



## Participant & Stakeholders' Progress Report Fall 2007

This year has been a busy one at Project Globe. Four countries are now fully participating in the Project: Egypt, Turkey, Russia and Venezuela. Colombia, which piloted the Physician's Survey in 2006, will complete that Survey in 2007 but hold off participating in the Pilot Study until a future date. The Project has also been identifying ways to contribute in sub-Saharan Africa. As a result, we have identified four initiatives with whom to begin to form relationships through the balance of 2007:

1. the FaMEC Project of the South African Departments of Family Medicine in partnership with the University of Ghent<sup>1</sup>,
2. the WONCA Pan-African Family Medicine Conference<sup>2</sup>,
3. the INFA-MED Project run through the Institute of Family Medicine at Moi University, Eldoret in Kenya<sup>3</sup>; and,
4. the teaching programs of the Department of Family Medicine at the University of Makerere in Uganda.

The Board of Directors and staff have met on a monthly basis. The staff has been active enrolling the countries, establishing the infrastructure and local leadership to manage and implement the project, conducting the first

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<http://www.globalfamilydoctor.com/publications/woncanews/WN%20Feb%2006/index.htm> See pages 5-7

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<http://www.educationforhealth.net/articles/subviewnew.asp?ArticleID=22>

<sup>3</sup> <http://www.chak.or.ke/infamed.asp>

component of the Country Situation/Capacity Assessment with each country, completing the design of the Physicians' Survey, readying it for launch in October 2007, and finalizing the Pilot Study Protocol and all of its components.

The purpose of this report is to provide Project Globe country leaders, participants and other stakeholders with an overview of the current state of the Project in order to obtain your reactions and suggestions as we look forward to 2008.

### Country Organizations

There are active country organizations ready to collaborate on both the Situation/Capacity Assessment and Pilot Study in the four countries mentioned above. In Egypt, the team is headed by Dr. Emam Moussa of the Ministry of Health, in Russia by Dr. Felix Vartanian who heads the Russian Academy of Advanced Medical Education, in Turkey by Dr. Iskender Sayek of Hacettepe University and in Venezuela by Dr. Ada Vedilei past president of the Venezuelan Association of Family Physicians. Each of these country leaders has formed a small team to implement the project and is working with the local Pfizer teams who will be providing logistical support to the Project during this pilot phase.

### Situation/Capacity Assessment

The Situation/Capacity Assessment is underway in all four participating countries. Systems level and organization level data has been collected and compiled in Russia, Turkey and Venezuela. The individual level Physicians' Survey is complete and translated into Arabic, Russian, Turkish and Spanish. Russia has administered the Survey with a response rate close to 95%. The Survey will be administered to either randomly selected or total populations in Egypt, Turkey and Venezuela in November and early December 2007. Basic statistical data will be available by the end of the year and ready for

presentation/publication at a Board Meeting scheduled for January 28--29, 2008.

### Pilot Intervention Study

The basic study protocol has been completed and documented. The CV risk management course is in development. This development has been delayed several months due to problems securing course development leadership and resources. In the spring and summer of 2007, Project Globe enlisted Dr. Michael Boland and the Irish College of General Practitioners to do the content development for the course. After several months of soul searching, Dr. Boland decided that he could not commit to leading the course development effort since he was unable to develop the infrastructure and enlist the support of the Irish College, which felt that participation in Project Globe at this time would stretch its resources too thinly.

Project Globe is now in the process of negotiating with the Center for Effective Practice (CEP)<sup>4</sup> at the Department of Family and Community Development of the University of Toronto to provide the content and overall course design for the CV Risk Management program. CEP is very eager to participate in Project Globe and has the resources and international experience to contribute effectively. In addition, the participation of the University of Toronto in the course design will mean that University of Toronto credits will be given in conjunction with credits from Hibernia College and local universities for completion of the program. CEP is led by Dr. James Meuser who was selected recently as Family Physician of the Year for all of Canada.

Originally, the course was to be available in January of 2008. The change to CEP as the course content and design provider means that

the course will not be available until the second quarter of 2008. Countries will spend the first part of 2008 establishing the internal infrastructure for study management and developing baseline data for all participating clinics/medical practices. An expedited test run of the course is also anticipated for the second quarter of 2008.

The Project's overall data management, biostatistics and data analysis support will be provided by the Applied Health Research Center of the Li Ka Shing (LKS) Institute at the University of Toronto<sup>5</sup> under the direction of Dr. Muhammad Mamdani. The LKS Institute's mission is focused on the translation of knowledge into practice and conducting applied research to enhance the translation process. We are very pleased to have the LKS as a partner.

Although there will be a delay in the launch of the course, we remain highly enthusiastic about the eventual program. We have been gratified with the support and counsel we have received from the University of Toronto. We have particularly valued the contribution of Dr. Ivan Silver, the Vice-Dean of Continuing Education at the School of Medicine, and Dr. Dave Davis of the Faculty of Medicine who also serves as the first vice president for continuing health education and physician performance improvement at the AAMC in Washington, D.C..

### Sub-Saharan Africa

Project Globe will be supporting the four programs listed at the beginning of this report with small, limited unrestricted grants-in-aid. Our goal in supporting these initiatives is not simply to contribute materially in a situation where small amounts of money go a long way. We also hope to begin to develop productive

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<sup>4</sup> <http://www.effectivepractice.org>  
<http://dfcm19.med.utoronto.ca/>

<sup>5</sup>

<http://www.stmichaelshospital.com/knowledgeinstitute/index.php>

professional relationships and learn more about the region and its needs in order to develop a strategy to create services to meet the unique needs of this part of the world.

## Looking Forward

The balance of this year will see the completion of the Situation/Capacity Assessment in all participating countries and the drafting of preliminary reports. The basic outline of the CV risk management program will be completed and available for review and comment and firm schedules for course delivery published by year-end.

In 2008, the Project will begin to roll in full force as data from the Situation/Capacity Assessment is published, the Pilot Study infrastructure is established in each country and study baseline data collected and compiled through the first half of the year. In the second quarter the course will be ready for testing and launch a month or two later. By the end of 2008, the first round of students should have finished the course and, much more importantly, made a significant impact on CV risk among the patients they serve.

Pfizer has provided the seed money for Project Globe in a completely “arms length” relationship to date and will continue to do so for 2008. Pfizer’s support, both centrally and in each participating country, has been crucial and enabled Project Globe to come as far as we have in this short time. As we move forward into 2008 and beyond and begin to realize the Project’s potential, it is critical that Project Globe generate additional sources of funding and if possible become self-sustaining. The Board of Directors believes that as we work hard to implement the Project in the remainder of 2007 and through 2008, we also need to begin aggressively planning to secure the Project’s financial viability for tomorrow.

Finally, the President and the Members of the Board of Project Globe extend to each of you their heartfelt appreciation and gratitude for all you have contributed to date and for your continued support and collaboration.

**Questions and comments.** Please direct any questions or comments you may have to Tom Thomson, Executive Secretary, and Project Globe Consortium for CPD at [tom.thomson@globecpd.org](mailto:tom.thomson@globecpd.org) or by calling him in the United States at +1 508-252-9854.

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Visit the Project Globe website at <http://www.globecpd.org> for relevant Project information and updates and to see photos of country participants and local leadership.

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\*Executive Committee of the Board