

### *a word from the editors...*

If you could go anywhere in the world, where would you go, and what would you do? Would you cross the Indian Ocean and head to Africa? Or would you stay local and tackle the issues on home soil? What about going north to Asia?

From Leprosy to AIDS, to providing the basics, our students have travelled far and wide; globetrotting their way through the issues facing global health today. There is so much to do, and in the life of a medical student, it seems not much time. However, we hope to show you in this issue, what is possible, and what a few dedicated students have done to make the time, and make a difference. We hope to inspire you and advise you, as to what you can do to make your mark on global health. No effort is too small, and as you will see as you turn these pages – every effort counts.

Cheers,  
Nic and Cara.



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## *Vision Vietnam*

Tina Dilevska

Vision Vietnam (VV) was formed in 2006 by medical students from the University of Notre Dame, Fremantle. In 2007 Vision Vietnam continued with a new team comprised of Chau Nguyen, Sarah Matthews, Tina Dilevska, Glyn Llewellyn-Jones and Andrew Gillard who again travelled to Ho Chi Minh City, Vietnam. Our goal was to raise funds and gather donations to provide aid for Vietnamese people suffering from leprosy and HIV/AIDS. This experience was nothing short of eye opening.

Our first visit was to Ben San Leprosy Treatment Centre. This centre was more of a community than a traditional hospital. as the 485 patients' families were also able to live on the land that the centre occupies. The main aim of the centre is to help the lepers and their families by preventing infection and giving the best possible treatment with a large focus on rehabilitation. The lack of even basic supplies was quite evident at Ben San, where the packs of blue absorbent pads that we had brought were used to replace the newspaper previously covering wounds.

We also visited the Nhat Hong Centre for the Blind, which is a non-government sponsored, Catholic run school for blind children, where many are blind due to the after-effects

of Agent Orange used in the Vietnam War. Catholic nuns run the school and they rely solely on donations from people who have heard of them. The nuns translate books written in English to Vietnamese, teach the students how to read in Braille and other skills including beaded bracelet making and handmade flowers. The students made us feel very welcome, and we decided after visiting this school that we would try to play a part in keeping them self-sustainable by purchasing some of their bracelets to sell in Perth and sending the money back.

The stigma surrounding HIV/AIDS in Vietnam is enormous, and people suffering from the disease are ostracised from their families and their greater community. People that are HIV positive are not admitted into public hospitals so they attend Dr Phan's HIV clinics in Ho Chi Minh City. These HIV clinics are located either near or behind Catholic churches so as to avoid scrutiny from the police. Government-run clinics provide anti-retroviral (ARV) therapy to patients who are aware of the clinic's existence. However, many of the patients attending Dr Phan's clinics are homeless and are not able to afford to purchase the ARV therapy. In these cases, Dr Phan's clinics are able to purchase the medication on behalf of the patient and hence provide them free of charge.

Some of the most moving places

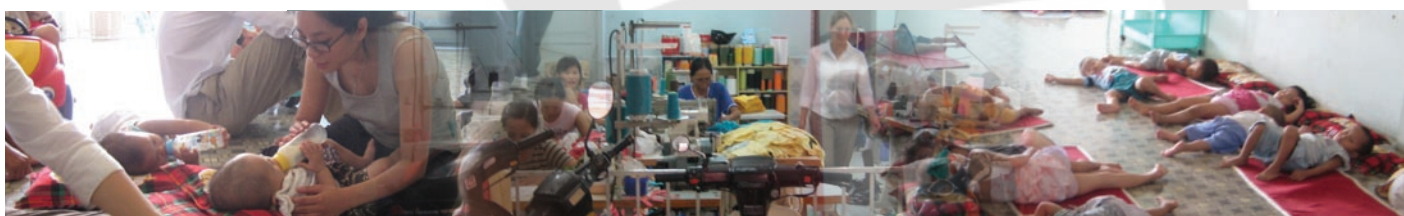
we visited were the two HIV hospices run by Father John. The first hospice housed 20 HIV positive women outcast from their families and 35 HIV positive orphans. The hospice also provided support to the families of 150 HIV positive children in the surrounding community, in the way of counselling, financial support and medication. Fr John and his staff also try to educate the families and sufferers about HIV, while providing the women in the hospice with skills such as sewing and flower arranging in an effort to make the women self-sustainable. Unfortunately the hospice has to move locations a couple times year due to being forced out by the local community.

The second HIV hospice run by Fr John was located out of the city and was created for those dying of AIDS. This hospice was one of the more confronting results of HIV infection we witnessed.

Both of Fr John's HIV/AIDS hospices rely on donations to continue their inspirational work and support.

Our trip to Ho Chi Minh was nothing short of amazing; it is definitely something that everyone, especially medical students, should experience.

*If you would like to make a donate supplies to the next Vision Vietnam team, or have any enquiries on how you can assist, contact [tdilevska@student.nd.edu.au](mailto:tdilevska@student.nd.edu.au)*



## Elective experience at Kijabe Mission Hospital, Kenya (July-September, 2007)

Ashraf Saleh (MBBS IV, UQ)

Kijabe Mission Hospital, a 250-bed referral centre in the Great Rift Valley of Kenya, was where I chose to undertake my medical elective term. The hospital serves a large area of Kenya, drawing patients from as far away as the Sudan and Somalia. My first impression of Kijabe hospital is one of a well-organised tertiary level medical service almost overwhelmed by chaotic patient loads. I came to appreciate that despite being a place where many sick patients walk out of hospital better than when they came in, Kijabe still cares for a large proportion of patients that die regardless of the level of care given to them.

Despite seemingly major efforts to curb the HIV/AIDS crisis in Kenya, prevalence rates have remained at 12% for nearly a decade, yet Kenya's contribution to healthcare is a measly 4.3% of the gross domestic product, and governmental corruption remains rife. HIV prevalence is inflated to 40% at Kijabe hospital, where AIDS sufferers die from overwhelming infections, forsaken by their families and shunned by society, hence the reluctance of many patients to get tested for HIV and accept the diagnosis. In response to the sheer

workload placed upon doctors due to HIV/AIDS, a dedicated mobile HIV clinic operates from Kijabe hospital to treat patients.

At Kijabe, I was given responsibilities to admit patients, prescribe medications, perform resuscitations and lumbar punctures, and drain abscesses. On call, every 4

nights, I averaged 3 hours of sleep each night, but managed numerous cases of meningeal TB, PCP, malaria, pediatric diarrhoea and severe dehydration. Pott's disease, septic arthritis, rheumatic heart disease causing Sydenham's chorea, osteomyelitis and even ocular cellulitis in a 2-year old boy are examples of the diversity of cases that present at the hospital. Astonishing to me, upon

reflection, were the number of preventable cases of infectious disease I witnessed at Kijabe. Many mothers have literally nursed their babies to death in the hospital, when simple oral rehydration would have saved them, and immunisation is still a much-feared concept to Kenyans. An unfortunate phenomenon contributing to the high rates of morbidity and mortality in the country



is the consistent late presentations of diseases and inherent aversion of hospitals by the local population, much of which occurs with the Indigenous Australians. In my view, primary health education and governmental accountability are the most crucial issues that need to be addressed in order to alleviate the onerous burden of disease and premature death in sub-Saharan Africa.

*How to plan an elective abroad: a few helpful hints!*

Halina Malone

An elective period is an exciting time for most medical students. With so many places to go, how do you decide which elective placement would best suit your interest, personality and career aspirations?

The Electives Network is a well-established planning tool that will take you through every step of the planning process. Not sure where to go? Read a few feature articles for inspiration. Unable to decide between two or more hospitals? Read through feedback reports from students who have been there. Looking for a travel buddy? Post a message on the forum.

Best of all, The Electives Network is a free service to all Australian Medical Students and is accessible by going to [www.mdanational.com.au/students](http://www.mdanational.com.au/students) and using your MDA National membership number to log on.

Halina Malone is the Australian representative of TEN and offers these useful tips for those planning their elective:

- Start your elective planning early - the most popular elec-

tives are taken up years in advance

- Be prepared in certain countries for application procedures to be complex and lengthy
- Double check all visa regulations and the date your passport expires. Some countries have visa requirements that are specific to elective students.
- If your finances are tight then don't forget that there are many grants and funds available to elective students.
- Electives can, and do, fall through – it is sensible to have a contingency plan in mind.
- Research health and working conditions carefully and sort out vaccinations and HIV prophylaxis well in advance
- Make sure you buy travel insurance that specifically covers you for the time you spend doing medical work
- To get the best deals, book flights and accommodation as soon as your placement is confirmed
- Re-confirm that your chosen hospital is expecting you – written confirmation is always advisable
- E-mail copies of your passport and travel documents to yourself for easy access in case of an emergency

If you need further assistance in planning your elective, feel free to email Halina at [Halina.Malone@electives.net](mailto:Halina.Malone@electives.net) and don't forget to visit to The Electives Network when you return, we are always happy to hear your feedback.



## The East Asian Medical Students' Conference & the upcoming Asian Medical Students' Conference in Japan

Omar Mansour

A week into the New Year and 10 talented Australian medical students found themselves in Bangkok, Thailand, part of the Australian delegation to the 21st EAMSC joining over 200 of their colleagues from across the region. We were the first Australian delegation to ever hit the EAMSC. The theme of the conference was "Alcohol: medical and social aspects". This gave all of us a lot to talk about and present. We focused our presentations on youth and the indigenous populations. What was surprising however was the problem that alcohol presented to us as medical students! We are among the worst group of drinkers at university – we all know alcohol is not good for our health but we drink and we often drink to excess. Of greater concern is the role we play in society as social role models. All the delegates left the conference thinking about their place in society and our very role now as students, in health promotion. The academic and the social program was great: with a cruise dinner, trips to the palaces, markets and night bazaars, finishing up with a day at the coastal resort Pattaya, and ending the night with the ever so fun cultural night performances!

The 29th AMSC in Tokyo (25th July to 1st August) this year is going to be spectacular! Waka, the OCC is promising an unforgettable experience in an unforgettable city. The theme is "non-communicable diseases and health promotion". Applications have been extended to mid-Feb to accommodate for the

additional quota we've been granted so if you haven't yet applied, do so now! If July is no good for you – try the 22nd EAMSC which will be



in Cambodia in January 2009!

Australian Regional Chairperson  
Omar Mansour  
Bond University, Medicine II

Got questions? Want to know more? Email me or call me ([omansour@student.bond.edu.au](mailto:omansour@student.bond.edu.au), 0424 540 004)

*Students without borders – the difference you can make.*

Danielle Harrop

There is something inspiring about adding "without borders" to any sort of professional group and 'doctors' no longer holds exclusive rights to the phrase. Engineers, teachers, reporters, architects, lawyers, veterinarians, astronomers, acupuncturists, herbalists, geeks and clowns (yes, clowns) are all getting in on the act. So, why not students without borders? I argue that medical students are indeed well placed to operate without borders and have a great deal to offer global health.

Here is why...

1. *We're used to working hard for little or no money.*

Many medical students undertake electives or other international placements at significant personal financial cost and are more than happy to do so. The commitment made to work in the area of international health is not at all diminished by the fact that it is not remunerated. As time goes on and students become doctors, accustomed to larger incomes and burdened with the accompanying financial responsibilities, we may hesitate to give away our time and money so freely.

2. *We are eager for experience.*

We can all admit to the occasional inability to hide our enthusiasm for some new and exciting experience such as palpating a cancerous prostate or plunging a needle into someone's radial artery. We are eager by nature. Just as our keenness to perform a PR exam will probably fade, so too may our acceptance of inconvenient travel and uncomfortable conditions for the sake of the "experience".

3. *We often have fewer attachments and commitments at home than people further into their careers.*

Though we are the poor cousins of regular university students when it comes to holidays, we do have at least a couple of months a year free of study commitments, not to mention elective time. We are also less likely to have family commitments that prevent us spending extended periods away. So most of us can juggle things around and find the time to do something serious about international health now.

4. *We are creative and still searching for new answers.*

Finding the answers is always going to be an important part of our careers but, right now, it is truly our *raison d'être*. Perhaps it's because we have so few answers; we are al-

ways looking, always questioning, always wondering if it could be done better.

Medical students have so much to offer global health – our time, skills, commitment, enthusiasm and ideas. On occasion, our value in this area may be overlooked by others, but never let it be overlooked by us. In fact, with full knowledge of all that we have to offer, working for global health begins to feel more like an obligation than just an opportunity.

## news review

### **Measles deaths in Africa plunge by 91%**

The founding partners of Measles Initiative announced on 29th of Nov that measles deaths in Africa fell drastically by 91% between 2000 and 2006, and helped reducing global measles deaths by 68%. To find out what contribute to this success and the challenges ahead, visit:

<http://www.who.int/mediacentre/news/releases/2007/pr62/en/index.html>

### **10 Humanitarian crises forgotten (but not gone)**

Violence in the forms of civil conflicts, malnutrition, economic meltdown and diseases is recurrent in this article that outlines 10 humanitarian crises worldwide. Although these crises ceased to appear as headlines of international news, the victims' ordeal in these crises have endured nonetheless.

<http://news.independent.co.uk/world/politics/article3266598.ece> for the whole article.

### **Prevention of chronic diseases: a call to action**

Apart from HIV/AIDS, TB and Malaria, other chronic diseases also afflict patients in developing countries. The final paper of the 2nd series on chronic diseases in *The*

*Lancet*, as titled above, is urging for "serious and sustained worldwide effort to prevent and control chronic diseases." Free registration is required to access this paper: <http://www.eldis.org/go/topics/resource-guides/health/non-communicable-diseases-injuries-and-mental-health&id=34552&type=Document>

### **The story of Mrs. Sassey from Sierra Lorne:**

How she is debilitated in severe agony, due to inadequate and inappropriate pain management of her breast cancer.

<http://www.nytimes.com/2007/09/10/health/10pain.html>

### **Young voices in research for health, winners of 2007 essay competition announced**

After 289 entries and a second round of short listing, five students from all around the world won this competition organized in conjunction of global forum for health research in Beijing, each with essays themed "Equitable access, research challenges for health in developing countries". Their essays can be accessed through:

[http://www.globalforumhealth.org/Site/002\\_\\_What%20we%20do/005\\_\\_Publications/012\\_\\_Young%20Voices%20in%20Research%20for%20Health.php](http://www.globalforumhealth.org/Site/002__What%20we%20do/005__Publications/012__Young%20Voices%20in%20Research%20for%20Health.php)

### **Kenya Violence: looming threat of health crisis**

With 255,000 people displaced and more than 400 killed, a UK charity warned of a health crisis due to shortages in food and safe water.

[http://news.bbc.co.uk/2/hi/uk\\_news/7173388.stm](http://news.bbc.co.uk/2/hi/uk_news/7173388.stm)

More information on recent Kenyan post-election turmoil can be found from this website:

[http://www.alertnet.org/db/crisis-profiles/KE\\_VIO.htm?v=in\\_detailhealth&id=34552&type=Document](http://www.alertnet.org/db/crisis-profiles/KE_VIO.htm?v=in_detailhealth&id=34552&type=Document)

questions

- Ivermectin or its trade name Mectizan, is mainly use to treat:
  - Leprosy
  - Onchocerciasis
  - Dengue
  - None of the above
- Most global cancer deaths occur in high income countries. True or false?
- A single injection of long acting Benzathin Penicillin is most effective in treating one of the 14 neglected tropical diseases as shown below, it is:
  - Dracunculiasis
  - Yaws
  - Schistosomiasis
  - None of the above
- Most of the 13 million of Injecting drug users worldwide are from urban area in developed nations. True or false?
- Fifth year into the conflict, how many people in Darfur region have been forced to leave their house and living in crowded camps along the Darfur and Eastern Chad region?
  - 2.5 million
  - 500,000
  - 8.0 million
  - 4.5 million
- Suspension of foreign aid by United Nations, European Union, and Canada to Palestinian government during April 2006, together with the suspension of tax revenue by Israeli government; were followed by a sudden jump in Palestinians who live below poverty line. True or False?



answers

- B. Onchocerciasis, one of the 14 neglected tropical diseases, is a major cause of blindness in many west and central African countries. There is an international control effort currently aims to bring annual treatment with this drug to all populations at risk by the year 2010. <http://www.who.int/topics/onchocerciasis/en/>
- False: 70% of worldwide cancer death in 2005 occur in low and middle income countries, with 40% of them preventable by physical activity, healthy diet and not using tobacco. 20% of cancers worldwide are due to chronic infection of Hep B virus, HPV virus, H. Pylori, Schistosomeses, liver fluke and HIV virus. Visit: <http://www.who.int/mediacentre/factsheets/fs297/en/index.html>
- B. Yaws, a chronic infection of skin, bone and cartilage, is caused by Treponema pertenuae. 75% of people affected are under 15 years of age. Transmission is mainly through direct skin contact; and is facilitated by overcrowding, poor personal hygiene and poor sanitation facilities. Visit: <http://www.who.int/mediacentre/factsheets/>

[fs316/en/index.html](http://www.who.int/mediacentre/factsheets/fs316/en/index.html)

- False. 80% of the IDU are from developing or transitional countries. IDU are linked to 10% of annual new HIV infection; and are closely related to poverty of the regions. <http://www.id21.org/insights/insights-h10/art00.html>
- A. 2.5 millions have been displaced and 200 000 killed in this Darfur region conflict. Thousands more are still leaving their house each month. Visit: <http://www.oxfam.org/en/programs/emergencies/sudan/index.htm> and [http://www.alertnet.org/db/crisisprofiles/SD\\_DAR.htm?v=in\\_detail](http://www.alertnet.org/db/crisisprofiles/SD_DAR.htm?v=in_detail)
- True. According to an Oxfam report, one year after the suspension, people living in poverty jumped by 30% in Palestin. Other essential services also faced collapse; with an increase level of street violence. In the first half of 2007, 58 per cent of Palestinians were living below the poverty line, and 30 per cent in extreme poverty. Visit: [www.oxfam.org.uk/resources/policy/debt\\_aid/downloads/bn\\_poverty\\_palestine.pdf](http://www.oxfam.org.uk/resources/policy/debt_aid/downloads/bn_poverty_palestine.pdf)