

AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION

Resolution 43
(I-11)

Introduced by: Anand Reddi and Andreas Thyssen, University of Colorado School of Medicine; Ali Ansary, Rocky Vista University College of Osteopathic Medicine; Anthony Aspesi, University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine; Erik Madden, David Geffen School of Medicine at UCLA; Rishi Sawhney, Baylor College of Medicine

Subject: Increasing Healthcare Capacity In Resource Limited Settings Through the President’s Emergency Plan for AIDS Relief

Referred to: MSS Reference Committee
(David Savage, Chair)

1 Whereas, HIV/AIDS remains an emergency in sub-Saharan Africa.^{1,2} By 2050, a projected 70 million
2 Africans will be living with HIV/AIDS,³ and

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4 Whereas, Thomas Quinn and David Serwadda, co-chairs of the National Academy of Science U.S.
5 Institute of Medicine’s committee: Preparing for the Future of HIV/AIDS in Africa, recommended
6 strategies to confront the pandemic over the coming decades including increasing African healthcare
7 workforce capacity;³ and

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9 Whereas, Specifically, Quinn and Serwadda recommend “Partnerships between the USA and African
10 institutions will be critical—particularly public and private sector institutional partnerships, and academic
11 partnerships—to propel Africa to move forward, independently, toward a sustainable and healthier
12 future;”³ and

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14 Whereas, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against
15 HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 provides The President’s Emergency
16 Plan for AIDS Relief (PEPFAR) provides \$48 billion over the next 5 years to combat global HIV/AIDS,
17 tuberculosis, and malaria;² and

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19 Whereas, A funding mandate for PEPFAR in addition to prevention and treatment initiatives is to
20 “Strengthen partner government [healthcare] capacity to lead the response to this epidemic and other
21 health demands” and “Invest in innovation and operations research to evaluate impact, improve service
22 delivery and maximize outcomes;” and

23
24 Whereas, PEPFAR estimates that approximately \$734 million in FY2010 resources were invested in
25 capacity building in the public and private health sectors to support service delivery sites for prevention,
26 treatment and care including an estimated \$310 million to support training activities towards US-African
27 academic partnerships and training;² and

28
29 Whereas, Vanessa Kerry, Sara Auld, and Paul Farmer propose the Global Health Service Corps (GHSC).⁵
30 The GHSC would “train and fund both local providers and health care professionals to work, teach, learn,
31 and enhance health care workforce and infrastructure in low-income countries;”⁵ and

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33 Whereas, The “GHSC’s goal would be to go beyond that of filling a human resource void to focus on
34 infrastructure development, knowledge transfer, and capacity building;”⁴ and

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2 Whereas, the GHSC would offer forgiveness of student loans for U.S. corps members who engage in
3 medical service and capacity-building partnerships abroad for a specified time period;⁴ therefore be it
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5 RESOLVED, That our AMA-MSS ask the AMA to endorse the Global Health Service Corps (GHSC) as
6 an additional mechanism for the President's Emergency Plan for AIDS Relief (PEPFAR) to assist
7 strengthening African healthcare workforces; with the stipulation that the GHSC only be supported with
8 existing funds already allocated to PEPFAR's current funding allocation mandate to support healthcare
9 workforce capacity building and training activities in resource limited settings.

References:

1. Reddi, A. & Leeper, S.C. AIDS funds: benefits. *Science* **330**, 175–6; author reply 177–8 (2010).
2. Leeper, S.C. & Reddi, A. United States global health policy: HIV/AIDS, maternal and child health, and The President's Emergency Plan for AIDS Relief (PEPFAR). *AIDS* **24**, 2145–2149 (2010).
3. Quinn, T.C. & Serwadda, D. The future of HIV/AIDS in Africa: a shared responsibility. *The Lancet* **377**, 1133–1134 (2011).
4. Kerry, V.B., Auld, S. & Farmer, P. An international service corps for health--an unconventional prescription for diplomacy. *N Engl J Med* **363**, 1199–1201 (2010).

Relevant AMA and MSS Policy:

50.013MSS MSS Involvement with International Health and Policy:

AMA-MSS will investigate the creation of a program that would specifically allocate a stipend for a student internship in international health and policy and will specify organizations with established internship opportunities dealing with international and public health. (MSS Res 25, A-04)

295.155MSS Global Health Education:

AMA-MSS will ask the AMA to (1) recognize the importance of global health education for medical students; and (2) encourage medical schools to include global health learning opportunities in their medical education curricula. (MSS Res 9, I-10)

295.156MSS Medical School International Service Learning Opportunities:

AMA-MSS will ask the AMA to (1) work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical school international service-learning opportunities are structured to contribute meaningfully to medical education and that medical students are appropriately prepared for these experiences; and (2) work with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other relevant organizations to ensure that medical students participating in international service-learning opportunities are held to the same ethical and professional standards as students participating in domestic service-learning opportunities. (MSS Res 13, I-10)

H-250.986 AMA and Public Health in Developing Countries

Our AMA will adhere to a focused strategy that channels and leverages our reach into the global health community, primarily through participation in the World Medical Association and the World Health Organization. (BOT Rep. 5, A-07)