Boston Children's Hospital | Margaret C. Ryan Global Health Program

2022 ANNUAL REPORT



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Letter from the Leadership



Michelle Niescierenko MD, MPH

Global Health Program Director

Emerging from the throes of the pandemic, 2022 was a year of looking forward towards growth and expansion. As we rolled up our sleeves and began to tackle larger, more complex challenges at national and international scale, the need to expand our team while refining our operational approach became a clear priority. We asked ourselves the critical questions. What are the needs of our partners? How can we be the best partner we can be? Together how can we reach the most children and families?



Through dynamic strategy sessions, we emerged with a new organizational plan, utilizing and applying the wealth of expertise of global health thought leaders at Boston Children's Hospital, and as illustrated in this graphic. Each of these leaders have a brilliant team in their corner, working to move the needle on priority child health initiatives across the full spectrum of pediatric care. Continuing to grow, despite what started as global economic 'challenges' but by the end of 2022 is a full-scale economic crisis, requires a cost-efficient and sustainable operational approach for global health. Strengthening and scaling our social enterprise model became a priority out of necessity. With adversity, however, comes resourcefulness, creativity, grit, and resilience – features our team, our partners, and our global community have in spades.

As a social enterprise we are efficient, cost-effective and continuously reinvesting. This year, we expanded to solve the problems prioritized by our partners. Scale this year looks like improving emergency care for more than 20 million people in India, ensuring healthcare workers throughout Ukraine are ready and able to provide trauma care, that Native American children in the United States have access high quality pediatric care, and much more.

Come with us as we mobilize stakeholders, change agents, communities, and organizations to strive toward the ambitious goal of every child, everywhere having access to quality healthcare.

2022 Year Highlights

Launch of the Grousbeck-Fazzalari Chair in Global Health

The Grousbeck-Fazzalari Chair in Global Health was launched to enhance our ability to address critical global health challenges, ensuring sustainable and impactful solutions to help children around the world access safe, quality healthcare. This prestigious chair will be held by the Director of the Global Health Program, with Dr. Michelle Niescierenko serving as its as its inaugural holder. We are deeply grateful for the generous support that makes our work possible.



Pictured from left to right: Kevin Churchwell, CEO Boston Children's Hospital; Emilia Fazzalari; Michelle Niescierenko, Grousbeck-Fazzalari Chair in Global Health recipient; and Wyc Grousbeck.

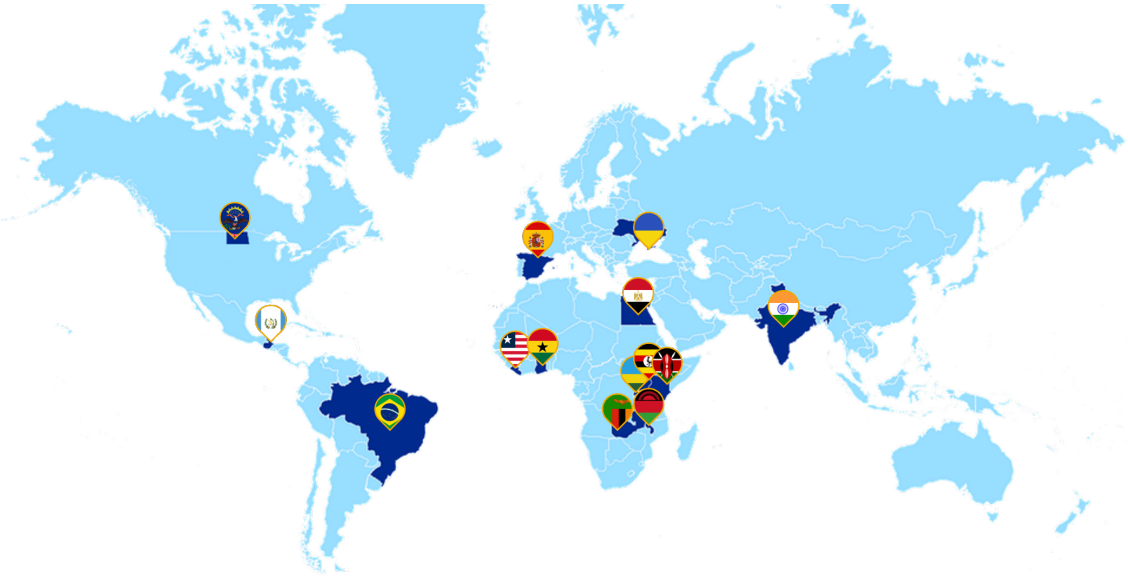
Global Pediatric Humanitarian Fund



The Global Pediatric Humanitarian Fund at Boston Children's Hospital was created this year from generous contributions from the hospital and generous donations from BCH employees, in addition to matching funds from a non-profit collaborator, Brother's Brother Foundation. Funds were used to purchase $100,000 of surgical equipment that was sent to Dnipro Children's Hospital in Ukraine.

2022 Our Year in Review

Partnerships and Projects world scale





Residency Program and Graduation in JFK Medical Center Monrovia, Liberia

In 2022, JFK Medical Center and the Global Health Program graduated 5 more pediatricians — bringing the total to 26 — and successfully transitioned leadership of the Liberia Pediatric Residency Program to locally trained pediatricians, fulfilling the mandate for a sustainable, locally led program.



Children in Crisis: Responding to Pediatric Needs in Humanitarian Settings

In 2022, the Children in Crisis (CiC) Program — the humanitarian arm of the Global Health Program — published nine academic articles on pediatric needs in humanitarian settings and launched key initiatives in Bihar, India, and Ukraine to address urgent health needs of crisis-affected children and youth.



Indigenous Health Program launch

The Global Health Program launched its Indigenous Health Program initiative in 2022. Under the leadership of Dr. Julia Rubin-Smith, the program focuses on improving the health and well-being of American Indian and Alaska Native (AI/AN) children through a partnership with the Indian Health Service (IHS) in the Great Plains Area (GPA).

Education and Learning

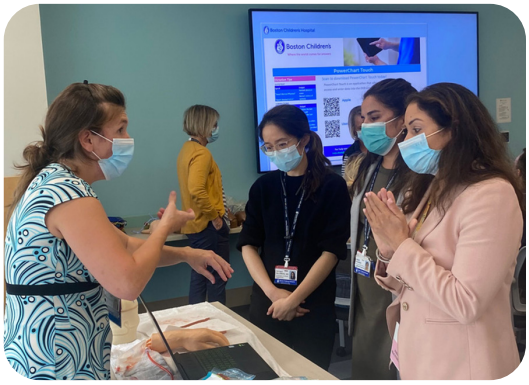


Decolonizing Global Health for Equity (DGHE) curriculum

This year, the Global Health Program launched DGHE curriculum, a two-year program for post-graduate trainees focused on advancing health justice. Developed by BCH staff, trainees, and faculty, it promotes equity, anti-racism, and decoloniality in global health through education, partner input, and best practice development.

Clinical Skills Week & Clinical Core Topics Continued

The Global Health Program continued offering Clinical Skills Week, an annual course which provides an overview of key topics for pediatric clinicians to help prepare them for clinical work in resource-constrained settings combining didactic and case-based teaching and hands-on skills workshops to provide a comprehensive introduction to key global health concepts.



Pathways and Fellowships

BCRP Global Scholars Pathway

8 residents
participated in the Boston Combined Residency Program Global Child Health Initiative, which fosters global health equity through education, mentorship, and hands-on experiences led by faculty from Boston Children's Hospital and Boston Medical Center.

Child Neurology Pathway

4 residents
participated in this unique program supported by the Global Health Program that offers PGY-4 and PGY-5 trainees early exposure to global child neurology under the mentorship of Archana Patel MD, MPH, MSc and Maitreyi Mazumdar MD, MPH.

Global Pediatric Fellowship

2 residents
participated in the fellowship, where they were trained to become future leaders in global child health, gaining skills in advocacy, decoloniality, and sustainable health system development to improve child and adolescent health in resource-limited settings.

Pediatric Emergency Medicine Global Health Fellowship

4 fellows
trained in Pediatric Emergency Medicine Global Health Fellowship (PEMGHF), a rigorous program combining pediatric emergency care training with hands-on global health experience in emergency systems, humanitarian response, and health program implementation.

Infectious Diseases Global Health Fellowship

3 fellows
took part in the infectious disease (ID) Fellowship, a combined program preparing trainees for clinical and research careers in childhood infectious diseases through global health coursework, international collaboration, and scholarly research.

Global Health Nursing Fellowship

4 fellows
participated in the Global Health Nursing Fellowship (GHNF) a two-year program that prepares nurses to lead child health initiatives in resource-limited settings through hands-on project work, global health seminars, and mentored learning in clinical care, education, research, and advocacy.

Partnerships and Projects

A Biosocial Analysis of Neonatal Mortality in Rural Guatemala

Name: Anahí Venzor-Strader MD, MMSc
Country: Guatemala



Guatemala has some of the highest rates of neonatal mortality in Latin America, and these losses are disproportionately more prevalent in rural and Indigenous communities. Approximately five years ago, Dr. Venzor-Strader's partner organization, Maya Health Alliance, implemented a project to improve maternal and child health by collaborating with local traditional midwives to improve obstetrical outcomes. While the rates of maternal mortality have improved significantly, newborn deaths have not been equally impacted.

Dr. Venzor-Strader and Maya Health Alliance's work aims to gain a deeper understanding of the biological, social, historical, cultural, and economic reasons why this occurs, with the goal of changing neonatal care practices based on the results of the research. Furthermore, study leaders aimed to amplify the voices of those most proximate to this suffering, which are the mothers in these communities, the midwives, and the local healthcare providers. Thus far, data collection for the research project has been completed and analysis is ongoing.

Next, Dr. Venzor-Strader will complete the data analysis and disseminating the results of her work, including presenting the results to the Maya Health Alliance staff, local midwives, and local health authorities. The goal of this work is to collaboratively design strategies based on what we learned from this research that could help avoid further preventable neonatal deaths, including identifying barriers to care and guiding advocacy efforts at the local and national level.

33	10	7	16	10
interviews conducted	with traditional Maya midwifes	with local healthcare professionals	with mothers of infants in rural communities	suffered at least one neonatal

Development and Evaluation of Postgraduate Pediatric Curriculum in Rwanda

Name: Tiffany Palermo MD, MPH
Country: Rwanda



In Rwanda, a confluence of factors led to decreased access for resident physicians to specialized pediatric training. The Human Resources for Health (HRH) Program, a 7-year capacity strengthening partnership between US academic institutions and the Rwandan Ministry of Health, ended in 2019; compounding this, the COVID-19 pandemic decreased the ability to provide in-person post-graduate teaching. Starting in 2020, a team of US, UK, and Rwandan pediatricians, many of whom were prior partners through HRH, worked together to adapt a General Pediatrics Curriculum to a hybrid, flipped classroom format. This led to the development of an Introduction to Public Health Module for Rwandan pediatric residents which was implemented this year.

This course included critical topics such as social determinants of health, community needs assessments, and early childhood development. This postgraduate curriculum will be uploaded to an online learning platform and Rwandan faculty will be trained to facilitate this course in the future.





Akoma Ntoaso: Creating Resources through Joining of Hearts: Novel Comprehensive Care Models (CCM) to improve child and adolescent mental health care for those with chronic disease

Name: Leah Ratner MD, MPH, DTM&H
Country: Ghana



Adolescents with chronic illnesses are vulnerable to mental health comorbidity and are especially at risk to care gaps and barriers. In Ghana, fragmented and inequitable resource distribution, poor collaboration between traditional and Western healing practices and stigma for young people needing mental health treatment compound these care gaps. Dr. Ratner and colleagues continue to aim for integrated and collaborative mental and chronic healthcare, inspired by existing cultural values like 'Akoma Ntoaso': Creating Resources through joining of Hearts. As a team that has been collaborating for many years, Dr. Ratner and colleagues developed Collaborative Care Models (CCM) that have been gradually implemented to support integrated mental and chronic care across Komfo Anokye Teaching Hospital (KATH), in Kumasi, Ghana. Three adjacent programs have been successfully implemented: (a) Pediatric to Adult Transition Joint Clinics with patients above the age of 14 enrolled in pediatric chronic-care clinics (b) Child and Adolescent Neuropsychiatric.



Joint Clinic, which involves multidisciplinary teams to provide care to children and adolescents with neurological and mental health comorbidity, and (c) Chronic disease support groups which support holistic, preventive mental health care by community collectiveness. Derived from local cultural values, these programs aim to reduce stigma, increase social capital, and include traditional healing practices alongside Western medicine. Our team is now engaged in further participatory needs assessments to better understand how integrated care methods promote community and overall wellness.

3 adjacent programs	**78** patients successfully transitioned to adult-based care	**120** pediatric patients have been managed at the neuropsychiatric joint clinic	**85%** meetings and collaborative care help them "feel less alone."	**95%** rated the support groups as beneficial

Neurokids: Africa, South America, Egypt

Name: Ashley Birch RN, MSN, CPNP and Benjamin C. Warf MD
Countries: Uganda, Brazil, Egypt



Annually, nearly half a million babies will be affected by hydrocephalus, or fluid on the brain. Unfortunately, most of these children are living in low- and middle-income countries. Left untreated, the risk of death or disability is significant, and the economic burden of ventriculoperitoneal shunt maintenance, the traditional therapy of placing a tube from the brain to the body to drain this fluid, is high. In fact, more than 40% of those shunts will fail in the first two years, up to 80% will fail by 10 years. The complications of shunt malfunction and infection are usually manageable with access to quality pediatric care, but in parts of the world where access is out of reach, shunt-dependence is an ongoing life-threatening condition. One solution to the problem of hydrocephalus and shunt dependence is endoscopic third ventriculostomy and choroid plexus cauterization (ETV/CPC). This is a minimally invasive procedure and involves creating an opening in the floor of the third ventricle combined with a procedure the reduces choroidplexus in some of the ventricles. This avoids shunt-dependence in 2/3 babies with any type of hydrocephalus and 3/4 of those with spina bifida. Developed in Uganda by Dr. Warf, and first reported in 2005, ETV/CPC is available in North America but is relatively absent on the global stage. Clinical data suggests that the ETV/CPC is the best-practice treatment for infant hydrocephalus in both high and low resource settings.





For many years ETV/CPC training required that a surgeon must move to a location that offers this procedure for a period of time to train side-by-side with expert surgical teams. During the pandemic, Dr. Warf, Ashley, and their collaborators realized they would need more mobile ways to train surgeons and their staff on this procedure. To achieve this goal, the nonprofit organization NeuroKids was created. The team now incorporates providing state of the art equip-

ment with methods for remote and simulation learning, removing significant barriers to collaboration and training.



The initial collaborating site for hybrid training was in Cairo, Egypt, at Ain Shams University in February - March 2022. Initial program launch included Dr. Warf and Ashley traveling to Cairo to train their neurosurgeon and support staff on ETV/CPC. Virtual training continued for a year after the initial launch. This lifesaving procedure has now become a staple of practice at Ain Shams, and the Egyptian surgeon is now traveling within the country and subregion to train others in ETV/CPC surgery. Neurokids' second collaborating partner is in São Paolo, Brazil, with training beginning in October 2022.

Looking ahead, Ashley, Dr. Warf and the Neurokids team are expanding their partnerships to include collaborators in Amman, Jordan, Mombasa, Kenya, Brasilia, Brazil, and Karachi, Pakistan, while continuing collaborations in Kampala, Uganda and Luanda, Angola, and Medan, Indonesia. With their partners, Dr. Warf and Ashley will continue training of surgeons in ETV/CPC, investigating prevention and causes of both hydrocephalus and spina bifida, and researching and implementing optimal follow-up for children with these conditions in resource constrained settings.

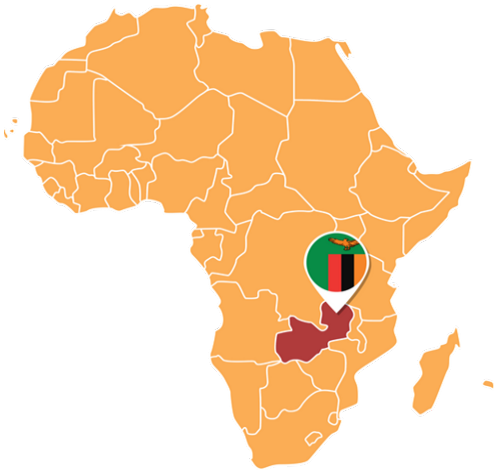






Addressing Adolescent Malnutrition in Zambia

Name: Shela Sridhar MD, MPH
Country: Zambia



Adolescent malnutrition is an under-reported phenomenon that has significant impacts on maternal and child health as well as economic growth. However, most malnutrition programming is focused on children under 5. The World Health Organization has just started to recognize adolescent malnutrition as a notable burden. Dr. Sridhar and partners at a community clinic noted that there were lower than expected rates of malnutrition among children under age 5 in their population, despite known significant food insecurity in the community.

Anecdotally, they heard that younger children were being prioritized for feeding if food was rationed. They conducted a survey in a small peri-urban clinic to quantify the rates of malnutrition across ages 6 months to 19 years and food security in families.

As a result of this study, Dr. Sridhar and colleagues found that children 6-19 years had equal to and often higher rates of malnutrition than the under 5 population. Based on the data collected, the team is working to develop interventions that address adolescent malnutrition. The survey is being expanded to additional districts with a qualitative portion to be added to develop more effective, community-driven interventions.

COVID Transmission and Morbidity in Malawi

Name: Geoffrey Guenther MD, MPH
Country: Malawi



The COVID-19 epidemic appears to have been less severe in much of sub-Saharan Africa (including Malawi) than in many other areas of the world. Dr. Guenther and partners are investigating whether malaria or other parasitic diseases endemic to Malawi are playing a role in less severe illness from COVID-19 or are affecting the efficacy of the COVID-19 vaccine. Dr. Guenther has worked with local partners to establish the research sites, including training the study staff responsible for data collection. In the future, Dr. Guenther hopes to provide insight into the ongoing COVID-19 epidemic in a part of the world that is underrepresented in medical research as well as working to increase local infectious diseases research capacity.

PATA - Pediatric Anesthesia Training in Africa

Name: Faye Evans MD
Country: Kenya

The Pediatric Anesthesia Training in Africa (PATA) collaborative aims to improve perioperative care for children by building capacity for pediatric anesthesia education and training across Africa. Initial objectives include developing a standardized context-appropriate pediatric anesthesia curriculum, establishing five new pediatric anesthesia fellowship programs in Africa, and creating advanced pediatric anesthesia training opportunities for non-physician anesthesia providers.

The need for pediatric surgery in Africa is growing. An estimated 1.7 billion children lack access to safe surgery and anesthesia and also experience worse outcomes when receiving care when compared to children in high-income countries. The surgical mortality rate is 100x higher across Africa than in high-income settings and as high as 50-60% for neonates requiring surgery. A severe shortage of skilled anesthesia providers, including those trained as pediatric anesthesiologist leaders, is a major contributor to this high perioperative mortality.

The PATA collaborative will prepare future clinician-educators and leaders to train anesthesia providers caring for children and neonates, including both physicians and non-physicians. Specific objectives include establishing five new 12-month pediatric anesthesia fellowship programs in five countries over the next five years in a staged model. Investing in clinician-educators and leaders, developing standardized e-pediatric anesthesia curriculum + e-learning platform, obtaining regional accreditation, and advocating for the importance of safe anesthesia for children worldwide.

The Pediatric Anesthesiology Fellowship program at the University of Nairobi (one of only two existing pediatric anesthesia fellowship programs in Africa) was established in 2013 and has graduated 23 fellows who have all become leaders and advocates for pediatric anesthesia in their home countries. These graduates are primed and eager to train others and scale pediatric anesthesia training programs across Africa. The PATA collaborative is being led by a core advisory group, including 10 African pediatric anesthesiologists.

Core funding has been secured to start the five new programs over the next five years. The initial three pediatric anesthesia fellowships were started in November 2022. Additional funding has been obtained to build an e-learning platform to support these new programs. Opportunities exist to expand the investment in each of these new fellowship programs to help make them sustainable. There are also opportunities to help improve patient safety through the purchase of much needed disposable supplies such as central line kits and epidural kits, as well as specialized equipment such as ultrasound, video laryngoscopes, and fiber optic laryngoscopes which are considered standard of care in high income settings.

Liberia Research Team Database Development

Name: Georgia Christakis MD
Country: Liberia
Multi-Initiative Partnership with JFK Medical Center



Historically, Liberia has faced high child mortality rates. The only tertiary care center in the country, John F. Kennedy Medical Center, has a busy pediatric department including emergency department, outpatient department, wards, and neonatal ICU serving children in Monrovia and surrounding counties, but very limited data on their patients, who is presenting, what ages, diagnoses, and mortality rates.

Since 2019, Boston Children's Hospital has been collaborating with our colleagues in the pediatrics department to digitize a database that can be accessed for quality improvement and research involving pediatric patients. We have been coordinating both in person and through weekly virtual meetings to ensure forms are being completed and data is being entered in a timely manner to be able to perform basic analytics on admission rates, common presenting diagnoses, and mortality rates in the department.

At this time we have been able to analyze and share weekly metrics on department admissions, common diagnoses, and outcomes. Moving forward, Dr. Christakis and colleagues hope work with Liberian physicians to conduct locally-driven research aimed at bettering health outcomes for the patient population. A data query form is currently in development to help physician researchers in developing research questions and initiating the Institutional Review Board (IRB) approval process for their research projects.



Neonatal Nurse Training Initiative

Name: Deborah O'Dowd MSN, RN, CCRN
Country: Liberia
Multi-Initiative Partnership with JFK Medical Center



Building upon the neonatal nurse curriculum she designed in 2020 to increase capacity among neonatal nurses at JFK Medical Center in Liberia, Deborah O'Dowd, facilitated the initial implementation of the didactic and skills training neonatal nurse training initiative in January 2022. 36 nurses from the NICU, pediatric ward, and the emergency room participated. She continued the initiative with ongoing online learning sessions and case studies through July 2022. Following completion of the initial neonatal training, Deborah partnered with a local Liberian research nurse to begin a Quality Improvement initiative specific to the NICU nurses at JFK.









Indigenous Health Program



The Indian Health Service (IHS) is the principal federal agency responsible for providing healthcare services to American Indians and Alaska Natives. The Great Plains Area (GPA) IHS Office, encompassing 19 federal and tribal-managed service units, oversees care for approximately 130,000 American Indians and Alaska Natives (AI/AN) mostly residing in North and South Dakota. The indigenous population of this area is primarily Oceti Ŝakowiŋ (Lakota, Dakota, and Nakota). Children comprise approximately 1/3 of the GPA AI/AN population. IHS has experienced several challenges in recruiting and maintaining clinical staff throughout the system, resulting in a lack of high quality and consistent pediatric care that negatively impacts the health and wellbeing of AI/AN children. As part of an effort to address these challenges, the Indigenous Health Program (IHP) partnered with the IHS to provide pediatric care in the GPA, starting at the Cheyenne River Service Unit (CRSU) in Eagle Butte, South Dakota. Like many IHS facilities, the CRSU is a critical access hospital located on a rural reservation. The closest facility providing specialized pediatric inpatient services, including surgical care, is 3 hours away and the closest tertiary pediatric facility is 5 hours away. BCH presence allows stable pediatric patients requiring inpatient care to remain closer to home, significantly reducing the burden posed by transfer to distant facilities.

Since February 2022, BCH has sent 22 clinical pediatric faculty to the CRSU, providing outpatient and inpatient pediatric care while consulting on pediatric patients in the Emergency Department. In addition to clinical care, BCH pediatricians provide pediatric education to general providers and support improvements in pediatric nursing care. BCH pediatricians have also supervised pediatric residents from BCH who have interests in rural health and intend to host residents and medical students from other institutions, particularly AI/AN trainees from colleges and universities within the GPA.

At the request of the GPA IHS leadership, the BCH/IHS collaboration will expand in Year 2, scaling up our pediatric service provision throughout the GPA. To improve continuity of care, the staffing model will transition from short-term rotators to a job-share model, with dedicated pediatricians each spending half the year at a single service unit. We have also engaged the expertise of multidisciplinary team members, including Nursing and Child Life, to improve pediatric care on multiple levels including education, process improvement, health infrastructure, and public health initiatives.

National Indian Health System and Academic Medical Center Conference, Washington, DC

The BCH Indigenous Health Program (IHP) co-hosted the inaugural National Indian Health System and Academic Medical Center Conference in Washington, DC in September 2022 at the National Museum of the American Indian. The conference brought together multiple stakeholders to discuss strengthening collaborations between Academic Medical Centers (AMCs) and the Indian Health System (IHS) to improve healthcare for American Indian and Alaska Native (AI/AN) communities. Participants included representatives from AMCs, IHS leadership, and Tribal Communities along with other key stakeholders.

Key outcomes of the meeting focused on:

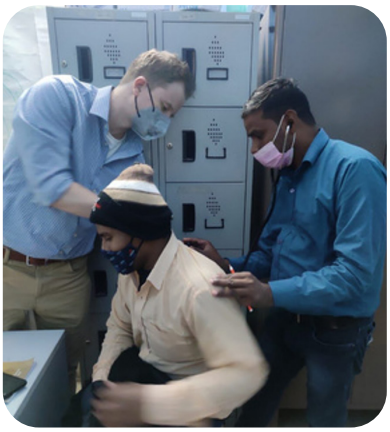
- Recognizing the history of AMC involvement in the Indian Health System, including successful collaborations as well as past harms;
- Discussing tangible ways that AMCs can work with the Indian Health System to most effectively expand the delivery of quality care to AI/AN populations;
- Agreeing upon appropriate scopes of work between AMCs and IHS, and identifying how best to implement them to meet the needs of AI/AN communities.

Participants in this inaugural conference as well as additional stakeholders continue to meet on these topics. The collaboration is now led by Dr. Lukejohn Day, a member of the Oglala Lakota Nation and President of the Association of American Indian Physicians, with operational support provided by Global Health Program staff.



Children in Crisis

Emergency Care System Strengthening in Bihar, India







In India, Children in Crisis (CiC) partnered with CARE-India and the Bihar Ministry of Health to strengthen and improve the emergency care system in five district hospitals responsible for a catchment area of 15 million people. The initiative focused on improving emergency care preparedness and capacity through four activities: (1) renovation of the emergency room space to improve safety and fit-for-function spaces, (2) strengthening the healthcare workforce by adjusting staffing and adding key personnel, (3) procurement of critical supply and equipment needs, and (4) improving clinical care through an educational intervention to train physicians, nurses, and ancillary staff in emergency care. CiC developed and supported the implementation of a 6-month educational program, focusing on foundational emergency care knowledge and skills. Program activities and impact included the following:

170+
physicians and nurses received training and education, in addition to numerous students, security, and housekeeping staff.

70+
physicians and nurses reported improved knowledge, skills, and confidence in caring for acutely injured children.

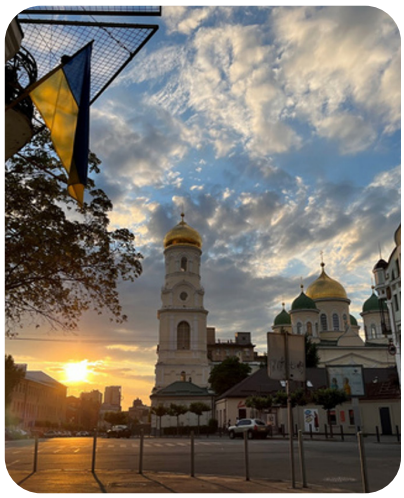
12, 240
hours were spent by CARE India and Harvard Teaching Hospital-affiliated physicians and nurses actively engaged in activities in the emergency department.

Initiation of process improvement and clinical standards was started, prioritized by the most relevant challenges faced by health care workers.

Pediatric and Nursing Trauma Training in Ukraine





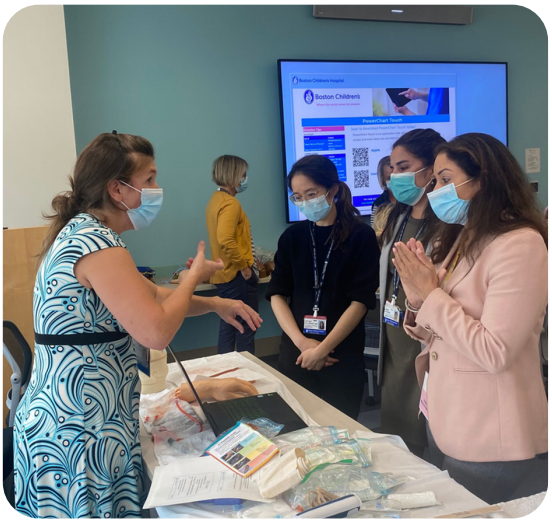


In March, 2022, through engagement with the Ukraine Ministry of Health, national health authorities, and frontline healthcare workers, CiC partnered with the Harvard Humanitarian Initiative consortium and International Medical Corps to develop and implement a training package to meet urgent trauma needs in Ukraine. Activities and impact included the following:

78+ trauma courses supported	**2000+** participants reached	**26** "Just-in-Time" trauma and crisis videos development
Course topics included trauma care, mass casualty management, and CBRNE courses for health care providers and lay persons	Provision of program technical expertise and program management and development of pediatric-specific education in all courses	Monitoring and evaluation activities which demonstrated increased level of knowledge, confidence, and interest from the trainees in their capacity to provide life-saving care

Education and Learning

Clinical Skills Week



The Global Health Program continued offering Clinical Skills Week, an annual course which provides an overview of key topics for pediatric clinicians to help prepare them for clinical work in resource-constrained settings combining didactic and case-based teaching and hands-on skills workshops to provide a comprehensive introduction to key global health concepts. A series of workshops provides learners with the opportunity to gain practical skills training using case-based simulations and hands-on skills stations, including ultrasound application with hands-on practice. Our multi-disciplinary faculty present evidence-based guidelines for the management of common illnesses and tropical diseases affecting children in resource-constrained settings. This course provides learners with the foundational skills and knowledge necessary to collaborate with partners. This year's Clinical Skills week was held from September 19-23 and saw over 20 participants.

Decolonizing Global Health for Equity Curriculum

Decolonizing Global Health for Equity (DGHE) is a 2-year curriculum for post-graduate level medical trainees in Global and Rural health training programs. It was developed at Boston Children's Hospital within the Global Health Program (GHP), and it is aimed for learners who plan to dedicate their careers to the pursuit of health justice.

This curriculum aims to dismantle colonial understandings of health and re-imagine health systems and health provision through a rights-based and justice-oriented lens. Our vision is to support learners in their personal understanding of the historical role of colonization in medical training and research. This course will support participants in identifying the colonizing roles those educated in systems of power hold, and one's personal and collective role in dismantling the structures and power dynamics that uphold this colonial legacy both internationally and locally.

This is done via a combination of didactics, group discussions, hands-on experience with local activism and self-reflection. Ultimately, this will provide skills for continued learning and a lifelong commitment to sustainable structural change that promotes health equity for all. The 2022 curriculum covered topics including The Definition and Impacts of Colonialism in Medicine and Decolonizing Global Health Education.

Thank you!

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