



**Memorias del Simposio
Intersecting Global Health Pathways:
Promoting Healthy Academic Collaborations**

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Memorias del Simposio Intersecting Global Health Pathways: Promoting Healthy Academic Collaborations

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Intersecting Global Health Pathways: Promoting Healthy Academic Collaborations

Domestic dogs as key indicators of hemoparasites circulation in indigenous communities from the Napo River basin

Abstract

The Ecuadorian Amazon is home to more than one million wildlife species and more than 265,000 people from 10 different indigenous nationalities. Hunting is a critical source of food for these local communities, and part of their strategies implies the aid of domestic dogs. Previous evidence of the presence of hemoparasites hosted in the erythrocytes of domestic dogs and wild animals (e.g., Cervidae, Canidae, Felidae, swine, and rodents), suggests possible zoonosis between both groups. To understand the circulation of infectious diseases in these territories, we assessed the presence of *Mycoplasma* spp., *Babesia* spp., and *Anaplasma* spp. in hunting domestic dogs (*Canis lupus familiaris*) from local communities in the Ecuadorian Amazon. We sampled domestic dogs as a sentinel species (n = 53) from five communities located along the Napo River. We amplified the 16s RNA gene by conventional PCR and PCR SYBR Green in real-time and we identified the species of the detected parasites by sequencing the amplified 16s RNA gene region. *Babesia* spp. and *Anaplasma* spp. were not detected in our samples. We found the presence of *Mycoplasma* spp. in 4 out of 5 locations with an overall positivity of 30.18% (16/53). Amplicon sequencing identified *M. haemocanis* and *Candidatus M. haematoparvum* in dogs, suggesting its circulation in wildlife. Our findings correspond to the first stage of the analysis to understand the circulation and impact of zoonotic infectious diseases in the Ecuadorian Amazon. Further research is needed to fully comprehend hemoparasites implications on local communities and wildlife health, local communities' livelihoods, and conservation strategies.

Keywords: species; zoonosis; local communities; diseases

Mercury levels in fish and sediments from two indigenous communities in the piedmont Ecuadorian Amazon

Abstract

Mercury is a highly toxic element that constitutes a threat to humans as a neuropathic agent. Mercury can be naturally present in water, soil, and biota. In aquatic ecosystems, mercury in its different forms can be present, transported, and bioaccumulated through the trophic chain including humans. Activities like mining and oil exploitation are considered mercury pathways into ecosystems and humans, particularly in the Amazon region where proliferation of artisanal gold mining is increasing throughout the whole basin. Understanding mercury mobilization and concentrations is key to assess risks to the local biodiversity and indigenous communities. The goal of this research was to investigate the levels of mercury present in water, soil, and fish. We sampled in aquatic ecosystems important for two indigenous communities and fish species they consume. Our findings revealed total mercury concentrations in water and soil/sediments below permissible limits. However, for fish, eight species showed total mercury levels above international recommended values and one species surpassed the Ecuadorian legislation. Piscivore and omnivore species exhibited higher mercury compared to detritivore species. Total mercury levels in fish and sediments were higher in the community with less anthropogenic activities in contrast with concentrations from the community with greater anthropogenic activities.

Keywords: Mercury; Amazon; Indigenous, Freshwater-Fish, Ecuador

Domestic dogs as key indicators of hemoparasites circulation in indigenous communities from the Napo River basin

Abstract

The Ecuadorian Amazon is home to more than one million wildlife species and more than 265,000 people from 10 different indigenous nationalities. Hunting is a critical source of food for these local communities, and part of their strategies implies the aid of domestic dogs. Previous evidence of the presence of hemoparasites hosted in the erythrocytes of domestic dogs and wild animals (e.g., Cervidae, Canidae, Felidae, swine, and rodents), suggests possible zoonosis between both groups. To understand the circulation of infectious diseases in these territories, we assessed the presence of *Mycoplasma* spp., *Babesia* spp., and *Anaplasma* spp. in hunting domestic dogs (*Canis lupus familiaris*) from local communities in the Ecuadorian Amazon. We sampled domestic dogs as a sentinel species (n = 53) from five communities located along the Napo River. We amplified the 16s RNA gene by conventional PCR and PCR SYBR Green in real-time and we identified the species of the detected parasites by sequencing the amplified 16s RNA gene region. *Babesia* spp. and *Anaplasma* spp. were not detected in our samples. We found the presence of *Mycoplasma* spp. in 4 out of 5 locations with an overall positivity of 30.18% (16/53). Amplicon sequencing identified *M. haemocanis* and *Candidatus M. haematoparvum* in dogs, suggesting its circulation in wildlife. Our findings correspond to the first stage of the analysis to understand the circulation and impact of zoonotic infectious diseases in the Ecuadorian Amazon. Further research is needed to fully comprehend hemoparasites implications on local communities and wildlife health, local communities' livelihoods, and conservation strategies.

Keywords: species; zoonosis; local communities; diseases

Uncovering the Hidden Dangers of Invasive Species and Parasites: A Case Study from South America

Abstract

Introduced species can cause substantial health impacts on human and wildlife populations, for example, by serving as hosts for parasites that are not native to the area, leading to the introduction of new diseases and potential ecological disturbances. This can have significant impacts on both the invaded ecosystem and socio-economic dynamics, so it is crucial to understand and manage the relationship between invasive species and parasites. We will discuss a death case due to a massive infection caused by a trematode (Trematoda: *Bothriogaster variolaris*) in a wild, juvenile male Snail Kite (Accipitridae, *Rostrhamus sociabilis*) that was brought from the coast of Ecuador to the Hospital de Fauna Silvestre TUERI-USFQ. Most likely, the kite became infected by feeding on introduced aquatic snails (*Pomacea canaliculata*), a species that harbours larval stages of the trematode and is considered a pest due to its severe impacts on agriculture, human health, and the environment. Although trematodes are not usually considered important pathogens for birds of prey, this case provides the first evidence of the pathological presence of trematodes associated with morbidity in birds of prey in South America, probably transmitted by an introduced snail species.

Keywords: Bird of prey; Introduced species; Morbidity; Parasites; Trematoda; Wildlife.

Innovation on telehealth for rural communities during Covid pandemic

Abstract

The global health partnership between Northwell Health (NWH) and Universidad San Francisco de Quito (USFQ) designed a telepsychiatry program (TP) to serve the urgent mental health needs with virtual access that is integrated into the primary care system of marginalized populations around Quito, Ecuador. Free programs reduce stigma, eliminates cost barriers, and improve patient wait time. As the world emerges from the COVID-19 pandemic, global comprehensive care models centered in dismantling inequity and addressing needs of patients must be inclusive of mental health services. Global health experiences (GHE) are an important mechanism to develop residents' commitments to health equity.

The implementation of the TP relies on the dynamic sustainability framework operationalized through the:

1. Use of evidence-based, low-cost screening and technological interventions
2. Cross training practitioners including psychiatry residents, medical students, and physicians.
3. Ongoing PDSA cycles
4. Bi-lingual study protocols, data management systems, learning objectives, and transition guides.

The referral pathway for the TP program is:

- Screen patients using GAD-4 (psychologist)
- Schedule telepsychiatry appointment over Zoom (UFSQ medical student)
- Evaluate patients during 45-minute consultation (NWH psychiatry resident)
- Provide recommendations to local team for follow-up (resident & medical student)
- Coordinate medication management and/or psychiatric follow-up (medical student and psychologist)

As a result, eighty for patients from six health centers (Quinche, Checa, Tumbaco, Cumbaya, Puenbo and Pifo) were referred to the TP, producing a significant reduction in wait time and improving access to mental health services. Previously, patients waited over 90 days for psychiatric care and now receive a consultation within 10 days of referral.

Keywords: telepsychiatry; mental health; COVID-19 pandemic

Lessons learned from the development of a multicenter cooperative study in Latin America, the Latin American Study of Nutrition and Health (ELANS)

Abstract

Given the need for updated information on nutritional status, intake, physical activity and sedentary lifestyle and the situation of noncommunicable diseases of the Latin American population, the Latin American Study of Nutrition and Health (ELANS) collected information from a population sample of urban areas of Latin American countries.

Objective. - Highlight the challenges and main lessons learned from ELANS.

methodology. – ELANS a multicenter cross-sectional study, was carried out simultaneously in the urban population of Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Peru and Venezuela. The challenges and lessons learned are detailed below:

Challenge 1. Team structure and country characteristics; **Challenge 2.** Develop and implement a single standardized protocol; **Challenge 3.** Bioethics Committee Approval; **Challenge 4.** Simultaneous fieldwork; **Challenge 5.** Ensure data quality; **Challenge 6.** Database extraction and consistency. The research team at each participating center and at the coordinating center proved to be essential to the development and performance of the study. The ideas and solutions, as well as the planning for the analysis and interpretation of the results, arose naturally when they started from a joint work team. In this sense, all the institutions involved benefited from the exchange of knowledge among researchers, the acquisition of equipment, the use of an internationally recognized methodology and a greater dissemination of results. Multicenter cooperative studies, while challenging, offer great potential for building a scientific basis for nutrition and health studies.

Keywords: challenges, lessons, multicenter study, Latin America.

The Six Cs of Global Health Work: Insights into my Investigative Journey

Abstract

In this presentation, I reflect on the important lessons that I have learned in my global health career spanning two decades. The six key “C words” that I believe are needed for successful global health work are: 1. curiosity, 2. commitment, 3. cultural humility, 4. compassion, 5. courage, and 6. collaboration. Curiosity and an inquisitive mind are necessities for a research-focused career. Commitment to equity and the difficult work in global health is needed to build the resiliency and determination needed to overcome the many challenges that we may face. Cultural humility can bridge cultural divides often present in global health work, fostering relationships that lead to successful partnerships. Compassion is a necessary element of global health work because it can help to facilitate a deeper and more meaningful engagement with the communities with which we work. It can also take courage to go beyond one’s comfort level. But it is these types of experiences that help us grow professionally and personally. Finally, collaboration is a crucial element and one that requires minimizing power differentials among partners, especially between partners in the Global North and Global South.

Keywords: global health; collaboration; careers; research; community; culture.

Authenticity in Global Health Partnerships

Abstract

Authentic global health partnerships are inherently complex, especially when they involve unequal power dynamics among partners. Numerous factors can present barriers to successful collaborations between academics and communities, including cultural differences, conflicting priorities and agendas, communication barriers, and funding. These challenges are also present in academic partnerships between researchers in the Global North and South, which have typically involved North resources and priorities for research and interventions carried out in Global South. Such partnerships usually serve the needs and interests of the privileged partners over others, further entrenching long-standing inequalities, some of which were brought by colonialization. These partnerships can have tremendous benefits. Research collaborations drive innovation and disciplinary breakthroughs and are one of the most important forms of scientific knowledge creation. For example, the literature has shown that including diverse researchers is associated with publications of greater impact. It is time for a more critical focus on the ways that scientific knowledge is produced, rejecting the notion of perceived hegemony in western knowledge systems. The inclusion of researchers from multiple countries and disciplines is essential to successful research. But within these partnerships, we must work towards reciprocity, instead of framing partnerships as benefitting the Global South without acknowledging the value of the contributions of the South and/or the benefits to the North. It is time for a paradigm shift to redefine the meaning of authentic partnerships and to address unfair distributions of power and resources. In short, to create truly authentic partnerships, we must decolonize global health work.

Keywords: collaboration; equity; partnership; knowledge; power; reciprocity

Importancia de la Colaboración Intersectorial e Internacional en una Salud Globalizada

Abstract

El objetivo de la salud global es lograr que las personas vivan más tiempo de manera saludable y segura, a través de acciones de salud pública basadas en evidencia, apoyadas por la investigación, la emisión de políticas saludables, y la colaboración intersectorial (CDC, 2023).

La salud de los seres humanos está influenciada por varios factores de riesgo denominados en salud pública como los “determinantes sociales de la salud”, estos determinantes modifican la calidad de vida de las personas y son intrínsecos a la vida misma de cada individuo, su lugar de residencia, su trabajo, estilos de vida (actividad física, alimentación, consumo de alcohol, tabaquismo, uso de estupefacientes), la educación, el medio ambiente, los grupos sociales y étnicos a los que el individuo pertenece, etc.

La mayoría de estos determinantes sociales de la salud no dependen únicamente de los sistemas de salud de un país, dependen también de otras entidades gubernamentales como ministerios de finanzas, de ambiente, de agricultura, de educación, gobiernos locales descentralizados; dependen también de entidades privadas generadoras de empleo y que generan riesgos ocupacionales propios de cada industria; dependen de entidades no gubernamentales nacionales e internacionales, con o sin fines de lucro, y de otros sectores que de una u otra manera pueden estar asociados estratégicamente a los sistemas de salud. Muchos de los problemas que tienen un impacto profundo en la salud pública de las comunidades tampoco son generados directamente por factores presentes en el sistema de salud, por ejemplo: las muertes y discapacidades asociadas a los accidentes de tránsito, o al uso de armas de fuego, el embarazo adolescente, entre otros.

La realidad que ha sido descrita es compartida en todo el mundo, con diferentes distribuciones epidemiológicas dependiendo del país y de la región; el comprender estos antecedentes nos permite llegar a la conclusión de en un mundo globalizado, los problemas de salud pública deben ser tratados interdisciplinariamente, intersectorialmente e internacionalmente, ya que como fuimos testigos durante la pandemia COVID-19, y como un buen ejemplo, un agente causal infecto contagioso no respeta fronteras, la escases de medicamentos e insumos médicos produjo estrés por su carestía a nivel mundial, provocando el colapso de los sistemas de salud, quebrantando social y económicamente a países y regiones enteras.

La única manera de prevenir que un nuevo evento de salud pública, del origen que sea, impacte catastróficamente a la humanidad, es trabajar de manera colaborativa, de la mano con la academia, generando investigación y fomentando el desarrollo de políticas públicas y de intervenciones basadas en evidencia científica.

Keywords: Salud Pública, Salud Global, Determinantes Sociales de la Salud, Colaboración Interdisciplinaria, Colaboración Interinstitucional

Let's break the rule

Abstract

This project seeks to improve the menstrual management of disadvantaged people through brigades in which medical students will give informative talks, after training, and distribute kits obtained thanks to donations. It'll have a cost of \$3 per person and it'll take place in Ibarra, Quito, Cuenca, Loja and Manta. It will be organized as follows:

Promotion in social media

- Publication announcing the project and the collection campaign.
- Publication for the start of the registration and information about the replicas

Product collection during September

- menstrual pads
- wet wipes
- intimate soap

Training

On October 1 and 2 at 15:00 GMT-5 participants will learn from Dr. Daniela Ribbeck Baraibar about:

- Generalities of menstruation and the menstrual cycle.
- Warning signs of possible pathologies
- Menstrual hygiene
- Visit to the gynecologist
- Myths and taboo

Brigades

Participants will attend the sites corresponding to their city.

To obtain the certificate, participants must attend the training and the brigades and fill out the feedback form.

Keywords: menstrual education, reproductive health, community

COVID-19: medical education from the point of view of medical students using participatory Delphi panels

Abstract

Purpose: The COVID-19 pandemic has prompted a transformation of medical training. Although there were obvious medical education and social interaction challenges, e-learning could present some advantages, which may generate medical curricula innovation and adjustment to novel technological methodologies. This study aims to constitute consensuses among Global South medical students regarding medical education provided during the pandemic in the resource-limited context of Quito, Ecuador.

Materials and methods: The implementation of a participatory Delphi approach included a recruitment campaign, training, constitution of Delphi panels and questions, and development of the Delphi exercises. Students from the second to the sixth year of medicine constituted two Delphi panels, developed questions about the education received during the pandemic, and answered them over 3.5 rounds.

Results: Twenty-two medical students participated in the Delphi exercises about their perception of medical education during the COVID-19 pandemic. The analysis consisted of a total of 22 Delphi questions divided into five distinct categories: adaptations and innovations, curriculum and assessment changes, virtual clinical practice, time management, and mental health. The authors established high, medium, and low consensuses for analysis.

Conclusions: Consensuses were reached based on students' academic year and focused on the changes in lecture delivery, the usage of new technologies, patient care skills, the impact of the educational routine, and the mental health of the COVID-19 pandemic. The way the pandemic affected medical education in the Global South set the stage for the need for a comprehensive review of tools, skills, and curricula for students from culturally diverse backgrounds. This study offers a highly replicable methodology to generate consensuses and introduce students to academic research.

Keywords: COVID-19; medical education research; curriculum chang.

Authorship in participatory research. Reflection on how it should be managed

Abstract

This article discusses the issue of authorship credit in participatory research, where non-scholar study participants contribute towards a common purpose. Although traditional authorship credit is generally assigned hierarchically according to individual contributions, participatory literature tends to adopt an inclusive approach by naming collaborators individually or as groups. However, communities involved in such studies are often ignored as potential authors. Participatory literature aims to contribute to the empowerment of communities, but the definition of “community” in this field varies deeply. When participants are not the traditional “community” or “local” population, but rather colleagues, students, or field experts interested in publication recognition, the discussion for authorship becomes relevant. Different approaches such as: International Committee of Medical Journal Editors Guidelines, the CRediT (Contributor Roles Taxonomy), open-access algorithm Authorships.org are discussed toward the allocation of participatory authorship. However, there are still discrepancies regarding authorship in participatory research, and effective communication with clear expectations from the beginning of the study has shown to be effective. Overall, there are insufficient ethical considerations regarding authorship in participatory research communities, and further research is needed to standardize authorship allocation in these studies acknowledging the intellectual property and contributions of marginalized communities.

Keywords: authorship credit; participatory research; ethical research

Healthy Collaborations in the Diagnosis of a Patient in the "San José de Huambalo" Community

Abstract

To address issues such as the diagnosis and treatment of a genetic disease, it is recommended to address it through partnerships between the community and the academic world. To develop new knowledge and solutions to specific problems such as disease that reflect the lifestyles of a community. Well, the approach to a genetic disease does not seek a cure but prevention for members susceptible to having offspring with pathologies due to close consanguinity ties, as well as the management of the patient's existing comorbidities. Therefore, with a case report approach, a healthy collaboration has been developed between different scientific and social academic areas; as well as with the community of San Jose de Huambalo and the "San Jose de Huambalo" Foundation, to diagnose and treat a patient whose identity will not be revealed due to the principles of clinical ethics. It will serve as an approach to the community to identify new problems that allow the development of health projects so that the community can prevent diseases related to close ties in consanguinity in their offspring. Therefore, the need for healthy collaborations is reaffirmed to address issues such as medical diagnosis, as well as social, environmental, cultural, and economic factors, among others that have an impact on this genetic phenomenon.

Keywords: healthy collaborations, close consanguinity relationship, community

SCOME CAMP

Abstract

SCOME CAMP is a project that proposes to learn in a different way, holding a camp in Nabuzo, aimed at 40 participants.

Day 1

Registration and departure from Riobamba. Upon arrival the rules will be socialized, tents, kitchens and campfire will be set up. To culminate the day there will be a social program, which will be a welcome jacket with the community members.

Day 2

Speaker one will teach the topic "Basic prehospital care" and speaker two will teach "Soft Skills". Participants will prepare three meals and a snack throughout the day. The day will culminate with a talent contest.

Day 3

The evaluation method will be practical, the participants will demonstrate what they have learned in a simulated scenario and a gymkhana will also be carried out. Before the return, the participants will be rewarded.

The project will cost \$45 which will cover food, tents and grills, guides, speakers and materials.

We will have two groups: guides, one per tent, they will be the leaders and will support the needs of the participants; materials are leaders of rationing food, teaching how to set up tents and kitchens, also setting up everything what is needed for the activities.

Keywords: Camp; education; learn; project

Go to Exchange with Global Health

Abstract

AEMPPI ECUADOR has two types of exchanges. There are research (SCORE) and clinical or preclinical practices (SCOPE). In addition, at SCOPE there is another type of bag: its PHEX (public health bag). First of all, in the clinical exchange and the preclinical exchange, we focus on the lack of knowledge of medical students about global health and the SDGs, because these exchanges provide the same opportunities for medical students to participate in an exchange professional, regardless of their geographical, political, financial, sexual situation. , cultural or religious background. In the same way, it creates possibilities for medical students to learn about global health issues, primary health concerns and basic epidemiology of the host country, global health. Second, to benefit medical students of all years and vulnerable populations of medical students. Third, this is possible, thanks to Bilateral contracts: Ecuadorian students do their exchange in another country (outgoing) and are trained on medical education, sexual education, global health, SDGs, bioethics, culture on the country of destination of the exchange. Finally, more than 100 graduates approximately per year carry out their Exchange and more empathetic doctors, with a focus on disease prevention, knowledge of other health systems and culture.

Keywords: Between 3 and 6 keywords, both in English separated by ";" (semicolon)



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