

About

Global Medical Knowledge, Inc. (GMK) is a 501(c)(3) non-profit corporation established in January 2007 to bridge the medical knowledge gap between developed and developing nations. GMK uses technology to improve access to current, actionable medical information in developing countries and to build collaborative partnerships among medical educators around the world.

GMK employs a new form of capacity building that focuses on technology-based knowledge sharing. By empowering healthcare providers and educators, GMK seeks to make a positive contribution to improving and expanding high-quality healthcare in developing countries by complementing, enhancing, and connecting medical training.

With the continuing dispersion of technological infrastructure,¹ even to the poorest regions, global medical knowledge transfer is becoming more and more viable.

Premise

In Jan-Feb 2003, GMK Founder Michael Maltese traveled to South Africa to coordinate logistics for an international academic conference hosted by Princeton University. While there, he traveled to Malawi, where he visited the College of Medicine (COM) in Blantyre, Malawi's only medical school. In a country of approximately 12 million, there were only 252 registered physicians.² Moreover, only half were trained in Malawi. Dr. Robin Broadhead, principal of the medical school, invited Maltese to audit the state of the college's IT resources, during which he noticed that donated computers were not being fully utilized and that outdated textbooks were used in course instruction. Seeing the opportunity to update the informational resources at COM, Maltese began to advocate on behalf of COM. In June 2003, Maltese successfully negotiated with Oxford University to offer their distance education program in immunology for free³ to COM's chief of epidemiology, which enabled him to teach his students using the most current research on the diagnosis and treatment of tropical diseases. This deal was brokered through email over the course of several weeks, which led Maltese to realize that it is possible to persuade major universities to share educational resources with needy medical schools in developing countries. Moreover, it could be done cheaply and through the Internet.

High-quality medical content already exists and is digitized, however what is needed is an organization to facilitate connections between content providers and medical institutions in developing countries. Additional benefits include *new global partnerships* emerging from increased interaction among physicians and medical educators across the globe and *greater healthcare capacity* in countries where the brain drain has exacerbated an already severe shortage in trained medical staff.⁴

GMK was founded to meet these challenges and endeavors to learn about medical training needs in developing countries and formulate technology-based solutions.

¹ See: Barbara Aronson. Improving Online Access to Medical Information for Low-Income Countries. *New England Journal of Medicine*. 350(10). 4 March 2004. 968. According to Economist Intelligence Unit (EIU)'s 2007 e-readiness rankings, Asian and African nations are catching up with big net users such as Denmark. *BBC News*. Global net use makes rapid rise. 27 April 2007.

² Adamson S. Muula. Nationality and country of training of medical doctors in Malawi. *African Health Sciences* 6(2) June 2006. 118.

³ International students enrolled in the course were charged approximately \$1000 for tuition and materials.

⁴ See: Leana Wen. Where Are the Doctors? *The New York Times On The Ground Blog*. 25 June 2007.

Approach

Apply innovative technologies to enhance global health knowledge sharing.

Target the health gap between rich and poor, and between developed nations and developing nations, by connecting people in a global network.

Employ web-based technologies to streamline the transfer of current, region-specific medical information to medical training institutions in developing countries.

Develop a resource-sharing infrastructure that will enable individuals as well as international health organizations to deliver a greater collaborative impact.

Current Projects

Building a Network: Organizing a collaborative network of medical training institutions and educators around the world that will provide a forum for the exchange of medical information and ideas.

Creating an e-Medical Resource: Compiling current electronic health resources via a web portal to complement medical training in developing countries.

Timeline

January <u>2007</u>	Global Medical Knowledge, Inc. (GMK) established in Massachusetts as a non-profit corporation
Feb - April	Advisory Board of prominent experts formed
May	GMK holds its first Board of Directors meeting in Cambridge, MA
June	2007 Wharton MBA Jeremy Greenberg, New Sector Summer Consultant, joins GMK
July	2007 Harvard grad Kristen Lynch joins GMK as a Project Coordinator for the summer
August	GMK receives 501(c)(3), tax-exempt status from the U.S. Internal Revenue Service GMK featured on BBC Radio's World Business Daily (9 August) Adrienne E. Shapiro of Johns Hopkins University joins the GMK Board of Directors
Sept-Dec	GMK works with the University of Pennsylvania on an NIH-sponsored project to improve accessibility to AIDS research in Malawi GMK works with a team of Harvard Business School MBA students to enhance program offerings
Jan - April <u>2008</u>	GMK works with a team of Wharton School MBA students on a project in Malawi Sun Mi Yoo and Trent Ostler of Harvard Medical School and Children's Hospital join GMK
May - July	Dr. Chetan Seshadri (GMK Advisor) travels to Malawi to meet with physicians, educators, NGOs, etc. With UPENN, GMK launches Malawi Social Science & HIV/AIDS (MaSoSHA) Research Database Stephanie Koh joins GMK as a New Sector Summer Fellow



Board of Directors (To learn more about GMK Directors, please see our website)

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To contribute a donation, expertise, or time, please visit our website:

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