Teaching Global Health: So what for Canada?

The obligations of Canadians as Global Citizens

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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 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
<table>
<thead>
<tr>
<th>Condition</th>
<th>High Income (2030)</th>
<th>Low Income (2030)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Heart Disease</td>
<td>15.8</td>
<td>Ischemic Heart Disease</td>
</tr>
<tr>
<td>CVA</td>
<td>9.0</td>
<td>HIV/AIDS</td>
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<tr>
<td>Lung Ca</td>
<td>5.1</td>
<td>CVA</td>
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<tr>
<td>DM</td>
<td>4.8</td>
<td>COPD</td>
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<td>3.6</td>
<td>Perinatal</td>
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<tr>
<td>Alzheimer's</td>
<td>3.6</td>
<td>MVA</td>
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<tr>
<td>Colon Ca</td>
<td>3.3</td>
<td>Diarrheal Diseases</td>
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<tr>
<td>Stomach Ca</td>
<td>1.9</td>
<td>DM</td>
</tr>
<tr>
<td>Prostate Ca</td>
<td>1.8</td>
<td>Malaria</td>
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</table>
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

De Maeseneer et al. BMJ March 2008
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)
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

<table>
<thead>
<tr>
<th>Good News</th>
<th>Bad News</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom and democracy</td>
<td>Control of Information</td>
</tr>
<tr>
<td>Substantial social web</td>
<td>Fraying commitment</td>
</tr>
<tr>
<td>Abundant natural resources</td>
<td>Over exploitation</td>
</tr>
<tr>
<td>Wealth</td>
<td>Increasing poverty</td>
</tr>
<tr>
<td>Largely public health care system</td>
<td>Changing focus and commitment</td>
</tr>
<tr>
<td>Good government</td>
<td>Increasing role of corporations</td>
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</tbody>
</table>
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