

Global Health & Medical Education

Mohammad Zubairi
PGY-3 Pediatrics, McMaster University

Neil Arya
Director, Office of Global Health, University of Western Ontario

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CAPIH Resident Session

Our take on Global Health?

- A transdisciplinary and interprofessional field that addresses the clinical, public health, research and educational goals and actions targeted to eliminate health disparities around the globe and achieve equality of health care
- Both local and international perspectives
 - Local
 - Immigrant & refugee health
 - Poverty & Homelessness, Shelter Health
 - Aboriginal Health
 - Addictions
 - International:
 - Development & Humanitarian Assistance
 - Warzones
 - Natural Disasters

The LANCET Definition

- A field of study, research, and action addresses the health of people everywhere, with special focus on health disparities;
- Bridges the divide between medicine and public health through practices that are responsive to both community and individual health care
- Prevention as well as curative and rehab care
- Engages health and non-health science disciplines to bring coordinated action
- Provides training of skilled health workforce at all levels
- Provides a platform to stimulate interactions among multiple stakeholders

From GHEC

- **'Global Health'** relates to health issues and concerns that transcend national borders, class, race, ethnicity and culture. The term stresses the commonality of health issues and which require a collective (partnership-based) action.
- **'International Health'** relates to health practices, policies and systems in countries other than one's own and stresses more the differences between countries than their commonalities. It is a concept more focused on bilateral foreign aid activities than on collective action, to disease control in poor countries, and to medical missionary work.

Global Health Training

- 'Hot' area among medical learners
- Field experiences that often involve crossing international borders and encountering ethical challenges related to cultural and professional differences
- Formal & informal relationships between hosts, senders, trainees and sponsors
 - Benefits and unintended consequences to host institutions and trainees
 - Balance between institutions
 - Whether benefits are realized and at what cost:
 - Resources
 - Patients
 - Community
 - Sustainability

Global Health Education Benefits

Global Health: A Summary of Benefits	
Residency	Increased interest in primary care specialties <ul style="list-style-type: none">•greater interest in family medicine•greater interest in internal medicine
Community Involvement	Increased service in underserved communities Increased volunteering with community groups <ul style="list-style-type: none">•homeless shelters•immigrant clinics•refugee clinics•indigenous peoples
Medical Skills	Higher performance on the USMLE, Step II Better physical examination, history taking skills Greater awareness of cultural issues when treating patients Increased awareness of cost issues in medicine <ul style="list-style-type: none">•less reliance on expensive diagnostic tests•greater sensitivity to patients' financial status Stronger commitment to reducing health disparities at home and abroad Better understanding of socioeconomic factors in health Greater appreciation of public health
International Service	Greater motivation to pursue future international health

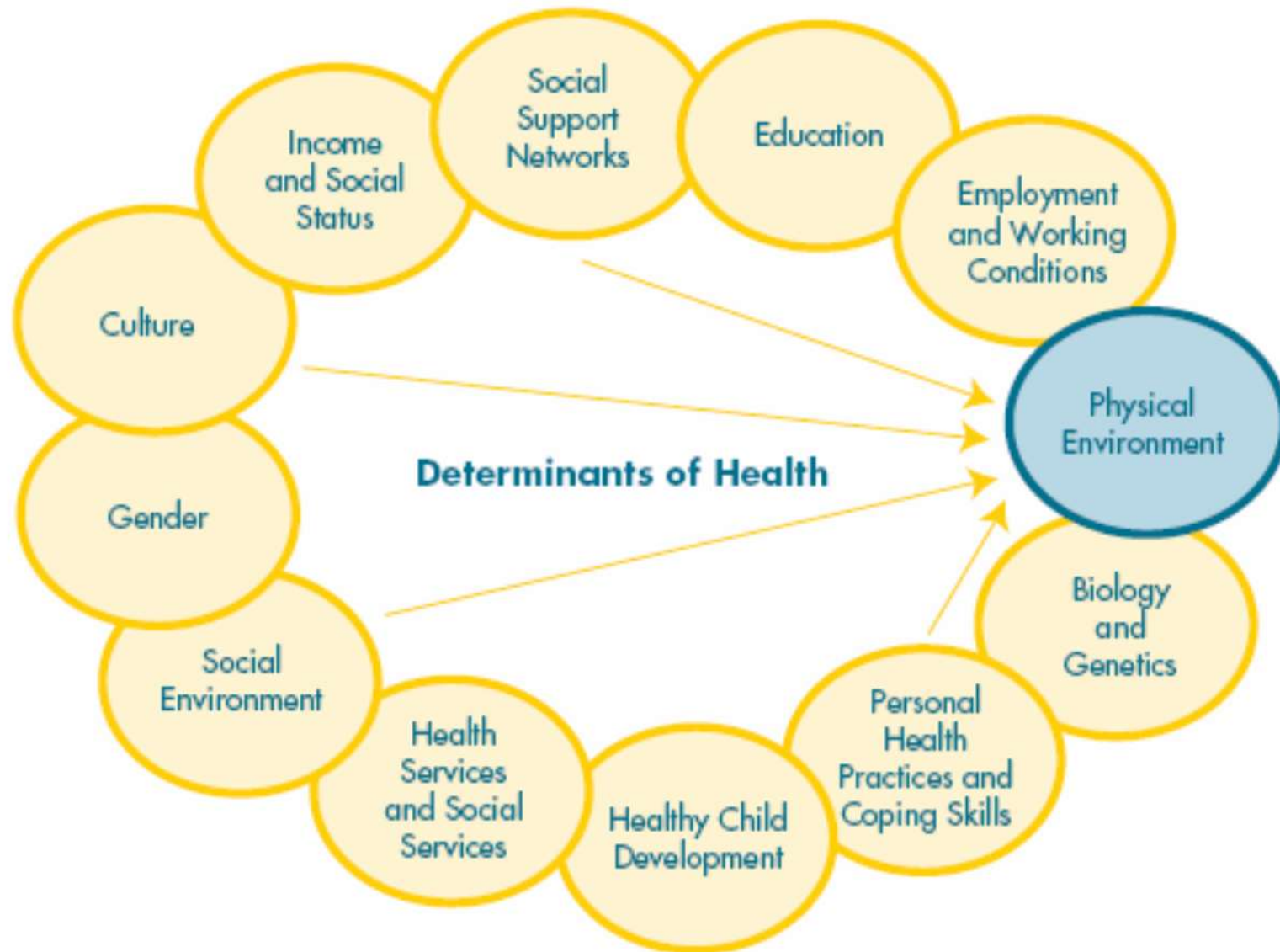
Practising EBM

- Comparison of the health care experiences of patients in the less developed and developed worlds:

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0020107>

- Typical health care experience of a patient living in the less developed world include :
 - Late presentation
 - Self-medication of “prescription” drugs or traditional treatments
 - Poor facilities delaying diagnosis; a lack of follow-up care
 - Referral (if needed) not easily arranged
 - Patient may be unable (e.g., because of lack of funds) to fully adhere to treatment.

WHO Determinants of Health



Training Culture

- Medical students: CFMS/AFMC Competencies:
 - Personal Health
 - Travel Safety
 - Cultural competency
 - Language competency
 - Ethical considerations
- Pre-departure training
- Residents: no formal training in most curriculum or standardization

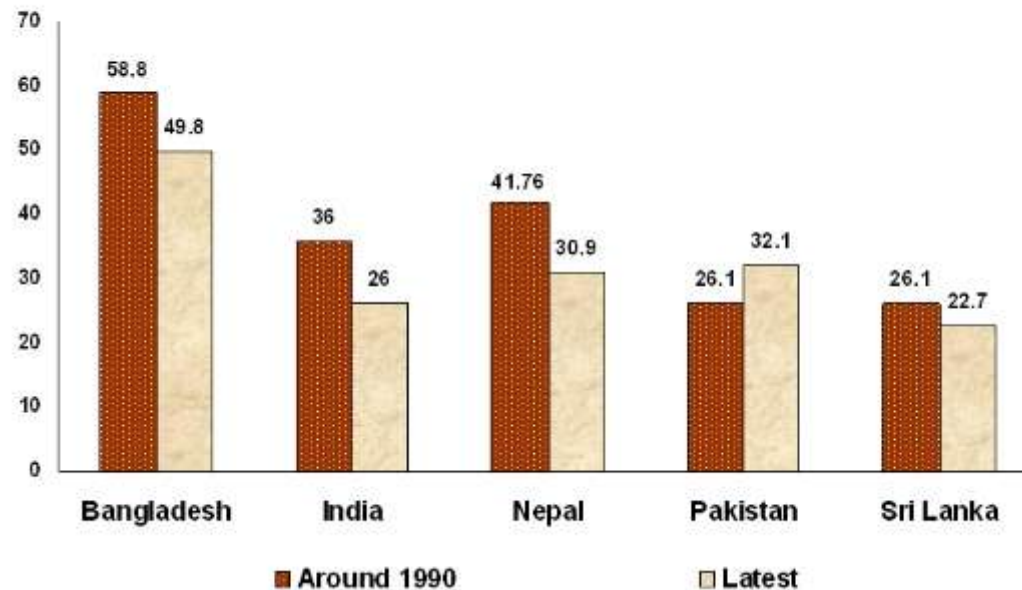
As trainees...

- Identify purpose of your involvement and duration
 - Your level of training
- Try to learn the language of host community
- Understand sociocultural, political and historic aspects of where you are going
- Recognize that healthcare is practiced differently in different parts of the world
- Be committed to demonstrating cultural competency
- Plan for personal safety
- Know licensing standards in host community
- If involved with research, follow ethical standards

South Asia

- South Asia is home to half the world's poor.
- Population = 1.6 billion, 30% in urban settings; 24% of world's population

Figure 2: Poverty (head count index) in South Asia is declining in recent years



Personal Experience

- Humanitarian/Development vs. Treating vs. Capacity Building
- Quote by James Orbinski:
 - *What did I learn about leadership? One is that leadership, in my mind, is about seeing possibility. And it's also about inspiring by doing, not simply by talking – but inspiring others by what you do. And it's about enabling others, supporting others, creating an environment where they also can do and where they can become their best selves. Those are some of the core elements of effective leadership. It's not about being the holder of the truth. It's about inspiring others to bring their best selves to a problem.*

NGOs

- 2008: collective aid budget USD \$22 billion across 54 countries and 90 different initiatives
- Individual teams but similar goals:
 - Sanitation, immunization, provision of emergency care
 - Locations, timing, resources, security
 - Medical tourism

Disaster Relief

- Type of disaster
- Degree of disaster
- Areas affected (& their description)
- Pre-disaster political state
- Social & economical environment
- Pre-disaster aid dependence
- Short-term needs vs. Long-term needs

Case: A primer on international relief

KEY POINTS

- The shortage of clean water, food and shelter following natural disasters leads to a rise in health problems, including skin infections and diarrheal illness.
 - Efficient mobilization of an adequate supply of resources, including personnel, is paramount in the immediate aftermath of natural disasters.
 - Long-term sustainability of relief efforts is dependent upon collaboration and coordination between governments, non-governmental organizations and the local population of an affected area.
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Haiti, Pakistan & Canada

	Pakistan	Haiti	Canada
Population in million (2009)	169.7	10.0	33.7
% GDP on Healthcare (2006)	1.3	29.8	17.9
% Population Access to Improved Sanitation (2008)	45	17	100
% Public Spending on Education (2000-2007)	11.2	Not reported	12.5
% Illiteracy (1999-2007)	45.8	37.9	1.0

2010 Floods in Pakistan

- 1/5th of land area flooded
- ~ 20 million people affected
- Estimated rebuilding cost: \$15 billion

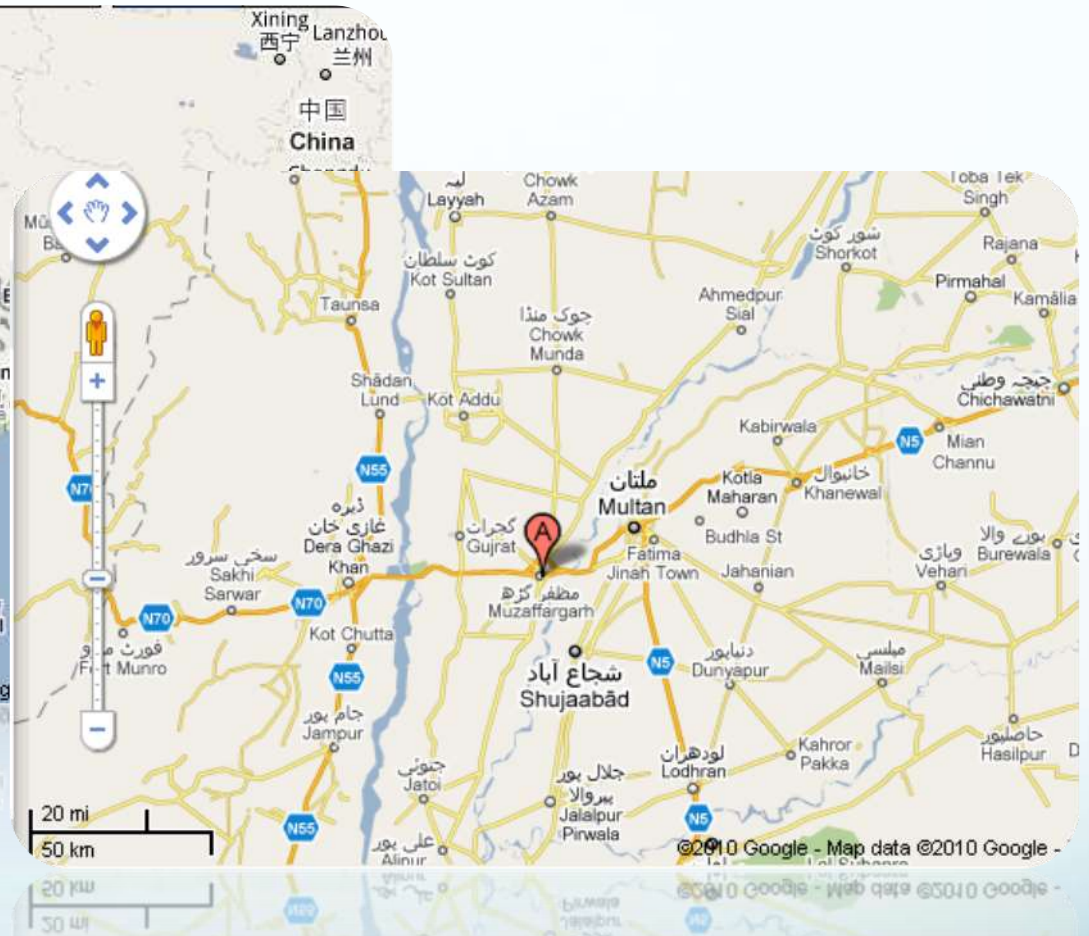
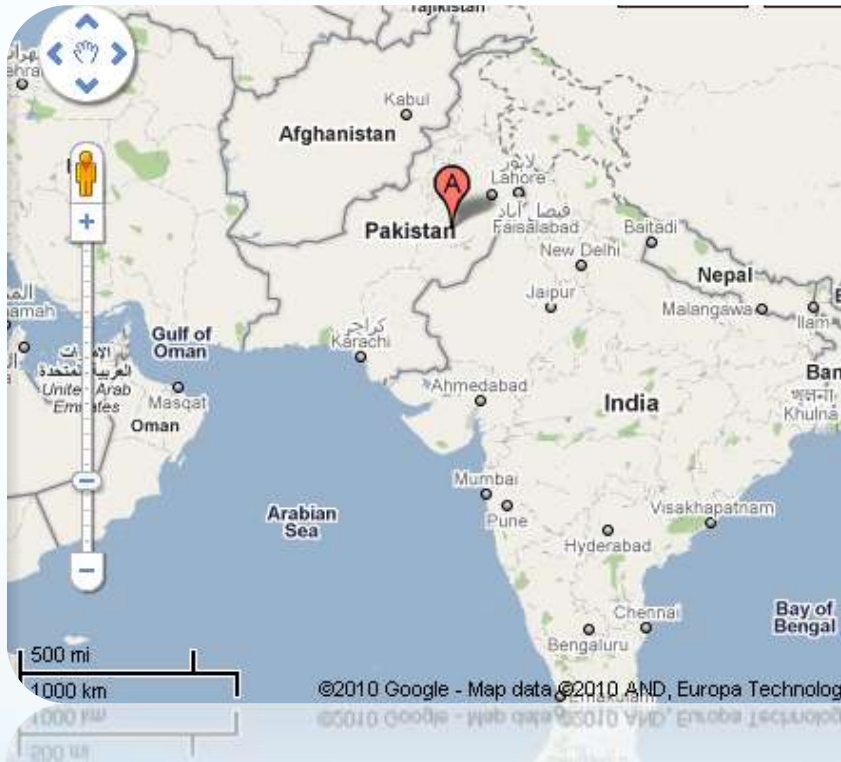


A little about Pakistan

- ~170 million people, ethnically & linguistically diverse
- Four provinces & four territories
- Independence from British Rule in 1947; ongoing issues with illiteracy, poverty, corruption and failed leadership
- 2.7% of GDP on health vs. 10.1% in Canada
- 3.1% of total area is water, 64% rural population, 43% total employment in agriculture, 20% of GDP comes from agriculture, 22.6% lives under \$1.25/day (2005)

<http://data.worldbank.org/country>

Map



- Major Devastation
- Farmland/Agriculture
- Road networks & access to water purification power plants, hospitals, schools

Internally Displaced Persons

- Camp conditions
 - Temperature
 - Tents
 - Food & Water
 - Occupancy



Types of Illnesses

- Diarrheal disease
- Skin infections
- Conjunctivitis
- URTIs

Pharmacy & Supplies



“Medication distribution is never a pleasant process. Two local technicians (who are great at starting IVs) have been a part of the team. One of our docs would sit in the ambulance which served as the make shift pharmacy to fill the scripts given by the assessing physicians. As time came to pack up, it was hard not to quickly ask the patient what they were unwell with and give them meds without scripts. But this highlights the problem, there is a huge demand and will continue to be, but supply is limited and will continue to be.”

Factors that affect aid

- Media coverage
- Donor fatigue
- Closeness between donor communities and affected nations
- Government stability

Collaboration & Coordination

- Local populations
- Local governments
- NGOs
- International community

Becoming involved

- Clinical
- Advocacy
- Academic/Research

How to be involved

- Going away to help by providing health care
- Staying at home and raising awareness
- Helping to build capacity
- Becoming informed

Making the Links-Saskatchewan

- Since 2005, College of Medicine University of Saskatchewan “Making the Links”
- Comprehensive and thorough approaches to global health education socially accountable physician
- Selected undergraduate medical students commit two years to a comprehensive program social determinants of health

Contacts:

Dr. Ryan Meili

Coordinator, Making the Links

Tel: (306) 966-1797

mtl.medicine.usask.ca

Donna Zaleschuk

Coordinator, Social Accountability

Tel: (306) 966-1797

medicine.socialaccountability@usask.ca

Making the Links-Saskatchewan

Vertical Five Phases

- Northern Orientation / Northern Saskatchewan Service Learning Experience rural/remote health
- SWITCH the Student Wellness Initiative Towards Community Health participation (student-run health clinic in Saskatoon Westside Community Clinic)

Global South

- Mozambique orientation / Portuguese language classes
- Mozambique service learning experience Casa de Espera das Maes Gravidas Project in Massinga, Mozambique (summer after second year medicine, consists of clinical, research and community development)
- Final report and certification

Draft Health Scholar or Diploma

GLOBAL HEALTH SCHOLAR or DIPLOMA

-RCPSC Accreditation-

* Open to all Residents (CCFP or FRCPC)

* Offered in parallel to residency training

* Option to complete program within residency or extend program beyond residency if needed

GLOBAL HEALTH PILLARS

Academic

Clinical and Project Experience

Discovery and Reflection

Knowledge Transfer Community Engagement

These are just examples. Acceptable courses, projects, activities and how much they should be weighted are to be determined and refined by GHS Working Group

10 credits required

10 credits required

10 credits

10 credits required

Improving Post-Graduate Global Health Education

A Draft Proposal for a Global Health Scholar Program with RCPSC Accreditation

Course Offer in

Health Certificate Course

- UBC Certificate in International Development
- R3 Family Practice Lectures
- SURG 510 – Principles of International Surgery
- Other online modules to be developed



Design - Local Empowerment

- Local projects within Canada that address health disparities e.g. aboriginal health, inner city, rural and remote health, refugee and immigrant health
- International projects with community partnerships that address health disparities and that are mentored by CCFP or FRCPC mentors



Reflection Journals

- Publications in newspapers, magazine, journals



Knowledge Transfer

- Presentation at Conference / Event
- Community Teaching
- Organizing Events to Raise Awareness
- Advocacy



Scholar RCPSC Accreditation 40 credits required

←----- Evaluation / Accreditation ----->

←----- Curriculum Development ----->

The Website

The screenshot shows a Windows Internet Explorer browser window displaying the website <http://www.schulich.uwo.ca/globalhealth/index.php>. The page features a purple and white color scheme. At the top left, the text "Global Health" is displayed in a large, purple, serif font. Below this, a navigation menu includes "Education Activities | Research & Elective Education Funding | Health & Safety | For Students". A sidebar on the left contains a list of links: AFMC, Educational Resources, Global Doctors, Global Health Curriculum, Links, Neil Arya website, Predeparture Training, and Selective Courses. The main content area is titled "Office of Global Health" and "Welcome to the Office of Global Health". It describes the office's focus on international placements and partnerships, and lists activities such as teaching a Global Health/Ecosystem Health course and facilitating research funding. A "Logout" button is visible in the bottom left of the main content area. On the right side, there is a "Welcome" section with the Schulich Medicine & Dentistry logo, a search bar, and a list of "Educational Resources" including Environmental Health, Global Health Ethics, Global Health Residency Programs, Human Rights and Peace, Immigrant and Refugee Health, Marginalized Communities, and Reproductive and Sexual Health. The browser's taskbar at the bottom shows the Start button, several open applications, and the system clock indicating 10:10 AM.

Questions?

Contact

Neil Arya: narya@connect.uwaterloo.ca

Mohammad Zubairi: m.s.zubairi@gmail.com