

# Teaching Global Health: So what for Canada?

## The obligations of Canadians as Global Citizens

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Montreal, May 2008

# Objectives

- Highlight dimensions of global citizenship
- Explore three levels of engagement in the global health arena for Canadian health care professionals
- Propose next steps to meet our collective obligations



# Global Citizenship

- Global citizenship empowers individual human beings to participate in decisions concerning their lives, including the political, social, cultural and environmental conditions in which they live. It includes the right to vote, to express opinions and associate with others, and to enjoy a decent and dignified quality of life. It is expressed through engagement in the various communities of which the individual is part, at the local, national and global level. And it includes the right to challenge authority and existing power structures- to think, argue and act- with the intent of changing the world.

Michael Byers, 2005

# Elements of Global Citizenship

- Empowers individual human beings
- To participate in decisions about their lives
- Including the political, economic, social, cultural and environmental conditions
- Expressed through engagement in various communities (local, national, global)
- With the intent of changing the world

Michael Byers, 2005

# Constituent Rights of Global Citizenship

Includes the rights:

- To vote
- To express opinions
- To associate with others
- To a decent and dignified quality of life
- To challenge authority and existing power structures
- To think, argue and act

Michael Byers

# "Globality"

Two dimensions:

- Benevolent: unity, equity, mutuality, connectedness
- Opportunistic: political and economic imperative, acquisitive, imperialistic.

So What?







# So What?

Think, argue and act:

- As health professionals
- As academics
- As Canadians

Think, argue and act...

As health professionals



# Copenhagen Consensus 2004

Very good projects:

- 1) Control of HIV/AIDS
- 2) Provide micronutrients
- 3) Trade liberalization
- 4) Control of malaria

High Income (2030)		Low Income (2030)	
Ischemic Heart Disease	15.8	Ischemic Heart Disease	13.4
CVA	9.0	HIV/AIDS	13.2
Lung Ca	5.1	CVA	8.2
DM	4.8	COPD	5.5
COPD	4.1	LRTI	5.1
LRTI	3.6	Perinatal	3.9
Alzheimer's	3.6	MVA	3.7
Colon Ca	3.3	Diarrheal Diseases	2.3
Stomach Ca	1.9	DM	2.1
Prostate Ca	1.8	Malaria	1.8

- Well trained, multidisciplinary workforce
- Appropriate technology & essential drugs
- Comprehensive preventive and curative services at the community level
- Community participation in planning and evaluation
- Collaboration across different sectors (education, agriculture, etc)
- Continuity of care
- Equitable distribution of resources

# Effective Primary Health Care

- Well trained, multidisciplinary workforce
- Appropriate technology & essential drugs
- Comprehensive preventive and curative services at the community level
- Community participation in planning and evaluation
- Collaboration across different sectors (education, agriculture, etc)
- Continuity of care
- Equitable distribution of resources

# Obstacles

- Hospital-based and controlled systems
- Profit-focused efforts
- Disease-focused
- Lack of contextualization of medical training
- Generalized un-sexiness of primary health care



# PHC-related improvements

- Lower cost
- Improved outcomes
- Improved problem recognition
- Improved diagnostic accuracy
- Decrease hospitalization
- Increased prevention
- Improved equity

Starfield (1998)  
Forest et al. (1998)  
Macinko et al (2003)  
Starfield (2004)  
ISEH (2007)

# Canadian Principles of Family Medicine

- Expert clinician
- Rooted in the doctor-patient relationship
- Community-based
- Resource to a defined population

# Other Canadian expertise

- Inter-professional education
- Team-based primary care
- Continuing professional education
- Primary care research

# Proposed Action

- Strengthen primary health care through practice, teaching and research partnerships locally and abroad



Think, argue and act

As academics





# Global health landscape in Canada

- Global Health research partnerships
- Interdisciplinary, cross-boundary partnerships
- Medical school curriculum development
- Residency curriculum
- Elective opportunities
- Global health fellowships at UBC, U of Alberta and U of Toronto

# Identified Gaps

- One way bridge
- Lack of communication among Canadian academics communities









# Proposed Action

- Actively foster mutuality in relationships with health-invested partners locally and abroad
  - CME/CPE resources for partners
  - National virtual forum for consultation, sharing and communication locally and abroad

To think, argue and act

As Canadians



# To be Canadian...

- Freedom and democracy
- Substantial social web
- Abundant natural resources
- Wealth
- Good government
- Largely public health care system

...and endless decisions to make...

# The good, the bad and the ugly

## Good News

- Freedom and democracy
- Substantial social web
- Abundant natural resources
- Wealth
- Largely public health care system
- Good government

## Bad News

- Control of Information
- Fraying commitment
- Over exploitation
- Increasing poverty
- Changing focus and commitment
- Increasing role of corporations

# Proposed action

“Take back global citizenship”

M. Byers, 2005

# Proposed Action

- Consume wisely
- Vote thoughtfully
- Question frequently
- Communicate freely
- **Share easily**



# Teaching Global Health: So what for Canada?

- Have obligations as global citizens
- To think, argue and act
- As health care professionals, academics and Canadians

# Given the obligations of Canadians as Global Citizens

- Propose we consider:
  - 1) Contributing our experience and expertise to strengthening primary health care locally and abroad
  - 2) Creating two-way educational bridges
  - 3) Acting to ensure healthy living for all

