal health and transitions in maternal mortality. *Lancet Glob Health.* 2024;12(2):e306-e316.

Slusher TM, Bjorklund A, Lauden SM. *Pediatric Procedural Adaptations for Low Resource Settings: A Case Based Guide.* Springer; 2022.

White RC. *Global Case Studies in Maternal and Child Health.* Burlington, MA: Jones and Bartlett Publishers; 2012.

## **Health Systems**

Comninellis N, Waldman SD. *Contemporary Issues in Global Medicine and Moving Toward International Healthcare Equity (Advances in Medical Education, Research, and Ethics).* Hershey, PA: IGI Global; 2022.

Dawes DE. *The Political Determinants of Health.* Baltimore, MD: Johns Hopkins University Press; 2020.

Detels R, et al. *Oxford Textbook of Global Public Health.* 7th ed. New York, NY: Oxford University Press; 2022.

Donkin A, Goldblatt P, Allen J, et al. Global action on the social determinants of health. *BMJ Global Health.* 2018;3: e000603corr1.

Farmer P. *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Volume 4: California Series in Public Anthropology). Berkeley, CA: University of California Press; 2004.

Farmer P, Kleinman A, Kim JY, Basilio M. *Reimagining Global Health: An Introduction* (Volume 26: California Series in Public Anthropology). Berkeley, CA: University of California Press; 2013.

Johnson JA, Stoskopf C, Shi L. *Comparative Health Systems: A Global Perspective.* 2<sup>nd</sup> ed. Burlington, MA: Jones and Bartlett Publishers; 2017.

Lovett-Scott M, Prather F. *Global Health Systems: Comparing Strategies for Delivering Health Systems.* Burlington, MA: Jones and Bartlett Publishers; 2012.



Parker CL. Slowing global warming: benefits for patients and the planet. *Am Fam Physician*. 2011;84(3):271-8.

U.S. Department of Health and Human Services. HHS action plan to reduce racial and ethnic disparities: implementation progress report 2011-2014. Washington, DC: HHS; Nov 2015.

WHO. Guidelines on Ethical Issues in Public Health Surveillance. Geneva, Switzerland: WHO Press; 2017.

Young R, Hughes N, Wainwright E, Lankester T, Grills N. Community health global network and sustainable development. *CJGH*. 2016;3(1):89-94.

### **Mental Health**

Dowrick C. *Global Primary Mental Health Care: Practical Guidance for Family Doctors* (WONCA Family Medicine). New York, NY: Routledge; 2019.

Saul J, Simon W. Building resilience in families, communities, and organizations: a training program in global mental health and psychosocial support. *Fam Proc*. 2016;55:689-99.

Walden J. Refugee mental health: a primary care approach. *Am Fam Physician*. 2017;96(2):81-84.

### **Specific Populations**

Betancourt TS, Borisova I, Williams TP, et al. Research review: psychosocial adjustment and mental health in former child soldiers-a systematic review of the literature and recommendations for future research. *J Child Psychol Psychiatry*. 2013;54(1):17-36.

Chambers R, Ravi A, Paulus S. Human trafficking: how family physicians can recognize and assist victims. *Am Fam Physician*. 2019 ;100(4):202-204.

Mishori R, Aleinikoff S, Davis D. Primary care for refugees: challenges and opportunities. *Am Fam Physician*. 2017;96(2):112-120.

Myles P, Swenshon S, Haase K, et al. A comparative analysis of psychological trauma experienced by children and young adults in two scenarios: evacuation after a natural disaster vs forced migration to escape armed conflict. *J Public Health*. 2018;158:163-75.

U.N. High Commissioner for Refugees. UNHCR Global Trends 2023. Geneva, Switzerland: UNHCR; 13 June 2024.

Walden J, Valdman O, Mishori R, Carlough M. Building capacity to care for refugees. *Fam Pract Manag*. 2017;24(4):21-27.

Zimmerman C, Kiss L. Human trafficking and exploitation: a global health concern. *PLoS Med*. 2017;14(11):1-11.

### **Safe International Travel**

Cantey PT, Montgomery SP, Straily A. Neglected parasitic infections: what family physicians need to know—a CDC update. *Am Fam Physician*. 2021;104(3):277-287.

Centers for Disease Control and Prevention. *CDC Yellow Book 2024: Health Information for International Travel*. New York: Oxford University Press; 2023.

Galvin S, Robertson R, Hargarten S. Injuries occurring in medical students during international medical rotations: a strategy toward maximizing safety. *Fam Med*. 2012;44(6):404-407.

Hu JS, Smith JK. In-flight medical emergencies. *Am Fam Physician*. 2021;103(9):547-552.

Juckett G. Malaria prevention in travelers. *Am Fam Physician*. 1999;59(9):2523-30, 2535-6. Erratum in: *Am Fam Physician*. 2000;61(1):50,52.

Lo Re V 3rd, Gluckman SJ. Travel immunizations. *Am Fam Physician*. 2004;70(1):89-99.

Mishori R, Winklerprins V, Otubu O. Working with international populations – abroad or in your own backyard. *Fam Pract Manag*. 2013;20(5):27-30.

McCurry V, Aldulaimi S. Practical considerations of caring for patients abroad during short-term medical trips. *Am Fam Physician*. 2018;98(11):673-675.

Powell-Dunford N, Adams JR, Grace C. Medical advice for commercial air travel. *Am Fam Physician*. 2021;104(4):403-410.

Rathjen NA, Shahbodaghi SD. The ill returning traveler. *Am Fam Physician*. 2023;108(4):396-403.

Sanford C, McConnell A, Osborn J. The pretravel consultation. *Am Fam Physician*. 2016;94(8):620-627.

Silverberg B, Huntington MK, Wilson C, Rolfe RJ. Travel medicine. *FP Essent*. 2023;532:1-48.

### **Concise Clinical References or Tools for International Work**

Brent A, Davidson R, Seale A. *Oxford Handbook of Tropical Medicine*. 5th ed. Oxford: Oxford University Press; 2022.

Comninellis N. *INMED International Medicine and Public Health*. 2nd ed. Kansas City, MO: Institute for International Medicine; 2012.

Doctors Without Borders (Médecins Sans Frontières) Medical-Operational Guidelines. <https://medicalguidelines.msf.org/en>

Iserson K. *Improvised Medicine: Providing Care in Extreme Environments*. 2nd ed. New York, NY: McGraw-Hill Professional; 2016.

Palmer D, et al. *The Handbook of Medicine: A Manual for Practitioners in Low Resource Settings*. 5th ed. Bristol, TN: CMDA Publisher; 2018.

Schull CR. *Common Medical Problems in the Tropics*. 3rd ed. Oxford: MacMillan; 2009.

WHO Medical Guidelines and Resources. <https://who.int/publications/guidelines/en/>

### **Medical Student and Residency Education**

Abedini NC, Gruppen LD, Kolars JC, Kumagai AK. Understanding the effects of short-term international service-learning trips on medical students. *Acad Med*. 2012;87(6):820-828.

Arya, AN. *Preparing for International Health Experiences: A Practical Guide*. New York, NY: Routledge; 2017.

Arya AN, Evert J. *Global Health Experiential Education: From Theory to Practice*. New York, NY: Routledge; 2017.

Asgary R, Smith CL, Sckell B, Paccione G. Teaching immigrant and refugee health to residents: domestic global health. *Teach Learn Med*. 2013;25(3):258-265.

Bazemore AW, Goldenhar LM, Lindsell CJ, et al. An international health track is associated with care for underserved US populations in subsequent clinical practice. *J Grad Med Educ*. 2011;3(2):130-137.

Birnberg JM, Lypson M, Anderson RA, et al. Incoming resident interest in global health: occasional travel versus a future career abroad? *J Grad Med Educ*. 2011;3(3):400-403.

Coupet S, Del Valle J. A case for an international health elective training program during residency: a four-points call for action. *Teach Learn Med*. 2013;25(3):266-271.

CUGH Global Health Education Competencies Tool Kit (3rd edition). Consortium of Universities for Global Health Competency Sub-Committee. Washington, DC; 2022.

Gupta A, Talavlikar R, Ng V, et al. Global health curriculum in family medicine: resident perspective. *Can Fam Physician*. 2012;58(2):143-146, e82-e86.

Hansoti B, Douglass K, Tupesis J, et al. Guidelines for safety of trainees rotating abroad: consensus recommendations from the Global Emergency Medicine Academy of the Society for Academic Emergency Medicine, Council of Emergency Medicine Residency Directors, and the Emergency Medicine Residents' Association. *Acad Emerg Med*. 2013;20(4):413-420.

Holmes D, Zayas LE, Koyfman A. Student objectives and learning experiences in a global health elective. *J Community Health*. 2012;37(5):927-934.

Khan OA, Guerrant R, Sanders J, et al. Global health education in U.S. medical schools. *BMC Med Educ*. 2013;13:3.

Mishori R, Evert J. Global health: it matters now more than ever. *Am Fam Physician*. 2015;92(4):254-8.

Sessions KL, Phillips JD, Merry SP. Avoiding pitfalls in overseas medical educational experiences. *CJGH*. 2017;4(1):24-29.

Ventres W, Gobbo R. The A to Z of cross-cultural medicine. *Fam Pract Manag*. 2005;12(7):57-8.

Peluso MJ, Forrestel AK, Hafler JP, Rohrbaugh RM. Structured global health programs in U.S. medical schools: a web-based review of certificates, tracks, and concentrations. *Acad Med*. 2013;88(1):124-130.

Peluso MJ, Rodman A, Mata DA, et al. A comparison of the expectations and experiences of medical students from high-, middle-, and low-income countries participating in global health clinical electives. *Teach Learn Med*. 2017;30(1):45–56.

Rassiwalla J, Vaduganathan M, Kupershtok M, et al. Global health educational engagement—a tale of two models. *Acad Med*. 2013;88(11):1651-1657.

Rowson M, Smith A, Hughes R, et al. The evolution of global health teaching in undergraduate medical curricula. *Global Health*. 2012;8:35.

Zanetti ML, Godkin MA, Twomey JP, Pugnaire MP. Global longitudinal pathway: has medical education curriculum influenced medical students' skills and attitudes toward culturally diverse populations? *Teach Learn Med*. 2011;23(3), 223–230.

Zink T, Solberg E. Development of a global health curriculum for family medicine based on ACGME competencies. *Teach Learn Med*. 2014;26(2):174-183.

## **Website Resources**

### **General**

American Academy of Pediatricians AAP Global. [www.aap.org/en/aap-global](http://www.aap.org/en/aap-global)

Child Family Health International. [www.cfhi.org/](http://www.cfhi.org/)

Consortium of Universities for Global Health Global Health Competencies Toolkit. [www.cugh.org/online-tools/competencies-toolkit/](http://www.cugh.org/online-tools/competencies-toolkit/)

Disease Control Priorities Project. <http://dcp-3.org/>

GapMinder. [www.gapminder.org](http://www.gapminder.org)

National Institute on Minority Health and Health Disparities. Minority Health & Health Disparities Research Institute. [www.nimhd.nih.gov/programs/extramural/training-career-dev/hdri/](http://www.nimhd.nih.gov/programs/extramural/training-career-dev/hdri/)

### **Safe International Travel**

AAFP. Volunteering Abroad: Before You Travel. <https://www.aafp.org/family-physician/patient-care/global-health/prepare/volunteer.html>

CDC. Travelers' Health. [www.cdc.gov/travel](http://www.cdc.gov/travel)

U.S. Department of State Bureau of Consular Affairs. U.S. Passports & International Travel. <http://travel.state.gov>

### **Organizations for Networking in Global Health**

AAFP. [www.aafp.org](http://www.aafp.org)

AAFP Center for Global Health Initiatives Advisory Group. [www.aafp.org/family-physician/patient-care/global-health/advisory-group.html](http://www.aafp.org/family-physician/patient-care/global-health/advisory-group.html)

AAFP Global Health Summit. [www.aafp.org/events/global-health.html](http://www.aafp.org/events/global-health.html)

AAFP Fellowships, Courses and Electives in Global Health. [www.aafp.org/family-physician/patient-care/global-health/fellowships.html](http://www.aafp.org/family-physician/patient-care/global-health/fellowships.html)

AAFP Scholarships and Funding Opportunities in Global Health. [www.aafp.org/family-physician/patient-care/global-health/education/scholarships-funding.html](http://www.aafp.org/family-physician/patient-care/global-health/education/scholarships-funding.html)

AAFP Global Health Opportunities. [www.aafp.org/family-physician/patient-care/global-health.html](http://www.aafp.org/family-physician/patient-care/global-health.html)

AAFP Global Health Education for Medical Students and Residents. [www.aafp.org/family-physician/patient-care/global-health/education.html](http://www.aafp.org/family-physician/patient-care/global-health/education.html)

American Medical Student Association Global Health Action Committee. [www.amsa.org/action-committee/global-health/](http://www.amsa.org/action-committee/global-health/)

CUGH. [www.cugh.org/](http://www.cugh.org/)

CUGH Academic Programs Directory. [www.cugh.org/online-tools/academic-programs-directory/](http://www.cugh.org/online-tools/academic-programs-directory/)

CUGH PHI/CDC Global Health Fellowship Program. [www.cugh.org/our-work/phi-cdc-global-health-fellowship-program/](http://www.cugh.org/our-work/phi-cdc-global-health-fellowship-program/)

Global Health Council. [www.globalhealth.org](http://www.globalhealth.org)

Society of Teachers of Family Medicine Global Health Educators Collaborative.  
<https://connect.stfm.org/connections/allcommunities>

World Organization of Family Doctors. [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)

### **Web-Based Training**

American Academy of HIV Medicine. AAHIVM Core Curriculum in HIV Care, Prevention and Treatment (17 modules). [https://education.aahivm.org/product\\_bundles/2399](https://education.aahivm.org/product_bundles/2399)

AAP Helping Babies Breathe. [www.aap.org/en/aap-global/helping-babies-survive/our-programs/helping-babies-breathe](http://www.aap.org/en/aap-global/helping-babies-survive/our-programs/helping-babies-breathe)

CUGH Global Health educational modules. [www.cugh.org/resources/educational-modules](http://www.cugh.org/resources/educational-modules)

STFM Global Health Toolkit.  
<https://stfm.org/teachingresources/curriculum/globalhealthtoolkit/overview/>

U.S. Agency for International Development. Global Health eLearning Center:  
[www.globalhealthlearning.org](http://www.globalhealthlearning.org)

WHO Collaborating Center University of Pittsburgh. Supercourse: Epidemiology, the Internet and Global Health. <https://sites.pitt.edu/~super1/>

WHO. Tools and Toolkits. [www.who.int/tools](http://www.who.int/tools)

WHO Sustainable Development Goals. [www.who.int/data/gho/data/themes/world-health-statistics](http://www.who.int/data/gho/data/themes/world-health-statistics)

Revised and approved 01/2010 Resources Revised 08/2011

Revised 06/2012 by University of Hawaii Family Medicine Residency Program

Revised 05/2014 by Sioux Falls Family Medicine Residency Program, SD

Revised 08/2016 by Resurrection Health Family Medicine Residency, Memphis, TN

Revised 08/2019 by KUSM-W Via Christi Family Medicine Residency

Revised 08/2024 by Gadsden Regional Medical Center Family Medicine Residency, Gadsden, AL