

ROLE OF GLOBAL HEALTH IN LOCAL HEALTH

If global health is local health, then where is the south in “global health”?

M. Damaj¹, E. Dumit¹, A.L. Dengo², R. Afifi¹, J. Dejong³, B.K. Singh²; ¹American University of Beirut, Faculty of Health Sciences, Health Promotion and Community Health Department, Beirut/LB, ²EARTH University, San Jose/CR, ³American University of Beirut, Faculty of Health Sciences, Epidemiology & Population Health Department, Beirut/LB

Background: “Global health” is an emerging concept that continues to be redefined, but much of that process is not adequately including voices from the south. This has repercussions on programs and global policies, creating a pattern of northern hegemony in research and practice.

Structure/Method/Design: The data presented is a result of a literature review of peer-reviewed journals and studies on “global health” in the last decade, as well as outcomes of the Global Colloquium of University Presidents 2013.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Three main themes emerge from the global health literature. First, the “health” being addressed in global health programs remains disease-focused, primarily defined within the framework of the MDGs, with insufficient attention to social and political determinants of health. This contributes to a lack of contextual understanding of social inequities and population needs, and consequently to poor health outcomes. Second, slow economic growth is portrayed as the cause of and solution for global health issues. Inequalities due to globalization have been seen to cause declines in health and the stagnation of growth, and yet the focus of global initiatives has focused on economic growth as the central goal to development, with the health of populations as an incidental benefit. Additionally, insufficient attention is being paid to the income-inequalities within countries and how these affect population health. Third, the global perspective is generally missing from “global health.” A clear north–south distinction persists in programs still operating with an “international health” approach, and in perceptions of global health as staving off the spread of diseases indigenous to the south. Global health is currently being defined from a predominantly northern perspective, research is being funded by the north—90% of papers are authored by academics in North American institutions—with the risk that the field will be actively developed through the lens of the north for the benefit of the south, without achieving southern ownership. This is promulgated by superior, funded research programs in the north, while institutions in the south are burdened by challenged research infrastructures and unequal partnerships with northern institutions.

Summary/Conclusion: These factors have created unequal partnerships that continue to obscure the voices of the global south in the global discourse on health.

Exploring the utility of *Psidium guajava* leaf extract as an adequate treatment for *Giardia lamblia*

F. de Souza¹, T. Parker², A. Ali²; ¹Yale University School of Medicine, New Haven, CT/US, ²Natural Doctors International, San Diego, CA/US

Background: *Giardia lamblia* is one of the most common intestinal parasites with as many as 1 billion cases diagnosed at any one time worldwide. Symptoms may range from the asymptomatic shedding of

cysts to failure to thrive. *Psidium guajava* (guava) leaf and bark extracts are common folk remedies used to treat *Giardia*.

This prospective cohort study assessed the clinical utility of a standardized guava extract compared with standard treatment, tinidazole, and no treatment given at a natural medicine clinic in Ometepe, Nicaragua.

Structure/Method/Design: Eligible participants were children and adults in two rural communities positive for *Giardia* by ova and parasite testing. Patients receiving standard doses of tinidazole and patients not receiving treatment were also followed for 2 weeks.

The utility of the guava treatment was assessed by stool microscopic examination 3, 5, 7, and 10 days following treatment completion. The primary outcome measure was change in *Giardia* cysts or trophozoites seen on at least three consecutive stool tests. Subjects were also queried about their knowledge and use of anti-parasitic medication and guava remedies.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): 664 individuals submitted stool for examination; 87 of these individuals tested positive for *Giardia* and 79 enrolled in the study. Of those enrolled in the study, 39 individuals were prescribed the guava extract and returned for re-examination. Of these 39 assessed, 11 tested negative for *Giardia* cysts and trophozoites on all stool tests, 16 persons tested positive for *Giardia* cysts and trophozoites on all stool tests, and the remaining 12 tested positive for *Giardia* cysts and trophozoites on one or more of the stool tests.

Seven persons were prescribed tinidazole and completed requisite follow-up visits. All tested negative for *Giardia* cysts or trophozoites on all stool tests. Eight persons remained untreated throughout the study period; none of the patients tested negative for *Giardia* cysts and trophozoites on all stool tests, five patients tested positive all on stool tests and the remaining three tested positive for *Giardia* on one or more of the stool tests. Patients treated with guava and those who did not receive treatment had no adverse effects. Reported adverse effects of the tinidazole included dizziness, and nausea.

All of the patients preferred the standardized guava medicine as they experienced no side effects, felt it to be better for their bodies, and more effective in clearing the parasite *Giardia*.

Summary/Conclusion: Though the guava tincture was more favorably received and had fewer side effects than tinidazole, it appears ineffective in clearing *Giardia* cysts and trophozoites from the stool.

Prevalence of burnout and psychiatric distress in local caregivers 2 years after the great East Japan earthquake and nuclear radiation disaster

K. Fujitani, R. Yanagisawa, C.L. Katz; Icahn School of Medicine at Mount Sinai, New York, NY/US

Background: Although more than two years has passed since the Great East Japan Earthquake (Tohoku Earthquake), which struck the Northeast region of Japan in March 2011, more than 280,000 people still remain displaced from their homes and community. The subsequent nuclear radiation disaster has worsened the crises beyond a typical earthquake tragedy and prolonged its recovery efforts. Rescue personnel, recovery workers, and medical and mental health professionals are suffering significant burnout due to lack of adequate resources and unremitting workload. Our purpose is to quantify the prevalence of burnout and psychiatric distress in local caregivers 2-plus years after the Tohoku Earthquake.