



UIC Center for
UNIVERSITY OF ILLINOIS
AT CHICAGO **Global Health**
COLLEGE OF MEDICINE

CGH Newsletter—Spring 2013

4th Annual World Health Day Symposium

On Wednesday, April 10th the Center for Global Health will be presenting our 4th annual World Health Day Symposium in the Moss Auditorium in the COM Research Building.

Our Keynote Speaker will be Jody Williams, an American political activist known around the world for her work in banning anti-personnel land-mines, her defense of human rights — especially those of women – and her efforts to promote new understandings of security in today's world. Professor Williams was awarded the Nobel Peace Prize in 1997 for her work toward the banning and clearing of anti-personnel mines. In academic year 2012-2013 she became the inaugural Jane Addams Distinguished Visiting Fellow in Social Justice at the Social Justice Initiative and JA College of Social Work at UIC. The title of her presentation is: "Women Forging Peace, Equality, Justice, and Human Rights."



Dr. Williams continues to be recognized for her contributions to human rights and global security. In 2004 she was named by Forbes Magazine as one of the 100 most powerful women in the world in their first such annual list. We are honored to have such a distinguished and well respected member of the global health community among us for this special event. If you would like more information on Dr. Williams' work, her memoir on life as a grassroots activist, *My Name is Jody Williams: A Vermont Girl's Winding Path to the Nobel Peace Prize* was released by the University of California Press in early 2013.



Following Jody Williams, our guest speaker will be Dr. Chris Stout, Dr. Stout, Founding Director of the Center for Global Initiatives. He also is a Clinical Professor in the College of Medicine and a Fellow in the School of Public Health Leadership Institute at the University of Illinois, Chicago. He served as a Non-Governmental Organization Special Representative to the United Nations for the APA, and he was appointed to the World Economic Forum's Global Leaders of Tomorrow and was an Invited Faculty at their Annual Meeting in Davos. He was invited by the Club de Madrid and Safe-Democracy to serve on the Madrid-11 Countering Terrorism Task Force. Dr. Stout will be presenting his discussion "Why Global Health Matters?".

Co-Learning in Prishtina, Dushanbe, and Chicago

Dr. Stevan Weine, M.D., Professor of Psychology

In December 2012 I returned to Prishtina after more than five years and was met at the airport by Dr. Ferid Agani, a Kosovar psychiatrist, who is currently Kosovo's Minister of Health. From 1999 to 2004 I helped Dr. Agani to design and build the Kosovo community mental health system. At the core was a psychoeducation program for severely mentally ill and their families that succeeded in decreasing hospitalization, improving medication compliance, and improving patient, family, and provider satisfaction. During my visit, we brought together in one meeting room all the doctors and nurses that we had trained through this program after the war, all of whom now comprise the current mental health system. We learned that the program continues, that thousands of families have taken part, and that it is at the core of a family-focused community-based system of mental health care and prevention that was built under difficult conditions in a post-war low-income country.



My flight to Prishtina originated in Dushanbe, Tajikistan, where I have been working for the past five years. I have been co-leading a collaborative research program with a Tajik physician, Dr. Mahbat Bahromov, which is focused on labor migration and HIV/AIDS prevention for Tajik migrants in Russia. To reduce men's high HIV risk behaviors, our research has focused on the impact of migration on masculinities. Based on study findings and community collaboration, we are piloting two HIV preventive interventions with male migrants in Russia, including one on the train from Dushanbe to Moscow. We recognize that a masculinities focus addresses only part of what fuels the epidemic. Our studies of Tajik wives, female migrants, and female sex workers demonstrate the causal contributions of gender norms and inequalities regarding women. We are also piloting an HIV preventive intervention with migrant's wives in Tajikistan. In Dushanbe, we convened meetings with policymakers, community advocates, and ordinary migrants and wives, to tell them about our findings and to get their feedback on how the findings can be used to improve policies and programs.



For five years I have been trying to join with local psychiatrists to help them to rebuild psychiatry in Tajikistan which collapsed following the civil war. In June 2012, I learned of a major breakthrough with the acceptance of a strategic plan written with the WHO, which provides the blueprint for the Ministry of Health and non-governmental partners to further develop psychiatry as a community system. I then met with the psychiatric leaders, Dr. Abduvosit Fatohov and Dr. Khurshed Kungaratov. At their request I conducted a 4-hour training focused on emergency psychiatry and crisis intervention with 30 psychiatrists employed in the public health system. The training was enthusiastically received, especially the role-playing which generated laughter. We had further discussions about the next steps for developing community mental health in Tajikistan. One key step was to connect the Tajik and Kosovar psychiatric leaders and to convene meetings where we continued to work together to further develop mental health and health in their respective countries.

This is a snapshot of the work I do at the UIC COM along with faculty, trainees, and students in the Center for Global Health, Department of Psychiatry, and International Center on Responses to Catastrophes. I share these stories to illustrate one simple truth about global health and mental health. Co-learning between rich and poor and East and West countries, and between academics, practitioners, policymakers, and community members, is necessary in order for all of us to make significant progress. As we climb on board the ship of global health and mental health, we should ask ourselves, how can we best overcome language, geographic, cultural, fiscal, structural, educational, and disciplinary obstacles to build dialogue, collaboration, and knowledge, so as to effect the changes that will improve lives?

Cervical Cancer Prevention Services in Rural Senegal

Dr. Tracy Irwin, MD MPH



On February 20th Tracy Irwin, MD, MPH, Department of OB/GYN, Karen Peters, DrPH, Melody Mumford, MD and family medicine residents Katherine Putz, MD and Cari Benbasset-Miller, MD traveled to Kedougou, Senegal. Their goal was to strengthen cervical cancer prevention services by introducing cryotherapy, to help treat precancerous lesions by freezing the cervix. In 2011, when the project started, there were no cervical cancer screening services available and a large proportion of the community was unaware that cervical cancer could be prevented by early detection of precancerous lesions.

Through a novel collaboration between the University of Illinois at Chicago, University of Illinois Hospital & Health Sciences System (to bring technical expertise), Peace Corps (volunteers to facilitate collaboration and communication), and the local health system (workforce training and capacity building) we have trained midwives and nurses in cervical cancer prevention services using a visual inspection of the cervix with acetic acid (VIA). Through a "train the trainer" model

all midwives in the Kedougou region should be trained in VIA by the end of this year. The midwives will then be able to offer cervical cancer screening to all women ages 30-50 years old in the area.

This trip helped us develop stronger local partnerships, develop a cervical cancer prevention policy framework and incorporate quality improvement methods into the provision of clinical service. Through this collaboration, the Kedougou Region ultimately have sustainable cervical cancer preventive services in place with access to 10,000 women.



Postpartum Hemorrhage Prevention in Ghana

Nuriya Robinson, MD, Women's Global Health Fellow

Having a baby in Ghana before 2009 meant a woman had a 3 in 10 chance of dying from excessive blood loss after delivery. But with the help of community education emphasizing the importance of facility-based delivery, a commitment to decreasing maternal mortality by lay health workers and clinic staff, a plastic drape and three tiny pills, delivery in rural Southern Ghana no longer has to be a death sentence. In partnership with Columbia University's Millennium Villages Project (MVP), Ghana Health Service and with the financial assistance of a MacArthur grant, Dr. Stacie Geller, PhD, a Professor in the Department of Obstetrics/Gynecology, conducted an operations research study in Bonsaaso, Ghana- a rural area approximately 2 hours from the large city of Kumasi, Ghana. Dr. Geller led a research team composed of Ghanaian MVP staff and UIC faculty and staff. The purpose of the three-year study was multi-pronged: 1) to assess the feasibility of using a blood collection drape in a community setting for the recognition of hemorrhage after delivery; 2) to test strategies for and acceptance of misoprostol distribution and use in a community setting; and 3) to determine whether misoprostol distribution was safe in a community setting. While misoprostol use for the prevention of postpartum hemorrhage in rural settings is not new, the distribution of misoprostol to pregnant women themselves to use at home in the event that they could not reach a healthcare facility for delivery is novel. The team's efforts, in combination with community sensitization around postpartum hemorrhage and safe delivery, as well as trained and untrained health provider education regarding the risks of community delivery and the dangers of postpartum hemorrhage resulted in a reduction in maternal mortality in the area by the study's end.



Upon arriving at UIC in the summer of 2011 as the inaugural Global Women's Health fellow, I elected to work with Dr. Geller on her postpartum hemorrhage prevention work in Ghana. Over a period of five months last year, I lived and worked with the Ghanaian team members on the day-to-day challenges involved with conducting such a study in a resource-poor area. My primary focus was on supporting the completion of the project and assisting with the rigorous monitoring and evaluation components of the study. Additionally, with the thought of possibly expanding the work throughout Ghana, I was able to travel to a new MVP site in Northern Ghana where homebirth, postpartum hemorrhage and maternal mortality rates are incredibly high. While there, I performed a needs assessment via a series of focus group discussions and interviews with healthcare workers, community leaders and community members to better understand birthing practices and the availability (or lack thereof) of maternal and emergency obstetrical services. Additionally, I had two opportunities to travel to Kaduna and Ondo States in Nigeria to meet with governmental officials and project leaders to learn about the national scale-up plan for misoprostol use in the country,

as well as to explore the processes surrounding the current model of community-based misoprostol distribution in northern Nigeria.

In October of 2012, Dr. Geller, myself and the other UIC team members travelled back to Ghana to present the research findings at a Stakeholders meeting. The overwhelming interest in the study's success using low-cost interventions has prompted further interest in the possibility of scaling-up community-based misoprostol distribution to the rest of Ghana. Next month, members of the team will return to Ghana to discuss these plans further.

Neo-Natal Survival: Global Challenge

Rohitkumar Vasa, M.D., Director of Neonatology Mercy Hospital and Medical Center

In the developed countries with high income and ample resources, death of a newborn (<28 days old), infant (<1 yr. of age) or a child less than 5 years of age is very infrequent. Such is not the case in countries with low or moderate income and limited resources. One in eight children in sub-Saharan Africa and one in 15 in southern Asia die before age 5, compared to 1 in 143 children in developed countries. In countries with limited resources, the under 5 mortality rate (U5MR) and the infant mortality rate (IMR) are very high, and as much as 70 % of IMR is from newborn deaths (NMR; <28 days of age). Improvement in NMR has not kept pace with improvement in IMR and U5MR in last 20-25 years and thus the relative contribution of newborn deaths to the IMR and U5MR has increased in recent years.

The greatest burden of neonatal and child deaths is in sub-Saharan Africa and southern Asia. About half of all deaths of children under five in the world occurred in just five countries in 2010: India, Nigeria, Democratic Republic of Congo, Pakistan and China. These regions have the fewest available resources, and have lagged behind developed countries in terms of reduction of NMR, IMR, U5MR.

The three most common causes for neonatal deaths are infections/sepsis (including pneumonia), prematurity and asphyxia. These account for more than 2/3 of all neonatal deaths. The following approaches, although simple and inexpensive, have significantly reduced the newborn deaths in resource limited countries: institutional deliveries, skilled birth attendant at delivery, avoidance of hypothermia at delivery, clean environment at delivery, cord care (application of chlorhexidine to cord, using clean blade to cut the cord), skin to skin care, exclusive breast feeding, initiation of breast feeding within one hour of birth. To quote Christopher Elias, President of the Program for Appropriate Technology in Health; "3 out of 4 newborn deaths can be prevented with low-cost tools such as antibiotics for pneumonia, sterile blades to cut umbilical cords, and by education of mothers to use techniques such as skin-to-skin care". MDG (Millennium Development Goal) # 4 would only be attainable (by year 2015) if neonatal mortality is curtailed significantly in the next few years. Accelerated implementation of interventions to reduce neonatal deaths is a must. The gap between knowledge and practice must be narrowed by improving coverage of known interventions to the community settings/home.



Training of health care workers to recognize early danger signs and initiate processes to transfer high risk pregnant mothers and/or high risk newborns to the appropriate tertiary care institution, without compromising pre-transport stabilization, is equally important.

A recently published report¹ recommends 4 main packages of strategies to combat prematurity and prematurity related mortality. Package 1 (essential newborn care) includes thermal, feeding and infection prevention recommendations. Package 2 includes newborn stabilization skills. Package 3 recommends early, prolonged and continuous direct skin-to-skin care between the newborn and the mother, and Package 4 addresses neonatal intensive care.



Global Health Faculty Briefs

Marcia Edison, Dan Hryhorczuk, Tim Erickson, Valerie Dobiesz and Andrew Dykens all attended the CUGH Global Health Conference in Washington, DC. The Center presented a total of 4 posters at the event.

Tim Erickson and Valerie Dobiesz attended the National Conference on Wilderness Medicine in Big Sky, Montana. While there, they spoke on issues related to global health.

Dan Hryhorczuk presented “Global Environmental Health” to the GMED Students on March 11th at the Center for Global Health.

Janet Lin, Marcia Edison and Tim Erickson went to Urbana for a Disaster Preparedness Workshop and Drill for the medical students and residents attending UI Urbana’s COM.

Stacey Chamberlain, Janet Lin, Valerie Dobiesz, Andrew Dykens, Tracy Irwin and Sherry Nordstrom have all taught a class for the Honors Global Health Advocacy Course over the last 2 months.

Director’s Corner of the World

World Health Day is celebrated on April 7th to mark the anniversary of the founding of the World Health Organization (WHO) in 1948. Each year, a theme is selected that highlights a WHO priority area of public health concern in the world. Specific themes have included: Antimicrobial resistance: no action today no cure tomorrow, urbanization and health, international health security, and protecting health from climate change.

The theme for 2013 is high blood pressure. The ultimate goal of World Health Day 2013 is to reduce the risk of heart attacks and strokes. So commemorate the event by having your BP checked!

“Emotion without action is irrelevant”

~Jody Williams~

CGH Network Meeting Presenters

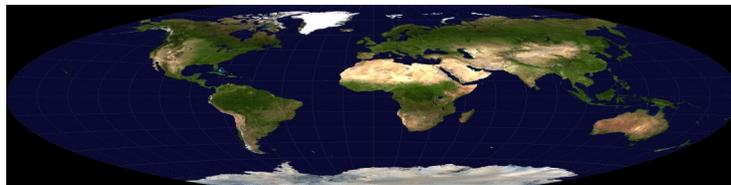
February 2013

Joanna Michel, Assistant Director, Urban Medicine Program UIC COM—“Q’eqchi Ethnobotany and Ethnopharmacology: Results of an Investigation on Women’s Health and Implications for Youth Engagement Towards the Conservation of Traditional Medicine

March 2013

Rohitkumar Vasa, Director of Neonatology, Mercy Hospital and Medical Center—“Neonatal Survival—Global Challenge”

“Where in the World...?”



Chun-Tao (CT) Che of the College of Pharmacy was an invited speaker at the International Conference on Traditional Medicine for South-East Asian Countries in New Dehli, India in February. Then in March he travelled to Macau, China, again as an invited speaker at the Second Local Training Workshop on GMP.

Alan Lau spent time during February visiting Bezmialem Vakif University in Istanbul, Turkey to discuss potential collaboration programs. Also in February he travelled to Riyadh, Saudi Arabia for presentations at conference on ‘Postgraduate Clinical Pharmacy Education and Training’ with other UIC Pharmacy faculty members Frank Paloucek, and Tammy Nguyen.