Wishing all of our global health friends and family safe travels through the new year!
Global Community Health Partnerships: A Model to facilitate implementation of proven solutions

Andrew Dykens, MD, MPH participated as a panelist at the Northwestern University Global Health Symposium, “Global Health Then and Now: Equality, Development and Globalization.” On November 20th. He took part in a panel entitled, Partnerships and New Models for Collaboration where he presented an abstract titled, “Bridging the knowledge to action gap through innovative implementation research partnerships: implications for the US Peace Corps and Rotary International” through which he presented the joint recommendations of invited partners to a UIC Center for Global Health led Global Community Health Partnership Assembly.

On May 14 and June 25, the Office of International Affairs’ “John & Grace Nuveen Award” sponsored an Assembly, led by Dr. Dykens at the UIC Center for Global Health to host several stakeholders engaged in Global Health work. The groups represented include:

- The voice of global communities and health systems,
- The US Peace Corps and Masters International Program,
- The National Peace Corps Association and Chicago Area Peace Corps Association,
- The University of Illinois at Chicago School of Public Health, Institute of Health Research and Policy, and Center for Global Health,
- The CDC Prevention Research Centers Global Network,
- 50,000 Feet – Creative Agency, and
- Peace Care (a Chicago-based nonprofit organization).

The Purpose of the assembly was to convene potential partners to refine a collaborative approach aiming to improve community access to quality primary health care services in low resource settings in low- and middle-income countries, and innovate in the arena of global health education through an interprofessional approach to health systems strengthening. This partnership model is known as the Global Community Health Partnership Model.

There exists meaningful potential for a Global Community Health Partnership approach that facilitates primary health care services implementation research by providing a mechanism to leverage the potential of available strengths, common priorities, and practical resources to create action and impact through synergy. Such an approach could foster partnership development among institutions and communities to facilitate collaboration, resource- and knowledge-sharing, and timely feedback to global health implementers at multiple levels in order to empower program development and implementation of best practices through education, research, service, and advocacy. Next steps will focus on formal partnership development among institutions and secondary phase pilot scaling through the development of new partnerships.

BMT at Civil Hospital in Nepal—Update

In late November, Dr. Damiano Rondelli travelled to Nepal to continue working with Dr. Bishesh Poudyal and his team on their project to open the first Bone & Marrow Transplant Program in Nepal.

Dr. Poudyal and his team at Civil Service Hospital in Kathmandu are the pioneers of hematology and BMT in Nepal. In November they met with Damiano Rondelli and put the logo of UIC CGH on the door of their office.

Dr. Bishesh Poudyal from Nepal and Dr. Damiano Rondelli from UIC CGH celebrate the progress of their collaboration for the first Blood & Marrow Transplant Program of Nepal at Civil Service Hospital in Kathmandu.
Establishment of a Poison Control Center at MSR

Poisoning accounts for nearly 30% of suicides in India and is a frequent cause of accidental and environmental exposures. The most common poisonings in India include insecticides, rodenticides, snakebites, alcohols, sedative hypnotic agents, opioid, and pain reliever toxicity. While there currently exists a Poison Information Center in northern India at the All India Institute of Sciences in New Delhi, there is no regional poison control or information center in southern India accessible to the general public were the majority of these poisonings occur.

Faculty from the UIC Center for Global Health at the University of Illinois in Chicago, and leaders from MS Ramaiah University of Applied Sciences met in October 2015 in Bengaluru, India to implement an innovative hub and spoke hospital model for development of a regional poison control center in southern India. With this system, patients will be initially treated and stabilized at peripheral “spoke” hospitals and then transferred by paramedics to a more comprehensive toxicology center of excellence or “hub” hospital for poisoning consultation, advanced intensive care poisoning management, enhanced elimination measures, and antidote therapy.

In the city of Bengaluru and State of Karnataka, this major metropolitan hub hospital with a toxicology center of excellence has been established at MS Ramaiah Memorial Hospital along with five peripheral spoke or referral hospitals. The hub hospital provides 24/7 low cost comprehensive poisoning information software and treatment protocols, forensic toxicology testing, reference lab analysis, hazardous materials decontamination, intensive care management, and an antidote depot for the surrounding spoke hospitals.

This innovative poison control system has been established for health care workers treating poisoning victims in a defined hub and spoke region of a major metropolitan region in India. Phase II of the project will provide this poisoning information and referral system to other surrounding metropolitan hospitals and will be accessible to the entire city of Bengaluru (population 10 million). Phase III will provide this innovation as a 24/7 mobile telecommunications service to the general public in the State of Karnataka (population 65 million). This system of care can ultimately be adopted as a model for other states in India to provide affordable poison control information, toxicology surveillance, treatment, referral, and prevention.

Save the date! Our World Health Day event will be held on Wednesday, April 6th this year. Please mark your calendars for this very special presentation. More details to follow

GMED Spotlight—Brandon Collofello

Everyday more than 800 mothers die from preventable causes related to pregnancy and child birth, with 99% of those deaths occurring in developing countries (WHO 2015). This past summer, I had the privilege of being awarded the 2015 Craig Fellowship which gave a stipend that allowed me to participate in research on eliminating postpartum hemorrhage, which causes the majority of maternal deaths worldwide. I was lucky enough to work alongside an amazing and diverse team including an emergency physician, obstetricians, bioengineers, staff perfusionist, and experienced researchers. Together, we tested the filter function of a novel, low cost, auto-transfusion device aimed to assist women suffering from life threatening postpartum hemorrhage in low resource settings. The aim of the auto-transfusion device is to collect excessive blood lost during child birth. Then, using an inexpensive motor, run the blood through a filter to completely eliminate the blood of any bacteria or harmful products. The filtered blood can be given intravenously to the mother to maintain her blood pressure and stabilize the life threatening situation. We tested the filter function on human postpartum blood in order to begin to evaluate the effectiveness of the filter without giving any blood back to mothers. Pre-filtration and post-filtration samples were tested for the presence of any bacteria (qualitatively and quantitatively) and amniotic fluid markers like alpha fetoprotein, fetal cells, and inhibin A. We discovered that although the device system circuit work as intended, the filter function was not as effective as we needed it to be. Therefore, our future research will use an alternative filter with improved efficacy. Nonetheless, our findings were still significant. Our research was presented at the UIC COM Research Forum and entered into the CCTS multi-disciplinary team science prize where we were awarded runner up in both competitions. Altogether, I am very grateful, excited, and optimistic about this research toward improving maternal health. A single tread on a tire cannot gain enough traction to generate momentum but many treads, acting together in elegant harmony, can travel far places and initiate magnificent advancements. Together, I believe we can end maternal mortality forever.
Director’s Corner of the World

As we move into the winter holiday season, the world struggles to process the carnage in Paris, France and San Bernardino, California. Innocent lives shattered by senseless attacks, inducing an urge by those left behind to inflict a counter reaction as emotions of vengeance linger and the violence recycles. National borders once opened and welcoming, begin to close leaving the innocent with very few options for survival. There is also cultural collateral damage to the silent majority who may have similar religious upbringing, but stand for peace and harmony regardless of race or ethnicity.

Let’s demonstrate thoughtful restraint, empathy, and openness to those different than ourselves as we strive to break the cycle of violent behavior and contribute to a healthier planet in 2016.

“The world is very different now. For man holds in his mortal hands the power to abolish all forms of human poverty, and all forms of human life.”

~John F. Kennedy~

CGH Network Meeting Presenters

November 2015
Dr. Stevan Weine, “Advancing the Science of Resilience-Based Approaches to Families in Global Health”

December 2015
Dr. Gelila Goba, “Overcoming HRH Crisis in Developing Countries- The Case of the Mela Project”

January 2016
Dr. Terry VadenHoek and Dr. Mark Huffman, “Systems of Care for Acute Cardiovascular Disease in India.”

Sickle Cell in Nigeria

Damiano Rondelli travelled to Nigeria and along with Dr. Victor Gordeuk, met with a group of Nigerian sickle cell patients at the Ibadan University College Hospital. They answered many questions on the use of Hydroxyurea as well as on the BMT. They were very excited about the possibility of starting BMT at Ibadan.. The hematologists at Ibadan UCH follow over 2000 adult and 500 children with sickle cell.

“Where in the World…?”

M1 GMED Student Gwyneth Sullivan presented at the American Society of Tropical Medicine and Hygiene Annual Meeting. Wyn gave an oral presentation in a session titled Arthropods: Mosquitoes and other Arthropods. The title of her talk was “Development and implementation of odorant baited traps to monitor and control Triatoma dimidiata in Toledo, Belize”.

They had a mock Ebola treatment unit set up for conference attendees to participate in, shown in this photo are Wyn and fellow former ND students in their PPE gear for the demonstration. Wyn will be participating in a project I Belize in the upcoming months.