COULD "PEACE CARE" LESSEN THE GLOBAL BURDEN OF DISEASE?

A Returned Volunteer with a big idea thinks so

by Andrew Dykens, MD, MPH

Low income countries (LICs) continue to be gravely affected by unabated epidemics of malaria, tuberculosis, diarrhea-related illnesses, and, of course, the ravages of HIV. Moreover, chronic diseases are the leading cause of death in the world, causing an estimated 35 million deaths worldwide in 2005, approximately 67% of all-cause mortality. As an example, the global prevalence of diabetes is expected to increase from 171 million to 366 million between 2000 and 2030. Further, while the impact of chronic diseases is growing substantially around the globe, the greatest increase is located in LICs. However, LICs are not able to adequately address these growing health concerns. The World Health Organization estimates that there is a shortage of about 4.3 million health care workers globally. Africa has only about 10% of the world's population and is affected by about 24% of the global disease burden, but has only 3% of the global health workforce. Sub-Saharan Africa is deficient the 1.5 million workers that would be necessary to provide adequate healthcare. In addition, countries with better developed primary health care systems have been found to have better health indicators.

We have a significant challenge before us, to build a healthier world.

Some have proposed a "Global Health Corps" as a possible solution. While the eventual impact could be substantial, it would not be feasible without the creation of a large, costly structure. However, the Peace Corps is currently uniquely positioned to have an enormous impact in the field of global health if an expanded approach is pursued.

I would offer a solution: "Peace Care." The vision of Peace Care is to utilize the idealism of the Peace Corps, the effectiveness of primary care, and the foresight of public health to positively impact global health disparities by specifically addressing the global burden of disease, the global shortage of health care workers, the deficiency of primary care in low-income countries, and the deficiency of global health research while improving the role of the United States in global health. How? By improving global health training for healthcare professionals and increasing US capacity for active commitment in global health initiatives.

Peace Care, in essence, is a proposed collaboration between Peace Corps, US healthcare training institutions, US schools of public health, and global communities to improve the health of these global communities. As the shortage of healthcare workers is due primarily to a lack of training capacity in LICs, the potential for great impact comes from the ability to transfer the training capacity of the US institution, in collaboration with local physicians and existing healthcare workers, to the

The author with his Peace Corps host family in Mauritania.

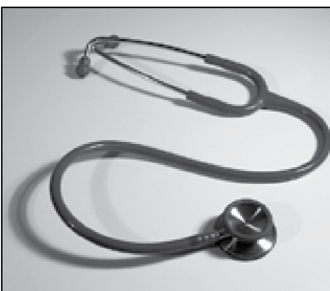
building of healthcare capacity within the LIC community. Community health workers could be trained to participate within and support the local health system and detailed community health education programs could be developed and implemented.

Peace Care believes strongly that in order to sustainably address global health and adequately reduce disparity, solutions should originate and be developed primarily through community involvement, through (or with the amelioration of) existing health systems, and with the use of appropriate technology. All solutions should also prioritize capacity building within the local healthcare structure through the utilization and implementation of the principles of primary care and public health.

By having healthcare training institutions collaborate through a Peace Corps Volunteer there is excellent potential for sustainability. Peace Care would directly connect a community with a US institution for a long-term collaborative relationship that can easily continue even while the institution is not visiting. The fact that Peace Corps remains in country continuously, the Peace Corps Volunteer is well trained in cultural competence, and that the Volunteer completes a two year service working closely with a community counterpart who can continue the work after the Volunteer leaves all ensures greater sustainability for the collaborative relationship. In addition, the program can very easily be "individualized" for each collaborative relationship and can grow and mold to fit the needs of the community and the US institution.

We are anticipating a Peace Care pilot project in the near future. Please visit our web site at www.peacecare.org to read more about the proposal and sign our guestbook to stay informed, or send an email to peacecareworld@ gmail.com if you have questions or comments.

Andrew Dykens MD, MPH is the Director of Peace Care. He served as a Peace Corps Volunteer in Mauritania from 1997 to 1999.



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