Global Health Research Initiative: Launched in July, the GHRI aims to coordinate and improve Canada’s global research efforts. The importance of international cooperation was recognized in the G8 summit’s Africa Action Plan, which opened the door for international partnerships among G8 health research organizations such as the Canadian Institutes of Health Research (CIHR). The GHRI, a collaborative effort led by the CIHR’s Institute of Population and Public Health, is preparing to launch new programs and research strategies (www.cihr-irsc.gc.ca).

Médecins du Monde: This spin-off of Médecins Sans Frontières has provided emergency and long-term medical and humanitarian assistance to more than 20 nations from Kosovo to South Africa (www.medecinsdumonde.org). Médecins du Monde Canada, which opened in 1996, sent out 25 volunteers last year. Currently its nurses and physicians are working in Afghanistan, Haiti, Nicaragua and on the street in Montreal. Online donations to relief efforts in Afghanistan are welcome. For information, email medecinsdu monde@mlink.net.

Médecins Sans Frontières: MSF (www.msf.ca) is the world’s leading independent international medical relief organization, with projects in 87 countries. MSF operations begin as emergency relief programs for people affected by catastrophe, and these relief programs later become rehabilitation projects that may run for several years. MSF Canada sends about 100 volunteers abroad annually. This month MSF is launching Global Health Quest, the first reality-based humanitarian Web site. It will allow users to encounter situations MSF volunteers face in the field.

Physicians for Global Survival of Canada: PGSC members are concerned about social justice and the health implications of war, nuclear weapons and violence. Membership costs $100 annually, and volunteers are always in demand (www.pgs.ca). This physician-led organization educates and promotes policies to the public and government. The organization was instrumental in the campaign to ban landmines that was launched in 1994. PGSC also fosters medical students’ development through their participation on its board of directors and at national and international meetings. Funding is available. PGSC is the Canadian affiliate of International Physicians for the Prevention of Nuclear War (www.ippnw.org), which has more than 60 active affiliates around the world.

Residents without Borders: The year-old Residents without Borders, an affiliate of the University of Toronto’s Centre for International Health, helps residents get involved internationally through guest speakers, a listserv and foreign-placement opportunities. Each year about a dozen of its 130 members go abroad. They are now setting up a primary care project in rural Cambodia. Contact: ut.rwb@utoronto.ca.

University-based groups: Many universities also have medical outreach and global health programs. To find the closest organization, visit www.csih.org Sunshiprog.html.

Other opportunities: Many international organizations are also seeking physician volunteers, including www.medscout.com/volunteers, www.oneworld.org/jobs, and www.globalhealth.org.

— Barbara Sibbald, CMAJ

AIDS: focus on Africa

Facts from UNAIDS (www.unaids.org/hivaidsinfo) and Health Canada
• Number of people infected with HIV worldwide: 40 million
• Percentage who are women: 46%
• Expected death toll between 2000 and 2020 given current control: 68 million
• Number of AIDS orphans worldwide at end of 2001: 14 million
• Percentage of HIV infections occurring in developing countries: 90%
• Number of people infected with HIV in sub-Saharan Africa: 28.5 million
• Number who were receiving antiretroviral drugs at end of 2001: < 30 000
• Current life expectancy in sub-Saharan Africa: 47 years
• Estimated life expectancy in that region without AIDS: 62 years
• HIV prevalence among pregnant women in urban Botswana in 2001: 44.9%
• The prevalence among those aged 25–29: 55.6%
• HIV prevalence among Kenyan women aged 15–19: 23%
• The prevalence among Kenyan men of the same age: 3.5%
• Expected loss to Zimbabwean workforce because of AIDS by 2020: 30%
• Number of new teachers Swaziland will need over the next 17 years: 15 000
• Number needed if there were no deaths from AIDS: 6000
• Number of AIDS-related deaths reported in Canada in 1995: 1482
• Number reported in 2001: 81

IV tubing poses strangulation hazard, hospitals warned

Concern over possible accidental child strangulation has spread from Canada’s living rooms to its hospitals. In a July 30 letter to all hospital CEOs, Health Canada warned that materials such as IV tubing can pose the same danger to infants as cords for window blinds, which have been blamed for 19 deaths in Canada since 1989.

Health Canada spokesperson Tara Madigan says there has been only one reported case of accidental strangulation at a Canadian hospital, but the department has received anecdotal reports of entanglements and near strangulation. The death involved an 11-month-old boy who became entangled in IV tubing at the Royal Alexandra Hospital in Edmonton in May 2000 while being treated for pneumonia.

In its “Dear Health Care Professional” letter, Health Canada recommends that hospitals warn staff about this danger. Hospitals are urged to: (1) stock or substitute locked needles or tubing with safety caps; (2) inform patients and their families about the dangers; (3) ensure IV tubing is always coiled to prevent entanglement; and (4) consider additional barriers to isolation, such as window guards, to prevent entanglement. — Barbara Sibbald, CMAJ