A Reflection on my Margolis Summer Internship
By Ronit Sethi

Before arriving at Duke, if you asked me what the concept of ‘global health’ was, I probably would have given an answer along the lines of “that’s when doctors treat patients in developing countries, right?” Taking an introductory Global Health class my first semester at Duke showed me that ‘global health’ is an expansive, transnational system of efforts for promoting wellbeing and equitable health outcomes across the world. It combines clinical and population health, and emphasizes on social determinants that cause health outcomes instead of just managing health issues as they arise.

This was the first time I truly thought of health beyond the context of tertiary care. And I realized early on that combatting structural determinants and preventing negative health outcomes wielded returns far greater than from only bolstering medicalized treatment plans. This, to me, became the vital essence of global health: taking a holistic approach to the forces that shape and materialize within a framework of human wellbeing.

For someone who wanted to be a physician for most his life, I realized how much there was to health beyond designing a course of medical care, a part that I felt could not be ignored in my future career. Somewhere in the midst, I wanted to engage in global health research, understand more about healthcare systems in resource-poor areas and design interventions that could support long-term improvements. In search for mentorship to guide me towards such a goal, I applied to the Huang Fellows program and quickly decided I wanted to delve into health policy—a world where determinants and global transitions in health were at the forefront.

Assigned to the Center for Policy Impact in Global Health led by Dr. Gavin Yamey, with mentorship from Dr. Wenhui Mao and Kaci McDade, my project for the summer was centered around the phenomenon of ‘donor dependency’: when low-income countries become reliant on foreign aid from donor countries to operate their health sectors and ensure healthcare access and efficacy. My job was to conduct a scoping literature review on what was currently known about ‘donor dependency’ in health—definitions, trends, geographic scope, and implications. Whereas most my previous internship experience was in ‘wet’ lab settings, where I was working with tissue samples, reagents, and biomolecules, this was the first time I was looking at health through the scope of international resources and sector-wide outcomes. This was also the first time I was analyzing policy-level solutions rather than molecular ones. Thus, the research and communication process was quite different.

Naturally, it was challenging at first. I found that I was implementing a very different type of thinking, revolving more around the effects of dollars and programs on broad outcomes rather than hormones and therapies on individual ones. Making the cognitive shift to a political and social sciences lens and interpreting new types of designs and methodologies in literature took a lot of work, but as I engaged further, it became uniquely rewarding. I found myself learning about national health policy contexts, more efficiently assessing articles, and putting
together a larger picture on donor dependency that could inform disease burden, even at the individual clinical level.

The project itself was a wholly collaborative venture. Because the scoping review required multiple members screening through articles, agreeing on criteria, and implementing changes, communication was critical. I was consistently meeting with Wenhui and Kaci in a virtual environment, setting collaborative project goals, and relaying ideas, eventually to arrive at consensus. I found that I enjoyed and worked productively in a dynamic team setting that required short but frequent bursts of face-to-face engagement. It kept me constantly engrossed and grounded in my project.

As an undergraduate who was directing the course of the review and relaying needs as they arose, I often felt apprehensive discussing results, ideas, or decisions, knowing I was speaking to policy associates with decades more of experience than I. However, my internship carried me along a road to finding my voice—understanding my limitations and critically regarding guidance, but also defending my choices and interpretations with evidence. I understood my place as a second-year undergraduate, but I never let that stop me from being an active, thoughtful contributor. By the end, I was comfortable and excited to express to my thoughts, and I reframed the way I saw feedback from my mentors—not as a mark of intimidation or ill-intention, but rather as a means to learning and improving my work.

While I haven’t yet arrived at the final results of my project, I realize the type of work I am doing can influence health at a highly upstream, international level, and that is why I love doing it. Performing research in a stimulating environment as the CPIGH has deepened my understanding and appreciation for what health policy can do and how it should be approached to maximize its impact. I hope I can continue to effect health policy as a future physician, taking on a career where I can translate patient experiences into advocacy and positive systemic change.