

# ANNUAL IMPACT REPORT 2023



Icahn  
School of  
Medicine at  
Mount  
Sinai

*Arnhold Institute  
for Global Health*

# Thank You to Our Supporters

*Thank you to the Arnhold Family and all our supporters who make our work possible. Your generous contributions make possible our efforts to improve the health and wellbeing of people around the world.*

---

Content Development  
**Ashante R. Patterson**

Editor  
**Veronica Hilbring**  
**Julie Compton**

Design  
**David Rojas-Leon**

Photography  
**Arnhold Institute for Global Health, Archive**  
**Unsplash**  
**Wikimedia Commons**

January 2024

# ANNUAL IMPACT REPORT **2023**

---



Icahn  
School of  
Medicine at  
Mount  
Sinai

*Arnhold Institute  
for Global Health*

# Table of Contents

---

## 1

<b>Building a Lasting Impact at the Arnhold Institute for Global Health</b>	<b>5</b>
A Word from Our Chair and Director	6
About AIGH & the Department of Global Health & Health System Design	8
Our Vision, Our Mission, & Our Values	9
Advancing Justice and Global Health Equity	10

## 2

<b>Our Impact and Successes in 2023</b>	<b>12</b>
2023 Accomplishments	13
Our Impact	14
Growing Global Health Education for All	16
Improving Health for the Most Vulnerable Through Global Research Collaborations	18

## 3

<b>Improving Lives Through Partnerships</b>	<b>22</b>
Partnership Model	23
Ghana Partnership: Innovation Through Community-Based Care in the Treatment of Depression and Hypertension in Rural Ghana	25
Transforming the Health Care System in Guyana	27
AMPATH Kenya Partnership: Delivering Better Care for Youth in Kenya	32
AMPATH Nepal Partnership: Saving Lives Through Critical Care in Nepal	36
New York City Partnership: Working Towards Equity One Birth at a Time, in New York City	39

## 4

<b>Our Financial Growth</b>	<b>42</b>
Annual Budget	43

## 5

<b>Making a Difference in the Policy and Practice of Health Care Systems</b>	<b>44</b>
Publications	45



# 1 | Building Lasting Impact at Arnhold Institute for Global Health

# A Word from Our Chair and Director

*Rachel Vreeman, MD, MS*

CHAIR, DEPARTMENT OF GLOBAL HEALTH AND HEALTH SYSTEM DESIGN  
DIRECTOR, ARNHOLD INSTITUTE FOR GLOBAL HEALTH



*Dear colleagues,*

This has been another transformative year for the Arnhold Institute for Global Health at Mount Sinai. Despite the many global challenges and tragedies we have faced this year and continue to struggle through, it brings me immense joy to reflect on the remarkable successes we have achieved together. The collective dedication and hard work of our team, partners, and supporters have made a profound impact on global health, touching the lives of countless people around the world.

**One Million+ Lives Touched Through Partnerships and Programs:**

Through our strategic partnerships in Ghana, Guyana, Kenya, Nepal, and New York, and the impactful programs we are implementing with our partners, we have reached a significant milestone: providing care and strengthening support for more than one million people globally. This achievement underscores our commitment to making a tangible difference in vulnerable communities, ensuring access to quality healthcare for all, and promoting health on a global scale.

**Revitalizing Bilateral Education Exchanges for 20+ Trainees:** Coming out of the COVID-19 travel restrictions that stopped our global health bilateral exchange programs, we successfully restarted and expanded our bilateral education exchanges. Our programs provided valuable learning opportunities for 20+ trainees and supported advanced training for seven PhD candidates. These education initiatives not only foster individual development, but they strengthen our global collaborations. Bilateral educational initiatives are critical to how we equip a global health workforce to provide transformative care for the world's most vulnerable people – no matter where they live.

*“Through our strategic partnerships in Ghana, Guyana, Kenya, Nepal, and New York, and the impactful programs we are implementing with our partners, we have reached a significant milestone: providing care and strengthening support for more than one million people globally. This achievement underscores our commitment to making a tangible difference in vulnerable communities, ensuring access to quality healthcare for all, and promoting health on a global scale.”*

**55 Publications and 46 Active Research Studies:** We are developing innovations and advancing knowledge in global health. With 55 publications and 46 active research studies, we are contributing valuable insights that have the potential to shape policies, improve healthcare practices, and ultimately enhance the well-being of communities worldwide.

**And So Much More!** Beyond these highlighted achievements, our collective efforts have led to numerous other successes, big and small. We are growing critical bodies of work and teams related to global youth health, models for community health engagement, longitudinal global cohort follow-up, bioethical issues for vulnerable communities, and community management of chronic diseases. Whether it's the implementation of innovative health interventions, expanding community outreach programs, or strengthening partnerships with like-minded organizations, each step forward contributes to our overarching goal of promoting global health equity.

As we celebrate these accomplishments, I want to express my deepest gratitude to everyone who has played a role in making them possible. Your dedication, passion, and unwavering support are the driving force behind our success. Thank you.

Looking ahead, we are filled with anticipation and optimism for what the future holds. Together, let us continue to work towards a world where health is a universal right, accessible to all.

With gratitude,



**Rachel Vreeman, MD, MS**

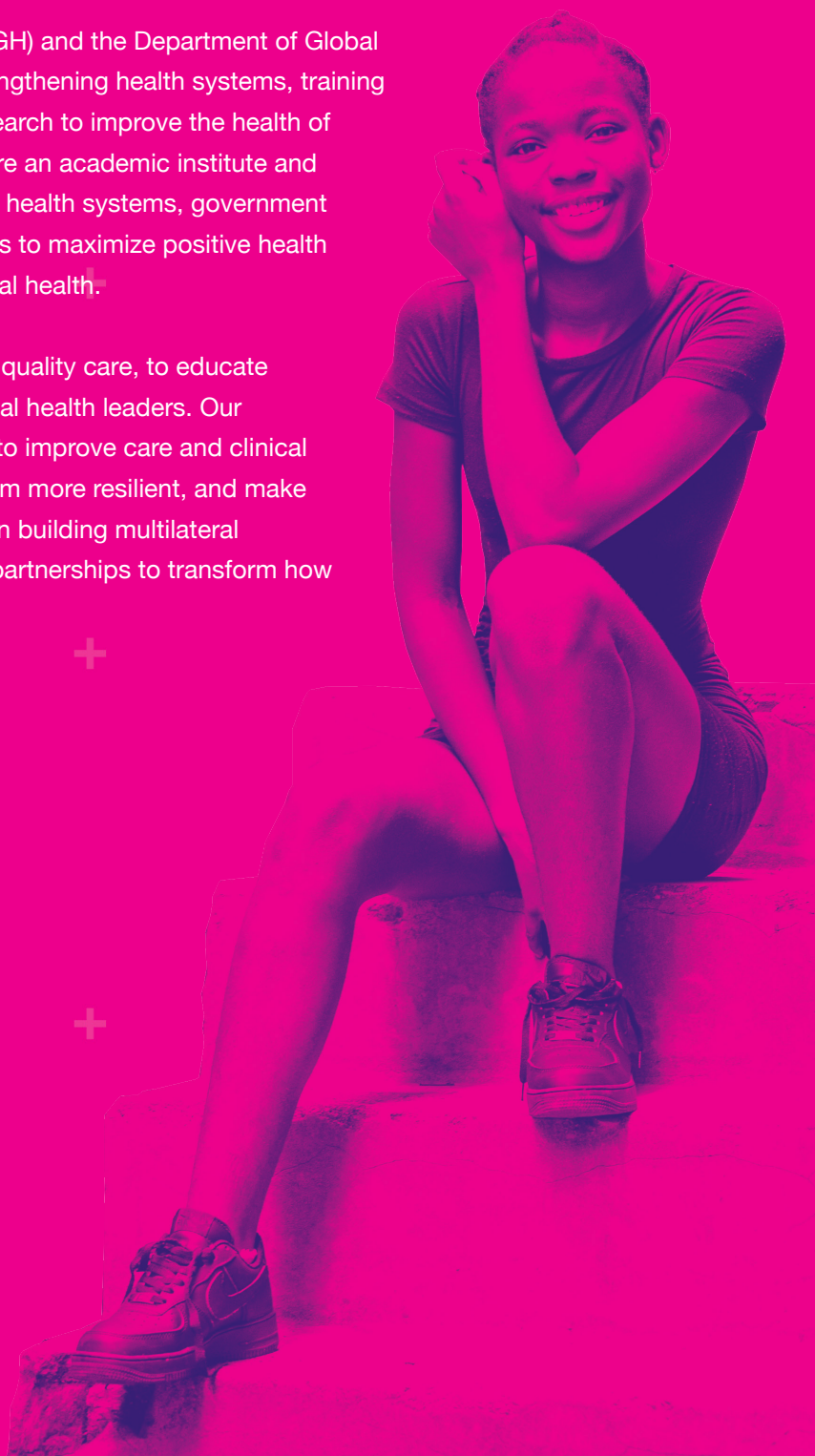
Chair, Department of Global Health and Health System Design  
Director, Arnhold Institute for Global Health



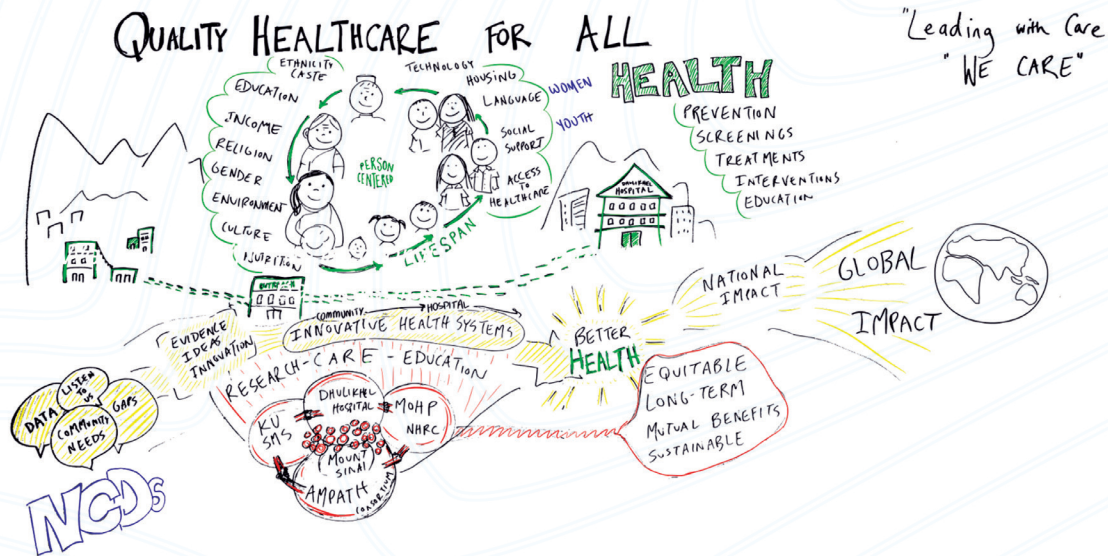
# About AIGH & the Department of Global Health & Health System Design

Mount Sinai's Arnhold Institute for Global Health (AIGH) and the Department of Global Health and Health System Design specializes in strengthening health systems, training global health leaders, and using implementation research to improve the health of underserved people no matter where they live. We are an academic institute and department that partners with academic institutions, health systems, government partners and leading community-based organizations to maximize positive health impacts at scale. We believe that global health is local health.

We work across our tripartite mission to deliver high quality care, to educate healthcare providers and the next generation of global health leaders. Our global health research programs generate evidence to improve care and clinical practice, improve health care systems and make them more resilient, and make global health policy more effective. We are a leader in building multilateral opportunities that engage our partners in equitable partnerships to transform how we provide medical education and care globally.







## Our Vision

We believe in a world where the most vulnerable people have access to high-quality health care.

## Our Mission

At the Arnhold Institute for Global Health, our mission is building lasting impact through global health partnerships. We seek to build deeper, more effective, more equitable, and more innovative global academic partnerships. Through stronger partnerships, we can build stronger, resilient health systems that provide quality care to our world's most vulnerable people.

## Our Values

We fulfill our vision and mission with the values of equity, impact, service, and integrity in mind.



Equity



Impact



Service



Integrity

# Advancing Justice and Global Health Equity

---

In the wake of the murder of George Floyd, the world was reminded of the continued racism and injustice that exist in America and the world at large. At the Arnhold Institute for Global Health, we believe systemic racism and inequity are critical barriers to achieving our vision of high-quality health care for all.

To begin addressing these critical barriers, we appointed a joint staff and faculty Anti-Racism Task Force on racial justice and equity in September 2020. The Anti-Racism Task Force was given the mandate to review how the institute and department were doing in fulfilling its commitment to justice and equity, develop recommendations to strengthen our efforts, and begin implementing recommended changes starting in January 2021. The Anti-Racism Task Force engaged every level of the institute and department and identified five key areas for improvement. These included dismantling racist incentives, increasing the number of Black leaders and Black faculty within the department, improving knowledge and understanding of Black culture, cultivating humility in relation to research participants or recipients of care, most of whom are Black or people of color, and improving communication.

Working groups were formed to advance each of these priorities and significant progress has been made over the last three years. Key successes include integrating contributions to justice, equity, and anti-racism goals into annual performance metrics for faculty and staff, connecting faculty and staff to more mentoring and professional development opportunities that support a culture of justice and equity at Mount Sinai, and instituting regular trainings on micro-aggressions, implicit racism, and “time in” concepts.





In the last year, the Anti-Racism Task Force led the institute and department through a planning process to identify and draft a new Action Plan for Justice and Equity in 2024-2026. This planning process facilitated critical discussions around institute and department-level problems stemming from racism with special focus on anti-Black racism, key strategies and interventions to tackle identified problems, and targets for tracking progress.

The resulting plan will guide our efforts to live up to our core values and advance our commitments to diversity, equity, and inclusion. Over the next two years, we will seek to achieve the following three goals:

### 1. SELF: Address power dynamics within the institute and department

Mitigate underlying dynamics that keep employees from feeling safe, confident, and competent in their roles.

Move from a culture of one-off trainings to one of continual engagement.

### 2. INTER-RELATIONAL: Decolonize global health efforts

Define our values (equity, anti-racism, autonomous partnerships, social justice, cultural humility, reciprocity, sustained engagement, community engagement).

Engage with global health in authentic partnerships.

### 3. ORGANIZATIONAL: Cultivate Black faculty and leadership

More faculty of color.

More diverse leadership team.

## Anti-Racism Task Force at a Glance



*Engaged 100 percent of staff and primary faculty in antiracist reflection and action.*



*In 2023, we held over 10 events to encourage learning about Black culture.*



*In 2023, the Anti-Racism Task Force helped to increase diversity in the job applicant pool and ensured equitable compensation for new staff and faculty.*

# 2 | Our Impact and Successes in 2023



# 2023 Accomplishments

**1 Million+**

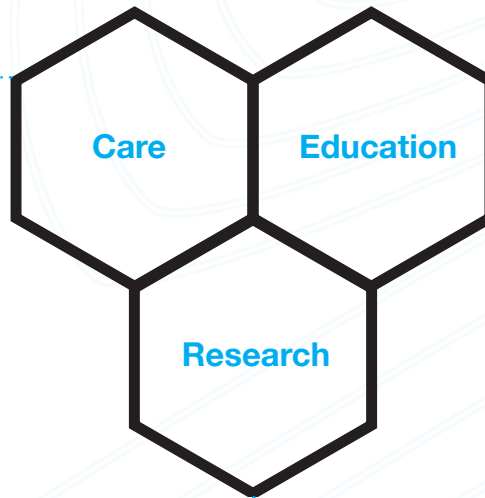
*care provided to people through our global programs*

**15,000+**

*adolescents living with HIV receive comprehensive care in Western Kenya*

**21**

*recruited and trained doulas speaking 10 different languages in Queens, New York*



**20**

*bilateral trainee exchanges*

**7**

*doctoral students supported*

**\$12.8M+**

*in new funding awards*

**46**

*active research studies*

**55**

*publications in peer-reviewed journals*

# Our Impact

---

## Key Highlights

In 2023, the Arnhold Institute for Global Health and the Department of Global Health and Health System Design made significant advancements in the development of its global strategic partnerships in Ghana, Kenya, Nepal, and New York, as well as our transformative engagement with the Guyana Ministry of Health. Among our many successes this year, our programs and partnerships:

**Expanded our bilateral and multilateral educational exchanges with our partners in Ghana, Kenya, Nepal, and New York.** In the wake of the COVID-19 pandemic, 2023 was the first year where we were able to relaunch our global health education opportunities providing bilateral, and increasingly multilateral, training experiences for more than 20 students, residents, and faculty trainees.

**Launched new shared resources to support collaborative research programs with our global strategic partners.** We created a new team to advance research capacity and collaboration with our global health partners and added more than \$1.6 million in new funding awards for research.

**Demonstrated the effectiveness of nurse and community health volunteer led treatment programs for hypertension and depression in rural Ghana.** Our partnership with the Navrongo Health Research Centre completed a one-year pilot program demonstrating for the first time that nurses and volunteers can treat hypertension and depression with 90 percent effectiveness – a model we hope to scale nationally in Ghana.

**Held the first ever AMPATH Kenya Adolescent Health Summit to advance youth friendly health programs in Kenya and beyond.** Our newly formalized Adolescent Health Working Group organized the first Adolescent Health Summit in Eldoret, Kenya and established a new comprehensive plan to improve care for more than 15,000 adolescents in western Kenya. A novel pilot grant program that engages youth in developing and implementing youth focused health improvement programs was launched to help ensure our priorities are youth-led.

**Completed strategic planning for AMPATH Nepal to accelerate collaboration.** After launching in 2022, the Mount Sinai-led AMPATH Nepal partnership made significant strides to build collaborative programs for care, education, and research. We brought together more than 50 key stakeholders from our partners to create AMPATH Nepal's first strategic plan, launched a collaborative pilot grants program, and launched bilateral education exchanges for two Nepali faculty and two Mount Sinai students.

**A new focus on improving health access for migrant communities in New York.** The New York City partnership continued to expand its pilot grants programs with a new focus on comprehensive care programs that better engage community partners and our hospitals and care facilities to help remove barriers to health for immigrant communities in New York.

**Screened 60 percent of Nursery I children in Guyana through a new school based program to advance child and youth health.** In collaboration with the Guyana Ministries of Health and Education we launched the Comprehensive Child and Youth Health Programme to provide school based physical examinations, vision, hearing, and dental screenings to more than 11,000 children in less than three months. Because of its success, the screening program was expanded to screen a quarter of Guyana's second-year nursery school children by the end of 2023.

**Launched new National Diabetes Guidelines and training to bring comprehensive diabetes care to every community in Guyana.** Focusing first on diabetes care, this national program will provide a basis to expand community-based screening for non-communicable diseases and a platform to provide better access to primary care nationally.

**Established the foundation and platform for national digital health systems in Guyana.** With the goal of creating the first successful national Electronic Health Record (EHR) system, we worked closely with the Government of Guyana to develop and pass the first-ever National Data Protection Act in Guyana, created a framework for a National Health Information Office, and began the process to procure a national EHR.





# Growing Global Health Education for All



This was a year of renewal and growth for our global health education and bilateral exchange programs. It was the first year since the start of the COVID-19 pandemic that we were able to fully resume international exchanges and once again host students and observers from our global partners.

It was fitting that our first two international students came from Moi University School of Medicine in Eldoret, Kenya as part of our collaboration with AMPATH Kenya – one of our longest running global partnerships. We were delighted to welcome Emmanuel Kiprono Kirui and Hosea Kiprutto Kipkorir for rotations with the Departments of Internal Medicine, Surgery, and Pediatrics. Their visit is part of our commitment to equitable opportunities for education in our global health partnerships and our goal of developing global citizens through mutual learning opportunities and cross-cultural exchange.

Hosea, from Iten, Kenya, hopes the skills he learned at Mount Sinai can help him become a physician in either internal medicine or radiology and address the physician shortage in Kenya. He explained that his experience at Mount Sinai doing patient simulations, observing surgical cases, and learning about holistic patient care were key takeaways that will contribute to his growth and learning as a physician. Hosea further described, “I wanted to experience and understand the difference in the Kenyan and American health care delivery approaches, which can in turn inform decision making as a future medical leader.”

Emmanuel, another Moi University student visiting Mount Sinai, came from a humble background in Bomet County, Kenya. Emmanuel was interested in medicine from a young age and had the support of his family and community to help him pursue his goals. His experience at Mount Sinai allowed him to explore his interest in cardiology and solidified his desire to specialize in cardiology. According to Emmanuel, “Being here has completely changed how I approach medicine for the better. I was able to interact with many doctors and specialties and see different diagnoses. I am grateful for what I learned, which will tremendously help and mold the doctor I become for the benefit of my community and Kenyan health care at large.”

An integral part of the students’ visit was not only what they experienced, but the skills and knowledge they brought to their team and the Mount Sinai community. Rex Hermansen, MD, the students’ preceptor at Mount Sinai explained the importance of their diverse perspective, “It was a pleasure working with Hosea and Emmanuel during their time visiting from Kenya. They were able to provide a unique perspective on their approach to patient care and immerse themselves in the US health care system. Their presence helped foster understanding and appreciation and enriched the professional and personal growth of the entire team of residents and Icahn School of Medicine at Mount Sinai medical students.”

Grace Oluoch, Senior Program Coordinator in the Medical Student Research Office at Mount Sinai, is a native Kenyan who frequently welcomes the visiting students from Moi University. “Some of these students are traveling



outside the country for the first time and when they arrive here, they are excited and anxious at the same time,” she explains. She also highlighted how the experience goes beyond a simple cultural exchange or clinical observation, “The exchange program provides a useful platform that enables Kenyan medical students to have exposure to the health care system in America versus Kenya. During their practicum, they gain enhanced perspectives on health issues, interventions, and acquire additional clinical knowledge and skills applicable to Kenya.”

International student visits have an important impact on Mount Sinai’s students as well – helping build cross-cultural understanding and broaden their perspectives on global approaches to health care. Joshua Mathew, a second-year medical student, was one of many Mount Sinai students who helped welcome the visiting students to Mount Sinai, “We really enjoyed getting to know Emmanuel and Hosea and taking them to see a show on Broadway. It was particularly interesting to compare and contrast their medical school experiences with ours and to learn about their career aspirations.”

Building off the experiences of Hosea, Emmanuel, Dr. Hermansen, Grace, and everyone touched by these exchanges, it is the hope that the program will foster the growth of dynamic health care providers domestically and at our partnership institutions. These exchanges are a key component to building capacity to care for our global communities.

As we look towards the future of global health education, Mount Sinai’s network of global strategic partnerships provide new opportunities for multilateral exchange. This is an exciting prospect that advances our goals of more equitable partnership by recognizing the strengths and opportunities our partner institutions bring to the table – opening pathways for learning in all directions. It expands the shared benefits of educational exchange and will create a new paradigm for how we at Mount Sinai engage in and support global health education. One that is more equitable, more impactful, and more beneficial to the global communities Mount Sinai serves in New York and beyond.

## Global Health Education Program at a Glance



*The education program is focused on supporting and facilitating equitable education exchanges with students, trainees, fellows, and residents with our global strategic partnerships.*



*More than 20 people across all four of our partnerships have participated in bilateral education exchanges facilitated by the education program in 2023.*



*In 2023, the education program funded visitors from our partnerships coming to Mount Sinai and provided financial support to Mount Sinai students to attend conferences and cover their publication fees.*



*The summer research students have a six-week global health essentials course that they complete. Residents and fellows complete a pre-departure education module.*



*In 2023, 100 percent of our students reported that their global health summer research experiences with the Arnhold Institute for Global Health partnerships fostered their personal growth.*

# Improving Health for the Most Vulnerable Through Global Research Collaborations

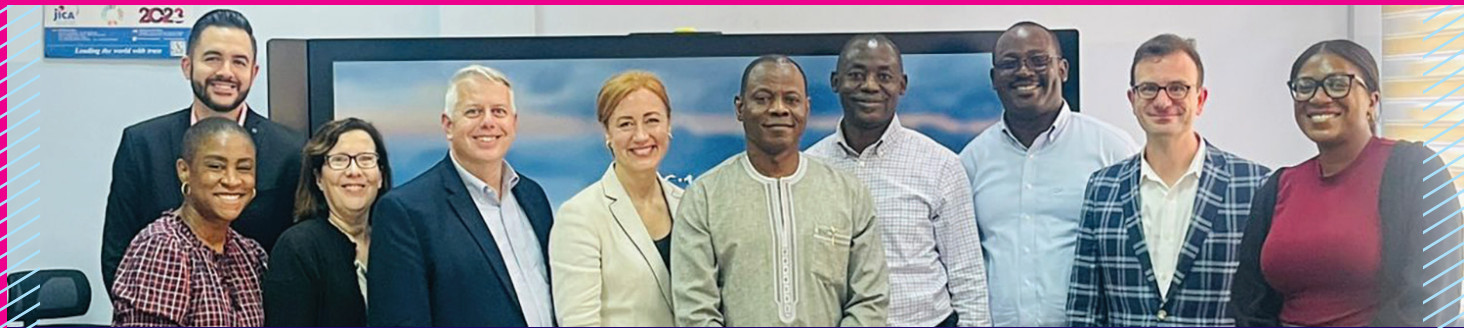


The research program at the Arnhold Institute for Global Health (AIGH) and Department of Global Health and Health System Design seeks to maintain engagement across all our global strategic partnerships in Ghana, Kenya, Nepal, and New York City. The global health research team works to develop a shared platform for research that will support and encourage Mount Sinai faculty to engage in collaborative research activities to improve care and address the critical health needs and priorities identified with our partners. As part of this, the global health research team helps faculty identify what their needs are in their partnership and promotes collaboration with global partners.

In October 2023, members of the AIGH research program team traveled to Ghana. The purpose of the visit was to meet with our global health partners, Patrick Ansah, MD, MSc, MGCP, Raymond Aborigo, PhD, and colleagues at the Navrongo Health Research Centre (NHRC) and work on an agenda to address clinical care, education, and research priorities. This visit was part of a reciprocal series of meetings to develop our partnerships and a critical step towards developing productive research collaboration. The meetings allowed us to develop a shared understanding, purpose, and priorities for expanding research programs in Ghana. This included meetings with our core research partners but also included meetings with tribal elders and community representatives to discuss our research collaborations, understand community priorities for research, and build support for growing our collaboration in the region NHRC serves.

During our meeting with community leaders, a proposal for research collaboration was presented by Dr. Aborigo and AIGH Director, Rachel Vreeman, MD, MS to the community council. There was an intensive period of discussion between parties regarding the aims and scope of the research collaboration. Questions were asked and answered. Ceremonial gifts were exchanged. The meeting ended with the lead tribal elder and his constituents, along with NHRC and AIGH partners, walking ceremoniously through the village, stopping before a landmark to take photos to memorialize the momentous occasion. At the end, we had achieved our goal of strengthening connections to the community, and building respect and trust within the community to help ensure our research serves the health needs of the community.

These meetings and the relationship building involved are one example of how we build enduring collaborations that prioritize and center the health of the communities we serve over other interests. It takes time to engage community stakeholders in the development of our global health research programs, but it is the reason our research is making important impacts in improving health and addressing shared health challenges. It's more than a simple handshake, a photo op, an exchange of gifts – it's the basis for partnership that respects culture and community. It centers the needs and priorities of people we care for through our global partnerships and makes our research more effective, more impactful, and more relevant to practice and policy.



## Global Health Research Program at a Glance



*The research program focuses on the prevention and treatment of chronic and infectious diseases within hospital, clinic, and community-based global settings.*



*We partner with academic institutions, health systems, government partners, and leading community-based organizations.*



*Our partnership expertise is multi-disciplinary, addressing the most pressing local healthcare challenges for each of our global partners.*



*In 2023, our global health faculty embarked on 44 global health research studies and published 55 articles in peer-reviewed journals.*

## Faculty Spotlight

# Advancing Ethical and Equitable Global Health Research Collaborations

*Ilene Wilets, PhD*

Associate Professor and Assistant Director of Global Health Research



Ilene Wilets, PhD is passionate about human subjects research and ensuring the research we do is ethical and equitable. As an Institutional Review Board (IRB) Chair at Mount Sinai, Dr. Wilets enjoys being able to help investigators develop protocols and work through the research submission process. This passion is the reason she is so effective at helping our investigators develop successful global health research partnerships and projects.

Dr. Wilets has a long interest in global health. She is currently an Associate Professor in the Departments of Global Health and Health System Design and Environmental Medicine and Public Health at Mount Sinai. At the start of 2023, she began a new journey with global health to help build and expand our collaborative global health partnerships serving as the Arnhold Institute for Global Health's (AIGH) first Assistant Director of Global Health Research. Dr. Wilets received her PhD in psychology from Columbia University Graduate School of Arts and Sciences where she received advance training in research design and biostatistics. After finishing graduate school, she began her career at The Mount Sinai Hospital in the Department of Emergency Medicine as the Director of its research program.

As was the case for so many people, the COVID pandemic was a particularly challenging time for Dr. Wilets but one that helped clarify her path towards global health. Like many of her colleagues, she felt isolated and confined by the pandemic restrictions, longing to connect with researchers and study participants more intensively. Global health was a pathway to broaden these connections and apply her ethics and regulatory experience to health and research challenges beyond the institution on a global level. "Global health provided me an avenue to use my training and skills to further research in resource-limited countries," says Dr. Wilets. She further noted that AIGH provided this great

*"Global health provided me with an avenue to use my training and skills to further research in resource-limited countries. AIGH gave me the opportunity to work collaboratively with global partners. It is an honor to learn about their health care needs and priorities and help build research capacity to address them."*



opportunity to work collaboratively with global partners. “It is an honor to learn about their health care needs and priorities and help build research capacity to address them.”

Dr. Wilets works with each of AIGH’s strategic global partnerships to foster collaborative work among institutions, secure funding, and identify resources to enhance the research environment both at Mount Sinai and within each of our global partnerships. In her work at AIGH, Dr. Wilets views herself as a resource for ethics review and protocol development for the department and institute. She likes to contribute as an educator and teach on topics related to research and human subject’s protections such as developing a culturally sensitive consent process and conceiving of a research plan that reduces subject burden.

She, along with Roxane Martin, MPH, Research Program Manager at AIGH, is working to build collaborative research teams and infrastructure with our academic partners in Ghana, Kenya, Nepal, and New York City. This includes building counterpart teams that will help provide a core platform for researchers to engage in research programs that build institutional resource and maximize mutual benefit. It is a highly collaborative process, one which takes the long view for the development of efficient, equitable, and sustainable global health research programs.



# 3 | Improving Lives Through Partnerships

# Strategic Global Partnerships



## NEW YORK CITY PARTNERSHIP

*Building resilient health systems with H+H*



## GHANA PARTNERSHIP

*Improving chronic disease management*



## THE GUYANA HEALTH INITIATIVE

*Impacting Guyana's health system*



## AMPATH KENYA PARTNERSHIP

*Advancing adolescent healthcare*



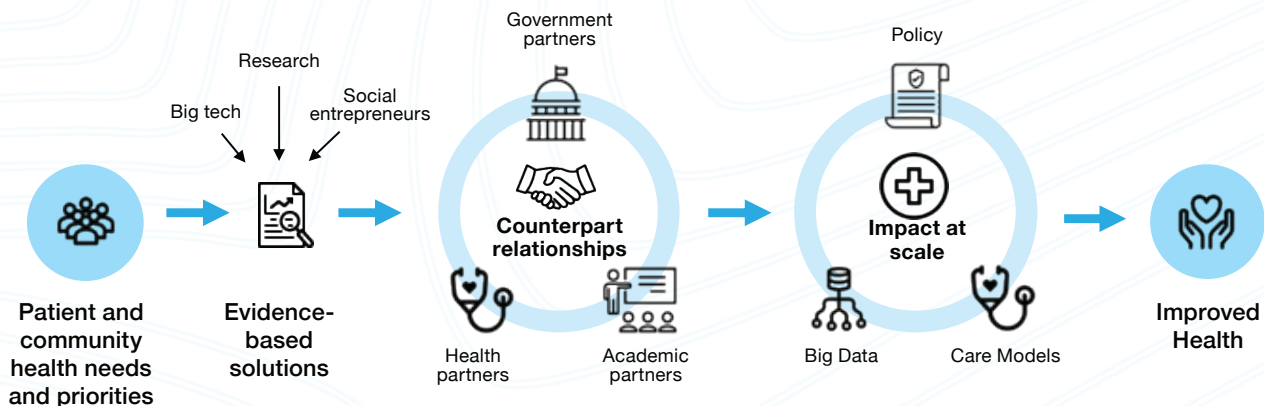
## AMPATH NEPAL PARTNERSHIP

*Transforming rural community health*





# Our Partnership Model



At the Arnhold Institute for Global Health, we have adopted a model of partnership focused on building long-term institutional collaborations that start with the health needs and priorities of the people and communities we serve. This institutional commitment provides a platform for engagement that is more equitable, provides sustained and lasting benefit to the institutions and communities engaged in the partnership, and helps us more easily overcome the barriers to bringing health innovations to scale.

Our model brings together government, academic, and community health partners in a coherent partnership framework that allows each partner to bring their strengths to bear in tackling some of the biggest global health challenges of our time. It provides a set of shared values and priorities for each partnership, ensures partners are collaborating rather than competing, and makes our work more lasting and effective. At scale, our efforts help shape global policy, practice standards, and the health of millions.





# Ghana Partnership: Innovation Through Community-Based Care in the Treatment of Depression and Hypertension in Rural Ghana

The Ghana partnership is working to realize a global vision of high-quality primary care accessible to everyone no matter where they are born and live, no matter how much money they have, and no matter what barriers to health they may face. We do this by starting at the community level—training teams of nurses and community health volunteers—who find, diagnose, and treat patients where they live. This is a door-to-door approach that works in rural towns where there is no doctor to treat an expanding range of chronic diseases such as hypertension, diabetes, and mental illness.

Led by David Heller, MD, MPH, Assistant Professor at the Arnhold Institute for Global Health, and Raymond Aborigo, PhD, MPH, Senior Scientist at Ghana's Navrongo Health Research Centre (NHRC), we train health workers to provide primary care services as part of Ghana's signature rural health initiative, the Community-Based Health Planning and Services program (CHPS). Developed in the 1990s by the NHRC, the CHPS program has now spread across all of Ghana. The program has traditionally focused on the health of mothers and babies, offering childhood vaccines, prenatal care, and infection control education. These initiatives have cut deaths in half in children under five. Our teams saw an opportunity to build on the success of the CHPS model to screen patients for chronic disease, provide treatment, and help retain patients in care in rural areas that do not have easy access to primary care services.

Chronic diseases are already the leading cause of death worldwide. Our partnership goal is to use innovative approaches such as providing primary care services through successful programs like CHPS to change that reality. Dr. Heller is also applying the strategies developed through these approaches to other disciplines, which include focusing on environmental health research and expanding local chronic disease care delivery.



That's why we are using research to develop more effective and accessible models to deliver primary care and prevention services to rural Ghana. Our partnership with the NHRC is teaching CHPS nurses to screen villagers at home for high blood pressure (hypertension) and depression—the world's two leading causes of death and disability. Trained CHPS health volunteers visit each person living with these conditions weekly for seven weeks, and provide health coaching on how to take medication, change their diet, exercise physically, cut back on alcohol and tobacco, and engage in healthy hobbies to control these two diseases and others. Our evaluation of this approach will help ensure these interventions work and can be scaled to treat other chronic conditions in Ghana and around the globe.

And the evidence so far is very promising. At 90 days, 93 percent of patients enrolled completed the program and 97 percent achieved the goal of normal blood pressure or a controlled depression score. At the one-year mark, 85 percent of patients remained in care, and 91 percent of them kept their condition in check. In a nation where only 22 percent of people with hypertension and 10 percent with depression receive treatment, these numbers suggest that our approach could have huge impacts on improving health at scale.

While these numbers are impressive, they don't tell the whole story. Patients that have participated in these programs feel they are transformative for their health and they want more. One patient said:

*“You know, if not for I met those people, I think by now I would have been dead. This is because my condition could have made me do something which would have ended my life but now, I am living my normal life. I was once advised not to work long hours but now I can work from 6 to 6 without any problem. So the counselling has helped me with my physical and mental health, and I am very happy about that.”*

The burden of chronic disease is growing and we have a long road ahead. However, our partnership with NHRC and the Ghana Health Service is making a difference. Together, we will continue to work to scale these interventions across Ghana and, hopefully, to other places around the world where accessing primary care remains a challenge. It is through our collaborative work that we may still realize the promise of primary care for all.

## Ghana Partnership at a Glance



The Ghana partnership's core partner, the Navrongo Health Research Centre (NHRC), serves a catchment area of more than 150,000 people in the Kassena-Nankana area around Navrongo. Research programs developed by the NHRC, such as the Community-Based Health Planning and Services (CHPS) primary care program, have been scaled up to serve patients across all of Ghana.



The partnership is working on the COMBINE study; the NHRC had 13 other ongoing studies and 19 new or planned studies as of 2023 across many domains of public health.



Two Mount Sinai medical students participated in bilateral education exchange programs in 2023.



The Ghana partnership's key priorities are hypertension, mental health, and community and population health.



In 2023, the partnership, along with NHRC, have worked on expanding their focus on environmental health research on climate change and waterborne disease, as well as identifying genomic causes of cardiovascular conditions in Navrongo.



# Transforming the Health Care System in Guyana

The Arnhold Institute for Global Health (AIGH) is leading Mount Sinai's work with the Ministry of Health in Guyana on a three-year initiative to strengthen Guyana's health system. Our work with the Government of Guyana focuses on developing digital information systems for health, including an electronic health record system, health workforce planning and development, system strengthening for primary care services, child and youth health, and strengthening and improving the quality of care provided by the Georgetown Public Hospital Corporation (GPHC), the country's main tertiary hospital. Our work has engaged experts from across Mount Sinai and is helping to transform Guyana's health system.

Significant progress has been made in Guyana since the start of our consultancy. We have helped pass national regulation to support digital health; helped strengthen the Ministry of Health's capacity to project and plan for health workforce needs; launched new national guidelines for diabetes care; strengthened quality improvement and control programs at GPHC; and launched a program that will provide telepathology services. However, some of our biggest progress has been in a new innovative program to connect youth with primary care services in their schools.

In collaboration with the Guyana Ministries of Health and Education, we launched the Comprehensive Child and Youth Health Programme (CYHP) at the end of 2023. This national school-based health screening program seeks to provide comprehensive health exams for all Nursery I students in Guyana. It has had incredible success in its first few months. Since its launch in August, the program has provided comprehensive health screenings, including vision, hearing, and dental screenings, to 60 percent of three- to five-year-olds in Guyana—more than 11,000 children in total.

“This is the first time that Guyana has had an initiative that allows for a coordinated and comprehensive



effort for school children in recent history,” stated Niccollette Tamayo-Jimenez, MD, MPH, Program Manager for CYHP. “This data that we collect not only affects the policies that will be established but will also impact children and their well-being, as well as their academic performance.” A total of 1,620 children have been referred for all treatment services, which include vision, dental, audiology, and speech therapy.

The program has had some of its greatest success in remote regions of the country, many of which are only accessible by boat or plane and lack access to health care, especially health care services for youth and children. The launch of our national school-based screening programs is changing that narrative. Before the launch of this initiative, there was no formal health structure for a child to receive regular checkups other than vaccinations. Now, thanks to the training of community health workers, ministry outreach teams, and school-based nurses and volunteers, all children across the country can receive a comprehensive health screening at least once per school level.

AIGH’s child and youth health team worked closely with counterparts in the Ministries of Health and Education to develop the screening programs. This included the development of health promotion materials with information about the screenings for parents and guardians, screening protocols, and some of the first electronic data collection tools in use in Guyana.

Based on the success of the Nursery I screening program, the program will be scaled to include all primary school children, a total of 87,000 in grades one through six, by the end of 2024. The CYHP team also plans to continue to work with the Ministry of Health’s school health unit to build capacity for their staff in monitoring and evaluation to help ensure the program remains responsive to the health needs of the children and families it now serves. “We’re really proud to move this bold children’s health initiative forward with the Guyana Ministry of Health and Ministry of Education,” said Rachel Vreeman, MD, MS, Director of the Arnhold Institute for Global Health. “It provides the critical steps toward implementing a primary care system and more universal health coverage.”

## Guyana Consultancy at a Glance



*AIGH has established six main areas that affect more than 800,000 people in Guyana. These workstream areas focus on shaping the national health infrastructure of Guyana.*



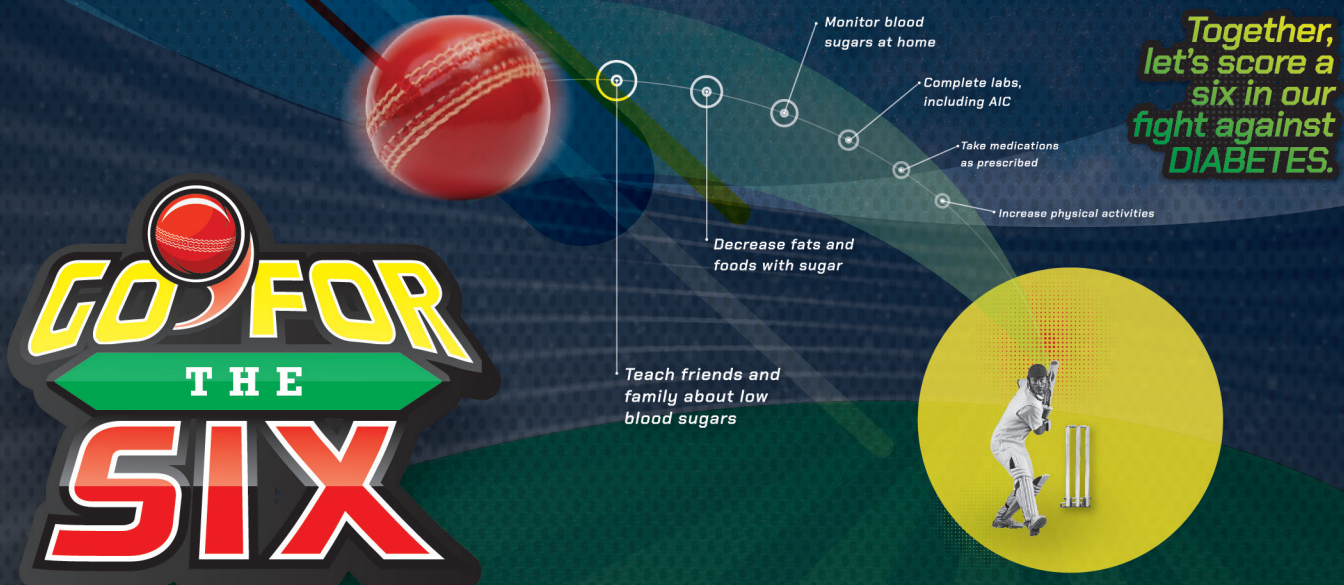
*These areas include improving Guyana’s national health information system; creating a health workforce planning and development program; strengthening primary care and youth health; strengthening and improving Guyana’s tertiary hospital; and improving health communication for the country.*



# The Go for the Six Campaign

In 2023, our team helped launch the Go for the Six campaign to help inform people of six everyday strategies they can use to reduce the risk of diabetes. Engaging the national cricket team to promote better health, Go for the Six refers to hitting the ball over the boundary, which scores six runs in a cricket match. The campaign provides six strategies to reduce the risks of diabetes. “Our hope through this approach is to encourage Guyanese people to **want** to take up these positive approaches rather than making it something that their doctors are **forcing** them to do,” said Sonak Pastakia, PharmD, MPH, PhD, Professor, Pharmacy Practice, Purdue University College of Pharmacy, and a consultant with Mount Sinai.

The Go for the Six Campaign advertisements, which featured six players from the Guyana Amazon Warriors cricket team, ran on Guyana’s Ministry of Health Facebook and Instagram accounts for about a month. The campaign also aired throughout the Caribbean Premier League (CPL) games in September 2023. It appeared on six television stations and eight radio stations in Guyana, in addition to reminder messages on World Diabetes Day on November 14. The campaign reached over 80,000 people, and the commercials were viewed over 35,000 times. The campaign greatly impacted the Guyanese community as it was able to connect a chronic illness to a sport that Guyanese people love and enjoy. “As we link these positive health behavior messages to infrastructural enhancements in care for non-communicable diseases, we are hopeful that Mount Sinai can assist the Guyanese Ministry of Health in helping people live the full and healthy lives they all desire,” said Dr. Pastakia.





## Faculty Spotlight

# Improving Health Care Systems in Guyana

*Jeb Weisman, PhD*

Assistant Professor and Director of Global Health Informatics



Jeb Weisman, PhD, is passionate about artificial intelligence, software engineering, informatics, and anthropology. Working with Mount Sinai's Arnhold Institute for Global Health's (AIGH) global health programs has required Dr. Weisman to use all of these skills in solving complex health challenges with IT driven solutions. An Assistant Professor and Director of Global Health Informatics at AIGH and the Department of Global Health and Health System Design, Dr. Weisman is leading efforts to use technology to address key health challenges in our global partnerships. Born in the Canary Islands, he grew up on Long Island, New York. His parents, one a physician, the other a psychologist, met at Mount Sinai. Dr. Weisman attended Vassar College and received a bachelor's degree in anthropology with specializations in artificial intelligence and history of science. After graduate school, he worked full-time in educational publishing and was hired to co-develop the first electronic patient record system to track the complex needs of homeless children living in shelters in New York City—work that has had important impacts on his approach to global health today.

Since starting with AIGH in 2018, Dr. Weisman has drawn on his experience in technology, social science, leadership, and informatics to support a wide array of global health projects and training programs. One of the best examples of Dr. Weisman's multidisciplinary approach to complex health challenges is his recent leadership with Mount Sinai's Guyana Health Initiative. As part of this program, Dr. Weisman was tasked with leading the development of a national health information system. Working with the Ministry of Health (MOH), he has applied his skills as an anthropologist to assess needs, identify key priorities, and develop a comprehensive roadmap for Guyana to build successful health information systems.

*“This is applied health informatics and translational social science at their best. This aspect of the Mount Sinai-Guyana partnership is helping to build a people-first set of technical solutions that will improve health care delivery today while establishing a firm foundation for a healthy, forward-thinking future for the entire nation with benefits for the entire region.”*

This has taken Dr. Weisman and his team down some unexpected roads. Early in the process, Dr. Weisman found that there were no regulations to support health information system or protect patient data. Consequently, he led collaborative efforts with the Ministry of Health and Parliamentary Counsel to draft and pass the first national data protection legislation (the national Data Protection Act) in Guyana's history. "We wanted to make sure that the bill represented a global gold standard for data security and privacy, and that the law would reflect critical protections, rights, and opportunities supporting Guyana's place as part of the digital global community. The law ensures that people's data and information are safe and protected," reiterated Dr. Weisman. "This bill is an essential, foundational element for the establishment of Guyana's national health information system."

Since beginning work as part of the consultancy, Dr. Weisman has worked with Guyana's government to establish new legal frameworks, governance, and national leadership in its path towards a national digital health system. He and his colleagues have designed health information systems workforce development and training programs; designed and built a Ministry of Health mobile health app launchpad called Health4All; authored and supported the acquisition of a new nationwide Guyana electronic health record system; developed a national digital health enterprise architecture, health data, and information exchange standards; and created operational best practices and standards for government leadership in these areas. In Dr. Weisman's words, "This is applied health informatics and translational social science at its best. This aspect of the Mount Sinai-Guyana partnership is helping to build a people-first set of technical solutions that will improve health care delivery today while establishing a firm foundation for a healthy, forward-thinking future for an entire nation with benefits for the entire region."

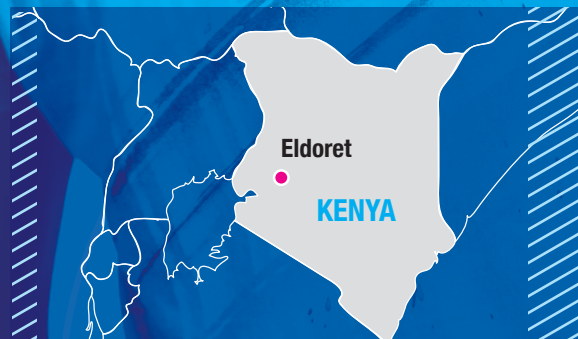




# AMPATH Kenya Partnership: Delivering Better Care for Youth in Kenya

The Arnhold Institute for Global Health at Mount Sinai leads the Academic Model Providing Access to Healthcare's (AMPATH) efforts to improve health care for youth in Kenya. The AMPATH partnership works with Moi University, Moi Teaching and Referral Hospital (MTRH), and the AMPATH Consortium's network of global academic partners to expand specialty care services for youth through the Rafiki Centre for Excellence in Adolescent Health and AMPATH's clinics across western Kenya. The Rafiki Centre is a combined adolescent medicine and research clinic that aims to become a one-stop shop for free reproductive health, mental health, management of chronic diseases, HIV prevention and treatment services, and life skills for adolescents in Eldoret, Kenya.

Wan-Ju Wu, MD, MPH, is an OB/GYN and Mount Sinai's Adolescent Health Team Leader. She is based in Kenya and leads Mount Sinai's efforts to build youth-friendly services for AMPATH Kenya. In collaboration with Lydia Munialo, MBChB, MMed, an OB/GYN at MTRH, they initiated a monthly adolescent OB/GYN clinic that aims to provide more youth-friendly reproductive health services. They organized a 12-part continuing medical education session on adolescent health for the maternal and child health clinic staff. In 2023, the partnership team saw 40 gynecologic and obstetric patients. In order to bring some of the comprehensive services that the Rafiki Centre provides, the clinic has the Rafiki psychosocial counselor, and a peer mentor come see patients in the adolescent OB/GYN clinic. Trained peer mentors or navigators are youths who have the same lived experiences as the patients our care programs target. These peers may be street-connected, living with HIV, or they may have had a child as a young teen—and they work with youth currently facing those same challenges to connect and keep them in care. Peer navigators guide and advocate for other adolescents as they go through the care system and help shape how we deliver care and supportive services to youth.





Some of the patients seen in the adolescent OB/GYN clinic are youths who have experienced trauma. One patient we cared for was a 15-year-old girl who became pregnant as a result of rape. She expressed feeling socially isolated and uncertain about her future. “Young pregnant girls sometimes stop going to school because they feel judged due to their pregnancy or they don’t feel supported by their parents,” stated Dr. Wu. The team at the adolescent OB/GYN clinic ensured that the young girl met with the Rafiki psychosocial counselor and peer mentor, who were able to see her throughout her pregnancy, including when she was admitted to the hospital for the delivery. The psychosocial counselor provided counseling for both the patient and her mother. The counselor was also able to connect the patient to the Centre for Assault Recovery (CAR-E), a gender-based violence services center at MTRH that provides medical, counseling, and support services to victims of gender-based violence.

The team plans to expand the clinic to twice monthly in 2024 and to improve the dedicated team that will care for adolescents in the OB/GYN clinic. “We would like to improve peer support and trauma-informed care, especially during labor and delivery. When we held the Adolescent Health Strategic Planning meeting in June 2023, one of the priorities in the plan was to build a teen pregnancy program. Another way that we want to advance and promote collaborative activities in care, education, and research that will help improve the health and wellbeing of adolescents in Kenya was the creation of the Request for Proposals (RFA),” said Dr. Wu. The goal of the RFA was to encourage projects that will build teams to carry out the strategic priorities that focus on care, education, and research. Dr. Wu also helps supervise and support trainees coming from the AMPATH Consortium as they engage in adolescent medicine and reproductive health rotations.

Our programs in Kenya don’t just stop with care and education exchanges. Researchers from AIGH are working to conduct research that will improve health outcomes for youth in Kenya and globally. Rachel Vreeman, MD, MS, Director of Mount Sinai’s Arnhold Institute for Global Health, and Mount Sinai’s lead for AMPATH Kenya, is leading an National Institutes of Health-funded study that follows a global cohort of adolescents and young adults living with HIV across six global regions (West Africa, Central Africa, East Africa, Southern Africa, Asia-Pacific, and Caribbean/Central and South America) and provides evidence that shapes global policy and practice for youth living with HIV. Lonnie Embleton, PhD, MPH, focuses on strengthening adolescent and youth-friendly health services in Uasin Gishu County, Kenya, and is examining how cash transfers can increase housing stability and HIV services utilization among street-connected girls and women in western Kenya. All of this work helps improve the care youth receive in Kenya and around the world.

## AMPATH Kenya Partnership at a Glance



*AMPATH Kenya serves a catchment area of over 24,000,000 Kenyans in western Kenya. Within that area, we have improved care and developed programs that serves over 15,000 youth.*



*The partnership has conducted 15 studies in 2023.*



*In 2023, the partnership received \$298,710 in funding.*



*Two medical students from Moi University participated in bilateral education exchanges in 2023.*



*The partnership’s key priorities are child and youth health.*



*In 2023, the partnership focused on growing the Rafiki Centre Peer Navigator Program with additional team members, supervision, mentorship, and mental health.*

## Faculty Spotlight

### Implementing Better Mental Health Care in Western Kenya

*Brittany McCoy, MD*

Instructor and Adolescent Mental Health Team Lead



Ever since Brittany McCoy, MD, participated in her first visit to Central America as part of a public health focused student group visit in college, she has had a passion for addressing the mental health needs of children in underserved areas of the world and an interest in global health. She has devoted her career to becoming a child and adolescent psychiatrist with a focus on serving youth patients in countries like Kenya, where access to mental health care is almost nonexistent.

Today, Dr. McCoy is applying this passion to build youth-friendly mental health services in Kenya through Arnhold Institute for Global Health at Mount Sinai (AIGH)-led adolescent health programs with Academic Model Providing Access to Healthcare (AMPATH) Kenya. In 2023, Dr. McCoy started a National Institutes of Health-funded T32 fellowship in the Department of Psychiatry with the goal of developing research that will support the development of youth mental health services in Kenya and other underserved communities around the world. As a recent graduate of Mount Sinai's Triple Board Residency Program, Dr. McCoy is applying her training in pediatrics, adult psychiatry, and child and adolescent psychiatry to her work in Kenya. This multidisciplinary background has contributed greatly to Dr. McCoy's holistic approach to **understanding the psychosocial challenges faced by adolescents and young adults living with HIV and how to best support their mental health.**

As the AMPATH Kenya Adolescent Mental Health Team Lead, Dr. McCoy centers her work at the Moi Teaching and Referral Hospital Rafiki Centre for Excellence in Adolescent Health in Eldoret, Kenya. She is currently working on designing and implementing a system of mental health screening and referral for youth that present for care at the clinic with her primary counterpart, Eunice Temet, MBChB, MMED, a Kenyan

*“I have really enjoyed working with the peer mentors and am excited about the peer mentor supervision program that we are developing to help support their professional development. The peer mentors provide a lot of emotional support to youth. It is important that they have a safe space to discuss and receive advice on some of the challenging situations they encounter with clients at the Rafiki Centre and to receive support related to the impact of their work on their own mental health.”*



psychiatrist. In addition, she is collaborating with a psychologist to develop a supervision program to support peer mentors at the Rafiki Centre. “I enjoy working with the peer mentors, and I am trying to help support the professional development of the peer mentors at the clinic through a peer mentor supervision program,” said Dr. McCoy. “The peer mentors provide a lot of emotional support to youth, and I am working on providing a space for the peer mentors to receive support for their own mental health and professional development.” Dr. McCoy works clinically at the Rafiki Centre helping to support a psychiatry clinical officer as they see youth with mental health concerns. She also leads educational sessions with the psychiatry registrars at the Moi Teaching and Referral Hospital on child and adolescent psychiatry.

Dr. McCoy has found the first few sessions of the peer mentor supervision program to be promising. The peers have been engaged and enjoying the sessions, and they have requested to meet more frequently. “I am proud of the positive feedback that we have received so far from the peer mentor supervision program,” stated Dr. McCoy. She is looking forward to continuing to work with everyone at AMPATH, AIGH, and the Rafiki Centre.





# AMPATH Nepal Partnership: Saving Lives Through Critical Care in Nepal

As Arnhold Institute for Global Health's (AIGH) newest partnership, the Academic Model Providing Access to Healthcare (AMPATH) Nepal partnership is already making big strides in Nepal to improve critical care, women's health, reproductive health, chronic disease care, and adolescent health. Over the last year, Rose House, MD, Mount Sinai's lead for AMPATH Nepal, has been leading efforts to engage key stakeholders in developing collaborative programs for care, education, and research. Launched in 2022, AMPATH Nepal is comprised of three institutional partners— Dhulikhel Hospital, the Kathmandu University School of Medical Sciences (KUSMS), and Mount Sinai as the lead partner institution for the AMPATH Consortium. Dr. House has spent much of the last year laying the foundations for this partnership to thrive.

The partnership has accomplished a lot in that time. With support from AIGH, we launched a pilot grant program to promote collaboration between faculty at Mount Sinai, Dhulikhel Hospital, and KUSMS. This program attracted nearly 50 applicants and awarded four pilot projects advancing collaborative work in Pediatric Emergency Preparedness; Simulation-based Education; Cervical Cancer Prevention; and Adolescent Health Needs Assessment. We supported PhDs for seven Dhulikhel Hospital faculty, signed program level agreements with five Mount Sinai departments to facilitate bilateral education exchanges, and held AMPATH Nepal's first strategic planning retreat that brought together partners from the United States, Kenya, and Nepal to set priorities for the growth of AMPATH Nepal over the next five years.

However, perhaps the most impactful program to take root in 2023 was the start of AMPATH Nepal's first bilateral education exchanges with Mount Sinai. A core part of the AMPATH model, bilateral education exchanges provide reciprocal opportunities for learners from each of the partner institutions to have training experiences in Nepal, New York, or one of the AMPATH Consortium institutions globally. AMPATH Nepal launched its first exchanges with two critical



care faculty members from Dhulikhel Hospital. In September 2023, Sangina Ranjit Malla, MD, and Bhawana Regmi, MSc, traveled to Mount Sinai in New York to participate in a month-long observership with the Institute for Critical Care Medicine at Mount Sinai.

Dr. Ranjit Malla and Ms. Regmi's time in New York was spent learning how Mount Sinai's critical care teams operate and opportunities to consider on how Dhulikhel Hospital's critical care programs might be improved. "Since we are growing and have more specialized surgeries, procedures, and disease conditions, we are encountering more sick patients. This inspired me to learn more about critical care and bring programs that will help patients to have better outcomes," stated Dr. Malla. During the observership, Ms. Regmi, a critical care nurse at Dhulikhel Hospital, focused her time on learning how Mount Sinai involves nurses in the planning, implementation, and evaluation of patient care, and in the different protocols used for patient management. She hopes to transfer many of Mount Sinai's strategies to Nepal and apply these strategies to improving the diagnostic and treatment modalities for patients being admitted in the ICU at Dhulikhel Hospital. "We will focus on improving patient care by developing different standards for providing nursing care and on making policies and protocols regarding critical care. As nurses are the most important members in critical care, their inclusion and visibility can be shown in patient care," said Ms. Regmi.

Dr. Malla was also excited to have the opportunity to observe specific procedures used in intensive care units at Mount Sinai that are usually rare and inaccessible in Nepal. Of special interest was how Mount Sinai's response teams and critical care outreach work together to deliver effective patient care. Dr. Malla plans to use this knowledge to develop similar response teams at Dhulikhel Hospital. She is also using the knowledge gained as part of this exchange to develop a small critical care training package for nurses and residents in Nepal, a strategy she believes will help accelerate adoption of best practice guidelines in Nepal.

"Our visits created a stronger bond to improve the quality of critical care services. My time at Mount Sinai and this partnership is making our ICU better, which is so important to me because our patients cannot be transferred to the capital city of Kathmandu for better care due to their poor financial condition," said Dr. Malla. Reciprocal visits are also being planned to allow more Mount Sinai faculty and trainees to learn from partners at Dhulikhel Hospital and KUSMS and continue to build mutual opportunities for care, education, and research. Critical Care is just one area where collaboration is blossoming within the Mount Sinai-led AMPATH Nepal partnership. More is coming and 2024 will see the growth of this partnership continue to accelerate.

## AMPATH Nepal Partnership a Glance



The AMPATH Nepal partnership and Dhulikhel Hospital serves a catchment area of 2.1 million people from Dhulikhel and surrounding areas.



Four studies have been granted funding in 2023.



In 2023, the partnership received \$499,328 in funding.



Three students from Mount Sinai and two faculty from Dhulikhel participated in bilateral education exchanges in 2023.



AMPATH Nepal's key priorities are child and youth health, women's health, non-communicable diseases, and community and population health.



In 2023, the partnership worked on funding for seven faculty from Dhulikhel Hospital to receive their PhD and received a grant from the Lilly Foundation for a care implementation program that will start in 2024.

# Nepal Pilot Awardees

Pilot Project Title	Principal Investigator
<i>Cervical Cancer Prevention Program in Rural Nepal: “Expanding reach through Community Health Workers.”</i>	Sunila Shakya, MBBS, MD, PhD and Sheela Maru, MD, MPH
<i>A Population-Based Adolescent Health Needs Assessment in Dhulikhel, Nepal</i>	Lonnie Embleton, PhD, MPH and Shrinkhala Shrestha, MPH, PhD
<i>Training of Trainer on Simulation Based Education</i>	Jyotsana Twi Twi, MS, BSN, Laly Joseph, DVM, DNP, CNE, RN, C, MSN, APRN, ANP, FNAP and Sarla Santos, DNP, MS, NPD-BC, CCRN
<i>Global IMPACT (Improving Emergency Medical Preparedness and Childhood Treatment)</i>	Morgan Bowling, DO, FAAP and Anish Joshi, MBBS, MD



# New York City Partnership: Working Towards Equity One Birth at a Time, in New York City

The Arnhold Institute for Global Health's (AIGH) New York City Partnership with New York City Health + Hospitals (H+H) Elmhurst and Queens Hospitals continued to expand its work over the last year with work that will support better access to care for immigrant and marginalized populations in Queens, new training exchanges for our global partners, and more. However, perhaps our biggest gains have come with our work to improve birth equity in Queens. In 2023, Sheela Maru, MD, who leads the New York City partnership, launched the new Helping Promote Birth Equity through Community-Based Doula Care (HoPE) program. Through the HoPE program, the NYC Partnership is providing doula care free-of-cost to pregnant and birthing people at NYC Health + Hospitals (H+H)/Elmhurst and NYC H+H/Queens. The program was developed in partnership between the Icahn School of Medicine at Mount Sinai, NYC H+H/Elmhurst and Queens, Ancient Song Doula Services, and the Caribbean Women's Health Association.

Doulas are trained coaches who provide non-judgmental, educational, emotional, and physical support during pregnancy, labor, birth, and the postpartum period. Doula care is an important strategy for mitigating the health inequities that birthing persons experience. Currently in NYC, pregnancy-related deaths for Black women are eight times higher than white women, and Hispanic and Asian women die from pregnancy-related deaths at double the rate of white women.

To address these inequities, the HoPE Doula Program recruited and trained 30 new doulas based in Queens. They have developed a system for doulas to provide direct feedback to hospital leadership after their experiences working with birthing persons at the hospital. After feedback is provided, the leadership team investigates any issue that is highlighted and discusses the issue with staff who were present. The leadership team then develops a plan to improve any area that



NEW YORK CITY

Queens

needs to be changed. The program is also conducting simulation trainings for HoPE doulas and hospital nursing staff to role-play challenging interactions in the hospital. These initiatives support creating a “doula-friendly” environment within the hospitals for the doulas. Ashley Roberts, one of the HoPE doulas, summed up the positive impact this program is having: “Throughout labor and birth, the team was excellent, and this was probably one of the best experiences I’ve had in terms of medical staff. The nurses were patient and really took the time to explain what they were doing at every step of the way. My client was extremely anxious. Her last two birth experiences resulted in hemorrhage, and this was her first birth in the United States. During our prenatals, I spoke about how we can decrease her anxiety.” Ashley added, “Communication with medical staff was a priority, and the nurses and doctors were responsive, thorough, and patient with any and all questions regarding her care. At no time did we feel uncomfortable with asking questions to the staff. This was awesome! Clear communication about the client’s care helped me reassure and center her during moments of fear and doubt. Majority of the staff introduced themselves, explained what interventions or vitals they were performing, and this also helped to make my client feel comfortable.”

The HoPE team is motivated by all the positive feedback it has received to continue to work toward improving the birthing experience for all who receive care within the public health care system in Queens.

## New York City Partnership at a Glance



*The NYC partnership team serves a catchment area of two-and-a-half million people that live in Queens—serving one million at Elmhurst hospital and 650,000 at Queens Hospital Center.*



*20 studies were conducted in 2023.*



*In 2023, the partnership received \$790,039 in funding.*



*The NYC partnership’s key priorities are immigrant health and maternal health.*



*The partnership also worked on launching a Request for Proposals (RFA) that addressed health challenges faced by local communities in Queens. They have worked on defining our MAPS (Migrant Access to Primary Care and Social Support) Program to address the medical and social needs of new arrivals to Queens. This project is being worked on by a multidisciplinary team at AIGH and Elmhurst.*

# NYC Pilot Awardees

Pilot Project Title	Principal Investigator
<i>Perspectives of Family Caregivers and Clinic Staff on Standardized Caregiver Needs Assessment Within an Urban Safety Net Primary Care Clinic for Older Adults</i>	Harriet Mather, MD, MSc and Hadeel Alkhairw, MD
<i>Assessing Health Needs of Newly Arrived Asylum-Seekers and Other New Immigrants to New York City: The NYC Migrant Health Survey</i>	Ben McVane, MD
<i>Clinical and Social Implications That May Exist By Maintaining or Removing Race Correction From Pulmonary Function Testing in a Racially Diverse Vulnerable Population</i>	Alfredo Astua, MD and Ricardo Lopez, MD
<i>CP&amp;R - Cardiovascular Precision Medicine &amp; Remote Intervention</i>	Eyal Shemesh, MD and Deborah Reynolds, MD
<i>NYC Health + Hospitals/ Elmhurst Mild Traumatic Brain Injury and Concussion Program</i>	Zachary L. Hickman, MD

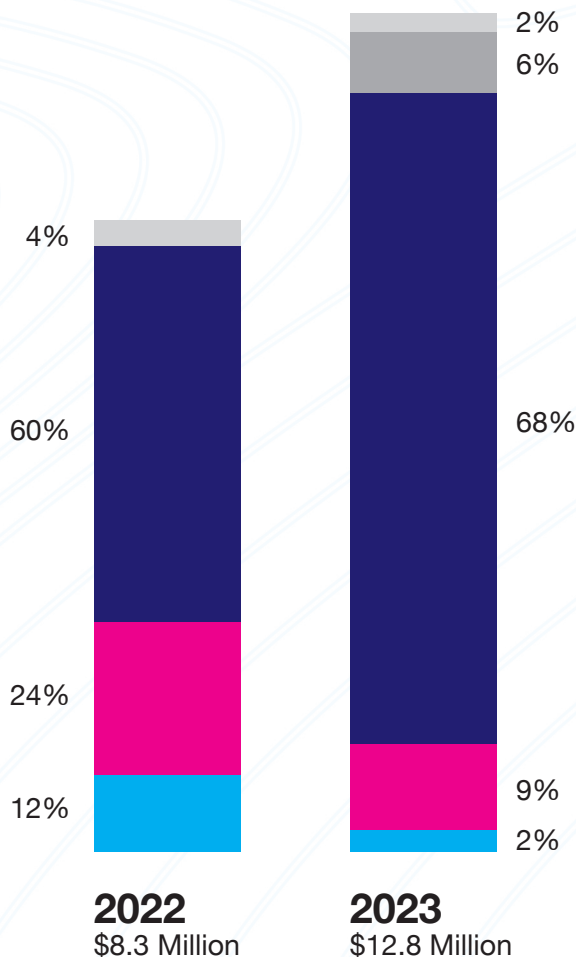


# 4 | Our Financial Growth

# Annual Budget

The Arnhold Institute for Global Health (AIGH) at Mount Sinai continued to rapidly grow support for its global health programs and research. In total, we received nearly \$13 million in new funding in 2023. This represents a 54 percent increase from the previous year and reflects new growth in consulting revenue, as well as grants for research and other programs.

Thanks to the generous support of our donors, who contributed more than \$1.6 million last year, we have been able to accelerate our growth and improve care for over a million people globally this year. The contributions of donors are critical to our long-term success and contributed to a five percent increase in AIGH's endowment funds, which are crucial in sustaining and scaling our work.



**54%** ↑ *Total revenue grew to \$12.8 Million in 2023*  
**New Funding**

**\$1.6 M** ↑ *Growth in new research awards remained steady in 2023*  
**New Research Awards**

**\$9.6 M** ↑ *AIGH's endowment grew by 5% from 2022*  
**Endowment**

**\$1.6 M** ↑ *Philanthropic gifts to AIGH more than doubled from 2022*  
**Philanthropy**

- Endowment & Other Revenue
- Philanthropy
- Consulting
- Non-Federal
- Federal

# 5

## **Making a Difference in the Policy and Practice of Health Care Systems**



# Publications

Our faculty continue to make significant scholarly contributions in the field of global health. Their research findings inform global policy and practice, contributing to better care, health, and well-being for some of the world's most vulnerable people,

including those living with chronic conditions, HIV, and cancer. Our work helps improve maternal and child health, strengthen health systems, and bring primary care to the doorstep in some of the hardest-to-reach regions of the world.

Gherasim A, Lee AG, Bernstein JA. Impact of Climate Change on Indoor Air Quality. *Immunol Allergy Clin North Am*. 2024 Feb;44(1):55-73. doi: 10.1016/j.jiac.2023.09.001. Epub 2023 Oct 12. PMID: 37973260.

Heller DJ, Hudspeth JC, Kishore SP, Mercer T, Schwartz JI, Rabin TL. Bringing Generalists to Global Health: a Missed Opportunity and Call to Action. *J Gen Intern Med*. 2023 Dec 22. doi: 10.1007/s11606-023-08573-x. Epub ahead of print. PMID: 38135777.

Castro J, Gigase FAJ, Molenaar NM, Ibroçi E, Perez-Rodriguez MM, Lieb W, Janevic T, de Witte LD, Bergink V, Rommel AS. Increased postpartum anxiety symptoms after perinatal SARS-CoV-2 infection in a large, prospective pregnancy cohort in New York City. *J Psychiatr Res*. 2023 Dec 18;170:130-137. doi: 10.1016/j.jpsychires.2023.12.020. Epub ahead of print. PMID: 38134722.

Perkins RB, Humiston S, Oliver K. Evidence supporting the initiation of HPV vaccination starting at age 9: Collection overview. *Hum Vaccin Immunother*. 2023 Dec 15;19(3):2269026. doi: 10.1080/21645515.2023.2269026. Epub 2023 Oct 12. PMID: 37824444; PMCID: PMC10572037.

Ward MJ, Sorek-Hamer M, Henke JA, Little E, Patel A, Shaman J, Vemuri K, DeFelice NB. A Spatially Resolved and Environmentally Informed Forecast Model of West Nile Virus in Coachella Valley, California. *Geohealth*. 2023 Dec 7;7(12):e2023GH000855. doi: 10.1029/2023GH000855. PMID: 38077289; PMCID: PMC10702611.

Segel JE, Shearer RD, Jones AA, Khatri UG, Howell BA, Crowley DM, Sterner G, Vest N, Teixeira da Silva D, Winkelman TNA. Understanding Regional Patterns of Overdose Deaths Related to Opioids and Psychostimulants. *Subst Use Misuse*. 2023 Dec 1:1-8. doi: 10.1080/10826084.2023.2287220. Epub ahead of print. PMID: 38037904.

McCabe CA, Venkatram C, Yarakala S, Korin M, Boulos A, Oliver K. Assessing COVID-19 Vaccine Hesitancy and Trust in Home Health Workers in New York City: A Pilot Study. *J Occup Environ Med*. 2023 Dec 1. doi: 10.1097/JOM.0000000000003019. Epub ahead of print. PMID: 38037263.

Gillette E, Nyandiko W, Chory A, Scanlon M, Aluoch J, Choudhury N, Lagat D, Ashimosi C, Biegon W, Munyoro D, Lidweye J, Nyagaya J, Wilets I, DeLong A, Kantor R, Vreeman R, Naanyu V. Ethical Considerations for Engaging Children and Adolescents Living with HIV in Research in African Countries: A Systematic Review. *J Empir Res Hum Res Ethics*. 2023 Dec;18(5):346-362. doi: 10.1177/15562646231208991. Epub 2023 Oct 23. PMID: 37872659.

Fox A, Howell FM, Weber E, Janevic T. Left Behind: Medicaid Immigrant Exclusions and Access to Maternal Health Care Across the Reproductive-Perinatal Continuum. *Med Care Res Rev.* 2023 Dec;80(6):582-595. doi: 10.1177/10775587231170066. Epub 2023 May 16. PMID: 37191341.

Costello Z, Roberson-Miranda K, Ho S, DePierro JM, Starkweather S, Katz CL, Sharma V, Marin DB. A Resilience Program for Hospital Security Officers During the COVID-19 Pandemic Using a Community Engagement Model. *J Community Health.* 2023 Dec;48(6):963-969. doi: 10.1007/s10900-023-01282-w. Epub 2023 Sep 20. PMID: 37728723; PMCID: PMC10623110.

Kibel M, Nyambura M, Embleton L, Kiptui R, Galárraga O, Apondi E, Ayuku D, Braitstein P. Enabling Adherence to Treatment (EAT): a pilot study of a combination intervention to improve HIV treatment outcomes among street-connected individuals in western Kenya. *BMC Health Serv Res.* 2023 Nov 30;23(1):1331. doi: 10.1186/s12913-023-10215-1. PMID: 38037045; PMCID: PMC10691070.

Agyapong PD, Jack D, Kaali S, Colicino E, Mujtaba MN, Chillrud SN, Osei M, Gennings C, Agyei O, Kinney PL, Kwarteng A, Perzanowski M, Dwommoh Prah RK, Tawiah T, Asante KP, Lee AG. Household Air Pollution and Child Lung Function: The Ghana Randomized Air Pollution and Health Study. *Am J Respir Crit Care Med.* 2023 Nov 28. doi: 10.1164/rccm.202303-0623OC. Epub ahead of print. PMID: 38016085.

Are C, Murthy SS, Sullivan R, Schissel M, Chowdhury S, Alatise O, Anaya D, Are M, Balch C, Bartlett D, Brennan M, Cairncross L, Clark M, Deo SVS, Dudeja V, D'Ugo D, Fadhil I, Giuliano A, Gopal S, Gutnik L, Ilbawi A, Jani P, Kingham P, Lorenzon L, Leiphrakpam P, Leon A, Martinez-Said H, McMasters K, Meltzer DO, Mutebi M, Nabeel Z, Naik V, Newman L, Oliveira AF, Park DJ, Pramesh CS, Rao S, Subramanyeshwar Rao T, Rocha Bargallo E, Romanoff A, Rositch AF, Rubio I, Salvador de Castro Ribeiro H, Sbaity E, Senthil M, Smith L, Toi M, Turaga K, Yanala U, Yip CH, Zaghloul A, Anderson BO. Global Cancer Surgery: pragmatic solutions to improve cancer surgery outcomes worldwide. *Lancet Oncol.* 2023 Nov 1:S1470-2045(23)00412-6. doi: 10.1016/S1470-2045(23)00412-6. Epub ahead of print. PMID: 37924819.

Ruhl LJ, Kiplagat J, O'Brien R, Wools-Kaloustian K, Scanlon M, Plater D, Thomas MR, Pastakia S, Gopal-Srivastava R, Morales-Soto N, Nyandiko W, Vreeman RC, Litzelman DK, Laktabai J. A Global Health Reciprocal Innovation grant programme: 5-year review with lessons learnt. *BMJ Glob Health.* 2023 Nov;8(Suppl 7):e013585. doi: 10.1136/bmjgh-2023-013585. PMID: 37977589; PMCID: PMC10660845.

Frydman JL, Gelfman LP, Farquhar D, Ramaswamy R, Dow LA. Goals, Values, and Priorities of Hospitalized Patients: Using a Structured Communication Tool to Engage Medical Students in Serious Illness Communication. *J Palliat Med.* 2023 Oct 25. doi: 10.1089/jpm.2023.0281. Epub ahead of print. PMID: 37878370.

Janevic T, Tomalin LE, Glazer KB, Boychuk N, Kern-Goldberger A, Burdick M, Howell F, Suarez-Farinas M, Egorova N, Zeitlin J, Hebert P, Howell EA. Development of a prediction model of postpartum hospital use using an equity-focused approach. *Am J Obstet Gynecol.* 2023 Oct 23:S0002-9378(23)00769-X. doi: 10.1016/j.ajog.2023.10.033. Epub ahead of print. PMID: 37879386.

Society for Maternal-Fetal Medicine (SMFM); Grobman WA, Entringer S, Headen I, Janevic T, Kahn RS, Simhan H, Yee LM, Howell EA. Social determinants of health and obstetric outcomes: A report and recommendations of the workshop of the Society for Maternal-Fetal Medicine, the Commonwealth Foundation, and the Alliance of Innovation on Maternal Health. *Am J Obstet Gynecol.* 2023 Oct 11:S0002-9378(23)00742-1. doi: 10.1016/j.ajog.2023.10.013. Epub ahead of print. PMID: 37832813.

DePierro JM, Marin DB, Sharma V, Katz CL, Pietrzak RH, Feder A, Murrrough JW, Starkweather S, Marx BP, Southwick SM, Charney DS. Development and initial validation of the Mount Sinai Resilience Scale. *Psychol Trauma*. 2023 Oct 5. doi: 10.1037/tra0001590. Epub ahead of print. PMID: 37796549.

Medgyesi DN, Mujtaba MN, Yang Q, Abubakari SW, Lee AG, Porter J, Chillrud SN, Kaali S, Jack DW, Asante KP. Geospatial determinants of maternal and child exposure to fine particulate matter in Kintampo, Ghana: Levels within the household and community, by surrounding building density and near roadways. *J Expo Sci Environ Epidemiol*. 2023 Oct 5. doi: 10.1038/s41370-023-00606-1. Epub ahead of print. PMID: 37798345.

Ballard M, Olaniran A, Iberico MM, Rogers A, Thapa A, Cook J, Aranda Z, French M, Olsen HE, Haughton J, Lassala D, Carpenter Westgate C, Malitoni B, Juma M, Perry HB. Labour conditions in dual-cadre community health worker programmes: a systematic review. *Lancet Glob Health*. 2023 Oct;11(10):e1598-e608. doi: 10.1016/s2214-109x(23)00357-1. PubMed PMID: 37734803.

Powell SK, Serafini RA, Frere JJ, De Pins A, Saali A, Sultana SA, Ali M, Dale B, Datta D, Aaronson C, Meah Y, Katz CL, Gluhoski V. Provision of cognitive behavior therapy for depression and anxiety disorders by medical student trainees. *Acad Psychiatry*. 2023 Sep 28. doi: 10.1007/s40596-023-01873-8. Epub ahead of print. PMID: 37770702.

Janevic T, McCarthy K, Liu SH, Huyhn M, Kennedy J, Tai Chan H, Mayer VL, Viera L, Tabaei B, Howell E, Van Wye G. Racial and Ethnic Inequities in Development of Type 2 Diabetes After Gestational Diabetes Mellitus. *Obstet Gynecol*. 2023;142(4):901-10. Epub 20230907. doi: 10.1097/aog.0000000000005324. PubMed PMID: 37678923; PubMed Central PMCID: PMC10510784.

Costello Z, Roberson-Miranda K, Ho S, DePierro JM, Starkweather S, Katz CL, Sharma V, Marin DB. A resilience program for hospital security officers during the COVID-19 pandemic using a community engagement model. *J Community Health*. 2023 Sep 20. doi: 10.1007/s10900-023-01282-w. Epub ahead of print. PMID: 37728723.

Loh M, Niu L, Arden M, Burk RD, Diaz A, Schlecht NF. Long-acting reversible contraception and condom use: A cohort study of female adolescents and young adults in New York City. *Contraception*. 2023 Sept;125:110081. Epub 20230530. doi: 10.1016/j.contraception.2023.110081. PubMed PMID: 37263371.

Guttman KF, Meshkati M, Frydman J, Smith CB, Dow L, Weintraub AS. NeoTalk: Communication Skills Training for Neonatal Clinicians. *Am J Hosp Palliat Care*. 2023;10499091231198507. Epub 20230825. doi: 10.1177/10499091231198507. PubMed PMID: 37622177.

Vieira L, McCarthy K, Liu S, Huynh M, Tabaei B, Howell F, Janevic T. Predictors and Trends in First Trimester Hemoglobin A1c Screening in New York City, 2009-2017. *Am J Perinatol*. 2023. Epub 20230821. doi: 10.1055/a-2157-2944. PubMed PMID: 37604202.

Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) Global Cohort Collaboration.\* Global variations in pubertal growth spurts in adolescents living with perinatal HIV. *Aids*. 2023 Aug 1;37(10):1603-15. Epub 20230517. doi: 10.1097/qad.0000000000003602. PubMed PMID: 37204259; PubMed Central PMCID: PMC10355801.

\*Rachel Vreeman a contributing author

McCarthy KJ, Liu SH, Huynh M, Kennedy J, Chan HT, Mayer VL, Vieira L, Tabaei B, Howell F, Lee A, Van Wye G, Howell EA, Janevic T. Influence of Gestational Diabetes Mellitus on Diabetes Risk and Glycemic Control in a Retrospective Population-Based Cohort. *Diabetes Care*. 2023 Aug 1;46(8):1483-91. doi: 10.2337/dc22-1676. PubMed PMID: 37341505; PubMed Central PMCID: PMC10369124.



Kaali S, Jack DW, Mujtaba MN, Chillrud SN, Ae-Ngibise KA, Kinney PL, Kaali EB, Gennings C, Colicino E, Osei M, Wylie BJ, Agyei O, Quinn A, Asante KP, Lee AG. Identifying sensitive windows of prenatal household air pollution on birth weight and infant pneumonia risk to inform future interventions. *Environ Int.* 2023 Aug;178:108062. Epub 20230623. doi: 10.1016/j.envint.2023.108062. PubMed PMID: 37392730.

Gourley M, Starkweather S, Roberson K, Katz CL, Marin DB, Costello Z, DePierro J. Supporting Faith-Based Communities Through and Beyond the Pandemic. *J Community Health.* 2023 Aug;48(4):593-9. Epub 20230215. doi: 10.1007/s10900-023-01193-w. PubMed PMID: 36790556; PubMed Central PMCID: PMC9929242.

Wilets I, Martin G, Bania T. Pragmatic Research and Quality Assessment/Improvement Initiatives: Kindred Spirits. *Am J Bioeth.* 2023 Aug;23(8):69-70. doi: 10.1080/15265161.2023.2217118. PubMed PMID: 37450540.

Usyk M, Schlecht NF, Viswanathan S, Gradissimo A, Valizadegan N, Sollecito CC, Nucci-Sack A, Diaz A, Burk RD. TRiCit: A High-Throughput Approach to Detect *Trichomonas vaginalis* from ITS1 Amplicon Sequencing. *Int J Mol Sci.* 2023;24(14). Epub 20230724. doi: 10.3390/ijms241411839. PubMed PMID: 37511598; PubMed Central PMCID: PMC10380363.

Bansal E, Patel K, Lacossade S, Gue B, Acceme K, Robinson O, Kwan GF, Wilentz JR. Population health and sociodemographic variables as predictors of access to cardiac medicine and surgery in Haiti. *Glob Health Res Policy.* 2023;8(1):27. Epub 20230719. doi: 10.1186/s41256-023-00308-z. PubMed PMID: 37468963; PubMed Central PMCID: PMC10354940.

Shearer RD, Howell BA, Khatri UG, Winkelman TNA. Treatment setting among individuals with opioid use and criminal legal involvement, housing instability, or Medicaid insurance, 2015-2021. *Drug Alcohol Depend Rep.* 2023;8:100179. Epub 20230712. doi: 10.1016/j.dadr.2023.100179. PubMed PMID: 37502021; PubMed Central PMCID: PMC10368753.

McGuinn LA, Rivera NR, Osorio-Valencia E, Schnaas L, Hernandez-Chavez C, DeFelice NB, Harari H, Klein DN, Wright RJ, Tellez-Rojo MM, Wright RO, Rosa MJ, Tamayo-Ortiz M. Changes in depressive and anxiety symptoms during COVID-19 in children from the PROGRESS cohort. *Pediatr Res.* 2023 July;94(1):349-55. Epub 20221118. doi: 10.1038/s41390-022-02379-z. PubMed PMID: 36396698; PubMed Central PMCID: PMC10192449.

Contreras A, Posada R. *Haemophilus influenzae* Infections. *Pediatrics In Review.* 2023 July;44(7):422-4. doi: 10.1542/pir.2022-005918.

Chory A, Gillette E, Callen G, Wachira J, Sam-Agudu NA, Bond K, Vreeman R. Gender differences in HIV knowledge among adolescents and young people in low-and middle-income countries: a systematic review. *Frontiers in Reproductive Health.* 2023 June 26;5. doi:10.3389/frph.2023.1154395.

Novitsky V, Nyandiko W, Vreeman R, DeLong AK, Howison M, Manne A, Aluoch J, Chory A, Sang F, Ashimosi C, Jepkemboi E, Orido M, Hogan JW, Kantor R. Added Value of Next Generation Sequencing in Characterizing the Evolution of HIV-1 Drug Resistance in Kenyan Youth. *Viruses.* 2023;15(7). Epub 20230622. doi: 10.3390/v15071416. PubMed PMID: 37515104; PubMed Central PMCID: PMC10383797.

Omisore AD, Olasehinde O, Wuraola FO, Sutton EJ, Sevilimedu V, Omoyiola OZ, Romanoff A, Owoade IA, Olaitan AF, Kingham TP, Alatise OI, Mango VL. Improving access to breast cancer screening and treatment in Nigeria: The triple mobile assessment and patient navigation model (NCT05321823): A study protocol. *PLoS One.* 2023 June 13;18(6):e0284341. Epub 20230613. doi: 10.1371/journal.pone.0284341. PubMed PMID: 37310983; PubMed Central PMCID: PMC10263304.

Embleton L, Shah P, Apondi E, Ayuku D, Braitstein P. "If they had a place to live, they would be taking medication": a qualitative study identifying strategies for engaging street-connected young people in the HIV prevention-care continuum in Kenya. *J Int AIDS Soc.* 2023 June;26(6):e26023. doi: 10.1002/jia2.26023. PubMed PMID: 37267115; PubMed Central PMCID: PMC10237327.

Bednarczyk RA, Brewer NT, Gilkey MB, Zorn S, Perkins RB, Oliver K, Saslow D. Human papillomavirus vaccination at the first opportunity: An overview. *Hum Vaccin Immunother.* 2023;19(1):2213603. Epub 20230523. doi: 10.1080/21645515.2023.2213603. PubMed PMID: 37218520; PubMed Central PMCID: PMC10294726.

Marshall CL, Kaplowitz E, Ibroci E, Chung K, Gigase FAJ, Lieber M, Graziani M, Ohrn S, Lynch J, Castro J, Tubassum R, Mutawakil F, Jessel R, Molenaar N, Rommel AS, Sperling RS, Howell EA, Feldman H, Krammer F, Stadlbauer D, de Witte LD, Bergink V, Stone J, Janevic T, Dolan SM, Lieb W. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Antibody Titer Levels in Pregnant Individuals After Infection, Vaccination, or Both. *Obstet Gynecol.* 2023 Jun 1;141(6):1199-1202. doi: 10.1097/AOG.0000000000005172. Epub 2023 May 3. PMID: 37141599.

Joshi D, Maharjan R, House DR, Shrestha S. Accuracy of point of care ultrasound in the diagnosis of long bone fractures in the emergency department. *Journal of Patan Academy of Health Sciences.* 2023 May 16;10(1):28-34. doi: <https://doi.org/10.3126/jpahs.v10i1.54846>.

Embleton L, Murphy K, Kirwa S, Okal EO, Makori D, Logie CH, Di Ruggiero E, Lachman J, Ayuku D, Braitstein P. Factors Influencing the Implementation of Evidence-Based Interventions with Street-Connected Children and Youth: Two Case Studies from Eldoret, Kenya. *Global Implementation Research and Applications.* 2023 May 10;3(2):195-211. doi: 10.1007/s43477-023-00083-6.

Magill EB, Nyandiko W, Baum A, Aluoch J, Chory A, Ashimoshi C, Lidwye J, Njoroge T, Sang F, Nyagaya J, Scanlon M, Hogan J, Vreeman R. Factors associated with caregiver compliance to an HIV disclosure intervention and its effect on HIV and mental health outcomes among children living with HIV: post-hoc instrumental variable-based analysis of a cluster randomized trial in Eldoret, Kenya. *Front Public Health.* 2023;11:1150744. Epub 2023 May 05. doi: 10.3389/fpubh.2023.1150744. PubMed PMID: 37213654; PubMed Central PMCID: PMC10196043.

Embleton L, Logie CH, Ngure K, Nelson L, Kimbo L, Ayuku D, Turan J, Braitstein P. Intersectional Stigma and Implementation of HIV Prevention and Treatment Services for Adolescents Living with and at Risk for HIV: Opportunities for Improvement in the HIV Continuum in Sub-Saharan Africa. *AIDS Behav.* May 2023;27(Suppl 1):162-84. Epub 20220730. doi: 10.1007/s10461-022-03793-4. PubMed PMID: 35907143; PubMed Central PMCID: PMC10192191.

Gillette E, Naanyu V, Nyandiko W, Chory A, Scanlon M, Aluoch J, Koros H, Ashimosi C, Beigon W, Munyoro D, Lidweye J, Nyagaya J, DeLong A, Kantor R, Vreeman R. HIV-Related Stigma Shapes Research Participation for Youth Living With HIV in Kenya. *J Int Assoc Provid AIDS Care.* 2023 Jan-Dec;22:23259582231170732. doi: 10.1177/23259582231170732. PubMed PMID: 37101381; PubMed Central PMCID: PMC10141251.

Appel JM, Wilets I. Research Ethics during Pandemics: How IRBs Can Prepare. *Ethics Hum Res.* 2023;45(2):26-34. doi: 10.1002/eahr.500159. PubMed PMID: 36974455.

Vreeman RC, Yiannoutsos CT, Yusoff NKN, Wester CW, Edmonds A, Ofner S, Davies MA, Leroy V, Lumbiganon P, de Menezes Succi RC, Twizere C, Bolton-Moore C, Takassi OE, Scanlon M, Martin R, Wools-Kaloustian K. Global HIV prevention, care and treatment services for children: a cross-sectional survey from the International Epidemiology Databases to Evaluate AIDS (IeDEA) consortium. *BMJ Open.* 2023;13(3):e069399. Epub 20230313. doi: 10.1136/

bmjopen-2022-069399. PubMed PMID: 36914183; PubMed Central PMCID: PMC10016275.

Embleton L, Braitstein P, Di Ruggiero E, Oduor C, Wado YD. Sexual and reproductive health service utilization among adolescent girls in Kenya: A cross-sectional analysis. *PLOS Glob Public Health*. 2023 Feb 22;3(2):e0001508. doi: 10.1371/journal.pgph.0001508. PMID: 36963079; PMCID: PMC10021741.

Thirugnanasampanthar SS, Embleton L, Di Ruggiero E, Braitstein P, Oduor C, Dibaba Wado Y. School attendance and sexual and reproductive health outcomes among adolescent girls in Kenya: a cross-sectional analysis. *Reprod Health*. 2023 Feb 6;20(1):29. doi: 10.1186/s12978-023-01577-0. PMID: 36747291; PMCID: PMC9901832.

Tiwari A, Thapa A, Choudhury N, Khatri R, Sapkota S, Wu WJ, Halliday S, Citrin D, Schwarz R, Maru D, Rayamazi HJ, Paudel R, Bhatt LD, Bhandari V, Marasini N, Khadka S, Bogati B, Saud S, Kshetri YKB, Bhatta A, Magar KR, Shrestha R, Kafle R, Poudel R, Gautam S, Basnett I, Shrestha GN, Nirola I, Adhikari S, Thapa P, Kunwar L, Maru S. A Type II hybrid effectiveness-implementation study of an integrated CHW intervention to address maternal healthcare in rural Nepal. *PLOS Glob Public Health*. 2023;3(1):e0001512. Epub 20230124. doi: 10.1371/journal.pgph.0001512. PubMed PMID: 36963046; PubMed Central PMCID: PMC10021605.

Patil B, Hutchinson Maddox I, Aborigo R, Squires AP, Awuni D, Horowitz CR, Oduro AR, Phillips JF, Jones KR, Heller DJ. Community perspectives on cardiovascular disease control in rural Ghana: A qualitative study. *PLoS One*. 2023;18(1):e0280358. Epub 20230120. doi: 10.1371/journal.pone.0280358. PubMed PMID: 36662744; PubMed Central PMCID: PMC9858357.

Amatya Y, Russell FM, Rijal S, Adhikari S, Nti B, House DR. Bedside lung ultrasound for the diagnosis of pneumonia in children presenting to an emergency department in a resource-limited setting. *Int J Emerg Med*. 2023;16(1):2. Epub 20230109. doi: 10.1186/s12245-022-00474-w. PubMed PMID: 36624366; PubMed Central PMCID: PMC9828356.



If you are interested in making a global impact, please click the link below to donate!

[\*\*https://bit.ly/aighdonate\*\*](https://bit.ly/aighdonate)





Icahn  
School of  
Medicine at  
**Mount  
Sinai**

*Arnhold Institute  
for Global Health*

---

1216 Fifth Avenue  
Fifth Floor, Room 553  
New York, NY 10029

[arnholdInstitute@mssm.edu](mailto:arnholdInstitute@mssm.edu)