AN AFGHAN SUCCESS STORY
THE BALANCED SCORECARD AND IMPROVED HEALTH SERVICES

IN MEMORIAM
PROFESSOR CARL TAYLOR, 1916–2010
DEPARTMENT’S FOUNDING CHAIR
In 2002 after the defeat of the Taliban, Afghanistan had some of the worst health statistics in the world and the health system was virtually destroyed after decades of conflict and neglect. An international commitment of many donors and partners working with a dedicated, but overwhelmed, Ministry of Public Health and non-governmental organizations began to rebuild the system. The faculty and students of our Health Systems Program played a critical role from the inception of this effort by providing the approach and tools to ensure accountability for the stated goals of service quality, access and equity. Progress has been measured by these activities, showing improvements in health services and a 25 percent reduction in child mortality. Another Department faculty member, Associate Scientist Linda Bartlett, MD, MHSc, will be directing a large survey to determine if there has been a reduction in maternal mortality, which she demonstrated to be among the world’s worst in a survey she conducted in 2002 while she was working in Afghanistan with CDC and UNICEF.

Just a couple of weeks ago the Department mourned the loss of Professor Carl Taylor, an esteemed international public health professional, a pioneer in community-based primary health care and women’s empowerment, and the first chair of our Department. Carl was a visionary with aspirations of global health equity, but as important he was a man of action who practiced his commitment every day of his long and exceptional career. There are many of his contributions that need to be recognized and his life celebrated. The School will do that in a symposium that is currently being planned. Suffice for now to recall that his last major professional engagement was in Afghanistan. From 2004-2006 he was the resident Country Director for Future Generations, leading the efforts to provide education to Afghan women and empowerment-based training for community health workers. He returned to Afghanistan in 2008 at age 92 to assess how women’s action groups can contribute to solving family health problems. Many Department faculty and students had the opportunity to work alongside Carl in his efforts to document the progress made in Afghanistan. His vision and commitment have been an inspiration for generations of health professionals in many countries. We will deeply miss his wisdom and passion to help the world’s poor, but many of his lessons will remain with us.
Since 2003, the Department’s Health Systems Program has been a major force in the reconstruction of the Afghanistan health sector. After the fall of the Taliban, the Afghanistan Ministry of Public Health was left with a system in near ruins. The Ministry decided that to achieve its vision of a sustainable, transparent, and equitable health system it needed independent technical assistance to monitor and evaluate the delivery of health services. After successful bidding and negotiations with the government and other stakeholders, Health Systems faculty, led by Drs. David Peters and Gilbert Burnham, began developing an innovative system for assessing the performance of Afghanistan’s national health system: the Balanced Scorecard.

While the Scorecard has been used for years in the healthcare sector, it had never before served as a management tool for a country’s entire health system. More than a mere tool to monitor and evaluate service delivery, the Scorecard defined an approach to help the Ministry assess its progress in realizing its core goals of quality, access, and equity.

Afghanistan Basic Package of Health Services

In 2002, after decades of conflict, the Afghanistan health system was among the worst in world. The infrastructure was in shambles and trained personnel were scarce. In rural areas the situation was even more severe. With the help of the European Commission, United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID), World Bank (WB), and the World Health Organization (WHO), the Ministry was able to start rebuilding.

Owing to capacity, infrastructure and administrative issues, the Ministry decided that the best course for ramping up service delivery across the country was to contract with non-governmental organizations (NGOs) which already provided about 80 percent of health services in the country. The Ministry would therefore play an oversight role to ensure that agencies were providing services effectively and efficiently. As a roadmap for these providers the Ministry developed the Basic Package of Health Services (BPHS), which includes a set of cost-effective primary health care services with emphasis on the needs of rural areas and women and children. With clear goals defined, the next step was to develop a system to assess how well NGOs and Ministry providers performed in order to make evidence-based decisions with regard to future contracting and funding.

The Balanced Scorecard

With no routine national health information system in place, the Ministry of Public Health had to start from scratch. In a rather unusual arrangement for the Department, the Ministry contracted directly with a team of researchers from our Health Systems Program and the Indian Institute of Health Management Research (IIHMR) to provide independent technical assistance in building a new monitoring and evaluation system from the ground up. Through a collaborative process that included representatives from the government, international agencies and NGOs, the research team facilitated the development of a set of indicators that the government could use to objectively measure performance. The decision to implement the Scorecard at the national level was both an exciting and daunting challenge for all parties involved, not only because it had never been done before but because the circumstances inside Afghanistan—from security to resources—presented many extraordinary difficulties.

Business Management Roots

Robert Kaplan and David Norton conceived of this new management tool in their book entitled, The Balanced Scorecard: Translating Strategy into Action. The authors developed the Scorecard to measure more than just the bottom line. They also wanted to help organizations translate overall vision and strategies into practice. For an organization to realize its mission statement, objective milestones had to be defined. And to get buy-in from all levels of the organization, the develop-
ment process had to be collaborative to ensure confidence in what was being measured. Organizations that have successfully used the Balanced Scorecard include Cornell University, IBM, Verizon, and Walt Disney (http://www.balancedscorecard.org).

The Afghanistan Balanced Scorecard

After the fall of the Taliban, the Ministry of Public Health declared its top priority to strengthen the delivery of sustainable, quality accessible health services, especially targeted at women, through planning for, and the effective and efficient implementation of the basic health services package.*

Because the Scorecard is designed explicitly to align an organization’s actions with its vision, the Ministry decided to adapt it with the technical assistance from the team led by the Health Systems Program. While the Department faculty were hired by the government, their role was to provide independent advice and mediate between the various stakeholders in the development of indicators. In order to engender trust in this new system among personnel at all levels of the system, a series of workshops were held with the Ministry, NGOs and other partners in the health sector.

Six domains to assess were identified during the development process:

1. Patients and community perspective
2. Staff perspective
3. Capacity for service provision
4. Service provision
5. Financial systems
6. Overall vision for the health sector

Twenty-nine core indicators along with two composite scores were agreed upon by the stakeholders. For each indicator, achievable benchmarks were set based on the realities of the country. Upper benchmarks were set at a level that was currently being achieved by 6 of the 33 provinces in 2004.

Every year, a sample of over 600 facilities from across the country is surveyed—the largest independent facilities survey globally. The domains are analyzed at the provincial level in large part because the government contracts with NGOs are arranged at this level.

Green-Yellow-Red
To make the Scorecard easy to interpret, it is color-coded. Green=top quintile; yellow=middle 3 quintiles; red=bottom quintile. This makes comparisons easier across provinces and allows staff at all levels to quickly see where extra effort is needed or where government support is lacking relative to other provinces. “In the red zone” has even been appropriated by health sector personnel to describe areas that need special attention.

Challenges

Security
Although travel never proved easy—with Soviet-era high-ways that abruptly end and poor access to many rural re-gions—Department staff were able to visit survey sites in relative safety when the project first began. Over the last few years, however, the security situation has deteriorated, making it nearly impossible to visit many parts of the country. Local staff must be relied on to make visits to most rural fa-cilities.

Female staff
On top of the many security challenges that exist in the county, recruiting women to conduct maternal interviews has been a continuing challenge. Many women in Afghanistan do not have a formal education and are not literate. Moreover, women who are literate and permitted to work require a male family member to escort them. In addition to limiting the available workforce, this also creates exceptional demand for qualified women.

Capacity building
While project faculty and staff have made capacity building a priority—establishing the first Institutional Review Board ever in the country, for example—long-term capacity building may prove difficult. Because of the security situation, many highly trained Afghans emigrate. The country has no School of Public Health to participate in these efforts. The Afghan Public Health Institute, however, has recently been established and it is hoped that institutional capacity can be built.

Successes

A stable evaluation system used at all levels
The Balanced Scorecard has become the cornerstone of the government’s monitoring and evaluation system. The NGOs that provide about 80 percent of the services are also utilizing the Scorecard to monitor and improve their own performance. Provincial managers are even using the Scorecard as a negotiating tool with the central government. Areas such as understaffing are reflected in the indicators and can be compared to other provinces. Therefore, managers can show how variables controlled centrally, such as staff funding or equipment availability, are adversely affecting a province’s overall performance.

Indicator Examples

Indicator 18: Patient History and Physical Exam Index. A composite score of seven items assessing whether the provider (1) asks the patient’s age, (2) greets the patient/caretaker, (3) asks about the nature of the complaint, (4) asks about the duration of the complaint, (5) asks about previous treatments, (6) examines the patient, and (7) ensures the patient’s pri-vacy. The overall index score is the median percentage of basic steps taken by the provider in a province.

Indicator 22: Time spent with patient (> 9 minutes). For each province, percentage of patient consultations in which the health worker spent at least 9 minutes with the patient.

Doctoral Research in Afghanistan
Faculty and students have conducted a wide range of research in Afghanistan since 2002 with funding from government and international agencies. Below are four of the doctoral students whose dissertations focus on the Afghan health system. Their current position is listed after the dissertation title.

Peter Hansen, PhD: Health service performance assessment in Afghanistan
GAVI chief of evaluation

Shivam Gupta, PhD: Methods for Population-based Assessments in Post-conflict Settings: Health Service Performance, Economic Status and Equity of Utilization in Afghanistan
Research Associate in the Department

Aneesa Arur, PhD: Contracting for Health Services in Afghanistan: An Analysis of Changes in Service Utilization and Quality of Care between 2004 and 2005
Researcher with Abt Associates

Laura Steinhardt, PhD: Determinants of Access to Primary Health Care Services in Afghanistan
To begin as CDC EIS fellow

Continued improvement in health delivery
The latest Balanced Scorecard Report from 2008 shows continued improvement since 2004. Overall the national median score across all the indicators has increased from 50 percent in 2004 to 72 percent in 2008. In fact there has been notable progress in each of the domains since 2004:
• nearly 20-point improvement in the patient and community domain which captures patient satisfaction

• Over 25-point improvement in service provision, which includes antenatal and delivery care

• A 28-point improvement in capacity for service provision, with large gains in availability of family planning supplies and lab functionality

Future Work
The Health Systems Program and its partner the Indian Institute of Health Management Research were recently awarded the follow-up grant to continue their Balanced Scorecard work. As part of this new 4-year project, they will be redesigning the Scorecard to reflect the health sector's achievements. New benchmarks need to be developed since provinces have surpassed nearly every benchmark based on 2004 performance levels.

Plans are also underway to capture more provider treatment and community-level information. For instance, in the past, surveys recorded information about whether a correct diagnosis was made. However, no separate assessments of the patient’s diagnosis or prescription given were collected. Household surveys conducted by Hopkins and IIHMR have shown that coverage of health services is increasing while child mortality is falling. It is hoped that in future iterations, more in-depth information such as this can be regularly collected and used by the NGOs and Ministry of Public Health.

The success of the Scorecard has also created demand at lower levels of the health system. While administrators at the provincial level have utilized the Scorecard to make decisions about policies and staffing, efforts are being made to use the Scorecards at the community, district and facility levels. The Scorecard has contributed to a more accountable and effective health system in Afghanistan—questions are also being asked whether these efforts can contribute more broadly towards creating stable and trusted public institutions that look out for disadvantaged groups. The Future Health Systems research consortium, another project based in the Health Systems Program, will be looking at these issues in more depth.
Carl E. Taylor, MD, DrPH, founding chair of the Department of International Health, died on February 4, 2010. He was 93. We thought the best way to honor Professor Taylor was to provide a forum for those who knew him both professionally and personally to share their memories of him. Below are excerpts from tributes to Professor Taylor that are posted on the Department’s website. We will continue to add to these as we receive them, http://www.jhsphs.edu/dept/ih/carltaylor/. In addition, the Bloomberg School is currently organizing a symposium to honor his many contributions to global public health.

Taylor was also senior advisor to Future Generations and Future Generations Graduate School where a professorship is endowed in his name. For more information, http://www.caringbridge.org/visit/carltaylor/mystory. At the Bloomberg School, the Carl & Mary Taylor Fund was established in 1995 with contributions from faculty and alumni in honor of the Taylors’ commitment to the students of the School of Public Health and to improving international health through research and action. The fund provides support to students working in the area of international bioethics.

Henry Perry, MD, PhD, MPH, Sr. Associate, International Health

...Carl was a practitioner of medicine, surgery, and public health. He was a teacher, researcher, and scholar. He was a mentor to thousands, and he was a global leader in the field he did so much to create – international health – and a passionate advocate for community health, women's empowerment, community empowerment, and primary health care as defined in the Declaration of Alma Ata (which he helped write).

Our troubled and hurting world needs more people like Carl Taylor...

Professor William A. Reinke, PhD, International Health

When I first met Carl Taylor in 1963 I was a neophyte in the field of international public health, and he was already an established leader in the field, though this at first was not apparent because of his modest, low-key demeanor. In working directly with him, however, I soon came to recognize his contributions to the public’s health, and he served as a highly valued mentor and friend throughout my career. He was a cherished role model while encouraging and facilitating my own growth and development.

Professor Alan Sorkin, PhD, International Health

My first opportunity to spend much time with Dr. Taylor occurred on July 20, 1969. This was the day that the first American astronauts landed on the moon. Dr. Taylor watched the moon landing on television at the American Embassy in New Delhi and then we drove along the Grand Trunk Road to Narangwal arriving in the early evening.

Dr. Taylor once described himself at an AID site visit as a “villager.” He was most at home in the rural areas of developing countries. He spent much of his professional life encouraging local people to develop their own solutions to health and social problems.

Adjunct Associate Professor Robert (Bob) Parker, MD, MPH, Department of International Health

...Carl was my PI, mentor, research guide, and model of how to live and work at the village level. In spite of the many ups and downs of the research projects we were involved in, Carl was always optimistic and full of ideas. The Narangwal project staff called him the big “E!” for his enthusiasm.

Assistant Professor, Courtland Robinson, PhD, International Health

It was this faith that gave Carl the warmth, humility, and vigor with which he undertook every task and encounter; and it was the same faith that gave him the grace to be present to the suffering in the world including, in the end, his own death. In the bulletin for Mary's memorial service several years ago, the Taylor family offered a quote from the novelist, E.M. Forster, that had been taped above her desk: “We move between two darknesses, and the two creatures who might enlighten us about them, the baby and the corpse, fail to do so.” Life begins and ends in mystery but, for Carl, it was a Great Mystery, God’s Mystery. It was not for the living to fully understand, but simply to live fully and enlighten the time between the two darknesses.

I am tempted to say “rest well, Carl, in the light perpetual” but something tells me he has his boots on, heading toward the furthest village, farther down the road.
**Faculty Honors**

Professor and Chair Robert E. Black, will receive the 2010 Program for Global Pediatric Research Award for Outstanding Contributions to Global Child Health. Dr. Black will be presented with his award at the PGPR symposium at the Pediatric Academic Societies’ Annual Meeting in May.

Associate Professor David Peters and recent Hopkins graduates Jessica St. John, MPH, and Laurel Hatt, DrPH were part of the research team to win a World Bank Independent Evaluation Group Award. They received the honor for their work on the Implementation Completion Report on the Ghana Health Sector.

**The Johns Hopkins Global Water Program Seed Grant Award**

Assistant Professor Christian Coles received a $25,000 Award from the Johns Hopkins Global Water Program. His proposal was “Impact of water characteristics on the epidemiology of antibiotic resistant E. coli in rural Tanzania.” The mission of the Water Program is to pursue training and research to meet the global water challenge of providing the quality and quantity of water needed to sustain human health and the environment.

**Global Health Faculty Grants**

The Faculty Grants in Global Health Research provide funding to faculty in the schools of Public Health, Nursing, and Medicine to enable and support global health research projects. Each of ten winners yearly receive $50,000 for their research. The goal of the awards is to strengthen the winners’ abilities to secure extramural funding.

**Teaching Excellence Recognition Award**

**First Term**

**David Peters**, Associate Professor, Health Systems, *Approaches to Managing Health Service Organizations: Cases and Applications*

**Luigi De Luca**, Senior Associate, Human Nutrition, *Advanced Nutrient Metabolism*

**Rolf Klemm**, Assistant Scientist, Human Nutrition, *Food and Nutrition Policy*

**Peter Winch**, Professor, SBI, *Social and Behavioral Interventions Program Seminar I*

**Second Term**

**Adnan Hyder**, Associate Professor, Health Systems, *Confronting the Burden of Injuries: A Global Perspective*

**Elli Leontsini**, Associate, SBI *Social and Behavioral Interventions Program Seminar II: Structured Methods in Qualitative Research*

**Peter Winch**, Professor, SBI *Doctoral Seminar in Research Methods in Applied Medical Anthropology II*

**Aruna Chandran**, Assistant Scientist, *Development of an Innovative Tool for Emergency Care Surveillance in Karachi, Pakistan.*

**Myaing Nyunt**, Assistant Professor, *Antimalarial treatment efficacy of artemether-lumefantrine in HIV-infected pregnant women.*

**37th Annual Global Health Conference**

Global Health Goals & Metrics

June 14–18, 2010

Omni Shoreham Hotel

Washington, DC
News & Highlights

Faculty Promotions

Ingrid Friberg, PhD, MHS, Assistant Scientist, GDEC and IIP
Maria Knoll, PhD, Associate Scientist, Health Systems

Amnesty LeFevre, PhD, MHS, Assistant Scientist, Health Systems

New Faculty

Robinder K. Bhangoo, MD, Associate, Social & Behavioral Interventions
Sara Bennett, PhD, Associate Professor, Health Systems
Xiaoli Chen, MD, PhD, MPH, Assistant Scientist, Human Nutrition
Howard Choi, MHS, Research Associate, GDEC
Claudia Morrissey Conlon, MD, MPH, Associate, Health Systems

Yvonne Davis, MPH, Research Associate, HS/CAIH
Christopher Finucane, MA, Associate, Health Systems
Daniel Feikin, MD, MPH, Associate, GDEC
Daniella D. Fridl, PhD, Associate, Health Systems
Lindsay R. Grant, PhD, MPH, Assistant Scientist, Health Systems and CAIH

Caitlin Elizabeth Kennedy, PhD, MPH, Assistant Professor, SBI
Sosena Kebede, MD, MPH, Associate, Health Systems
Laura Lamberti, MHS, Research Associate, GDEC/IIP
Andres G. Lescano, PhD, MHS, Associate, GDEC
Allan E. Massie, MHS, Research Associate, Human Nutrition
Monica McGrath, ScD, MHS, Associate, GDEC
Gina Meza, MPH, BSN, Research Associate, GDEC
Kavitha N. Nallathambi, MS, Research Associate, HS/IVAC
Andrew Prendergast, MBBS, DPhil, Associate, GDEC
Nicholas P. Risko, MHS, Research Associate, Health Systems, IVAC
Paul B. Spiegel, MD, MPH, Senior Associate, Health Systems
John T. Walkup, MD, Adjunct Professor

New Staff

Deborah Christopher, Budget Specialist, Health Systems
Sosena Kebede, MD, MPH, Associate, Health Systems

Milena Gatto, Senior Research Nurse, Center for Immunization Research (CIR)
Courtney Lancaster, Budget Assistant, Health Systems
Sam Lovato, Research Program Assistant II, CAIH
Kirk Massey, Program Coordinator, CAIH
Sandra Muhanuka, Research Nurse, Global Disease Epidemiology and Control (GDEC)

Elliot Rosen, Financial Manager, Health Systems
Kathryn Sanderson, Administrative Coordinator, Institute for International Programs (IIP)

Papa Seye, Budget Analyst, Health Systems, Bloomberg Global Road Safety Program

Cecilia Tibery, Physician Assistant, CIR
Helen Yoon, Research Assistant, GDEC
Student Honors

Farrah J. Mateen, PhD candidate, GDEC, received the American Academy of Neurology Founders Award. This award is designed to encourage clinical and translational research in neuroscience by physicians in clinical neurology training programs. The Alliance Awards Subcommittee considers originality, scientific merit, neurological interest, and clarity of expression as criteria for review. Her subject was “Cognitive Outcomes of Long Term Survivors of Defibrillation for Out-of-Hospital Cardiac Arrest: A Population-Based Study.”

Monica Mispireta, PhD candidate, Human Nutrition, won the American Heart Association Fellowship and the Honorary Weinberg Foundation Research Award for her project entitled, “Long-term effects of individual differences in fetal autonomic control on early markers of cardiovascular risk.” The foundation stipulates that the chosen project should focus on a subject that is applicable to socio-economically disadvantaged populations of Baltimore City. Findings from this study will increase the understanding of the processes by which the prenatal nutritional environment affects the risk of cardiovascular disease later in life.

Center for Refugee and Disaster Response in Haiti

The Johns Hopkins Office of Critical Event Preparedness and Response (CEPAR) deployed a group of Johns Hopkins physicians, nurses and other experts to Haiti to help the nation’s injured and suffering.

Leading the Hopkins mission was Associate Professor Tom Kirsch, MD, MPH, an emergency physician and co-director of the Center for Refugee and Disaster Response. More updates from Dr. Kirsch are available on the School’s website: http://www.jhsp.h.edu/publichealthnews/haiti/kirsch_haiti.html
CRDR website: www.jhsp.h.edu/refugee/
Also find the Center on Facebook.

Triage area in Haiti where everyone lined up for care.

Health Systems Program’s MHS Practicum Scholarship

The Health Systems Program is offering one practicum scholarship (up to $5,000) for an MHS student in the Health Systems Program. International-based practicum only. Preference will be given to a practicum located in a low- or middle-income country.

Application materials are due on April 1, 2010. Applications received after this date will not be considered. For complete details:
https://my.jhsp.h.edu/site/IH/ListAnnouncements/DispForm.aspx?ID=735

Congratulations
Successful Thesis Defense


Lindsay Grant, Global Disease Epidemiology and Control, “Etiology of Viral Gastroenteritis and Rotavirus Vaccine Effectiveness among Navajo and White Mountain Apache Children.”

Jennifer Ransford Scott, Global Disease Epidemiology and Control, “Impact of Long-term Routine Pneumococcal Conjugate Vaccine Use in Navajo and White Mountain Apache Communities.”

Laura Steinhardt, Health Systems, “Determinants of Access to Primary Health Care Services in Afghanistan: Geographic and Financial Factors.”
**News & Highlights**

**Professor Timothy Baker**
The Department celebrated 50 years of Dr. Baker’s contributions to international public health and the School on December 21, 2010. Watch Dr. Baker on Youtube discuss the former dean of the School, Ernest Stebbins:

http://www.youtube.com/watch?v=GbrCj6C-hs

Drs. Peters, Baker, and Black at the reception honoring Baker.

**Recent Publications**

Rotavirus vaccine—A powerful tool to combat deaths from diarrhea, editorial by **Professor Mathu Santosham** in the New England Journal of Medicine.

JHSPH news: [http://content.nejm.org/cgi/content/extract/362/4/358](http://content.nejm.org/cgi/content/extract/362/4/358)


**New Website**

**International Vaccine Access Center**

An article by lead author **Assistant Professor Antonio Trujillo** was recently accepted by World Health & Population. The paper, entitled, “Determinants of gender differences in health among elderly in Latin America,” identifies the main gender differences in health and socio-economic characteristics of the elderly in four Latin American cities. For all countries, the analyses showed a gender gap in health in favor of males at each age. The complete article will appear in an upcoming issue of the journal.

Adolescent Medicine vol 164 (no. 1), January 2010. [http://archpedi.ama-assn.org/cgi/content/full/164/1/71](http://archpedi.ama-assn.org/cgi/content/full/164/1/71)


Maternal vitamin A supplementation before, during and after pregnancy improves lung function in preadolescent offspring, by IH authors **William Checkley, Lee Wu, Steven LeClerq, Parul Christian, Joanne Katz, James Tielsch, and Alfred Sommer**, was accepted by the New England Journal of Medicine.


**THE GLOBE | SPRING 2010**
Associate Professor Adnan Hyder will lead the Bloomberg School’s effort on Michael Bloomberg’s $125 million Global Road Safety Program. The International Injury Research Unit (IIRU), which Hyder directs, will join forces with five partner organizations, including the World Health Organization, to implement and coordinate activities with local governmental and non-governmental organizations in 10 countries to avert injuries and fatalities caused by road traffic crashes. “This is an excellent opportunity and a superb group of partners to develop and implement strategies for reducing the extraordinary number of preventable traffic-related injuries and fatalities worldwide,” Hyder said.

Professor Robert Black is chairing the new Institute of Medicine committee commissioned by Congress to evaluate the $48 billion US President’s Emergency Plan for AIDS Relief. The plan for the evaluation will be finalized in June 2010 and the full evaluation completed in late 2012. The evaluation report will be submitted to Congress during consideration of the authorization of funds for the following 5 years for HIV/AIDS prevention, treatment and care in low- and middle-income countries receiving US assistance.

Abdullah Brooks, Associate Scientist, Professor Santosham and Professor Moulton were awarded a grant by the Bill & Melinda Gates Foundation for the project “Vaccine Efficacy against Childhood Pneumonia in a low-Income Tropical Setting.”

School’s Health Advisory Board, Deans, and Thai Princess Visit the JiVitA Project in northern Bangladesh

Dean Michael Klag led the Johns Hopkins Bloomberg School of Public Health’s Health Advisory Board and select senior faculty on a visit to Bangladesh, highlighting the JiVitA Project. HRH Princess Maha Chakri Sirindhorn of Thailand, a member of the School’s International Honorary Committee, joined the delegation to see the field research activities in Gaibandha and Rangpur, and experience typical village life. Pictured below are a few members of the Board with Nobel Laureate Prof. Mohammad Yunus, HRH Sirindhorn, and Department faculty leading the JiVitA project.

From left to right: Dean Mike Klag; Ed Ludwig (CEO of Beckton Dickinson); Asst. Professor Alain Labrique; Professor Keith West; Nobel Laureate Professor Mohammad Yunus; HRH Princess Maha Chakri Sirindhorn; the Ambassador Designate of Bangladesh to Thailand; Asst. Scientist Rolf Klemm; Manfred Eggersdorfer (CEO of DSM); and Assoc. Professor Parul Christian

New 4th Term Course
Food Technology and Health
Mondays and Wednesdays
10:30–11:50 a.m.
Primary Instructor: Dr. Jed W. Fahey
Assistant Professor Caitlin Kennedy, PhD, MPH

As a new faculty member, one of the first projects Dr. Kennedy is working on is an R01 examining the efficacy of behavioral interventions for HIV prevention in low- and middle-income countries through systematic reviews and meta-analyses. This project is conducted jointly with the Medical University of South Carolina and the World Health Organization, and findings will be used to provide the evidence base for future WHO guidelines on HIV behavioral interventions globally.

Dr. Kennedy’s current research is a natural extension of her graduate work at Hopkins. At the 2008 International AIDS Conference, she presented her findings from a qualitative study of a matrimonial service for people living with HIV in Chennai, India. The service had 200 active dating profiles and had matched 20 couples. As dating services for HIV-infected individuals become more common, it becomes increasingly important to better understand how the services work. Kennedy’s study showed that matrimonial services for HIV-infected individuals may be a creative and culturally appropriate way to achieve HIV prevention goals and improve quality of life for HIV-infected individuals.

This term, Kennedy will be co-instructor for a course, entitled, “Qualitative Research Theory and Methods,” with Professor Gittelsohn. The course introduces students to theoretical foundations of qualitative research and different approaches to qualitative inquiry, including ethnography, phenomenology, grounded theory, and narrative and case study approaches.

Assistant Professor Pamela Surkan, PhD, ScD

Dr. Surkan’s studies the role of maternal mental health and the effects of family life on early growth and childhood development. Originally basing this work on a study in northeastern Brazil, she is currently studying these issues using longitudinal data from the US. Her other research focuses on the interactions between social conditions and other factors that impact health, such as dietary behaviors and environmental exposures.

Surkan holds doctorate degrees from the Harvard School of Public Health in Society, Human Development and Health, and the Karolinska Institute in Clinical Cancer Epidemiology. Before joining the IH faculty in 2008, Surkan was a research fellow at Harvard School of Public Health where she bridged social epidemiology with other disciplines, as well as helped to oversee a psychosocial intervention with HIV-affected youth in rural Haiti.

One of her current research projects examines the effect of iron and zinc supplementation on development in Nepalese children. While studies have shown links between deficiencies of these two nutrients and impaired behavioral and cognitive development, the data are inconclusive. The burden of iron and zinc deficiency among children in the Sarlahi district of Nepal is extremely high. Dr. Surkan, in collaboration with a team of Hopkins-based researchers working in Nepal, will estimate the effects of iron and zinc supplementation on (1) infant temperament, (2) quality of feeding interactions, and (3) language development. Moreover, results will lay the groundwork for future studies that can provide more in-depth information about infant social and cognitive development in Sarlahi.

In 4th term, Dr. Surkan and Professor Gittelsohn will teach the course, entitled, “Qualitative Data Analysis,” which focuses on the management and analysis of qualitative data in public health research and introduces various interpretive analytic approaches and guides students in applying them to data.
try. It’s very hard to build capacity through standard research grants. Nevertheless, one can’t expect people who receive world-class training abroad to go back to their home countries if there’s no place for them to use that expertise.”

“Hopkins is my benchmark,” Dr. Rimoin began when asked about her time at Hopkins and how it prepared her for her current research work. “Methods and mentorship is my mantra, and I had both at Hopkins,” she continued. While her passion has always been pediatric and emerging infections, she explained, her dissertation was on the diagnosis and treatment of strep throat to prevent rheumatic heart disease. At first, she wasn’t certain how strep throat fit into her plan to work in global infectious diseases. She soon learned that rheumatic heart disease—the result of untreated strep throat—is a leading cause of cardiac illness in the developing world. Unlike in the U.S., the infection is not always diagnosed or treated appropriately in much of the world.

Her advisers, Professors Joanne Katz and Mark Steinhoff, also stressed how important it was to learn research from the ground up. “Professor Steinhoff gave me a lot of responsibility. I was the program manager for a multi-center study to look at diagnosis of strep throat. I had to develop research protocols, train staff, and supervise the data management, among other things.” With a grant from the Center for Clinical Trials, she developed her own nested study to assess the intravenous versus oral treatment of strep throat. She summed up her training at Hopkins with a mantra, and I had both at Hopkins.”

Her dissertation was on the diagnosis and treatment of strep throat to prevent rheumatic heart disease. That research has revealed that the prevalence of monkey pox has increased twentyfold over the last 30 years in the DRC. “In an ironic twist, one of the triumphs of public health—the eradication of smallpox—has created an opening for monkey pox to reemerge.” People are no longer vaccinated against smallpox, which also provided protection against monkey pox. In addition, the displacement of much of the population has resulted in an increase in the consumption of bush meat, the primary source of transmission. For many reasons, the conventional wisdom held that monkey pox did not pose a viable threat, which underscores the importance of disease surveillance. Monitoring disease patterns not only makes it possible to know which diseases to addresses, but by being prepared to react quickly it can prevent epidemics before they start.

As a final piece of advice to students, Dr. Rimoin “can’t stress enough the importance of doing primary data collection in country. They must get their hands dirty because there’s no way to replicate that experience in high-income countries.” She tells her students at UCLA what one of her mentors told her, “Everyone has to be willing to do windows. Handing everything to students is actually a disservice because that’s not how it happens in the real world.”

To learn more about Dr. Rimoin’s work, visit her UCLA website: http://www.ph.ucla.edu/epi/faculty/rimoin/rimoin.html