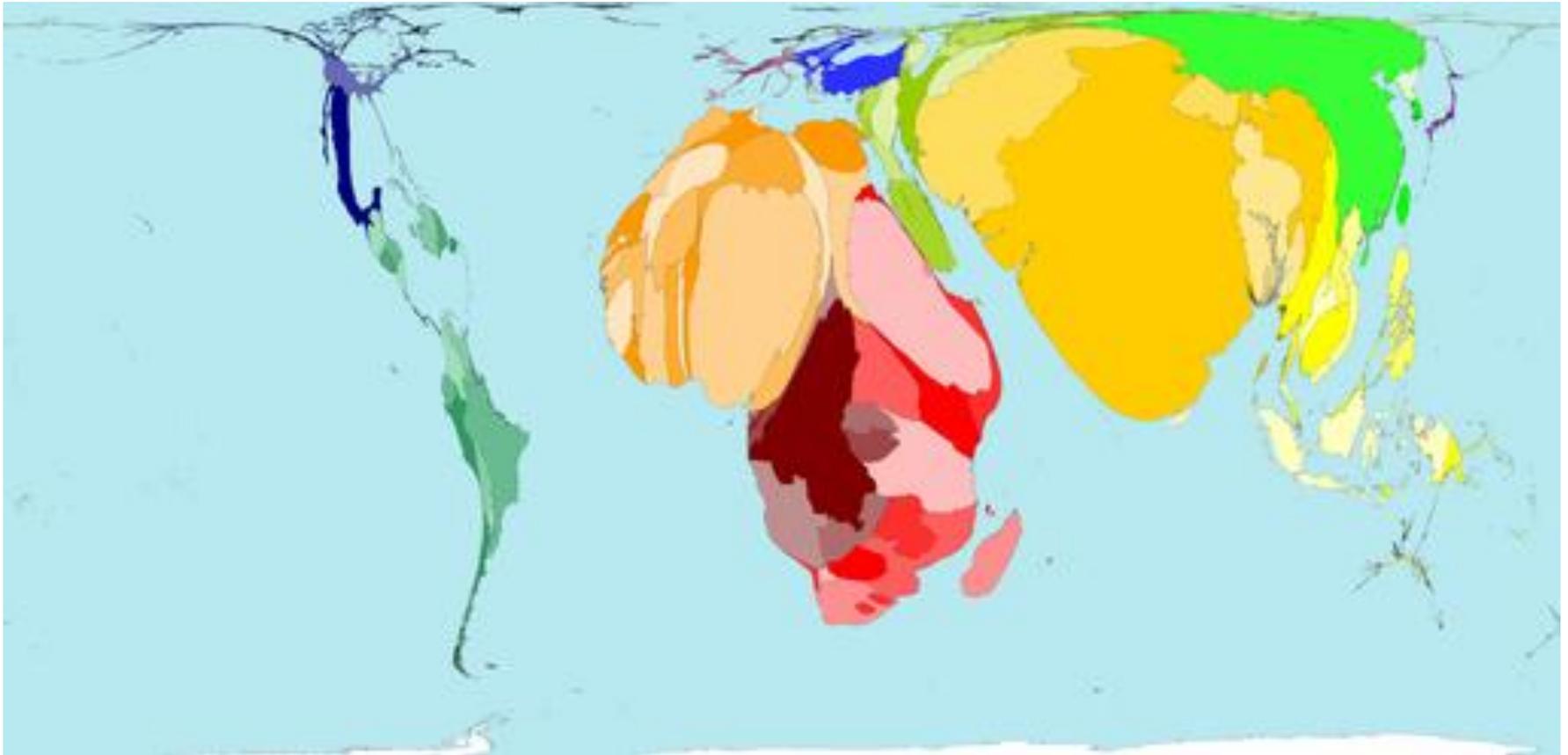

Making Marginal Medical Topics Mainstream Lessons from Global Health

How many Deans does it take to change a light bulb?

The uneven burden of illness

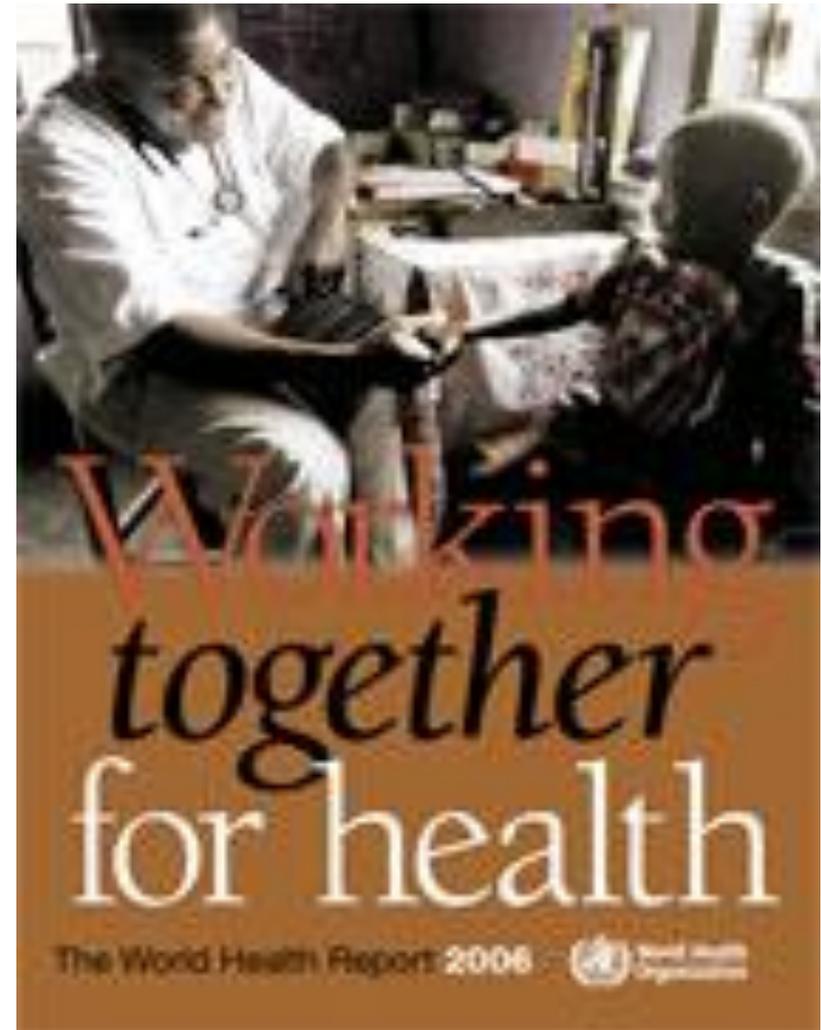


The uneven burden of disease



An international response

- Global shortage of HWs
- 57 countries in crisis
- GHWA created in 2006
 - Migration
 - Education & training
 - Advocacy
 - Finance
 - HIV/AIDS



Similarities & differences

- Populations are booming
- Focus on MDGs
- But chronic diseases surfacing
- Profound HW shortages
- HWs leaving the system
- No money

- Populations are aging
- Population growth is stagnating
- Chronic diseases are paramount
- Graying of the professions
- Shortages looming
- Costs uncontrolled

The net result

- Health systems that are not sustainable and require major system re-design;
 - Difficulties re. legacy vs OSS.
- What can developed countries learn from developing countries?
- How to make these marginal ideas central to my school's mission?

HW Education Scale Up

- GWHA recommends
 - Embedding education in the health system
 - Focus on primary care/public health
 - Outcomes/competency based education
 - Community based teaching
 - Modular training
 - Taskshifting
 - Teams and career ladders
 - Research agenda to fit

Already ...

- President Bush and Prime Minister Brown announce their commitment to provide additional funding to increase health worker education in 4 Sub-Saharan countries: Ethiopia, Kenya, Mozambique, Zambia.

And Canada's response?

- Many, many actors acting individually
- Extraordinary expertise
- Canadian Coalition for Global Health Research
- A crazy idea

But this is the story I will tell!

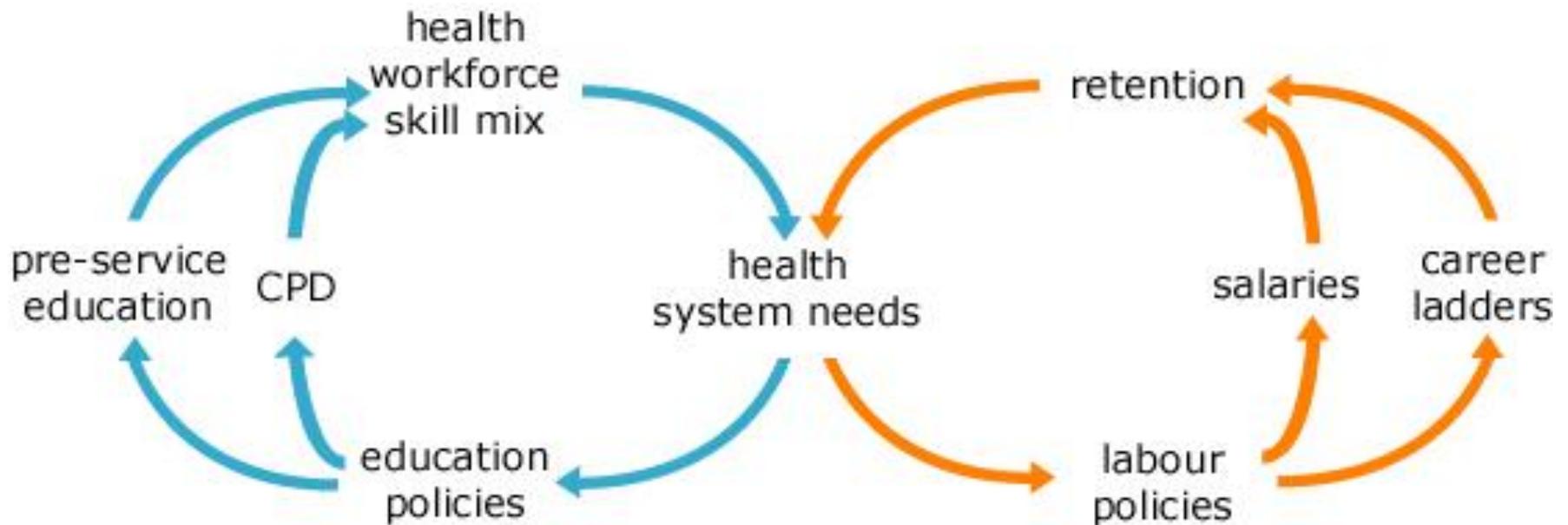
The York Region

- Mix of urban, rural
- Large immigrant population
- More than 38 languages
- Jane & Finch vs Markham
- Hi-tech vs agriculture vs industrial vs bedroom
- York University



Population 1.2m
Growth projection >70%

A systems approach



Medical school design

- Demand driven with clear accountability;
- Equity-based admissions;
- Fit for purpose curriculum driven by outcomes and competencies;
- Network of primary care clinics where teaching occurs;
- Focus on accessibility.

Importantly ...

- Go to scale with interprofessionalism and team training;
- Maximize skill mix;
- Emphasize career paths;
- Global reach and partnerships
- Develop research agenda:
 - integrated health information system that tracks need, utilization and outcomes;
 - health human resources
 - education innovation

Summary

- There is a dire shortage of health workers in a number of developing countries;
- An international response has been mounted;
- Business as usual will not solve the problem;
- There is a critical need for innovation, for champions.

Conclusion

- The developing world can serve as inspiration and an innovation engine for the developed world in health worker education and deployment;
- Several green-field schools in Canada and the US offer the opportunity for significant change;
- Do we have the courage to listen and act?

Thank you.

How many Deans does it take to change a light bulb?

What the curriculum might contain

