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# Proposal for Fellowship Training in Pediatric Global Health

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**T**HE DEVELOPING FIELD of pediatric global health is at a critical point in time. After decades of improvements in child health, the decline in child mortality rates has slowed. Sadly, much of the previous success of community-based child health initiatives has been eroded by an era of HIV/AIDS, conflict, and poverty. Today, child mortality rates remain astonishingly high worldwide, with nearly 10 million children under the age of 5 dying each year, largely from completely preventable diseases.<sup>1,2</sup>

## CRITICAL NEED FOR LEADERSHIP TRAINING IN PEDIATRIC GLOBAL HEALTH

In light of these sobering facts, there comes an urgency for the development of leaders in pediatric global health who are adequately prepared to address the critical health needs of the world's children. Although there is clear evidence of growing interest in pediatric global health,<sup>3</sup> few formal training programs currently exist to provide the requisite skills and mentorship for effective leaders. In contrast, other medical disciplines have long-established global health fellowships, including fellowships in international emergency medicine, internal medicine, and women's health. There are, for example, 18 fellowships offered in international emergency medicine,<sup>4</sup> but there are presently no fellowships available in pediatric global health. Considering the greater vulnerability of children and the significant, disproportionate morbidity and mortality rates that afflict them worldwide, one may argue that a global health fellowship in pediatrics could be of even greater importance than in other medical disciplines.

For these reasons, we propose establishing fellowship training in pediatric global health.

## GLOBAL HEALTH LEADERSHIP COMPETENCIES

Effective leaders in pediatric global health should possess a diverse skill set, specifically, 5 essential areas of competency:

1. Pediatric clinical competency: clinical skills for diagnosing, treating, and managing pediatric diseases endemic to developing countries while in the setting of limited resources and technology.
2. Public health competency: understanding of population health and population-based project design, implementation, and evaluation.
3. Research competency: epidemiologic skills for designing, conducting, and interpreting needs-based research that can directly affect child health.
4. Educator competency: knowledge of medical education pedagogy and curriculum development to effectively serve as an educator and mentor to both health care providers abroad and stateside residents and medical students interested in pediatric global health.
5. Leadership competency: skills for developing, coordinating, and directing collaborative partnerships with beneficiaries and international stakeholders in reducing child mortality.

## COMPONENTS OF A FELLOWSHIP IN PEDIATRIC GLOBAL HEALTH

Given the diverse skills needed to be an effective leader in pediatric global health, a pediatric global health fellowship would require 4 training venues:

1. Advanced coursework: Didactic training should be offered through a part-time Master of Public Health program, diploma in tropical medicine, or various humanitarian relief courses. This coursework may be supplemented with longitudinal lectures, case reports, and ground rounds provided by the home institution.
2. Clinical care experience: A strong foundation in pediatric clinical medicine is paramount for clinical service in developing countries. Pediatric global health fellows should continue to practice clinically through part-time, domestic positions (ideally, among underserved or immigrant populations). This clinical work may also serve as a significant source of revenue and help defray fellowship costs.
3. Academic research: A fellow should also develop skills and experience in designing and conducting research in the field of pediatric global health. Research should be needs-based and conducted in partnership with the local community and host institution.
4. International fieldwork: It is while working abroad that fellows would apply and further develop their skills as pediatric global health leaders. Ideally, fel-

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lows would spend 4 to 6 months annually at international field sites participating in clinical care, teaching, and needs-based research.

#### **THE PEDIATRIC GLOBAL HEALTH LEADERSHIP FELLOWSHIP**

In response to the increasingly evident need for advanced training in pediatric global health, the nation's first pediatric global health fellowship is being developed and is set to begin July 2008. This Harvard-affiliated fellowship, known as the Pediatric Global Health Leadership Fellowship, will be coordinated by the Center for Global Health at Massachusetts General Hospital, with additional affiliations with Children's Hospital Boston and Boston Medical Center.

Through a unique collaborative partnership between the Harvard medical community and the country of Liberia, fellows in the Pediatric Global Health Leadership Fellowship will lead efforts in developing Liberia's pediatric training and improving child health in postconflict Liberia. After a decade of armed conflict and civil unrest, Liberia suffers from some of the world's worst child health indices.<sup>5</sup> Meanwhile, the limited health care capacity of Liberia is daunting, with only 1 physician per 30 000 individuals.<sup>6</sup> Within this setting of postconflict health system reconstruction, the pediatric global health fellows will work with Liberia's medical community to

develop pediatric training programs, provide clinical supervision, and apply field research toward advancing child health in Liberia.

It is our hope that the Pediatric Global Health Leadership Fellowship will simply be the first of many established by academic centers to meet the clear need for advanced training in pediatric global health.

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