

# ROLE OF GLOBAL HEALTH IN LOCAL HEALTH

## If global health is local health, then where is the south in “global health”?

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**Background:** “Global health” is an emerging concept that continues to be redefined, but much of that process is not adequately including voices from the south. This has repercussions on programs and global policies, creating a pattern of northern hegemony in research and practice.

**Structure/Method/Design:** The data presented is a result of a literature review of peer-reviewed journals and studies on “global health” in the last decade, as well as outcomes of the Global Colloquium of University Presidents 2013.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Three main themes emerge from the global health literature. First, the “health” being addressed in global health programs remains disease-focused, primarily defined within the framework of the MDGs, with insufficient attention to social and political determinants of health. This contributes to a lack of contextual understanding of social inequities and population needs, and consequently to poor health outcomes. Second, slow economic growth is portrayed as the cause of and solution for global health issues. Inequalities due to globalization have been seen to cause declines in health and the stagnation of growth, and yet the focus of global initiatives has focused on economic growth as the central goal to development, with the health of populations as an incidental benefit. Additionally, insufficient attention is being paid to the income-inequalities within countries and how these affect population health. Third, the global perspective is generally missing from “global health.” A clear north–south distinction persists in programs still operating with an “international health” approach, and in perceptions of global health as staving off the spread of diseases indigenous to the south. Global health is currently being defined from a predominantly northern perspective, research is being funded by the north—90% of papers are authored by academics in North American institutions—with the risk that the field will be actively developed through the lens of the north for the benefit of the south, without achieving southern ownership. This is promulgated by superior, funded research programs in the north, while institutions in the south are burdened by challenged research infrastructures and unequal partnerships with northern institutions.

**Summary/Conclusion:** These factors have created unequal partnerships that continue to obscure the voices of the global south in the global discourse on health.

## Exploring the utility of *Psidium guajava* leaf extract as an adequate treatment for *Giardia lamblia*

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**Background:** *Giardia lamblia* is one of the most common intestinal parasites with as many as 1 billion cases diagnosed at any one time worldwide. Symptoms may range from the asymptomatic shedding of

cysts to failure to thrive. *Psidium guajava* (guava) leaf and bark extracts are common folk remedies used to treat *Giardia*.

This prospective cohort study assessed the clinical utility of a standardized guava extract compared with standard treatment, tinidazole, and no treatment given at a natural medicine clinic in Ometepe, Nicaragua.

**Structure/Method/Design:** Eligible participants were children and adults in two rural communities positive for *Giardia* by ova and parasite testing. Patients receiving standard doses of tinidazole and patients not receiving treatment were also followed for 2 weeks.

The utility of the guava treatment was assessed by stool microscopic examination 3, 5, 7, and 10 days following treatment completion. The primary outcome measure was change in *Giardia* cysts or trophozoites seen on at least three consecutive stool tests. Subjects were also queried about their knowledge and use of anti-parasitic medication and guava remedies.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** 664 individuals submitted stool for examination; 87 of these individuals tested positive for *Giardia* and 79 enrolled in the study. Of those enrolled in the study, 39 individuals were prescribed the guava extract and returned for re-examination. Of these 39 assessed, 11 tested negative for *Giardia* cysts and trophozoites on all stool tests, 16 persons tested positive for *Giardia* cysts and trophozoites on all stool tests, and the remaining 12 tested positive for *Giardia* cysts and trophozoites on one or more of the stool tests.

Seven persons were prescribed tinidazole and completed requisite follow-up visits. All tested negative for *Giardia* cysts or trophozoites on all stool tests. Eight persons remained untreated throughout the study period; none of the patients tested negative for *Giardia* cysts and trophozoites on all stool tests, five patients tested positive all on stool tests and the remaining three tested positive for *Giardia* on one or more of the stool tests. Patients treated with guava and those who did not receive treatment had no adverse effects. Reported adverse effects of the tinidazole included dizziness, and nausea.

All of the patients preferred the standardized guava medicine as they experienced no side effects, felt it to be better for their bodies, and more effective in clearing the parasite *Giardia*.

**Summary/Conclusion:** Though the guava tincture was more favorably received and had fewer side effects than tinidazole, it appears ineffective in clearing *Giardia* cysts and trophozoites from the stool.

## Prevalence of burnout and psychiatric distress in local caregivers 2 years after the great East Japan earthquake and nuclear radiation disaster

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**Background:** Although more than two years has passed since the Great East Japan Earthquake (Tohoku Earthquake), which struck the Northeast region of Japan in March 2011, more than 280,000 people still remain displaced from their homes and community. The subsequent nuclear radiation disaster has worsened the crises beyond a typical earthquake tragedy and prolonged its recovery efforts. Rescue personnel, recovery workers, and medical and mental health professionals are suffering significant burnout due to lack of adequate resources and unremitting workload. Our purpose is to quantify the prevalence of burnout and psychiatric distress in local caregivers 2-plus years after the Tohoku Earthquake.

**Structure/Method/Design:** This pilot study measured burnout rates of 34 health care providers from four different sites in areas affected by the Tohoku earthquake and the subsequent nuclear disaster. We interviewed caregivers about topics of concerns and asked them to self-administer two questionnaires: Maslach Burnout Inventory for Human Services (MBI-HS) and General Health Questionnaire (GHQ12). Previously validated cutoffs were used to identify high levels of burnout and psychiatric distress, as well as qualitative answers from interviews.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** With a response rate of 94.4%, themes listed by respondents during the interviews were concern for children (47.1%), frustration with the inability to eat and share homegrown or local vegetables (55.9%), and having sleep difficulties (44.1%). We found 58.8% of respondents to have signs of emotional exhaustion, 14.7% with depersonalization, 94.11% with low or medium personal accomplishment, and 55.9% with evidence of psychological distress. Comparing year-old GHQ12 scores done at the same sites, the score remained unchanged (4.63 vs. 4.24;  $P = 0.74$ ).

**Summary/Conclusion:** Local caregiver mental health has not improved even 2 years after the disaster, and many are showing signs of burning out. Over half are emotionally exhausted and in psychological distress, experiencing symptoms themselves, and burdened with concerns, which strongly suggest that conditions are not improving. Radiation problems have worsened the stress, anxiety, workload, and recovery process of the caregivers, provoking higher burnout rates. Long-term psychological support and improvement in caregiver work conditions are essential to maintain sustainable care in rebuilding disaster-stricken areas in Fukushima.

### Global mental health: The view from Albania

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**Background:** Albania, which endured one of the most harshly authoritarian regimes of any country in the socialist bloc, has been a major destination for foreign, particularly European, aid since its democratization in 1992. In this presentation, I consider the paradoxical consequences of European influence on Albanian mental health sector reforms.

**Structure/Method/Design:** The following results are drawn from a larger qualitative study on the variety and quality of available institutional and community-based mental health services in Albania. It was carried out in central Albania (Elbasan, Korce, Tirane) between June 1 and September 1, 2013. Information was collected through 44 semi-structured Albanian- and English-language interviews with mental health professionals, family caregivers, and advocates identified via snowball sampling. 30+ additional hours of participant-observation were completed with psycho-social staff and consumers at the Sadik Dinci Psychiatric Hospital in Elbasan, Albania.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Mental health system reform in Albania has largely attempted to recreate European mental health infrastructure locally. Unfortunately, this system is functioning well below its intended capacity in the Albanian context. The network of Community Mental Health Centers—based on the Italian model—is a particularly stark illustration of the ways “innovative” services in Albania replicate treatment as usual: a top-down, medical model which disempowers the consumer. Paradoxically, it appears that Europe-driven aid and initiatives have stunted local capacity. As European investment and the physical presence of foreign advisors decreases, Albania’s most

fragile service sector lacks the tools and experience to sustain reforms and continue to improve upon them.

**Summary/Conclusion:** Albania’s geographical and cultural proximity to Italy, a leader in community mental health services and social inclusion initiatives, should be an overwhelming positive for the country. Unfortunately, the partial implementation of progressive models of care has led to poor consumer outcomes. Lessons for global mental health professionals include the need for initial needs assessments that consider whether intended reforms can be fully implemented and, if not, how the impact of partial implementation might be maximized through specific initiatives.

### Policymaking process of a maternal near-miss surveillance model in Colombia: Local effects of global policies generated by an epistemic community

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**Background:** In 2005, the Colombian Ministry of Health (MoH), concerned with slow progress toward the MDG target to reduce maternal mortality by 2015 initiated the implementation of an Extreme Maternal Morbidity Surveillance Model (EMMSM). In 2013, we undertook an evaluation of this process at the request of an international agency (IA) and the MoH. This paper describes the policymaking process and possible unintended local effects.

**Structure/Method/Design:** Descriptive study with mixed-methods data analysis. Data were collected through structured questionnaires and semi-structured interviews with the main actors at the national level, in 8 departments, 8 municipalities, 12 tertiary-level hospitals, and 6 health insurance organizations. Grounded in the theory of epistemic communities, we analyzed both the documents and actors discourses to reconstruct the policy process from conception to inception into the National Public Health Surveillance System (NPHSS).

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** We identified three stages of policymaking: 1) 2005-2007: Colombian gynecologists develop a model built on the maternal “near-miss” concept proposed by gynecologist in the UK in 1990 and set forth by WHO in 2004 as “near-miss audits.” 2) 2007-2010: The model is piloted in 15 tertiary-level hospitals by the MoH in association with an IA. 3) 2011-2013: “Extreme Maternal Morbidity” (EMM) is made notifiable to the NPHSS by secondary and tertiary-level hospitals. Obstetricians at pilot hospitals perceive the model improved the quality of obstetric care in their institutions, however, they recognize that most EMM cases arrive in critical condition and many lack adequate antenatal care and/or care in their first institution of contact was deficient. While tertiary-level hospitals have increased their obstetric Intensive Care Units capacity, two Departments have closed several primary care facilities. Municipal and Departmental maternal health programs were found to be understaffed and poorly financed.

**Summary/Conclusion:** The maternal “near-miss” approach initiated by the gynecologists’ epistemic community and fostered by international agencies for inception as national policies, when introduced into the Colombian context of market-driven health services and weak primary care systems, may have contributed to drive high technology-based obstetric care in tertiary-level hospitals. This may be having unintended effects on equity in access to quality