There is increasing interest among both medical and other professional communities in becoming involved in global health, development, and other charitable work. There has also been a proliferation of opportunities in the field. Nonetheless, it is still difficult to find practical information on the daily realities of development work or advice on the difficulties inherent to this type of work. This article is intended for individuals who are interested in becoming involved in global health and development work. Through a discussion that touches on development economics, the history, psychology, and current state of development aid, the common conflicts, as well as the rewards of development work, this article aims to prepare the interested individual for the experience of global health and development work. The article also provides practical suggestions and references for those searching for an opportunity in the field, with an emphasis on global health opportunities.

So you think you want to save the world. Good for you. Here is a bit of advice:

Wanting to help is not sufficient. First, you need to get informed. You are not the first to try, and those who came before you left a complex legacy. One efficient person cannot operate efficiently in an inefficient system, and most who quit burn out rather than fade away. Still, there are many low-hanging fruit, and you can make a difference in people’s lives. It is far more difficult to make a difference in the system — most never do.

Are you still interested? Then make it happen.

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†Abbreviations: LLIN, long-lasting insecticidal nets; NGO, non-governmental organization; CHW, Community Health Worker; BRAC, originally Bangladesh Rural Advancement Committee, now Building Resources Across Communities; AAP, American Academy of Pediatrics; AMA, American Medical Association.

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WANTING TO HELP IS NOT SUFFICIENT.

Almost everyone wants to help. That’s a good place to start, but it’s not enough. The history of development work is a veritable graveyard of good intentions. Even having the means to help is not enough. Here is an example: Suppose my organization has decided to distribute Long-Lasting Insecticidal bed-Nets (LLINs)† to a rural population in your average sub-Saharan country. The efficacy of LLINs in the prevention of malaria is well proven. Suppose also that my organization is blessed with a budget sufficient to purchase and distribute these nets to the needy population. Because my organization would like to help as many people as possible, we solicit bids from various LLIN producers to ensure that we obtain the maximum supply allowed by our budget. Furthermore, because it has been proven that charging even nominal fees for health-related services is prohibitive to most members of the target population, my organization also plans to saddle the cost of free distribution.

The lowest bid comes to us from a Vietnamese bed-net producer, and we are able to provide 35,000 nets to a rural population of 50,000 people. Congratulations all around! Except for a few things. Because of the slow but steady economic growth of the country, even prior to our intervention, there had been a growing domestic market demand for bed-nets. There were even some local entrepreneurs who had begun modest domestic production of LLINs. They were aware of the project, though their production capacity was insufficient, and their price was not competitive with large-scale international bids. Most likely, our intervention will put these entrepreneurs out of business and eliminate domestic capacity for LLIN production for years. Our independent distribution of nets will also be problematic for local businessmen and shop owners who had previously profited from bed-net sales. Furthermore, LLINs need to be re-treated with insecticide every 6 months, the materials for which are now unlikely to be easily available after the completion of our project.

Prior to our intervention, the cost of an LLIN on the market (throughout the country) may have been 4 dollars; during our intervention, it may drop to 50 cents. Two years later, the cost may be 8 dollars. While this is a somewhat well-tread example in the development world, it is a classic illustration of good intent gone awry.

While the details are different on the level of the individual volunteer, the lesson is the same. Arranging, coordinating, and hosting volunteers have significant costs that may be borne by the population you are hoping to help. This is especially true given the spectacular hospitality and attention that visitors are often accorded and the higher standards of living that they expect compared to their local counterparts. Before you offer yourself as a resource, ask yourself what you provide as a volunteer: What skills will you be bringing with you? Is that skill-set available domestically? Are you underbidding a local student by providing free labor — or more frequently these days, by paying for the opportunity to work for free?

The truth is that you won’t find many actual “volunteer” positions anymore. More often, the “volunteer” is asked to pay a tuition fee that will cover the cost of his arrangements. Sometimes these volunteer fees will account for the entire budget of the organization with which you are working. If that is the case, you may now be engaged in Development or Medical Tourism. This doesn’t mean that your actual physical help isn’t welcome, but in most developing world sites, human labor (especially unskilled) is in ample supply and impressively cheap. In the worse-case scenario, rather than becoming integral to the project, your presence will be merely tolerated because you are paying the bill.

This is not to say that development tourism has no place. You are, after all, funding a project that may be doing real good. Just be aware that you are indeed receiving something in exchange: the experience of visiting and working at the site. My first experience in the developing world was as an undergraduate; I spent 4 weeks volunteering at Nepal’s only pediatric hospital in Kath-
mandu. I paid a weekly “tuition” of a few hundred dollars for the experience. As an undergraduate, I had no medical skills or training, and it was sometimes difficult to find something to do in the hospital. One of the few places where I found hands-on work was on the physical therapy ward, where I performed stretching maneuvers on disabled children. The paid Nepali physical therapist was glad to teach me how and subsequently spent this time smoking cigarettes in the bathroom. I finished the month with the feeling that I hadn’t really been needed and that the only thing I had provided to the hospital was the tuition fee I was paying. It was a difficult revelation for someone bent on personally helping. I found myself reflecting on the impressive amount money I had spent to get myself there and imagining what equipment could be bought for the price of the CDs in my backpack. Ultimately, I was glad to have gone, but I had to come to terms with the fact that my time there was more self-serving than I had intended; while it was educational for me, it was less than vital for the hospital.

Your experience with development tourism may set you on a path to lifelong development work but may just become a story about your adventure in Africa. While you investigate volunteer opportunities and organizations, consider this: Would this organization benefit more from your presence or from receiving a donation equivalent to both your tuition fee plus the cost of your plane ticket? If the answer is the latter, that doesn’t mean you should not go, it just means that you should be self-aware about your role and what you will be receiving from the experience.

**FIRST, YOU NEED TO GET INFORMED.**

While it goes without saying that you should to learn a few things about the culture, conflicts, language, and history of your destination — the developing world — you should also familiarize yourself with the culture, conflicts, language, and history of the development world — the world of non-governmental organizations (NGOs) and development agencies. The history of the development world is itself voluminous (though the books discussed below are a good place to start). Despite or perhaps because of this long history, there are those who now question the fundamental value of the aid system. There are those who have begun to ask: Are we doing any good? Why do so many people still live in poverty? Despite 50 years and billions of dollars, the answer is not as obvious as you might expect. Two of the most well-known voices in this debate, and perhaps the most antithetical, are Jeffrey Sachs and William Easterly.

Jeffrey Sachs is a Harvard-trained economist who came to prominence largely for his macroeconomic work in Eastern Europe during the transition from communism to free-market economics. He later dedicated himself to sustainable development and is currently the director of The Earth Institute at Columbia University. In his book *The End of Poverty* [1], Sachs presents the argument that it is possible to end extreme poverty in our lifetime. He argues that poverty has not yet been eliminated because we have not applied our resources in the appropriate manner and also because we have not provided sufficient resources to the problem. This is an argument that Easterly later calls the “Big Push,” the idea that with one additional push — the concerted application of more resources in the appropriate manner — we can finally eliminate extreme poverty.

William Easterly is skeptical of this assertion. Easterly is a MIT-trained economist, who, after 16 years working for the World Bank, became a professor of economics at New York University. In his book *The White Man’s Burden* [2] (a reference to the Kipling poem of the same name), Easterly argues that poverty will never be eliminated by “Big Push” strategies. Furthermore, he argues that poverty will never be eliminated using our current strategies because of the fundamentally flawed structure of contemporary development aid. Easterly distinguishes between two fundamental development strategies: the strategy of “Planners” and that of “Searchers.” The current structure of development aid is dom-
inated by Planners; programming is con-
structed, often remotely, by governments,
NGOs or other experts, and subsequently
applied to target populations in a top-down
manner. Searchers, on the other hand, tend
to operate more like entrepreneurs; rather
than approaching predetermined problems
with preconceived solutions, they identify,
often from a local perspective, specific prob-
lems with attainable bottom-up solutions.
Easterly argues that, due to myriad practical
uncertainties, Planners and their projects are
doomed to failure. Searchers have better
(though not assured) chances of success.
While he declines to offer specific recom-
mandations on how to fix the structure of
modern development aid (that would, after
all, make him a Planner), he suggests that
structural alterations are needed that incent-
tivize and reward successful Searchers
(rather than well meaning Planners).

A more recent addition to the choir of
skeptics is Dambisa Moyo, a native of Zamb-
ia and economist who trained at Harvard
(taking classes from Jeffrey Sachs) and Ox-
ford. Her recent book Dead Aid[3] goes fur-
ther than Easterly and argues that
development aid (specifically budgetary aid
received by governments) itself retards the
independent development of aid-indepen-
dent economies by fostering corruption and
dependency, fueling inflation, and creating
debt burdens. She discusses alternative
sources of funding for the developing world
and strategies for weaning from aid-depen-
dence. Although she has met with some re-
sistance from within the development world
[4,5], her ideas have gained traction in some
areas as well [6].

Before you commit your time, energy,
and perhaps money to a development pro-
gram, it is important to know that there are
those who doubt even the most fundamen-
tal assumptions of the development world:
that we are helping. Much as in medicine,
the primary principle of aid work should be:
First, do no harm. As we have discussed,
good intent alone is not sufficient in this re-
spect. Educating yourself through literature
is a good place to start and may help you
avoid some of the pitfalls of the past. Ulti-
mately, however, you will become an expert
in your field of development only through
personal experience — by getting into the
field and working.

YOU ARE NOT THE FIRST TO TRY,
AND THOSE WHO CAME BEFORE
YOU LEFT A COMPLEX LEGACY.

As you enter the development and the
developing world, you become part of a sto-
ried history. As a foreigner from a developed
country, almost regardless of your personal
history, you are heir to a legacy of explor-
ers, traders, missionaries, colonists, sinners,
saints, tourists, and the occasional well-
meaning do-gooder. As someone working
within the development world, you are heir
to decades of defunct projects, governments
and NGOs, successes and failures, and the
fickle nature of the donor community. This
history has left a legacy that will affect you,
both as you walk the streets of your new
home and within the project with which you
work.

Unfortunately, this history and its
legacy have been shaped by a nearly peren-
nial paternalism: the dynamic in which a rel-
atively wealthy, developed, or otherwise
privileged authority dictates a restrictive
course of action for their underprivileged
subordinates, supposedly in their best inter-
est, and often irrespective of their professed
desires. Paternalism was explicit and insti-
tutionalized in the days of colonialism and
remains implicit in many interactions today.
Although the development world has striven
to outgrow this history and to reconceptual-
ize aid recipients as peers in the planning
process, it has not been wholly successful.
Unfortunately, paternalism is difficult to
avoid in a system that mediates between par-
ties with such disparate levels of physical,
monetary, and educational resources. It is
tough to avoid thinking that you know better
than they do. It is also important to realize
that this dynamic does not exist only across
international or racial lines — it occurs do-
merically as well. Unlike in America, where
few enter development work for its mone-
tary rewards, in much of the developing
world, working with an international NGO is a lucrative and respected career. As such, local NGO staff or local physicians in the hospital often represent the most privileged and educated subset of the local population. Some may have received their education at prestigious western academic institutions. The same dynamic of paternalism may also exist between this privileged sect and the poorer compatriots with whom they work. You can imagine that calls from donors for community buy-in and village-level guidance of development projects are ineffective if the skepticism inherent to paternalism exists at any level of an organization.

You will have to work to avoid falling into the rut of paternalism. Try to remember: Individuals, regardless of their educational, economic, or cultural background will most always act in the way that they believe to be most beneficial to themselves and their loved ones. More often than not, when it does not seem that someone is acting in this manner, it is because either you or they do not understand the situation. More often than you might expect, it’s you. You will find, however, that with the help of a good linguistic and cultural interpreter, many of these misunderstandings can be resolved over the course of a conversation.

Aid recipients have reasons to play into this history of paternalism, as well. If you were living in dire poverty, unsure even of whether you would eat tomorrow, and were approached by an organization touting a questionable development scheme, though offering monetary, agricultural, or educational support, would you be more likely to tell them it was a great idea (and take what you could) or that it was a terrible idea (and see what happens)? Sadly, the culture of aid is such that the aid recipients, who directly experience the success or failure of a project, have no power to affect the revision, management, or implementation of future projects. Aid recipients have no leverage; they cannot take their business elsewhere or vote for someone else in the next election. In an environment saturated with poverty, it is in the aid recipient’s interest to please their benefactors and tout their successes, lest that benefactor cut their losses and move on. Although recently there is increasing emphasis on rigorous monitoring and evaluation of predetermined outcomes for development projects, historically, NGOs have emphasized their donor portfolio or total budget as a proxy for the work they are performing. This is an odd twist by which the organizations are valued for how much money they can raise and spend, with no mention of what effect this money has had on aid recipients. On the level of individual projects, allotted money that is not spent is recalled and may negatively affect the amount of money provided to similar projects in the future. The system thereby incidentally encourages spending as an end in itself. This reversed incentive structure has been the status quo in the development world and has shaped the environment in which you will be working [2].

**ONE EFFICIENT PERSON CANNOT OPERATE EFFICIENTLY IN AN INEFFICIENT SYSTEM, AND MOST WHO QUIT BURN OUT, RATHER THAN FADE AWAY.**

Almost regardless of what work you are doing, you will be less effective than you would like. Your achievements will be limited by a scarcity of local resources, local knowledge and capacity, and poorly functioning local and international institutions and bureaucracies. These factors almost define the developing world environment. While you may be able to quickly produce a grant proposal, project budget, complex statistical analysis, or triage a sick patient, the overall efficiency of the system is limited by factors beyond your control, such as the government office from which you must source your data or that must approve your budget or by the hospital pharmacy that will be without quinolones until next Tuesday. This does not mean that there is no role for emphasizing efficiency in your own work — a day saved is a day saved — and one can argue that fostering efficiency in those around you is a capacity building enterprise. Still, in a complex system in which you are
only one of many actors, significant increases in your own efficiency (which may come at the price of sleep, health, or perhaps sanity), is likely to have diminishingly small returns.

This is the reality that underlies one of the most frustrating experiences of development work: confronting the apparent apathy that many seem to display regarding the prevailing conditions or the dysfunction of existing institutions. You will find that others do not seem to have the same sense of urgency that you have. You will find that many seem resigned to the plodding pace and peculiar inefficiencies of many transactions. You will feel that you are exerting an inordinate amount of energy trying to get others to do their jobs. You will be frustrated. If you’re not careful, you will give up. The simple fact of the matter is that if you commit yourself to daily superhuman efforts to glean marginal returns out of an inefficient system, you will not be around long enough to enact significant change; You will burn out. This is a lesson that those accustomed to inefficient systems have learned for years. A lack of indignation when confronted with “the way it is” is not necessarily apathy; it may be self-preservation. It may also disguise a keen eye for battles that are worth fighting and others that are not.

Between my third and fourth year of medical school, I spent time working for a large, well-funded rural development project in Ghana and Tanzania. I had decided to take a year off from medical school to gain more on-the-ground experience in development, and after scouring the Internet to find a project that interested me, I solicited an unpaid position for the year by e-mailing project staff and offering myself as free labor. While working in Tanzania, I was excited to discover that the regional office of the National Health Service had begun to archive their monthly clinical data into a computerized system. When I requested to review this data, I was informed that the data entry technician was on leave for continuing education. I would have to wait until he returned. Unfortunately, he would be returning in 2 years, after completing his next degree. Until then, no one present was able to access the system. While I wanted to rail against the stupidity of this arrangement, my local coworkers, as well as the staff of the Health Service office, knew better than I that no degree of agitation would alter the hiring and continuing education policies of the National Health Service, nor make funds available for an additional technician in the interim.

If you do not deal well with frustration, you will not deal well with development work. Be prepared.

STILL, THERE ARE MANY LOW-HANGING FRUIT, AND YOU CAN MAKE A DIFFERENCE IN PEOPLE’S LIVES.

Despite the arguable systemic failures of development aid, the dubious legacy of paternalistic interventions, and the inevitable frustrations of daily work, you will find that there are innumerable opportunities to help and make small though real differences in individual’s lives and the workings of individual institutions. There will be times when your most mundane talents — the mathematics, organizational skills, and computer literacy that have been ingrained by decades of education — will form the basis of significant interventions.

As a first-year medical student, I volunteered for a month at a charity hospital in Mongolia. I arranged the opportunity through the connections of an Emergency Medicine physician who worked at my medical school and had an ongoing interest in global health work. While there, I spent days sifting through a locked hospital ward that had been filled with dusty boxes of uncataloged donated goods. The Jesuit nuns who ran the hospital did not trust the local staff to have unfettered access to the goods, though never had time to sort or review the shipments. As such, the goods went unused in a hospital severely in need of physical resources. By merely cataloging the goods and producing a simple stock list (that I surreptitiously provided to the Mongolian physicians), we were able to significantly improve some of the
daily workings of the hospital. We found a trove of antibacterial soap, which we placed at every sink in the hospital, and boxes of high quality socks, which we provided to the largely indigent patient population.

During my time in Ghana, I worked in an office in which the staff was entirely Ghanaian (with the exception of myself), and the majority of supervisory-level staff boasted graduate degrees, as well as years of experience in their fields of expertise. They were each provided with laptops by the project. Despite their level of education, however, they were relative novices with computers and the Internet, and the laptops quickly became super-infected with all manner of viruses. By taking time to install and maintain good anti-virus software on their computers, I significantly improved the functionality of those machines and their users. During my work with the same project, I spent a significant amount of time organizing a village-based Community Health Worker (CHW) program. While my medical background was helpful (I was between my third and fourth year of medical school at the time), really it was my ability to use Microsoft Excel to create user-friendly flow-sheets and data collection forms that allowed me to create a program of daily work for our CHWs in the field.

If you will be performing clinical medical work, there will be many opportunities to help; there is always a shortage of available practitioners and an excess of patients to be seen. Although there are perennial debates over how to best allocate funding, ensure continuity of care, and prioritize local capacity building over single serving medicine, if your presence improves the care of a single patient or helps provide care to otherwise unserved patients, you have done some good. Most of the debates in global health work revolve around how to do the most good for the most people. There are rarely (though not never) accusations of overt harm. Rather, you are more likely to be accused of inefficiency or waste — that the resources you used could have been more appropriately or efficiently used to do more good for more people. If you’re trying to save lives on a budget, this is a serious issue.

Before you embark upon international clinical work, you should also be realistic about what you will and will not be able to do. Do not be misled into thinking that your western medical education has prepared you for the practical realities of managing patients in a resource-poor environment. Remember, if you are still a student of medicine at your home institution where you are familiar with the language, culture, resources, and practical procedures of life in the clinic or hospital, you will have even more to learn in your new work environment. Do not expect that your background will immediately make you a more effective caregiver than your locally trained counterparts; it will not, and you won’t be. It will be the case, however, that the rigors of your medical education, the command of the principles of medicine that it has allowed, and the critical thinking and creative problem solving that it has encouraged will make you a quick student in your new environment. It will not be long before you begin to recognize situations in which you are truly qualified to help.

It is far more difficult to make a difference in the system.

In development work, most of your victories will be small ones. Helping a person is easy; helping a population is difficult. Helping a person often requires only a physical resource, while helping a population requires changing systems. People are sometimes stubborn, but systems are routinely intractable. Unfortunately, if you spend all your resources on easy wins by helping individuals, without changing the systemic causes of their needs, your work will never be done. To a first approximation, this is the difference between relief work and development work — the difference between giving a man a sack of corn and teaching him to farm or between treating a sick patient and training a local health worker who can treat that patient on their own. Both relief and development work have their places, though their goals and techniques can sometimes be very different. Make sure you know which you want to do.
Relief projects are most often time-limited and aimed at temporarily providing individuals with a package of unavailable resources in the setting of abrupt lack. Relief organizations, such as Doctors Without Borders [7] and the International Committee of the Red Cross/Crescent [8], operate in the wake of natural and manmade disasters such as droughts, earthquakes, epidemics, and wars. Their mandates are limited in time and scope, and while they undoubtedly work to build capacity as they undertake their interventions, their ultimate role is to provide temporary support that is beyond the capacity of local systems. Development organizations, on the other hand, most often eschew situations of conflict and instability and prefer to establish a long-term presence, which allows for ongoing projects aimed at sustainably helping individuals by changing local systems or by building local capacity to change these systems. There are innumerable development organizations in the world; a few noteworthy ones are Partners In Health [9], BRAC [10], and The Millennium Villages Project (under Jeffrey Sachs) [11].

Though relief work is critical to saving lives during times of strife, most would agree that sustained economic and infrastructural development is the higher goal, as it will ultimately allow today’s resource-poor countries to be capable of responding to future disasters without the need for significant international support. For those interested in international work, it is important to be aware of the relief-development distinction as you investigate work opportunities. There are those whose personality, skills, and interests will not necessarily lend themselves to the high-stress, unpredictable world of relief work, whereas there are others who are little interested in the slow battle and myriad challenges of changing systems through development work.

**ARE YOU STILL INTERESTED? THEN MAKE IT HAPPEN.**

So you still think you want to save the world? Great. Ultimately, no amount of preparative advice will be as educational as experience in the field. And in reality, if you are interested in finding international work and are willing to set aside time and some relatively modest resources, you will be able to find an opportunity to work. Depending on your interests, initial forays into development work can last anywhere from weeks to months. If you are inexperienced, it is less likely that you will find work with a relief organization, as the nature of disaster response is such that there is little room for novices. There are, however, myriad development organizations with which you can begin to gain experience. Some organizations, especially those focused on surgical issues, such as cataract [12] or rectovaginal fistula repair [13], will sometimes send teams on relatively short missions of a few weeks, which can be squeezed into a short vacation. Somewhat longer experiences, on the order of 1 to 3 months, can be arranged during seasonal breaks or elective time. You should also strongly consider the option of taking time off from your studies to allow for a more significant experience in development work. At many medical schools, it has become common to spend an additional year, most often between the third and fourth years, doing research, studying for an additional degree, or otherwise pursuing your academic interests. If you are interested in development work, then the developing world is your academia, and although it is not typically how this time is spent, it is generally also possible to take a year off in pursuit of development experience.

There are a number of ways to find the development experience that is right for you. The most important step in the process is deciding what it is that you want to do. You will need to decide whether your interests are ultimately in research, clinical work, public health, policy, or some other field, as well as whether there is a particular location where you would like to work. While you may not be able to find your dream job, with these parameters in mind, you can begin investigating what opportunities are available. Take advantage of the staff at your institution who are actively involved in international work. Although their work may not be
exactly to your interest, the development world is rather small and you will often find that they can point you in the appropriate direction or make valuable introductions. Many teaching hospitals will list faculty research and extracurricular interests on their departmental websites, which can be a good place to start a search. Some institutions will have websites dedicated to their various global health projects and collaborations. For residents, many institutions will have a Global Health Track (or equivalent) that arranges international clinical electives [14]. Even if you are not a resident, look into the programs and talk to the organizers; there may still be opportunities for you. Ultimately, the best place to start may just be to ask around and meet the players at your institution. If you haven’t found connections within your institution, don’t forget that most professional societies, such as the American Academy of Pediatrics (AAP), and the American Medical Association (AMA) have sections on International Health, which can also provide useful information in your search [15,16]. You might even consider attending a professional society conference (e.g., the AAP, the AMA or one of the yearly conferences from International Society on Infectious Diseases [17], etc.), at which the networking opportunities will be ample and you are liable to encounter many projects that interest you. There are even conferences dedicated exclusively to global health and development, such as the Unite for Sight Global Health and Innovation Conference [18]. Finally, take time to explore the Internet. Every development organization has a website that will provide basic information on their projects. Once you find a project that interests you, start emailing and offering your services. With a little persistence, it will not be that difficult to find an opportunity. Funding is not always as easily available.

There are a number of ways to sponsor your time in the developing world. Some organizations, such as Unite For Sight, which organizes surgical missions to perform cataract repair, will integrate fundraising activities into the pre-departure program for all volunteers, allowing you to use their organizational banner to help collect funds for your trip, though also requiring that a certain amount of funding is provided for each trip [12]. For those interested in clinical research and willing to commit a year of time, there are several fellowship programs that sponsor students to do international clinical research during medical school. The Fogarty Fellowship Program [19] has a number of well-established international research sites, and while the Doris Duke Fellowship Program is largely domestic, it also sponsors a number of researchers at international sites each year [20]. For those less interested in research-based experiences, more creative methods for sponsoring your travels may be necessary, and self-sponsorship is often a large part of the solution. Some teaching institutions, physician’s professional societies, and other non-profit organizations will sometimes offer travel grants if your work meets certain criteria, though they don’t often cover full expenses.

You should not, however, let concerns about funding dissuade you from development work. Ultimately, life in the developing world is cheap. Your biggest outlay of funds will be for your plane ticket, which, if you are heading to Sub-Saharan Africa from the United States, is likely to cost you $1,000 to $2,000. Housing is the other major expense. Although an organization may not be able to pay you, they may be able to provide housing or connect you with an affordable local host. If you are being quoted prices that seem inappropriately high, it is often because your hosts assume that you’ll want luxuries like television, air conditioning, or hot water (not necessary in the tropics). Anywhere you go, there will be expatriates willing to pay Western prices for living standards equivalent to their western origins. Living basically, however, is always very affordable. With a frugal budget, you will likely be able to sponsor an entire year of work in the developing world for $5,000 to $10,000 or less. Although that is not an insignificant amount of money, it is not an unreasonable price for a potentially career altering experience, and given the easy
availability of student loans, you may find the funding fairly easy to organize if you are willing to add it to your debt burden.

Much like development work itself, finding and arranging an international experience that is to your liking simply takes the proper motivation, creativity, and a bit of persistence. If you’re not well-informed about what you’re getting into, you may find yourself mired in a failing program, playing catch-up to correct the missteps of the past, and wondering whether you’re helping at all. If you keep your wits about you, though, and are prepared to deal with a bit of frustration along the way, you’re liable to find a space in which you can meaningfully affect people’s lives and maybe even a space in which you will be able to commit yourself to patiently working toward the long-term development of a society in need.

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