This curriculum series incorporates the competency-based goals and objectives developed by the American Academy of Pediatrics Section on International Child Health working group on Pediatric Resident Education. It also includes additional objectives specific to the CHW curriculum that, together with the AAP objectives, will equip CHW pediatric residents with the knowledge and skills necessary to provide competent and compassionate care to children in resource-limited settings, and to master knowledge pertinent to their examinations and US-based practice.

Lectures will include both case-based and didactic components. Pre- and post-tests will be provided to assess the effectiveness of the curriculum. Additionally, pertinent boards-style questions will be integrated into the majority of the conferences.

For feedback or questions regarding this curriculum, please contact Nicole St. Clair, MD (nstclair@mcw.edu) or Jackie Nohl, MD (jnohl@mcw.edu).

Summary of noon conference topics (6 conferences annually over a 3 year period):

1. Malnutrition and undernutrition
2. Approach to diarrhea and dehydration in resource-limited areas
3. Vaccine-preventable illnesses
4. Water-borne and vector-borne illnesses/Neglected tropical diseases
5. Maternal and neonatal HIV
6. Diagnosis, management and complications of HIV
7. Diagnosis and management of tuberculosis
8. Adoption health
9. Humanitarian disaster response
10. Injury prevention and management in resource-limited settings
11. Emergent and intensive care in resource-limited settings
12. Approach to skin abnormalities and burn care in resource-limited settings
13. Approach to eye abnormalities and seizures/altered mental status in resource-limited settings
14. Refresher course on basic lab techniques
15. Maternal and child health overview
16. Public health systems, epidemiology, and health access inequities worldwide
17. Social, political, and economic influences on child health worldwide
18. Traditional health practices, cultural sensitivity, and ethics

Summary of core evening journal club topics (quarterly over a 3 year period; additional topics will be added based on group’s interest):

1. Immigrant and refugee health and psychosocial considerations
2. Knowledge sharing: Strategies to provide teaching and services during an international elective
3. In-depth review of a recent humanitarian disaster response
4. Make and taste it yourself: ORS, F-75, RUTF, etc.
Objectives for each noon conference are outlined below. AAP indicates CHW Global Health curriculum objectives that were transcribed or modified from the competency-based goals and objectives developed by the American Academy of Pediatrics Section on International Child Health working group on Pediatric Resident Education

1. MALNUTRITION AND UNDERNUTRITION

**Suggested case example for incorporation into the lecture:** Explain the approach to evaluation and management of a 16 month Tanzanian female who presents with severe wasting and listlessness.

1. AAP Define and recognize the signs and symptoms of: Stunting; Acute and chronic malnutrition – severe/moderate, complicated/uncomplicated, marasmus, kwashiorkor, and marasmus-kwashiorkor; Micronutrient deficiencies (iron, vitamin A, iodine, zinc); Low birth weight and associated maternal risk factors. Discuss the Gomez, Waterlow, and Wellcome systems of classification of malnutrition.

2. AAP Define and compare the different anthropometric measures used to diagnose malnutrition (i.e. Weight-for-Height charts, MUAC—mid-upper arm circumference). Classify a child’s nutritional status using the WHO growth tables and charts.

3. AAP List the 10 steps for the WHO/London School approach to treatment of severe malnutrition and be able to list at least one way each step relates to the underlying pathophysiology of severe malnutrition and its treatment.

4. Describe the interaction between malnutrition/micronutrient deficiencies and infectious diseases in infants and young children.

5. Explain comorbidities and sociopolitical factors that may predispose a child to developing malnutrition.

6. Discuss how malnutrition is managed at a population scale (inpatient therapeutic feeding centers vs outpatient community-based therapeutic care centers). Discuss commercial products available for refeeding (F-75/100 vs ready to use therapeutic food/RUTF)


2. APPROACH TO DIARRHEA AND DEHYDRATION IN RESOURCE-LIMITED AREAS

**Suggested case example for incorporation into the lecture:** AAP Develop a rehydration plan for an 8 month old child with chronic malnutrition who presents with moderate dehydration, and discuss how this would differ if it were severe dehydration with shock.

1. Assess the dehydration status of several children via case examples utilizing a clinical dehydration scale, and discuss how concomitant malnutrition may affect their clinical findings.

2. Discuss the multiple etiologies and epidemiology of diarrheal illnesses in resource-limited settings. Differentiate between acute and chronic diarrheal illnesses.

3. AAP Determine the role of diagnostic tests for children with bloody versus non-bloody diarrhea in resource-limited settings.

4. Review evidence-based principles in the management of diarrhea and dehydration, and outline the composition of oral rehydration solution.

5. Discuss the differences in management of dehydration between healthy children and children with severe malnutrition

6. AAP Discuss prevention strategies for diarrheal illnesses in resource-limited settings
3. VACCINE-PREVENTABLE ILLNESSES

**Suggested case example for incorporation into the lecture:** Outline how a child in Belize would receive vaccinations for the first 2 years of life, including the types of vaccines available, the governmental oversight for the process, and the process of medical record keeping.

1. **AAP** Identify epidemiological trends and the significance of emerging infectious diseases in the developing world.
2. **AAP** List the vaccine-preventable diseases and review the presentation, evaluation, and management of each of these diseases.
3. **AAP** Review the immunizations available in developing countries, and know the current international vaccine policies and recommendations (WHO EPI).
4. Identify economic and cultural barriers to vaccination programs worldwide.

4. WATER-BORNE AND VECTOR-BORNE ILLNESSES/NEGLECTED TROPICAL DISEASES

**Suggested case examples for incorporation into the lecture:** Provide an algorithm to the management and treatment of the following children in a malaria-endemic resource-limited region in Zambia: (1) an 8 month old previously healthy infant with fever, (2) a 6 y/o previously healthy child with fever, and (3) a 9 y/o child with fever and seizures.

1. List the 14 WHO “neglected tropical diseases” and briefly describe the epidemiology, presentation, diagnosis, and management of each. (Buruli ulcer, Chagas disease, cholera/epidemic diarrheal diseases, **AAP** dengue/dengue hemorrhagic fever, dracunculiasis (guinea worm), endemic treponematoses (yaws, pinta, endemic syphilis), human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma)
2. Provide examples of other bacterial, viral, and helminth/protozoal diseases perpetuated by contaminated water, and briefly discuss the presentation and management of some of those diseases, including **AAP** typhoid fever.
3. Discuss public health interventions that aid in the prevention of water-borne illnesses.
4. **AAP** Understand the presentation, diagnosis, management, and prevention of malaria (uncomplicated and complicated/severe).

5. MATERNAL AND NEONATAL HIV

**Suggested case example for incorporation into the lecture:** Develop a timeline of medical interventions and testing for an infant born to an HIV+ mother for the first 15 months of life (include HIV screening, bactrim initiation, vaccine administration, feeding recommendations, frequency of medical evaluations, and overall care for the mother and family members).

1. Understand the epidemiology of HIV infection, including mode of transmission, incubation period, and period of communicability.
2. Review the prevalence of HIV infection worldwide, and list the areas most affected.
3. Discuss the societal, political, biologic, and economic reasons that predispose mothers and infants to the acquisition of HIV infection.
4. Explain the multiple modes of transmission of HIV from the mother to the fetus or infant.
5. Discuss the various methods of preventing peripartum and postpartum transmission of HIV, and how they differ based on access to resources (including PMTCT, C/sections, and breastfeeding vs formula feeding).
6. Interpret positive rapid HIV testing results children born to HIV+ mothers of various ages with and without breastfeeding. Discuss the testing algorithms to differentiate between false and true positives, as well as the recommended screening algorithms for children born to HIV+ mothers.
7. Describe the clinical manifestations of AIDS in neonates, and compare them to older children.
8. Describe methods to prevent opportunistic infections and communicable diseases, as well as malnutrition, in HIV positive infants.

6. **DIAGNOSIS, MANAGEMENT AND COMPLICATIONS OF HIV**

   **Suggested case example for incorporation into the lecture:** Develop an evaluation and management plan for a 2 y/o child who presents with fever and cough in Tanzania and is found to be HIV+.

   1. **AAP** Discuss indications for testing for HIV in a child in a resource-limited setting, and common presentations of AIDS in children.
   2. **AAP** Identify methods for testing for HIV in resource-limited settings. Review the characteristic immunologic and lab findings in children with AIDS.
   3. **AAP** Briefly discuss the basic antiviral regimens that are available in resource-limited settings, and the impact of governmental initiatives such as PEPFAR. Review WHO-recommended algorithms for the treatment of HIV in resource-limited settings.
   4. Explain the presentation, diagnosis, and management of common opportunistic infections seen in children with AIDS. Discuss appropriate empiric antibiotic regimens for a febrile child with AIDS without a clear source of infection.
   5. Describe the presentation, management, and prevention of immune reconstitution syndrome.
   6. Understand possible neurologic manifestations of HIV infection, and approach to altered mental status in a child with HIV.
   7. Review a vaccine schedule for an HIV+ child in (1) Wisconsin and (2) Malawi.
   8. Identify useful resources for the management of HIV+ children in resource-limited settings.

7. **DIAGNOSIS AND MANAGEMENT OF TUBERCULOSIS**

   **Suggested case example for incorporation into the lecture:** Develop an algorithm for diagnosis and treatment of a 3 y/o HIV+ child who presents with a RUL infiltrate and has known contacts with tuberculosis in a rural setting in Malawi that does not have access to PPD or sputum testing.

   1. Review the epidemiology of Mycobacterium tuberculosis, and discuss the reasons that it is more prevalent in resource-limited settings.
   2. Discuss modes of transmission of tuberculosis to infants and children.
   3. **AAP** List the major clinical manifestations of tuberculosis in infants and children, and how they may differ from adults.
   4. **AAP** Determine how to identify and interpret a positive Mantoux PPD test and which additional tests are indicated with a positive PPD. Understand the reason for a false positive or false negative PPD.
   5. **AAP** Discuss methods of diagnosis of tuberculosis in infants and children when a PPD test is not available.
   6. **AAP** Review WHO algorithms for the treatment of tuberculosis, as well as the approach to a positive PPD without suspected disease. Discuss how management options differ between the US and resource-limited settings. Review governmental and non-governmental efforts that have targeted the treatment of tuberculosis, including DOTS therapy.
   7. Explain immune reconstitution syndrome, and how that influences your management of a child with both HIV and tuberculosis.
   8. Discuss the management of an infant born into a family whose: (1) mother has active tuberculosis; or (2) father has active tuberculosis.
   9. **AAP** Discuss indications for isolation of a hospitalized patient with suspected tuberculosis, and how this option differs between the US and resource-limited settings. Discuss the
risk of acquiring tuberculosis as a healthcare worker in a resource-limited setting (without isolation rooms), as well as the management of tuberculosis in a healthcare worker.

8. ADOPTION HEALTH

Suggested case example for incorporation into the lecture: Describe your medical and psychologic approach to the evaluation of a 2 y/o boy from Central America who presents for an initial evaluation with his adoptive family.

1. Describe the medical evaluation and preparation for a potential adoptee in their home country, and discuss pre-adooption counseling techniques for adoptive families.
2. Recognize the potential circumstances for children living in orphanages or refugee camps, and describe the possible developmental, emotional, or medical implications of those circumstances.
3. AAP Outline the process of arriving to the US as a refugee*, immigrant*, or adoptee, and describe the essential components of an intake medical and psychological evaluation. Review an appropriate approach to catch-up immunizations for these children, as well as how to utilize vaccination records from other countries.
4. AAP Describe common health and psychological issues faced by refugee/immigrant* and adopted populations during their first year of arrival to a developed nation.

*Refugee & immigrant health will be covered during an evening journal club session.

9. HUMANITARIAN DISASTER RESPONSE

Suggested case example for incorporation into the lecture: Develop a brief outline of how you would coordinate a pediatric disaster relief team to the Dominican Republic 2 weeks after a devastating earthquake. List the anticipated barriers for this task.

1. Describe complex humanitarian emergencies, and provide recent examples.
2. AAP Describe health issues of children in the developing world affected by humanitarian crisis, including refugees, internally displaced children, and orphans.
3. Define the following: refugee, displaced person and an unaccompanied minor.
4. Develop a system for triaging care based on available resources.
5. Outline the difference between the acute, recovery and rehabilitation phases of disasters.
6. List and describe the major agencies involved in the coordination of disaster relief. Review the role of governmental and non-governmental organizations, as well as the potential detriment of volunteers who immediately travel to the scene without coordination.
7. Recognize the obstacles to delivery of medical and other care in a disaster setting.
8. AAP Demonstrate a basic understanding of health indicators and epidemiologic tools and methods, and how they may be used in settings with limited resources to monitor and evaluate the impacts of disaster relief and public health interventions.
9. Recognize the increased risks to women and children in the aftermath of a disaster.
10. AAP Understand the role of the pediatrician in responding to humanitarian emergencies and disaster relief efforts, within the context of participating local and international organizations, and become familiar with available resources to prepare for volunteering in this setting.

10. INJURY PREVENTION AND MANAGEMENT IN RESOURCE-LIMITED SETTINGS

Suggested case example for incorporation into the lecture: Describe your approach to the acute evaluation and management of an unconscious 7 y/o child who suffered a closed head injury and suspected femur fracture in a motor vehicle accident that you encounter while trekking in rural Malawi.
1. Understand the common childhood injuries, including drowning, ingestions, burns and motor vehicle accidents, that contribute to childhood morbidity and disability in the developing world, and describe prevention strategies.

2. Describe how epidemiologic trends for leading causes of injury differ based on geography, socioeconomic class and status of the country (low income vs high income).

3. List the most common injuries that affect foreign travelers in developing countries, and discuss methods for prevention.

4. Discuss the limitations, or lack of, emergency medical response systems in resource-limited settings.

5. Discuss the management of dog, cat, and human bites, and organisms involved with each. Understand wound care, recommended antibiotics, management of the biting animal, and indications for rabies vaccine and immunoglobulin. Be aware of potential access issues to rabies vaccine and immunoglobulin in resource-limited settings.

6. Summarize the epidemiology (including carrier species, incubation period, and period of communicability), presentation, diagnosis, and management of rabies. Review indications for rabies vaccines prior to travel, as well as risks and costs associated with the vaccine.

7. Briefly discuss the approach to puncture wounds and lacerations, and the role of cleaning, suturing, antibiotics, tetanus vaccine, and tetanus immunoglobulins for clean and dirty wounds. Identify when imaging or surgical drainage of open wounds may be indicated.

8. Briefly discuss the approach to partial extremity amputations (debridement and closure for both hand and foot injuries).

9. Outline the evaluation and management of a spider bite, both at the scene and in the emergency department. Include management of brown recluse and black widow spider bites.

10. Explain the evaluation and management of a snake bite, both at the scene and in the emergency department. Understand how to distinguish between venomous and non-venomous snakes. Know the signs, symptoms, and management of snake envenomation.

11. Demonstrate the non-operative management of basic upper and lower extremity fractures, as well as useful resources to assist with reduction and splinting. Discuss indications for operative intervention.

12. Review the indications for mild, moderate, and deep sedation in the management of fractures, and discuss your role in sedation in a resource-limited setting.

13. Discuss public health interventions for improving pediatric injury surveillance and prevention.

11. EMERGENT AND INTENSIVE CARE IN RESOURCE-LIMITED SETTINGS

Suggested case example for incorporation into the lecture: Direct the management of an 8 y/o M with severe complicated malaria.

1. Recognize the presentation and management of shock in resource-limited settings.

2. Review the essentials of neonatal resuscitation, and discuss barriers to the implantation of neonatal resuscitation techniques in resource-limited settings.

3. Describe triage priorities in conditions with high patient volume and/or resource limitations. Utilize resources from WHO IMCI and ETAT.

4. Discuss the indications for intraosseus needles, and the basics of how to use them. Understand how fluid resuscitation may differ between children with severe malnutrition and previously healthy children.

5. Recognize the risk of iatrogenic morbidity and mortality to children with IV fluid administration in resource-limited settings with inexperienced providers or inappropriate fluid choices. Provide examples of clinical scenarios that lead to patient injury with IV fluid administration (i.e. hypotonic fluids for resuscitation; D5W for administration of...
quinine salts, etc). Emphasize the importance of transitioning to oral or NG fluids once shock has resolved, if tolerated by the patient (and how to choose the appropriately-sized NG).

6. Explain the indications for transfusion for children with shock or severe anemia, and recognize how methods and availability of transfusion may differ in resource-limited settings compared to the US.

7. Summarize the approach to pediatric patients with respiratory distress and respiratory failure in resource-limited settings and initiate appropriate work-up and management. Discuss alternatives to invasive ventilation when resources are insufficient (O2 concentrators, nasal cannula splitters, bubble CPAP, etc).

8. Outline the management of submersion injuries in resource-limited settings.

9. Describe how to immobilize the C spine without formal collars or splinting devices.

10. Direct the approach to status epilepticus in a resource-limited setting.

11. Discuss the presentation and management of tetanus.

12. Discuss the multi-system approach to diagnosis and management of severe complicated malaria.

13. AAP Explain the presentation, diagnosis, management, and prevention of Dengue Fever and Typhoid Fever in resource-limited settings.

14. Briefly discuss examples of local and international emergency care guidelines.

**12. APPROACH TO SKIN ABNORMALITIES AND BURN CARE IN RESOURCE-LIMITED SETTINGS**

**Suggested case example for incorporation into the lecture:** Explain your approach to diagnosis, management, and prevention for a family who presents with scabies lesions in rural Ethiopia.

1. Recognize the presentation, diagnosis, management, and prevention of scabies, lice and bed bugs. Discuss how management and prevention advice differs between the US and resource-limited settings.

2. AAP Explain the presentation, diagnosis, management, and prevention of measles in resource-limited settings.

3. Distinguish between 1st, 2nd, and 3rd degree burns, and discuss management plans for each in a resource-limited setting. AAP Understand why children in resource-limited settings are at increased risk for burn injuries.

4. Recognize the cutaneous manifestations of the following diseases, and briefly discuss the management of each: Tinea versicolor, acrodermatitis enteropathica, rhus dermatitis, cutaneous larva migrans, diphtheria, leishmaniasis, dracunculiasis, filariasis, noma, HIV, pellagra, yaws, and tungiasis, and scurvy.

5. Discuss the role of teledermatology for practitioners in resource-limited settings.

**13. APPROACH TO EYE ABNORMALITIES AND SEIZURES/ALTERED MENTAL STATUS IN RESOURCE-LIMITED SETTINGS**

**Suggested case examples for incorporation into the lecture:**

**OPHTH:** Describe the evaluation and management of a 13 y/o male who presents with complaints of ocular itching, erythema, photophobia, and blurred vision, as well as subcutaneous nodules in Sierra Leone.

**NEURO:** Outline your approach to a child with a known seizure disorder, on Phenobarbital, who is experiencing increased seizure activity in a rural village in South Africa.

1. List several infections associated with congenital cataracts.

2. Describe the presentation and management of corneal abrasion.

3. Summarize the approach to evaluation and treatment of ocular trauma in a resource-limited setting.

4. Describe how to evaluate a red, painful eye.
5. Develop a treatment plan for strabismus in a resource-limited setting (without access to an ophthalmologist).
6. Outline the appropriate management of a stye, chalazion, and pterygium.
7. Recognize the signs and symptoms of glaucoma and retinoblastoma, and describe management of each in a resource-limited setting.
8. Identify the ocular manifestations of the following: Visceral larva migrans (toxocariasis), Chlamydia infection (trachoma), Vitamin A deficiency (xerophthalmia), and onchocerciasis, and ocular toxoplasmosis (chorioretinitis).
9. Outline the leading causes of altered mental status & seizures in resource-limited settings.
10. Understand the chronic management of seizures in resource-limited settings, and how it differs from management in the US.
11. Recognize cultural aspects of seizures and how this affects treatment and morbidity.
12. Review resources available for the management of children with seizures in resource-limited settings (WHO, ETAT).
13. Identify conditions that contribute to morbidity and impaired cognitive development in the developing world such as intestinal parasites, hearing loss, birth complications, anemia, infections (eg cerebral malaria), nutritional deficiencies, injuries, and environmental toxin exposures.
14. Understand the challenges faced by children living with disabilities in resource-poor settings, and describe prevention strategies and models of support.

14. **REFRESHER COURSE ON BASIC LAB TECHNIQUES**

**Suggested case example for incorporation into the lecture:** Perform laboratory evaluation of a 3 y/o child who you suspect to have severe anemia and malaria.

1. Demonstrate competence in performing the following: gram stain, urinalysis, rapid HIV testing, hematocrit, thick/thin smears, peripheral blood smear, wet prep, cell count of cerebrospinal fluid, and microscopic examination of common skin disorders (scabies, lice, ringworm).
2. Review typical laboratory resources that you would find in: (1) a rural outpatient clinic in Belize; (2) a small hospital in rural Lesotho; or (3) an academic hospital in Johannesburg.
3. Discuss the ethical considerations in sending medical tests for patients who cannot afford the expense, and how/if that affects your decision of whether to pursue the testing in resource-limited settings. Review an approach to situations when a patient may deny testing (i.e. cost, social stigma associated with the test, etc).

15. **MATERNAL AND CHILD HEALTH**

**Suggested case example for incorporation into the lecture:** Develop an obstetric and neonatal plan for a G3P2 mother who is found to be 20 weeks pregnant in a remote area of the Dominican Republic of the Congo.

1. Describe international goals and strategies for improving child and maternal health (such as the Millennium Development Goals), and how these have impacted policy, funding and development of newborn, child and maternal health programs worldwide.
2. Describe the epidemiology, trends, and major causes of infant and child mortality and morbidity in developing countries, and contrast to that in developed countries. Define under-five mortality rate (U5MR), infant mortality rate (IMR), and neonatal mortality rate (NMR).
3. Describe the epidemiology of neonatal mortality, and compare/contrast common causes including perinatal asphyxia and neonatal infections to under-five mortality. Identify prevention and treatment strategies (e.g., skilled delivery at birth) specifically aimed at reducing neonatal morbidity and mortality.
4. **AAP** List the leading causes of maternal mortality in the developing world, how they are impacted by health care systems, and contrast them with those in industrialized countries.

5. Discuss the relationship between maternal and neonatal/child health from preconception to the postpartum period.

6. **AAP** Recognize the major underlying socioeconomic and political determinants of infant/child health, and how these impact inequities in child survival and health care access between and within countries.

7. **AAP** Describe known effective interventions, including prevention and treatment, for reducing under 5 mortality and morbidity (e.g., vitamin A supplementation, exclusive breastfeeding, etc.). Discuss current efforts to improve neonatal health and survival (i.e. skilled delivery at birth, clean birthing kits, and Helping Babies Breathe)

16. **PUBLIC HEALTH SYSTEMS, EPIDEMIOLOGY, AND HEALTH ACCESS INEQUITIES WORLDWIDE**

   **Suggested case example for incorporation into the lecture:** Review the pros and cons of a church-based mission group that provides medical care on an annual basis to a rural village in Guatemala that otherwise has no medical services.

   1. **AAP** Identify the major governmental and non-governmental organizations active in international child health, and give examples of initiatives and programs that impact child health (WHO, UNICEF, Global Fund, GAVI, etc.). Understand how the policies and funding structures of these organizations as well as donor nations impact global child health.

   2. **AAP** Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem.

   3. **AAP** Compare and contrast different health care delivery settings in the developing world, including hospitals, clinics and the community, and the roles of different health care workers as they apply to patients in developing countries, such as the physician, nurse, community health worker, traditional birth attendant, etc. Review fee systems for several of these models and discuss the impact of costs on patient access to care.

   4. **AAP** Contrast the advantages and disadvantages of different approaches to implementing health care interventions in developing countries, such as vertical or targeted programs vs integrated, focused vs comprehensive, facility-based vs. community. Describe the WHO Integrated Management of Childhood Illness (IMCI) program as an example.

   5. **AAP** Identify resources for standardized guidelines (e.g., WHO/UNICEF) for diagnosis and treatment of conditions common to developing countries and adapt them to the individual needs of specific patients.

   6. **AAP** Understand the impact of environmental factors, including safe water supply, sanitation, indoor air quality, vector control, industrial pollution, climate change and natural disaster on child health in developing countries.

   7. **AAP** Demonstrate a basic understanding of health indicators and epidemiologic tools and methods, and how they may be used in settings with limited resources to monitor and evaluate the impact of public health interventions.

   8. Discuss the concept of sustainability, and provide examples of projects that are sustainable and those that are not.

   9. **AAP** Understand the pediatrician’s role in advocating for health policy efforts that can reduce inequities and improve health of children in developing countries.

10. **AAP** Understand and be sensitive to the profound inequities in global health and how individuals can contribute to diminishing these disparities.

17. **SOCIAL, POLITICAL, AND ECONOMIC INFLUENCES ON CHILD HEALTH WORLDWIDE**
Suggested case example for incorporation into the lecture: Outline the process that a 13 y/o male, separated from his parents, may undergo during training to become a child soldier.

1. Identify several social, political, and economic factors that affect child health. Provide specific examples of each.
2. Define the following: relative poverty, absolute poverty, low/middle/high income countries, newly industrialized country, and developed country. Review the definitions of the older terms “third, second, and first world countries.”
3. Explain the impact of poverty on health.
4. Discuss sociopolitical factors that inhibit known, evidence-based public health interventions from being implemented in a timely manner.
5. Explain the role of conflict on the health of a nation, and the consequences of conflict specifically on child health.
6. Understand the health and psychological impact of certain activities affecting children including child trafficking, child soldiers and child labor.
7. List examples of structural adjustment programs and their impact on specific populations.
8. Provide examples of leading governmental and non-governmental sources of funding for health initiatives worldwide. Understand how there is collaboration, or lack thereof, between these primary funding sources.
9. Discuss the naivete of the assumption that one only has to “work harder” to achieve wealth and security when applied to resource-limited and politically unstable environments.

18. Traditional Health Practices, Cultural Sensitivity, and Ethics

Suggested case example for incorporation into the lecture: Discuss your approach when you request HIV testing for a 14 month old male with thrush and malnutrition, but the mother refuses testing for him because she doesn’t want to know the results.

1. Define culture and identify factors that distinguish groups or individuals within a particular culture.
2. Give examples of cultural differences relevant to care of international populations and how traditional medicine and Western/scientific medicine can conflict with or complement one another.
3. Identify situations where cultural beliefs and practices affected health outcomes utilizing case examples.
4. Discuss ethical and cultural sensitivity issues that US-trained physicians may encounter during short-term medical trips in resource-limited settings.
5. Develop strategies for bridging cultural and societal gaps to promote proper medical care delivery.