Realizing a New Vision for Medical Training in Zimbabwe

Professor James Hakim, M.B., M.Med., M.Sc., F.R.C.P., P.G.Dip.H.P.E., Professor of Medicine and Principal Investigator for NECTAR, University of Zimbabwe College of Health Sciences (UZCHS) and Thomas Campbell, M.D., Professor of Medicine, School of Medicine, University of Colorado Anschutz Medical Campus, have worked side by side in recent years to actualize big changes in medical training at UZCHS. During a recent visit to the University of Colorado Anschutz Medical Campus, Drs. Hakim and Campbell shared their plans for the future of medical education in Zimbabwe.

In 2010, 69% of faculty positions in the Department of Medicine at the University of Zimbabwe College of Health Sciences were vacant. Unfortunately, other African institutions were experiencing similar personnel shortages.

Despite many recently developed HIV drugs entering the market, it became apparent that without sufficient healthcare personnel, the distribution of these drugs could not be managed effectively.

Around this time, the U.S. government was recommitting to the fight against HIV/AIDS through its PEPFAR initiative (President’s Emergency Plan for AIDS Relief).

Recognizing that continuity of care for this chronic condition still faced considerable limitations due to lack of healthcare personnel and infrastructure, PEPFAR funded the Medical Education Partnership Initiative (MEPI).

This investment was to be a human-centric strategy for health systems capacity building.

Competitive awards totaling $130 million were awarded to thirteen universities in sub-Saharan Africa. Among the awardees was the Department of Medicine at UZCHS, under the leadership of Dr. James Hakim.

MEPI required that each African university collaborate with at least one non-African institution for mentorship and scholarly exchange. Since Dr. Tom Campbell had worked with the University of Zimbabwe since 1998, the partnership between Colorado and Zimbabwe was a natural evolution.

Dr. Campbell elaborates on their shared history, “James and I developed a partnership in the early 2000s to capacitate HIV clinical trials at the University of Zimbabwe. We got funding through the National Institutes of Health to train doctors, data

(Continued on page 3)
“Working in public health, as well as in the School of Medicine, I can easily switch hats. When tackling a healthcare problem, you can attack it three different ways: in the clinic, from bench work, and through fieldwork. At the end of the day, they all answer the same question, however, I prefer to blend the three to find a solution,” stated Rosemary.

Dr. Rochford completed her B.S. in Microbiology and Immunology from the University of Maryland. She continued her education with a Ph.D. in Molecular Biology and Biochemistry from the University of California, Irvine. Rosemary then followed up by taking two postdoctoral fellowships — one in the Department of Molecular Biology and Biochemistry at the University of California, Irvine, and the other in the Department of Immunology at the Scripps Research Institute in La Jolla, California. Her first academic appointment was in the Department of Epidemiology at the University of Michigan.

Dr. Rochford’s research focuses on Burkitt’s lymphoma—a high-grade non-Hodgkin lymphoma that affects immune cells called B-cells. Recognized as the fastest growing human tumor, Burkitt’s lymphoma quickly becomes fatal if left untreated. However, intensive chemotherapy can achieve long-term survival in individuals with Burkitt’s lymphoma.

Burkitt’s lymphoma is named after British surgeon Dr. Denis Burkitt, who first identified this unusual disease in 1958 among children in sub-Saharan Africa. In Africa, Burkitt’s lymphoma is the most common cancer in children.

Two infectious agents, malaria and Epstein-Barr virus (EBV) are linked to the cause of this cancer. Dr. Rochford’s research focuses on understanding the link between EBV, malaria, and the risk for Burkitt’s lymphoma.

About 98% of African cases of Burkitt’s lymphoma are associated with EBV infection and it accounts for 30 to 50% of all childhood cancer in equatorial Africa2. Rosemary was first introduced to Burkitt’s lymphoma as a graduate student—she became fascinated with the puzzle of how EBV potentially leads to Burkitt’s lymphoma in sub-Saharan Africa, while the majority of humans worldwide are infected with EBV without any apparent disease.

EBV, also known as human herpesvirus 4, is one of the most common human viruses and is responsible for causing infectious mononucleosisis (“mono”). EBV is also associated with other human cancers including Hodgkin’s disease, nasopharyngeal carcinoma, and gastric cancer. However, the geographic specificity of the role of EBV in Burkitt’s lymphoma fuels Dr. Rochford’s research today which is based in Kisumu, Kenya in collaboration with scientists at the Kenya Medical Research Institute.

**Mirroring the Malaria Belt**

Adults and children can both develop Burkitt’s lymphoma, yet it affects mostly young children. It is endemic in Africa (3-6 cases/100,000 children1) while sporadic in the U.S. and typically found in adults (2-3 cases/1,000,000 people1).

The endemic type of Burkitt’s lymphoma is linked to EBV and malarial infection at a young age. This relationship is demonstrated by the geographic location of incidence rates of Burkitt’s lymphoma, which directly mirrors that of the malaria belt (see image on page 6).

Dr. Rochford’s research shows that mothers who are infected with malaria while pregnant reactivates latent EBV, and that they shed EBV in breast milk. EBV is then possibly transmitted to their child during breastfeeding, which results in an exposure to EBV much sooner than most individuals are normally exposed.

Rosemary’s research also shows that the especially young age of the child’s first EBV infection changes how they respond to the virus. Because immunity to malaria is not gained until around the age of five, these children are repeatedly infected with malaria, ultimately promoting the development of Burkitt’s lymphoma.

Burkitt’s lymphoma typically presents with large tumors around the jaw line that develop very quickly. Studies have shown that tumors from Burkitt’s lymphoma have the ability to double in size every day and it is considered the “fastest (Continued on page 6)
managers, and nurses in clinical research, bringing Zimbabwean faculty and staff to Colorado, and our personnel to Zimbabwe.” These exchanges continued until 2006.

By the time the MEPI request for application came out in 2010, Dr. Hakim was well prepared to compete for an award based on the prior collaborations with the University of Colorado, as well as Stanford University.

“The MEPI application specified a strong need for the mentor/mentee relationship, because those in resource limited settings needed guidance with curriculum and research development,” states Dr. Hakim. And so the NECTAR program was created: Novel Education Clinical Trainees and Researchers, as a partnership between UZCHS, CU Anschutz and Stanford University to improve medical education in Zimbabwe.

The UZCHS team was the only group to succeed in securing two linked pilot grants, one in cardiovascular health and one mental health ($2.5 million each).

$10 million awarded to NECTAR through the PEPFAR/MEPI program over the course of five years has been used to address three mandated areas in medical education.

The first thematic area is increasing the number of medical students completing training at UZCHS.

To enhance the quality and availability of training, UZCHS scaled up their information and communications technologies. “We built into our budget funds to improve our server capacity and electronic resources, as well as our e-learning and learning management systems. We reached out to our partners, who very willingly assisted in various ways, either through training or by providing equipment,” explained Dr. Hakim.

There are now 70 lectures in the online learning system, and there is a wireless internet network across the health sciences campus.

Between 2009 and 2013, there was a student enrollment increase of 116%, made possible in part by a 30% increase in faculty between 2011 and 2014. Visiting faculty from the University of Colorado and Stanford University also refreshed the classroom setting with over 100 visiting professors teaching two-week segments since 2011.*

Reflecting on these changes, Dr. Hakim comments, “Word went around that things were improving with MEPI funding, visiting professors and so on. We were attracting about one resident per year, but in 2011 we had ten residents. All ten completed their 4-year training in 2014. Half of them have already been taken on as junior lecturers. There is a lot of excitement among our doctors as they will be pursuing a career in academic medicine.”

Providing the resources to make this academic track desirable is a major focus in the second thematic area mandated by MEPI. This objective emphasizes retention of medical school graduates within their universities to encourage career paths in academic medicine.

In a broader sense, retention also means keeping graduates in their home countries to improve geographic distribution of doctors, covering more rural territories. “Retention is complex,” explains Dr. Hakim, “The dynamics of retention are not just based on employer, they also involve the economics of the country, and opportunities for career progression.”

To equip trainees to perform effectively in Zimbabwe, the NECTAR program established integrated clinical experiences at affiliated rural sites.

Building connections with local communities and gaining confidence in these clinical settings will increase the likelihood that UZCHS graduates will remain in Zimbabwe to practice and conduct research. In 2015, 64% of medical school students planned to practice in Zimbabwe.

Setting a tone of scholarship starts with the faculty, and to this end, NECTAR has invested in a number of faculty development programs.

Marcelyn Magwenzi, faculty member at UZCHS and a HEALZ scholar

“When I joined the University, I had no background in teaching. That was a challenge, as my lectures had no direction. The faculty development workshops really helped by guiding me on how I prepared and structured my lectures, and how I presented them.

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In another interview, Marcelyn Magwenzi, a faculty member and HEALZ scholar (Health Education Advanced Leadership Program in Zimbabwe), described the outcome of her faculty development experience, "When I joined the University, I had no background in teaching. That was a challenge, as my lectures had no direction. The faculty development workshops really helped by guiding me on how I prepared and structured my lectures, and how I presented them.”

Forty-one faculty members have completed similar advanced development and leadership training. This is precisely the career progression opportunity that Dr. Hakim cites as critical to retention. It also elevates the value of the academic career path for younger scholars – possible future medical educators.

Scaling up clinical research is the third MEPI objective; grantees are expected to increase regionally relevant research, and to become more competitive in attaining grant funding and executing research.

Just as NECTAR established a leadership program for teaching faculty (HEALZ), a parallel program was created for research development called Mentored Research Scholars Program (MRSP).

After completing the program, Tendai Machiridza stated in another interview that, “The MRSP has taught us about the importance of research as the engine of progress in science…I have become particularly keen to make my contribution to science through research.”

To facilitate faculty members in carrying out their research, NECTAR established the Research Support Center. Dr. Hakim describes its function, “The Research Support Center was one of the innovations resulted from the thematic focus on research, not only at UZCHS, but at all the universities involved in the initiative. People can go to the center if they want to get information about new requests for applications, they can get help putting together their application, creating budgets, and managing data. It was very important to have a place that could manage pre- and post-award phases of a grant.”

“We had two sources of financial support for research support administration; there was a requirement that 5% of the MEPI budget be designated for this category. Schools could also competitively submit applications to fund Initiatives in Innovation and Research Management, which we attained and used to empower those in research administration.”

Recent NECTAR evaluations show that 83% of faculty are utilizing the Research Support Center. Perhaps a more impressive benchmark is that the NECTAR program along with the cardiology and mental health grants have produced 10 publications in peer-reviewed journals.

Although the original five years of MEPI funding has ended, Dr. Hakim and UZCHS are implementing another iteration of programs with renewed MEPI funds.

“This time, the emphasis will be on further expansion of research capacity. “Out of necessity, our research training could not be very intensive [at first], because we were required to train hundreds of people, including undergrads, graduate students, and faculty. One difference with the new award is that it’s focused on junior faculty - to train them from novice level to expert level,” explains Dr. Hakim.

"Most junior faculty at our university and all universities in sub-Saharan Africa have good professional training, but they often do not have strong credentials in research. For example they’re not able to put together strong grant applications, or submit competitive manuscripts to high impact journals; they probably do not collaborate well or reach out to other researchers for collaboration,” he continues.

Investigators will be able to utilize the full service support provided internally by the Research Support Center, and still receive input and mentorship from external partners.

“The role of the University of Colorado faculty will be different, and will reflect the aims of the new award,” Dr. Campbell states. “The Department of Medicine at the University of Colorado has launched a new program that we call the Colorado-Zimbabwe International Exchange Program. It was established by David Schwartz, M.D., Chair of the Department of Medicine at the University of Colorado Anschutz Medical Campus.”

(Continued on page 5)
Realizing a New Vision for Medical Training in Zimbabwe

(Continued from page 4)

"It will be a bilateral exchange program between the Department of Medicine here and the Department of Medicine at the University of Zimbabwe."

"In mid-November we announced the awardees from the competitive application process. We’ve selected five faculty from the Department of Medicine to travel to Zimbabwe to work as visiting professors for two week periods. We have also selected four internal medicine residents to rotate there for a month. It will also provide for Zimbabwean faculty and residents to come to Colorado for periods of time."

"With continued support from the Department of Medicine, that program will continue with new applications every year. We are hopeful that other departments in the School of Medicine will be interested in undertaking something similar. James has been meeting with leadership in the departments of neurology and pediatrics during this visit. My hope is that we can see multiple collaborations develop."

The NECTAR program has stimulated commitment from a new generation of medical educators and researchers. As the program has gained momentum, a culture of investment and enthusiasm for advancing care in Zimbabwe has developed.

Dr. Campbell concludes, “The whole point of the program was not to impose our vision of what should happen in Zimbabwe, but to help them realize their vision.” The partnership between the medical professionals from Colorado and Zimbabwe is comprehensive and equitable; it is a model of global health excellence with many years of fruitful collaboration yet to come.

*Click below to hear a lecture by David Cohn, M.D., a visiting professor to Zimbabwe who discusses his experience at UZCHS https://www.youtube.com/watch?v=iD9CG6cE-F4&feature=youtu.be

Learn more about Dr. Campbell’s work with NECTAR, contact him at thomas.campbell@ucdenver.edu.

♦By Molly Terhune

Listed below are the five CU faculty who were selected to be a part of the exchange with UZCHS:

Mel Anderson, M.D., Associate Program Director, Hospitalist Medicine Section at the Denver VAMC and directs the Journal Club Classics curriculum and the new Clinician/Educator Pathway

Brandon Combs, M.D., F.A.C.P., Assistant Professor, Division of General Internal Medicine

Steven C. Johnson, M.D., Professor of Medicine, Division of Infectious Disease

Jason Kofenbach, M.D., Assistant Professor of Medicine and Director, Rheumatology Fellowship Program

Erik Wallace, M.D., F.A.C.P., Associate Dean for Colorado Springs Branch University of Colorado School of Medicine

Congratulations!!

December 1-10, 2015 the Health Sciences Library (Anschutz Medical Campus) is hosting the ZATA Project art sale.

Zata Project (Zimbabwe AIDS Treatment Assistance) has raised over $300,000 through arts sales since 2004. If you haven’t made it to the sale yet, be sure to check it out before one-of-a-kind items are sold out! Visit www.zataproject.org for more information.
growing malignancy of the lymphoreticular system to affect humans. Because of the quick development of these tumors, Burkitt’s lymphoma is considered a medical emergency.

Studies by Dr. Rochford and others have shown that sub-Saharan Africa is at unique risk for Burkitt’s lymphoma due to year-round exposure to malaria. For instance, India is another country that has malaria, but has significantly lower incidence rates of Burkitt’s lymphoma than sub-Saharan Africa (0-1 cases/100,000). The difference is that sub-Saharan Africa has repeated and intense malarial transmission whereas other countries, like India, have breaks of malaria transmission due to seasonal weather patterns.

Addressing Lymphoma when there is No Word for Cancer

“Surprisingly, there were very few cultural barriers that I needed to overcome in my work. We work with community collaborators to function as a liaison with the community,” stated Dr. Rochford, “The biggest thing I had to learn was how to adapt to conversation—in Kenya, there is a formality to conversation. It took me a little while to slow down and understand how the interactions occurred around me.”

Some African cultures Dr. Rochford encountered believe Burkitt’s lymphoma is a curse. Many of the patients she worked with at the Nyanza Provincial General Hospital had previously been treated by a traditional healer and are now seeking other treatments.

In many African communities, there is no direct translation or word for cancer. This fosters confusion regarding the causes, treatments, and outcomes for cancer. “One of the problems is that parents see the tumor go away after chemotherapy begins, so they quickly return home. They do not think they need to return to the hospital for future treatment once the tumor visibly disappears. Their child needs those additional rounds of chemotherapy and without them, will most likely relapse in the future,” said Rochford.

Addressing the misunderstanding of cancer and its treatment is critical because approximately 90% of Burkitt’s lymphoma cases treated with a full course of chemotherapy will result in remission—the tumors are very responsive to chemotherapy and visible reductions in tumor size occur quickly.

However, only around 50% of individuals with Burkitt’s lymphoma in sub-Saharan Africa have long-term remission. This is mainly due to lack of resources, late stage of presentation and early termination of treatment.

Burkitt’s lymphoma is more common in rural areas as opposed to urban regions because malaria is most rampant in rural areas due to less urbanization and higher annual rainfall. The large bodies of standing water that result function as breeding grounds for malaria-carrying insects.

To access medical treatment, many families travel long distances frequently from rural communities. Because this journey to care facilities is commonly difficult, a parent will regularly stay with the child at the hospital for up to two months, leaving their household and other children behind. This puts considerable strain on families and can make long-term therapeutic care very difficult to maintain.

Rosemary believes the largest barrier to treatment for children suffering from Burkitt’s lymphoma is the lack of medications available. It can be very discouraging for families when they travel long distances for treatment and
hospitals cannot provide the necessary chemotherapy. In addition, most of these families do not have health insurance so the financial burden can be high.

The Future of Treatment

“A large hole in Burkitt’s lymphoma and cancer research in sub-Saharan Africa is understanding the incidence of cancer and the types that prevail in certain regions,” believes Dr. Rochford.

To address this problem, she created a population based cancer registry in Kisumu County to log cancer cases over time. This will allow for better evaluation of what types of cancer are present and in what context. Understanding the diseases present will provide the information needed to establish cancer prevention and control programs.

“At the end of the day, I do not think there will be greater resources provided for chemotherapy—this is a long-term barrier. We need to think of other ways to treat these children,” reflected Dr. Rochford.

To investigate innovative therapies for Burkitt’s lymphoma, Rosemary is currently collaborating on a project with scientists at the University of Birmingham, England who developed a therapeutic vaccine for EBV in nasopharyngeal carcinoma.

Dr. Rochford believes this vaccine’s application in sub-Saharan Africa would be therapeutic as it may help children already diagnosed with Burkitt’s lymphoma by helping the children’s immune system fight off cancer. This project is in the beginning stages and working towards obtaining funding.

Rochford is excited to return to Kenya in January to continue her research, “Being in the field is important to me because you are looking at a person who is actually living with Burkitt’s lymphoma—it makes the disease less abstract. It helps me maintain perspective as to why we do what we do.”

References


To learn more about Dr. Rochford’s work, contact her at rosemary.rochford@ucdenver.edu
Dr. Blair Gifford (right) receiving his award from Dr. Cal Wilson, second director of the Center for Global Health

On Friday, November 20, 2015, the annual Global Health Symposium was held at the University of Colorado Anschutz Medical Campus in Aurora, Colorado.

Each year the symposium provides an opportunity for Colorado global health researchers to share their work with the broader community, especially students from multiple local Universities.

The symposium also recognizes individuals for their global health-related contributions through the Excellence in Global Health Award. This award highlights Colorado residents who have made a “significant and exemplary” contribution to the sustained improvement of the health of multiple populations over an extended period of time.

Nominees have invested a significant period of time and personal effort into global health activities and their global health contributions have been replicated in more than one country or population. And, their global health contributions have primarily benefited those populations that have few health resources, especially those of underserved populations in the US and the developing world.


The 2015 winners of this prestigious award are Blair Gifford, Ph.D. and P. K. Vedanthan, M.D., Founder of International Asthma Services.

Blair Gifford: Pioneering International Healthcare Management Education

“Over the last fifteen years of my career, I have been able to build my expertise from a book-based knowledge of health systems to a more experiential and expansive knowledge of what I call ‘global healthcare management’— a field that includes general health systems and policies, global public health, and international health business (including the globalization of health services and related industries such as pharmaceutical, medical device, and health insurance products).”— Blair Gifford, Ph.D.

Blair Gifford integrates entrepreneurship into the global health and international aid framework, addressing an important gap in healthcare management education.

Blair has worked locally by founding and directing the Center for Global Health at the University of Colorado in 2002 and creating Global Health Connections, Inc. in 2006—a not-for-profit organization that works with local middle schools to increase awareness regarding global water issues in younger generations.

To help others foster a role in international healthcare management education, Blair developed the International Health Management certificate in the Executive M.B.A./Health program at the University of Colorado-Denver in 2011.

Blair has had a major influence on global health administration education. Blair teaches at Yale University’s China Health Administration program at Tsinghua University in Beijing, China. He also conducted New Century Scholar/Fulbright award winning research on educational development work under Gretchen Berggren, M.D. in Haiti.

Blair opened a maternity center at Haitian-owned and operated CAMEJO Hospital in Leogane, Haiti in October 2015. The Center is a much welcomed addition to Leogane as it has the highest maternal mortality rate in the western hemisphere. Currently only 25% of Haitian women receive care from a health professional during labor and delivery.

Blair’s pioneering efforts in global healthcare management and practical work in creating a maternity hospital in Haiti are two reasons he is being recognized with the Award for Excellence in Global Health. “Blair has demonstrated both a systems and targeted approach to international health development and has been able to do this with humility”— Theodore C. Ning, Jr., M.D.

(Continued on page 9)
P. K. Vedanthan: Bringing a Breath of Fresh Air via International Asthma Services

For over 25 years, Dr. Vedanthan and International Asthma Services have provided high quality care for patients with allergy/asthma problems in developing countries in great need for their services.

These missions, called asthma camps, included not only direct care, but also education for local physicians so they can provide better quality care to their patients. “These efforts, initially in south India, have now extended over large areas of India, Africa, the Indian Ocean, South East Asia, the South Pacific, and South America.”—Harold S. Nelson, M.D.

P. K. through his self-funded non-profit organization, International Asthma Services (IAS), is dedicated to improving care for asthmatics, educating families, transferring technology, training necessary health care providers on allergy-asthma, and providing essential allergy asthma medications to the needy.

In 1985 he began his charitable work in India when he conducted a 3-day Asthma-Allergy Awareness camp in Bangalore that evaluated about 400 patients. Subsequently he conducted similar asthma/allergy awareness camps and allergy treatment clinics on an annual basis in South India and to this day, they continue to reach more than 40,000 people.

IAS was established in 1992 in conjunction with the Christian Medical College (CMC) in Vellore, India and has active programs in Kenya, Argentina, Myanmar, Philippines, Fiji, Sri Lanka, Indonesia, Rwanda, Malaysia, and the United States.

Dr. Vedanthan recognized an area he wanted to improve—asthma care. He developed a program to give practicing physicians the opportunity to become proficient in the study and care of asthmatic patients.

His intentions were revolutionary, as this type of education is not typically covered in traditional Indian training. P. K. had also been working tirelessly to ensure that a textbook, entitled *Textbook of Allergy for the Clinician*, published in India to provide healthcare providers with the necessary information to assist their patients with asthma related problems.

The Center for Global Health wants to recognize Dr. Vedanthan for his many years of dedicated service to improving the health of people with asthma and allergic conditions.

Dr Vedanthan is now establishing a student scholarship to work internationally in the area of respiratory medicine, related to Allergy, Asthma and COPD.

The Center for Global Health is honored to acknowledge the accomplishments of these two inspiring individuals with the Excellence in Global Health Award.

*To find out what you missed at the symposium, PowerPoint presentations may be accessed by clicking here.*
Calvin L. Wilson Scholarship for Future Leaders in Global Health

Dr. Calvin L. Wilson, a physician whose career spans countries and cultures, served as director of the Center for Global Health from 2004 through 2010. The model and leadership of Dr. Wilson inspired this scholarship so that University of Colorado and international students have an opportunity to engage in a culturally diverse clinical and/or research experience during their graduate training.

Philosophically, this scholarship is grounded in a deep commitment to the long-lasting, positive value of international health care as it relates to broadening personal and academic perspectives.

Scholarship per project: $1,000

Rotary Scholarship

Students for Global Health initiated the Scholarship in 2005 with financial backing from several Denver metropolitan area Rotary clubs.

All graduate students in the health professions are eligible for the award, provided their proposed projects fits with the cores values of rotary, including fellowship, service, and ethical conduct.

The Center administers the scholarship in close collaboration with Rotary leadership.

Scholarship per individual: $1,000

Global Chest Initiatives (GCI) Scholarship

GCI (www.globalchestinitiatives.org) is a registered charitable 501 c-3 charitable organization.

Two scholarships at $1,000 each will be given each year to different students. The work will be a combination of both field work (doing a survey, epidemiology research) and hospital based (clinical, lab work).

The fall scholarship has a requirement that the project be conducted in India at Christian Medical College (CMC) in Vellore, Tamilnadu, India (www.cmcvellore.edu). This project will center on respiratory medicine, preferably related to Allergy, Asthma and COPD. Lodging and meals can be arranged with CMC during the planning process.

The spring scholarship must be in a developing country but does not have to be in India. This project will center on respiratory medicine, preferably related to Allergy, Asthma and COPD. Location will be considered on a case by case basis.

Scholarship per project: $1,000

Robinson Durst Scholarship

The Center for Global Health coordinates the scholarship that was founded by Professor Emeritus William Robinson, M.D., Ph.D. and Denver sculptor/ceramicist Peter Durst.

Since 1997, the scholarship has provided more than 50 health sciences graduate students from the University of Colorado Denver and University of Colorado Anschutz Medical Campus with an opportunity to enjoy a culturally diverse clinical or research experience.

Philosophically, the scholarship committee and its founders strongly believe in the long-lasting, positive value of global health endeavors in broadening personal and academic perspectives.

Scholarship per project: $2,000

To learn more about the scholarships the Center for Global Health administers, click here.
Spring 2016 schedule to be announced soon!

Want to watch a lecture you missed? Click here.

Picture of the Week

Some pictures do tell a story and the Center for Global Health is sharing a ‘Picture of the Week’ series.

Pictures taken by our students and faculty are posted.

So keep an eye out; one of the pictures may be yours!!

Like us on Facebook and follow us on Instagram at CU_globalhealth.