

Reports From the Field: North Carolina's Global Health Connections

Rose Hoban

During the past 2 years, I was privileged to have the opportunity to take a closer look at the global health activities of North Carolinians and institutions based in the state. The result of this reporting, a series called Global Health Connections (available at: <http://rhoban.wordpress.com>), aired on WUNC initially in March 2009 and again in June 2010. One of the most difficult parts of the assignment was choosing to focus on only a handful of the many, many, many global health activities executed by North Carolinians!

The project was funded by a no-strings-attached grant from the University of North Carolina (UNC) Gillings School of Global Public Health. I spent about 6 months in 2008 talking to people involved with global health, getting ideas and hearing about projects. Given my limited time in the field, I wanted to focus on one geographic area rather than spending an inordinate amount of time traveling. As time went by, I found myself hearing a lot about Africa, specifically southern Africa.

As some of the people I spoke with will recall, I wasn't interested in being yet another reporter parachuting into a place and only skimming the surface. These people will also recall that, initially, I wasn't interested being yet another reporter to go to Africa to report on human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS). Twenty-five years into the epidemic, I felt that there were many issues other than HIV/AIDS that were left untouched, and I really wanted to dig into the problems associated with them. I'm particularly interested in issues of health system organization, strength, and competence; supply and retention of health care workers; and treatment of infectious and chronic diseases *other* than those associated with HIV/AIDS.

However, in Africa, HIV/AIDS is like a lyric from an old song: it's "so high, you can't get over, so low you can't get under it, so wide, you can't get around it...." Because all other issues involving African health systems are so profoundly altered by and subordinate to HIV/AIDS, in all but one of the stories I eventually reported,^a it inevitably hovered prominently in the background, unless it was the outright focus of the piece.

I eventually chose to go to Malawi, primarily because it was a place that I knew next to nothing about (I did want something of a challenge). I also eventually chose Malawi because it was a place that I kept hearing about from the people I spoke to. The UNC Gillings School of Global Public Health did *not* ask me to travel to their project in the Malawian capitol of Lilongwe. However, I came to recognize later that I probably kept hearing about Malawi because so many people connected to UNC-Chapel Hill have traveled and worked there over the years.

Once I started saying the word "Malawi" to people, other activities came to my attention, including those of Tom and Eve Vitaglione. Tom is known to NCMJ readers as a child health advocate. However, he and his wife met as Peace Corps volunteers in Malawi in the 1960s. More recently, they have become intimately involved with Malawi Children's Village, an orphan project in the southern part of the country. Once I heard about this project, I knew I had to go to see it. All other decisions flowed from that one.

In terms of issues, I was interested in unsafe abortion. I contacted the Chapel Hill-based nongovernmental organization (NGO) Ipas to ask whether they had any activities in southern Africa and learned they were planning a workshop for local reporters in the Zambian capitol Lusaka. The workshop was planned during the same time frame I'd identified for traveling to Malawi. This meant they would have personnel on the ground during my travel period who could help with making contacts. This completed my itinerary.

The array of people and global health activities I found North Carolinians engaging in represent the huge range of opportunities and projects being pursued by people from the state. Consider first the efforts of the Vitagliones, who are working in a true grassroots style. They raise money from friends, family, their church, and others each year for Malawi Children's Village and act as board members and technical consultants remotely from the United States. All of the Vitagliones' activity supports a program conceived of and run by people from Malawi, who fully determine the scope of their own activities.

The Ipas example is more common to many agencies in

a. The story described the work of a surgery resident at the UNC School of Medicine who was collecting data on traffic injuries and fatalities in Malawi. These data will eventually help local officials create a trauma registry and strategy for injury prevention.

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North Carolina. Ipas is an established, foreign-based, not-for-profit NGO performing advocacy, technical consultation, and program development co-led by ex-patriots and local staff.

The UNC Project-Malawi is an example of a more recent development in global health activity, in which researchers from US and European universities perform large projects that are funded primarily by research money and grants. I found that UNC-Chapel Hill has done an excellent job leveraging their funding in a way that allows them to provide a tremendous amount of service to the local community while accomplishing high-quality research. University projects in developing countries have also provided numerous clinical training and research opportunities for students. Some students continue doing global health work, but many return to the United States, informed by what they saw and did.

I probably could have chosen almost any country to travel to and found North Carolina people and institutions working there—all one need do is pick up a directory to Research Triangle Park, North Carolina, to find many organizations doing great work. For example, North Carolina-based organizations have a presence in Tanzania (eg, the Duke Global Health Institute, Engineering World Health, and North Carolina State University's summer study program), Cambodia (FHI, RTI International, and the Carolina Population Center), and Kenya (eg, Carolina for Kibera), each performing a variety of activities.

For the second year of the grant, I decided to complete the circle by focusing on how global health activities performed in other countries boomerang back to North Carolina. I wanted the challenge of finding global health projects and ideas that influence the way things are done here in the United States.

When Westerners go to a developing country, with their huge amounts of money and personnel, the influence of their activities is undeniable. In exchange, we in the West often receive *ideas*, which are far more ephemeral commodities. It would have been easy to simply talk about more us-to-them projects during the second year, but I wanted to make the

point that knowledge and skill are much more intangible, yet no less valuable, commodities than the personnel and money that often flow one way in global health activities. In addition, I believe that ideas generated in the global health context *are* important and *do* influence the way we do things here.

I eventually found 4 projects. Again, they fit roughly into the categories I'd found in the first round of reporting: grassroots work, technical assistance, and university research. However, because the actors in these stories were trafficking in ideas rather than in money and personnel, these stories presented more-nuanced connections to global health. The first story addressed an HIV prevention research project in Durham, North Carolina, that is patterned on techniques used in cross-cultural research in other countries. American researchers are finding that the sociology of other cultures can inform the process of doing research here. Essentially the project creates the soil for a successful future grassroots project. The second piece reviewed Duke University research about the state of orphans in poor countries, which has ended up influencing how we think about care for kids in the United States. In the third story, I discussed a quality-assurance laboratory for testing the reliability of products used in health projects around the world. Finally, I looked at the grassroots-level efforts of student volunteers who work with technicians in developing countries to repair and maintain medical equipment. After gathering information, the students come home and create products to be used in the technicians' countries. The story focused on several students who started a business to manufacture and distribute their invention. Once again, I came away impressed by the energy and creativity being employed by public health practitioners here in North Carolina and in other countries.

At the end of my reports last year, I reflected on the many clever people and tremendous creativity in places such as Malawi and Zambia. I'll add that a similar degree of cleverness and creativity are present in North Carolina, too. It was a privilege to witness how so many people are finding ways to use their many talents to improve health worldwide. NCMJ