

Foundations in Global Health Series

February 5, 2026

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Presenters: Heather Haq, MD, MHSc, Gordon E. Schutze, MD, FAAP; Neel Naik, MD; Stephanie Marton, MD, MPH; Jill Sanders, MD, MPH, FAAP; Mackenzie DuPont, MD, MPH.

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Global Health Corps at 20: Lessons, Legacy, and Life After Service

Heather A. Haq, MD, MHSc (Moderator)

Gordon E. Schutze, MD, FAAP

Neel Naik, MD

Stephanie Marton, MD, MPH

Jill Sanders, MD, MPH, FAAP

Mackenzie DuPont, MD, MPH



Educational Learning Objectives

1. Describe the evolution and impact of the Global Health Corps.
2. Examine how global service shaped pediatric career transitions.
3. Identify transferable skills gained through Global Health Corps service.
4. Discuss lessons informing sustainable global health partnerships.



2001



President George W. Bush announced the first U.S. contribution of \$200 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

2002



U.S. launched the Mother and Child HIV Prevention Initiative to reduce mother-to-child transmission.

January 2003



President Bush proposed the President's Emergency Plan for AIDS Relief (PEPFAR) in his State of the Union Address.

May 27, 2003



The U.S. Leadership Against Global HIV/AIDS, Tuberculosis, and Malaria Act of 2003 was signed into law, creating PEPFAR.



Initial PEPFAR Objectives

2003-2008

- **\$15 billion** allocated over 5 years.
- **Focus on 15 high-burden countries** in sub-Saharan Africa, Asia, and the Caribbean.

Targets:

Treat HIV

Treat **2 million** people with HIV.

Prevent Infections

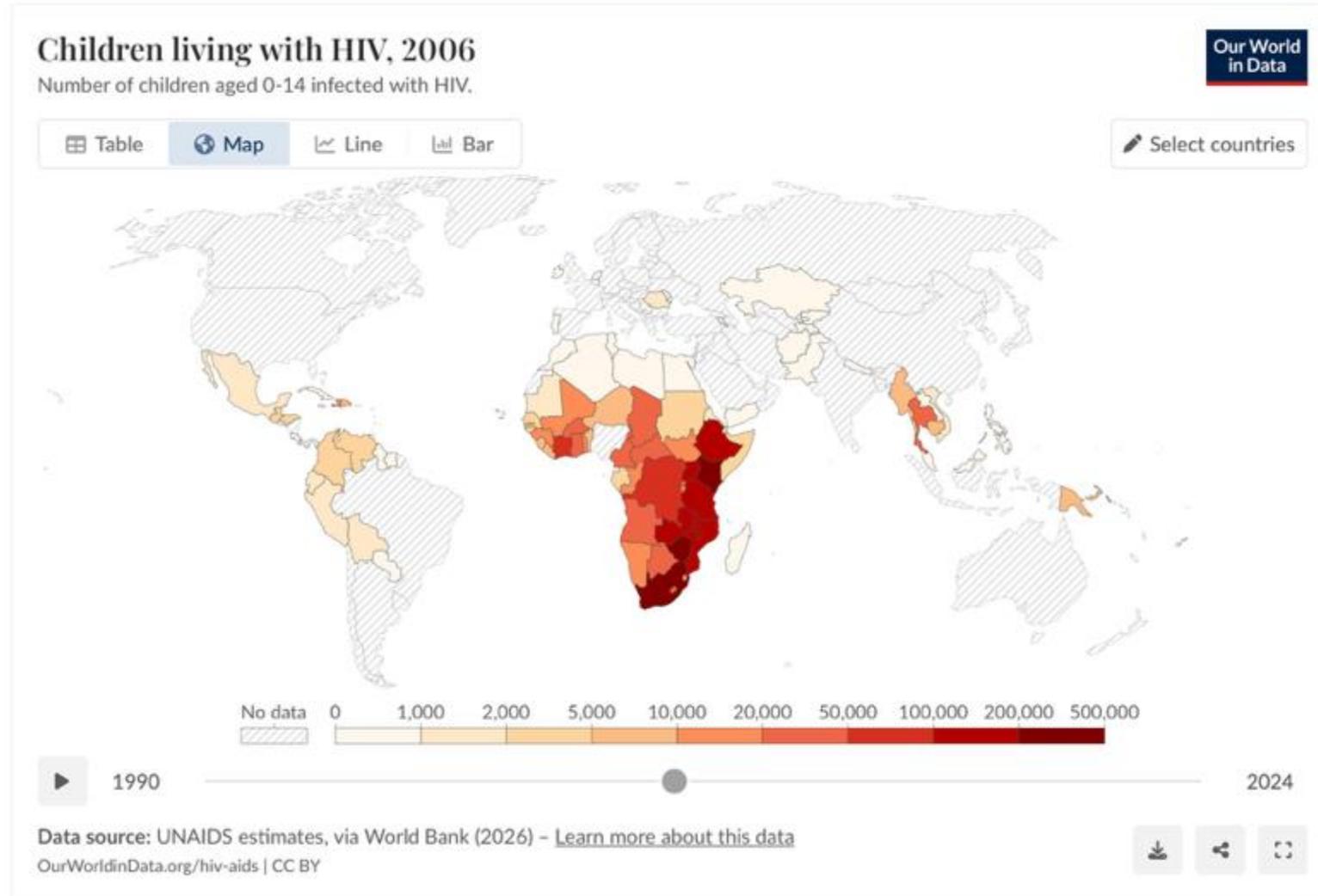
Prevent **7 million** new infections.

Provide Care

Provide care for **10 million** people, including **4 million orphans and vulnerable children.**



Children Left Behind



Global Pediatric HIV in the Early 2000s

Why This Story Matters

- ~2.3 million children living with HIV/AIDS globally by 2005
- Southern Africa bore the highest pediatric mortality burden
- Severe shortage of pediatric-trained physicians in HIV care
- Pediatric HIV treatment widely viewed as “too complex”

INTERNATIONAL
Herald Tribune
PUBLISHED WITH THE NEW YORK TIMES AND THE WASHINGTON POST

Disaster in Botswana

The New York Times

No country in the world has been struck as hard by the AIDS epidemic as Botswana, an arid, thinly populated land of 1.6 million inhabitants in southern Africa. An astonishing 39 percent of the adult population is infected with HIV, the virus that causes AIDS, prompting President Festus Mogae to warn, “We are threatened with extinction.” The plight of Botswana is a sobering example of what can happen when the AIDS virus is allowed to spread widely before an all-out effort

taboos about even admitting the presence of the disease.

But in the last three years Botswana has mounted an aggressive and comprehensive campaign that includes testing, prevention, treatment and supportive care for stricken families. The government has won international praise for offering free cocktails of antiretroviral drugs to all its citizens and mounting perhaps the best program in Africa to prevent mother-to-child transmission.

Botswana is putting up substantial money of its own to fight AIDS, roughly \$30 million a year, and is rely-



Launching of the Pediatric AIDS Corps - 2005



The Birth of the Pediatric AIDS Corps (PAC)

Responding to the pediatric HIV workforce crisis

- **Founded:** June 2005
- **Launched by:** Baylor College of Medicine & Texas Children's Hospital
- **Purpose:**
 - Place U.S.-trained physicians in Africa long-term
 - Deliver pediatric HIV care
 - Train and mentor local health professionals
- **Later rebranded as:** The Texas Children's Global Health Corps



The PAC/GHC Model (What Made It Different)

Long-term, embedded physicians building local capacity

- Long-term placement (≥ 1 year)
- Embedded within Ministries of Health
- Physicians employed by Baylor College of Medicine
- Linked to Texas Children's Global Health Network Children's Clinical Centers of Excellence
- Dual mandate: **clinical care + workforce development**



Launching of the Pediatric AIDS Corps - 2005

Sunday
 Coupons & Savings **\$87**
 \$14,380 last 12 weeks

COLLEGE FOOTBALL IN SPORTSDAY2, 1-4CC, 6CC

LSU	Baylor	39	Texas	27	TCU	31
Texas A&M	Texas Tech	24	SMU	24	Oklahoma State	24
North Texas	Ohio State	82	Alabama	82	Clemson	34
UTSA	Michigan	31	Auburn	21	South Carolina	33

The Dallas Morning News

Texas' Leading Newspaper \$3.75 Dallas, Texas, Sunday, November 21, 2005 DALLASNEWS.COM

AUTOMOTIVE INDUSTRY
Toyota is high on future of hydrogen
 As skeptics spurn fuel cells, maker accelerates electrifying of its fleet

By JILL COWAN
 Staff Writer
 jcowan@dallasnews.com

TOYOTA CITY, Japan — When Yoshikazu Tanaka prodded the accelerator, the blue sedan responded, zooming past neat houses and stores.

up lush, green hills and down into lines of cars making back from straightlines. The sun shined, a light breeze ruffled leaves on the trees.

The only thing missing was the roar of an engine.

It may have been a hushed experience, said Tanaka, the car's chief engineer, as he navigated the streets of his hometown, but he said he'd tried his best to make it enjoyable nonetheless.

"We wanted to make it fun to drive," he said.

See TOYOTA Page 1A

KHASHOGGI KILLING
Saudi: Prince can't be ignored

Embrace him or not, leaders have to deal with him, royal says

FROM HIS REPORTS

DUBAI, United Arab Emirates — A prominent member of the Saudi royal family said Sunday that whether or not heads of state warmly engage with Crown Prince Mohammed bin Salman at the Group of 20 summit in Argentina next week, he is someone "that they have to deal with."

Prince Turki al-Faisal said in an interview that the killing of Saudi journalist Jamal Khashoggi in the kingdom's consulate in Istanbul last month was "an unacceptable incident that has and may mark the long record of Saudi Arabia's own standing in the world."

"We will have to hear that. It's not something that should not be feared," he said.

See SAUDI Page 1A

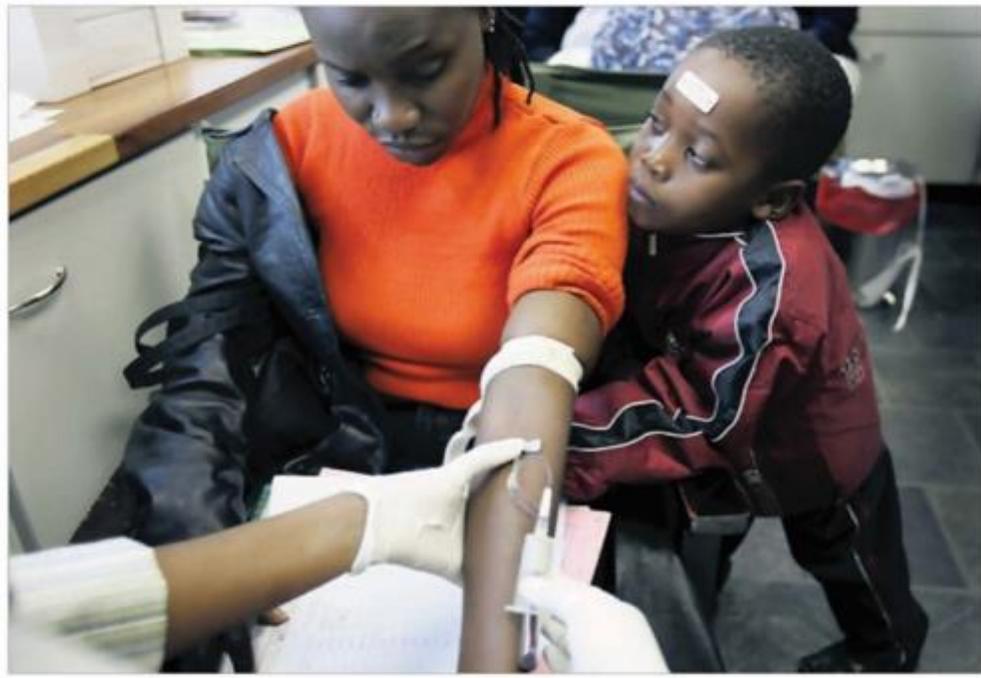
POINTS
An American success story



An up-close-and-personal look at those living with HIV around the globe shows that the U.S. involvement can change the world.
Special report, Section P

LIFE AND HOPE WITH HIV
 Photos by SMILEY N. POOL/Staff Photographer
 Story by LAURA HALLAS/Special Contributor and SMILEY N. POOL/Staff Photographer

Fighting AIDS in Africa



Ingrid Kealotwe had blood drawn at her son, Liam, looked on during a visit in June 2005 to the Botswana-Baylor Center of Excellence in Gaborone. Both mother and son are HIV-positive. The clinic opened in Botswana after a speech by President Festus Mogae at an AIDS conference in 2000 focused attention on the epidemic in his country. "We are threatened with extinction," he said.

How a president's initiative tamped down an epidemic

Ingrid Kealotwe vividly remembers the despair in Botswana's Princess Marina Hospital. Her 6-month-old son, Liam, had tested positive for HIV and joined dozens of children on the ward who existed in unimaginable limbo. As an adult, Kealotwe had been able to get treatment for her own HIV, but the same virus that had been subdued in her body raged unopposed in her child. Without treatment, parents watched as their children slipped from life.



During a tour of the Botswana center in July 2003, first lady Laura Bush talked with Kealotwe (left) as Liam, then 4, played with a toy. The center was the first of its kind on the African continent, serving children infected with HIV.



Early Scale and Impact (2006-2011)

Rapid expansion of pediatric HIV care and training

- **128 physicians deployed**
- Median service: **22.7 months**
- Pediatric HIV enrollment increased from **6,107 → 103,731**
- ~500 local health professionals trained per quarter
- 37% of mentored sites achieved self-sufficiency

Launching of the Pediatric AIDS Corps - 2005

SPECIAL ARTICLE

The Pediatric AIDS Corps: Responding to the African HIV/AIDS Health Professional Resource Crisis

Mark W. Kline, MD, Margaret G. Ferris, PhD, MPH, David C. Jones, BA, Nancy R. Calles, MSN, RN, PNP, MPH, Michael B. Mizwa, Heidi L. Schwarzwald, MD, MPH, R. Sebastian Wanless, MD, Gordon E. Schutze, MD

Baylor International Pediatric AIDS Initiative, Baylor College of Medicine and Texas Children's Hospital, Houston, Texas

The authors have indicated they have no financial relationships relevant to this article to disclose.

ABSTRACT

Health professional capacity for delivery of HIV/AIDS care and treatment is severely constrained across sub-Saharan Africa. African health professional expertise in pediatrics is in particularly short supply. Here we describe a Pediatric AIDS Corps program that was designed to place pediatricians and other physicians in Africa on a long-term basis to expand existing health professional capacity for pediatric and family HIV/AIDS care and treatment. In the first 2 years of this program, 76 physicians were placed in 5 African countries that have been hit hard by HIV/AIDS. Enrollment of HIV-infected children in care more than quadrupled over a 24-month period, to 26 590. We believe that this pilot program can serve as a model for larger-scale efforts to immediately expand access for African children and families to life-saving HIV/AIDS care and treatment. *Pediatrics* 2009;123:134–136

THE HIV/AIDS CRISIS CONTINUES TO exact a heavy toll on children globally, but especially

www.pediatrics.org/cgi/doi/10.1542/peds.2008-0402

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Key Words

HIV infection, infant, child, international health

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GRANTWATCH

By John Damorri, Patricia Doykos, R. Sebastian Wanless, and Mark Kline

HIV/AIDS In African Children: The Bristol-Myers Squibb Foundation And Baylor Response

ABSTRACT In 2000, 1.4 million children were living with HIV/AIDS in sub-Saharan Africa, according to the Joint United Nations Programme on HIV/AIDS. Few of them were receiving lifesaving antiretroviral therapy because public health systems lacked the clinical infrastructure and trained health care workers to implement and disseminate high-quality care. Research has shown that without treatment, half of HIV-infected infants die by age two. From 2000 to 2011 the Bristol-Myers Squibb Foundation worked with the Baylor International Pediatric AIDS Initiative, governments in sub-Saharan Africa, and other funders to help ensure that children received needed treatment and care. The partnership led to the creation of seven Children's Clinical Centers for Excellence and the Pediatric AIDS Corps of physicians. The mortality rate for the 13,154 children receiving antiretroviral therapy at the centers was 3.35 deaths per 100 patient-years, which compares favorably with results of similar programs in Africa. The experience showed that strategic investments by foundations and others can have a positive impact on health service delivery and the training of health professionals to meet the specific needs of HIV-infected children for the short and long terms.

In 2000 the Bristol-Myers Squibb Foundation reviewed its Secure the Future initiative, designed to develop innovative and sustainable solutions and replicate successful solutions to help vulnerable populations in sub-Saharan Africa who have been infected and affected by HIV/AIDS. The initiative, fo-

cus on women and children, had been launched just one year earlier by the foundation and the Bristol-Myers Squibb corporation.

Initially, Secure the Future focused on five countries that were hardest hit by the epidemic. The initiative funded seventy-four projects, ranging from community-based groups working on the

front lines and public health departments to training for health care professionals and medical research. However, it received few proposals that focused on children, and none that suggested bold, game-changing ideas. The medical need was well documented: In 2000, 1.4 million children were living with HIV/AIDS in sub-Saharan Africa, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS),¹ and without treatment, half of HIV-infected infants die by age two.¹

The foundation decided that it needed a new approach. It asked Mark Kline, founder of the Baylor International Pediatric AIDS Initiative, to travel to Botswana to consult with staff in the country's Ministry of Health and local leaders in pediatrics and HIV/AIDS and to identify gaps in care that could be addressed through a public-private partnership.

The Baylor International Pediatric AIDS Initiative had been working in pediatric AIDS internationally since 1996 and had already partnered with the Bristol-Myers Squibb Foundation, as well as the Abbott Fund (the philanthropic arm of Abbott Laboratories), on treatment programs and delivery of training to health care professionals in Romania and Mexico. The Bristol-Myers Squibb Foundation made Botswana a priority for two reasons: The country had the highest overall (that is, among the entire population) prevalence of HIV/AIDS in Africa, and it was the first African country to begin widespread distribution of antiretroviral drugs through its public health programs. Foundation officials believed that the strategies and solutions developed in Botswana could inform the response to pediatric AIDS in other African countries. Eventually, the foundation funded the Baylor initiative as a component of Secure the Future.

Challenges

In Botswana the Baylor initiative identified a number of challenges that could also be found in the care of HIV-infected children in other African countries.

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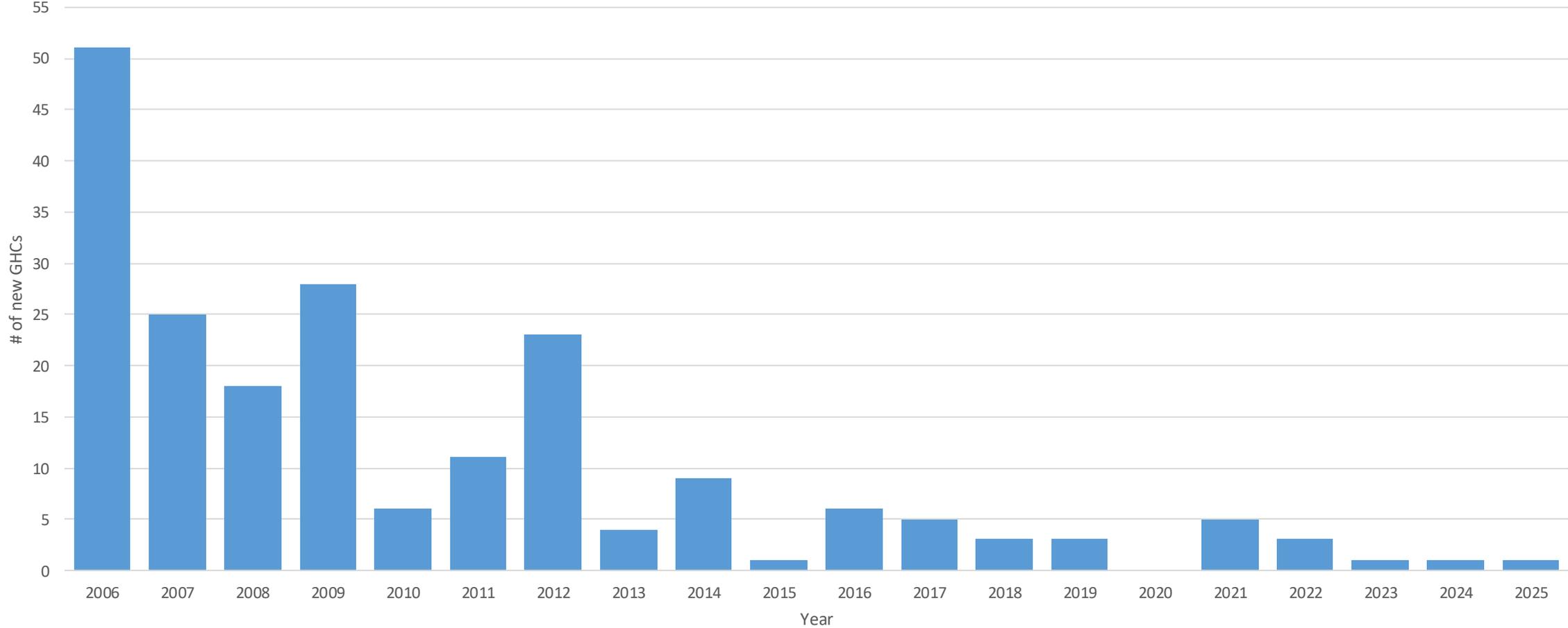






Global Health Corps: New Hires over Time

'# of new GHCs' by 'Year'



Foundational Leadership

Vision, design, and stewardship of a global health corps

- **Gordon E. Schutze, MD**
- **Executive Vice Chair & Professor, Pediatrics, BCM**
 - Designed PAC physician training program
 - Led early program evaluation and scale-up
 - Authored foundational PAC outcomes studies
 - Steward of PAC's transition into a broader global health model

1. Schutze GE, Ferris MG, Jones DC, Wanless RS, Calles NR, Mizwa MB, Schwarzwald H, Kline MW. [The Pediatric AIDS Corps: a 5-year evaluation](#). *Pediatrics*. 2014 Jun;133(6):e1548-54. doi: 10.1542/peds.2013-2938. PMID: 24864179.

2. Schutze GE, Ferris MG, Jones DC, Calles NR, Mizwa MB, Schwarzwald HL, Wanless RS, Kline MW. [Education and preparation of physicians entering an international pediatric AIDS program: the Pediatric AIDS Corps](#). *AIDS Patient Care STDS*. 2008 Sep;22(9):709-14. doi: 10.1089/apc.2007.0230. PMID: 18754707.



Strategic Partnerships Enabled Scale

Public-private partnerships driving sustainable growth

- Bristol-Myers Squibb Foundation (Secure the Future)
- Abbott Fund
- Local Ministries of Health
- Texas Children's Hospital
- Baylor College of Medicine



Preparing Physicians for Global Service

Intensive training for high-impact global pediatric care

- Mandatory **4-week pre-deployment training** at BCM/TCH
- Curriculum included:
 - Pediatric HIV care
 - Tropical medicine
 - Teaching skills
 - Bioethics
 - Good Clinical Practice
- Demonstrated significant knowledge gains post-training

AIDS PATIENT CARE and STDs
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DOI: 10.1089/apc.2007.0230

Education and Preparation of Physicians Entering an International Pediatric AIDS Program: The Pediatric AIDS Corps

Gordon E. Schutze, M.D., Margaret G. Ferris, Ph.D., M.P.H., David C. Jones, B.A.,
Nancy R. Calles, M.S.N., R.N., P.N.P., ACRN, M.P.H., Michael B. Mizwa, Heidi L. Schwarzwald, M.D., M.P.H.,
R. Sebastian Wanless, MBChB, and Mark W. Kline, M.D.

1. Schutze GE, Ferris MG, Jones DC, Wanless RS, Calles NR, Mizwa MB, Schwarzwald H, Kline MW. [The Pediatric AIDS Corps: a 5-year evaluation](#). *Pediatrics*. 2014 Jun;133(6):e1548-54. doi: 10.1542/peds.2013-2938. PMID: 24864179.
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The Pediatric AIDS Corps: A 5-Year Evaluation



WHAT'S KNOWN ON THIS SUBJECT: Demographic data concerning health care providers working long-term in resource-limited areas with religious groups or other government or nongovernment organizations are limited. Health outcomes from these programs vary with the focus of the individual program.



WHAT THIS STUDY ADDS: This study describes the composition and evaluation of a long-term global health corps program. Other groups interested in long-term physician placement in resource-limited areas will be able to use these data while developing their program.

abstract

BACKGROUND: The Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children's Hospital created a global health corps named the Pediatric AIDS Corps (PAC) in June 2005. This report provides descriptive details and outputs for PAC over its first 5 years.

METHODS: Demographic data were gathered about PAC physicians employed from July 2006 to June 2011. A 21-question survey was used to query PAC physicians about their experiences in the program. Data concerning clinical experiences and educational programs also were reviewed.

RESULTS: A total of 128 physicians were employed with PAC. The median duration served was 22.7 months. Eighty-seven percent indicated that experience affected their future career choice, with half continuing

AUTHORS: Gordon E. Schutze, MD, Margaret G. Ferris, PhD, MPH, David C. Jones, BA, R. Sebastian Wanless, MBChB, Nancy R. Calles, MSN, RN, PNP, ACRN, MPH, Michael B. Mizwa, Heidi L. Schwarzwald, MD, MPH, and Mark W. Kline, MD

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KEY WORDS

global health corps, global health, HIV, acquired immunodeficiency syndrome (AIDS)

ABBREVIATIONS

BCM—Baylor College of Medicine

BIPAI—Baylor International Pediatric AIDS Initiative at Texas Children's Hospital

IR—incidence rate

PAC—Pediatric AIDS Corps

Dr Schutze conceptualized, designed, and analyzed the Pediatric AIDS Corps (PAC) follow-up survey used in this manuscript, gathered the demographic data of the PAC physicians, and wrote the initial manuscript and all subsequent drafts; Drs Ferris and Schwarzwald, Mr Jones, and Mr Mizwa reviewed and interpreted the PAC survey data, and revised the initial manuscript; Dr Wanless gathered, analyzed, and interpreted the patient encounter and educational program data, and revised the initial manuscript; Ms Calles helped design and analyze the PAC follow-up survey, helped provide the demographic data of the PAC physicians, and revised the initial manuscript; Dr Kline helped design and analyze the PAC follow-up survey, helped draft the initial manuscript, and revised the initial manuscript; and all authors approved the final manuscript as submitted.

www.pediatrics.org/cgi/doi/10.1542/peds.2013-2938

doi:10.1542/peds.2013-2938



Demographics and Placement

TABLE 1 Characteristics of 128 Physicians Participating in PAC, 2006–2011

Characteristic	<i>n</i> (%)
Gender	
Female	79 (62)
Male	49 (38)
Specialty	
Pediatrics	98 (76)
Medicine/pediatrics	14 (11)
Family medicine	10 (8)
Internal medicine	6 (5)
Just completed residency/ subspecialty training	85 (66)
Pediatric subspecialty training ^a	10 (8)

Degrees of the physicians included the following: MD (121), DO (5), MBChB (1), MBBS (1).

^a Cardiology (2), hematology-oncology (2), infectious disease (6).

TABLE 2 Countries Where the 128 PAC Physicians Were Stationed for >1 Month, 2006–2011

Country	No. Physicians ^a
Botswana	29
Burkina Faso	5
China	2
Ethiopia	5
India	1
Lesotho	28
Malawi	30
Mozambique	1
South Africa	1
Swaziland	30
Tanzania	19
Uganda	6

^a Twenty-one physicians worked in >1 country.

PAC/GHC and Career Impact

Global service shaping lifelong pediatric careers

- **87%** reported service influenced career direction
 - 50% continue working with resource-limited populations
- Common pathways:
 - Academic Pediatrics
 - Emergency Medicine
 - Infectious Diseases
 - Public Health Leadership

TABLE 3 Selected Questions From the 21-Question Survey to PAC Physicians About Their Experience, 2006–2011

Question (<i>n</i> = Number of Responses to the Question)	Positive response or "Yes" (%)
Did your experience in PAC affect your career goals when you left PAC? (<i>n</i> = 106)	92 (87)
Did you pursue additional training after working with PAC? (<i>n</i> = 106)	55 (52)
Are you working with resource-limited populations internationally now? (<i>n</i> = 109)	61 (56)
Are you working with resource-limited populations in the United States now? (<i>n</i> = 107)	47 (44)
Was it recommended for you to take malaria prophylaxis based on your country assignment? (<i>n</i> = 110)	45 (41)
Did you ever take postexposure prophylaxis after a blood or body fluid exposure to prevent HIV? (<i>n</i> = 110)	18 (16)
Was your transition home difficult? (<i>n</i> = 95)	39 (41)
Did you have a problem securing a job on your return? (<i>n</i> = 95)	9 (9)
Are you happy with your decision to have been a PAC physician? (<i>n</i> = 111)	111 (100)
Would you recommend this experience to a colleague? (<i>n</i> = 111)	110 (99)

TABLE 4 Nonclinical Care Activities Carried Out by 111 PAC Physicians, 2006–2011

Activities	No. Who Participated (%)
Grant writing	35 (32)
Operational research	40 (36)
Abstract presentations at scientific meetings	25 (23)
Manuscript preparation and submission	30 (27)
Fund-raising	24 (22)
Policy development	42 (38)
Guideline writing	63 (57)
Monitoring and evaluation	54 (49)
Community mobilization projects	47 (42)
Project administration	59 (53)
Human resources	28 (25)
Volunteerism	44 (40)
Training of health professionals, staff, or lay people	111 (100)
Creation of training materials	84 (76)
Other	12 (11)



Evolution from PAC to Global Health Corps

Expanding beyond HIV to comprehensive pediatric care

- **2011:** Scope expanded beyond HIV
- New focus areas included:
 - Tuberculosis
 - Malaria
 - Sickle cell disease
 - Pediatric oncology
 - Malnutrition and neonatal care
- Program renamed **Texas Children's Global Health Corps**



GHC Today

Embedded physician leaders strengthening health systems

- Embedded, long-term physician partners
- Integrated into national health systems
- Active across Africa and Latin America
- Over **200 physicians served** in 20 years
- Emphasis on sustainability, mentorship, and systems strengthening



Current GHCs



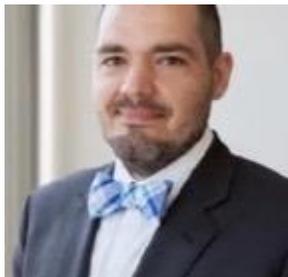
Jaime Petrus, MD

Eswatini



Steffey Teresa, MD

Lesotho



Jacob Todd, MD

Malawi



Miriam Abadie, MD

Eswatini



Alia Fikry, MD

Malawi



Kevin Mackenzie, MD

Tanzania



Sarah Perry, MD

Eswatini



Brigid Obrien, MD

Malawi



Liz Maidl, MD

Uganda



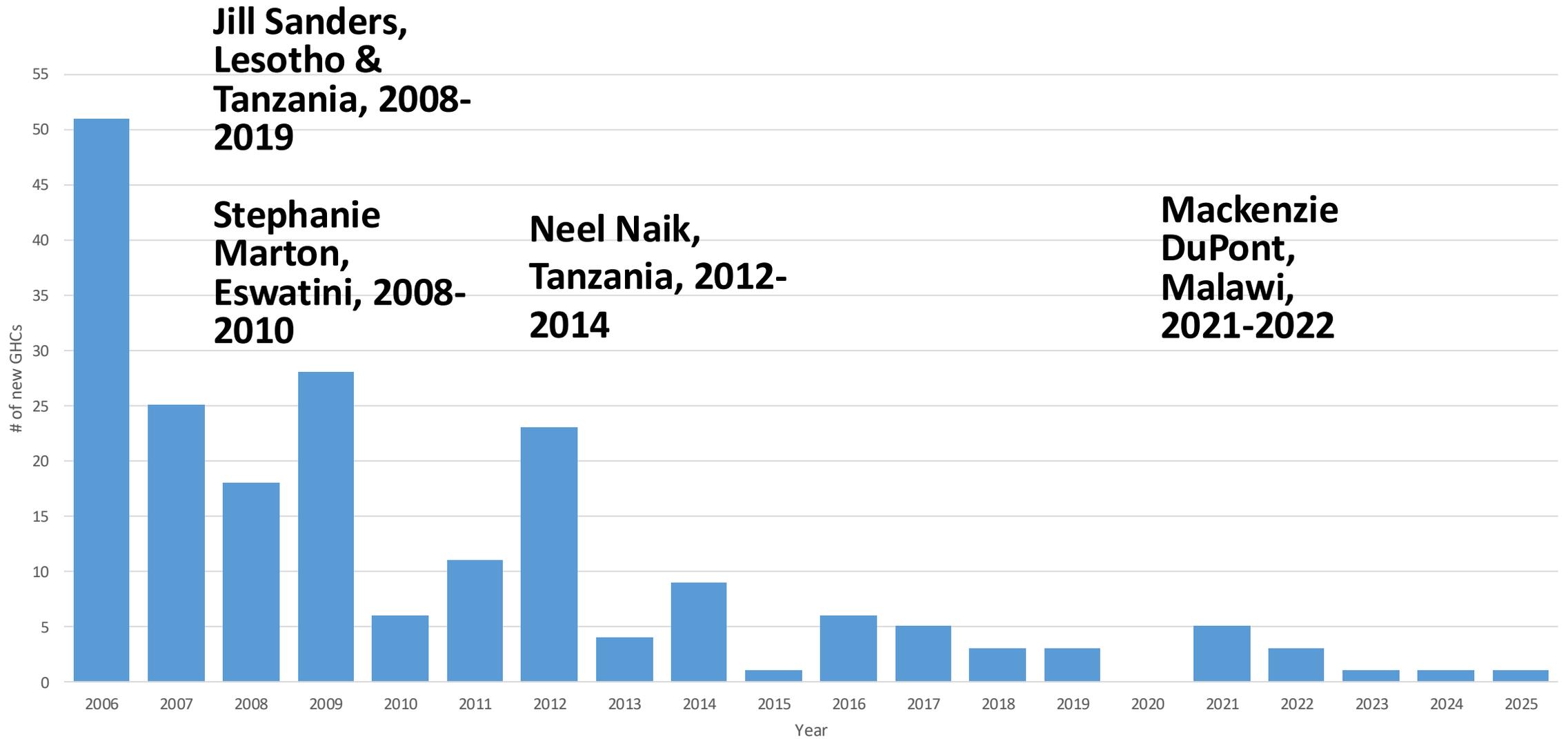
PANEL DISCUSSION

Meet the Panelists (Former PAC/GHC Physicians)

Physician alumni reflecting on service and impact

- **Gordon E. Schutze, MD, FAAP** – Executive Vice Chair, Pediatrics, BCM
- **Neel Naik, MD** – Academic General Pediatrics, BCM
- **Stephanie Marton, MD, MPH** – Academic General Pediatrics, BCM
- **Jill Sanders, MD, MPH** – Family Medicine, Boston University
- **Mackenzie DuPont, MD, MPH** – Pediatric Emergency Medicine, BCM





Dr. Schutze: Reflections on Origins of Pediatric AIDS Corps/Global Health Corps



Jill Sanders, MD, MPH

Lesotho, 2008-2009

Tanzania, 2009-2012

Lesotho, 2012-2019

The Global Health Corps trained you not just to care for patients, but to teach and build systems. Can you share a moment when you realized your impact was shifting—from the children you were personally caring for, to the clinicians, teams, or services you were helping to strengthen? What did it feel like to step back when local capacity grew?



Global Health



Stephanie Marton, MD, MPH

Swaziland (Eswatini) 2008-2010

What is one insight that took time to learn—but that you now think is essential for anyone entering global child health work?



Neel Naik, MD

Tanzania, 2012-2014

What is one lesson you learned working in a resource-limited setting that you now use every day caring for underserved patients in the U.S.?



Mackenzie DuPont, MD, MPH

Malawi, 2021-2022

You represent a more recent chapter of the Global Health Corps—and your role wasn't primarily HIV-focused, but strengthening pediatric acute care services. How did that experience shape your understanding of what the GHC model looks like today, and why do you think this kind of health systems-strengthening work still matters?



Global Health



All Panelists

Nearly every GHC alum says this experience changed their career. What path did it open for you that you hadn't imagined before you joined?

TABLE 3 Selected Questions From the 21-Question Survey to PAC Physicians About Their Experience, 2006–2011

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All Panelists

What lessons should guide the next 20 years of global health work?



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Pediatric Grand Rounds

Provided by Texas Children's Hospital

2/6/2026 | 8:00 AM | Hybrid: 19 West Tower Auditorium & Teams

Global Health Grand Rounds ***A Single Step: Child Health in Lesotho***

Jill Sanders, MD

Pediatric Consultant, Motebang Hospital

Director, Pediatric Post-Graduate Programs, Lesotho Boston Health Alliance

Assistant Professor of Family Medicine, Boston University & Avedisian School of Medicine

For links to Teams, CME, survey, and recording see the bottom of the email

Educational Objectives:

1. Contrast child health issues in Lesotho.
2. Analyze socioeconomic impacts on child health in Lesotho.
3. Practice cultural competence.

Tomorrow!



FIGH Session Evaluation

Please Scan the QR code to participate in the FIGH Session Evaluation.



A quick, 1-minute “check in” to listen to your views. Your voice matters!

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