Integrating global health into professional training in medicine

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GlobVac, 2011
Outline

1. Food for thought and setting the context

2. Alternative approaches

2. Opening for debate
Food for thought

• **How do we measure “global health”?**
  • Need to consider the broadening of the global health field
  • Changes in patterns of disease
  • Health disparities

• **How do we define “global health”?**
  • Not only infectious diseases and tropical medicine (“international health”)
  • Not only epidemiology, disease surveillance and prevention (“public health”)

• **Need to consider recent trends and new paradigms**
A new paradigm for “global health” (2008)

• Social justice
• Empowerment – material, psychosocial, political
• Creating the conditions for people to take control of their lives

www.who.int/social_determinants/en
Inequalities between countries

Life expectancy for men (selected countries)

National data WHO 2009, Glasgow data: Hanlon et al. 2006
What is global health?
A conceptual framework

<table>
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<tr>
<th>Table: Comparison of global, international, and public health</th>
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Koplan et al, Towards a common definition of global health, The Lancet 2009

**Key properties**

- Global cooperation
- Both prevention in population and delivering clinical care
- Multidisciplinary
- Equity
Status quo at Norwegian medical faculties

- The global perspective is poorly preserved

- Curriculum with a disease and organ system oriented approach to medicine

- Multidisciplinarity is absent and public health marginalised

- Socioeconomic determinants not well integrated into biomedical and clinical teaching
Norwegian context I

- Political engagement for global health
- Health inequity a domestic political priority
- The “globalization” of health in Norway
- Increasing interest *among* and initiatives *from* students

Onarheim, Hemsing, 2009
Social accountability

"the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve.

The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public".

The graduates they produce should not only possess all of the competencies desirable to improve the health of citizens and society, but should also use them in their professional practice. ”

World Health Organization (1994), and Charles Bolean and Bob Wollard, Medical education, 2009
A new paradigm for health professional education?

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk*, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk
A global outlook

“...all health professionals in all countries should be educated to mobilise knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams.

The ultimate purpose is to assure universal coverage of the high quality comprehensive services that are essential to advance opportunity for health equity within and between countries”

Frenk, Chen et al, Lancet, 2010
Alternative approaches I
World Health Organization guidelines

- Social accountability
- Interprofessionalism
- Alignment between education and health service delivery/priority health needs
Alternative approaches II

University of British Columbia, Canada

Patan Academy of Health Sciences, Nepal

- Jimma University, Ethiopia
- Gezira University, Sudan
Alternative approaches III

21st century professionalism defined by four key competencies

• Social accountability

• System thinking

• Global interconnectedness

• A leader and an advocate for health

Watts et al, Australian Medical Students Association, proposal for Monash University
Open for debate

- Is social accountability and responsibility an option for Norwegian institutions?

- How can medical education in Norway be set in the context of society, environment and the global flow of public goods?

- Are the medical faculties of Norway producing graduates that will be responsive to present and future health challenges?
Thanks to

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• Kristine Onarheim, University of Bergen
• Hanne Lichtwarck, University of Oslo
• Jon Inge Sponås, Norwegian University of Science and Technology

Thank you for your attention
Helsedirektoratet, onsdag 21. september 2011

Seminar, 09.45 – 14.45

”Health inequity – the relevance for health professional education”

Keynote address: Harald Kristian Heggenhougen, professor emeritus, UIB

Talks by NMA, Nurses Council, the Medical Faculties of Norway, Norwegian Institute of Public Health, Norwegian Centre for Minority Health

Free and with lunch