Global Health Education Group

Policy Paper
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Global health and the medical curriculum
Global health was first incorporated into the undergraduate medical curriculum in 1996 with the introduction of a five-week programme at the Karolinska Institute in Stockholm, Sweden. Over the past eight years, there have been increased opportunities for students to study global health and related subjects as part of their core and optional curricula.

Many of the courses were introduced as a result of student pressure. Student organisations such as the International Federation of Medical Students' Associations (IFMSA) and International Physicians for the Prevention of Nuclear War (IPPNW) have been very active in campaigning for students to have the opportunity to learn about global health as part of their undergraduate education.

Who are the Global Health Education group?
For a number of years, medical students have been advocates for global health education. The GHEG believes that medical training is incomplete without an understanding of the broader factors that determine health and health care delivery worldwide. Through the GHEG, students and academics work together to increase opportunities for undergraduate healthcare students to learn about global health.

What is Global Health?
There is much debate about the definition of global health (or international health as it is sometimes known) and there are many different interpretations of the term. The GHEG believes that global health is a broad discipline that develops students' understanding of the local, national and international determinants of health and healthcare delivery. Through studying global health, students examine the wider influences of health such as poverty, debt, globalisation, healthcare financing, human rights, famine, environment, violent conflict and the movement of populations. Global health draws from a number of disciplines including politics, economics, sociology, demography, anthropology, epidemiology and philosophy.
Why is global health important?
The health of the world's populations is governed by a number of different yet interrelated factors. Societal factors are increasingly acknowledged as important determinants of the health of individuals and populations, but this acknowledgement is often not reflected in the scope of training that future health professionals receive. Global health, in some small way, aims to make up for this disparity. Students who have studied global health are better equipped to understand the root causes in addition to the clinical manifestations of ill health.

Global health teaching will also help to foster a generation of health professionals who are committed to health for all, as enshrined at the International Conference on Primary Health Care, Alma-Ata, USSR (now part of Kazakhstan) in 1978. We see health professionals as having a commitment not only to their patients but also to the health of society as a whole. The existence of a growing number of health professionals who are committed to global health equity and capable of articulating concerns about the current inequitable distribution of power and resources within global society, particularly in health care, can help form a powerful group of advocates for health for all.

Lastly, globalisation is changing the structure of societies and the way in which decisions about health are taken. Many societies are becoming more multicultural, and global health teaching helps medical students to understand both the reasons for increased population movement and the social, economic and cultural factors underlying patients' ill health. Decisions about health and healthcare are also increasingly made through global agreements such as TRIPS and GATS, and it is important for health professionals to understand the influence of such global policies on their work. Lastly, globalisation means that medical students and health professionals are increasingly likely to work outside their own countries. Global health helps them to understand the different societies and health systems where they may work, and thus adapt better and more quickly to their new surroundings.
IHMEC was established in 2000 to meet the growing demand from staff and students for the inclusion of global health in the medical curriculum. Since then, its staff have been working to increase the possibilities for undergraduate medical students to study global health and publicising issues relating to the subject. The centre began teaching Special Study Modules (SSMs) to first and fifth year medical students in 2000. The first intercalated BSc in International Health began in September 2001.

IHMEC’s aims are to:

• provide students with understanding and knowledge of international health, and opportunities to gain experience and develop their interests in the field.

• challenge concepts of health and ideas of healthcare provision by studying different health problems and systems globally, and help produce doctors that are flexible and responsive to patients from a wide variety of backgrounds.

• produce resources for teaching medical students about International Health and provide support to other institutions in implementing this teaching.

• raise awareness of the importance of training doctors with a global, multicultural perspective on health and healthcare.

IHMEC currently teaches a short SSM in Globalisation, Inequality and Health to first year medical students, an intercalated BSc to
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students having completed two, three or four years of medicine and an International Health SSM and Elective programme for fifth year medical students.

The intercalated BSc is a year-long course allowing students to examine international health issues in depth. The course is heavily weighted in favour of political, economic and social factors and their relationship with health, and is available to students studying medicine at any EU medical school. In the future it is hoped that the course will be available to medical students from around the world.

The International Health Elective programme encompasses a four-week teaching period, known as an SSM, followed by an eight week elective in a developing country. The SSM is designed to prepare students for their elective and help them learn from their experiences. The programme aims to help students contextualise their experience abroad, and view what they see with an understanding of the underlying causes of health inequality, financing and the way health systems in developing countries operate.

Electives are offered in Tanzania, Zambia, Bangladesh, India, Nepal, Peru, Cuba, Ecuador and Brazil. In addition, funding from the Nuffield Trust has enabled an exchange programme, whereby two students from a partner institution have a similar elective period at UCL in London.
Medact, UK (www.medact.org)

Medact is an organisation of health professionals that challenges the barriers to health worldwide. Medact has been heavily involved in the promotion of global health in the medical curriculum, particularly through the publication of Global Health Studies, a pack designed to help teachers to structure global health teaching. The pack is divided into three main sections: social and economic development, environmental change and pollution, and the health implications of conflict.

The pack is designed to be used as a complete introductory course in global health for medical and nursing students, encompassing a broad range of topics from the impact of structural adjustment programmes on health to financing of health care, overconsumption and health and psychosocial effects of war. It can thus be divided into sections for teaching on specific aspects of global health.

The Global Health Studies pack is complemented by the work of Mike Rowson (mikerowson@medact.org), Medact's Executive Director, who has been an energetic advocate of global health teaching for medical students. Mike regularly speaks at student conferences on global health issues and is also a Tutor on the intercalated BSc in International Health at UCL.
How can students get involved?

There are currently global health courses for undergraduate medical students in the UK, USA, Canada, Netherlands, Sweden, Denmark and Finland. For students based in these countries, information on these courses is contained in the undergraduate course list, which can be found on the Global Health Education Group website, www.globalhealtheducation.org

For students in other countries, it is possible to apply for some of the courses outlined above. However, it may be easier to work on setting up a course in your own country. Information about how to set up a global health course, get the approval of Deans and other influential staff and other practical hints and tips can be found at www.globalhealtheducation.org
Where can I find more in-depth information?

More information about global health in the medical curriculum can be found in the following articles from medical journals:


Skillshare International, UK (www.skillshare.org)

Skillshare International is an NGO working for sustainable development in partnership with the people and communities of Africa and Asia through sharing and developing skills, facilitating organisational effectiveness and supporting organisational growth. They have recently become involved in global health teaching by running a Special Study Module (SSM) in Health and Development in conjunction with the Department of General Practice at Leicester Warwick Medical School. The SSM is designed for second year students. The main aim of the SSM is to develop students' understanding of issues around health and international development. The module is of particular interest to students considering undertaking their elective in the developing world as it aims to introduce participants to the key determinants of ill health and requires them to consider their personal responsibilities in this area.

After having completed the SSM in Leicester, students should able to:

• Describe the principal factors which result in premature death and excess mortality in developing countries
• Discuss the role of governments, international agencies and NGOs in health provision in developing countries
• Make a critical appraisal of plans/policies designed to address factors which result in health inequalities
• Explain concepts of access and control in relation to healthcare in developing countries
• Discuss the impact of HIV/AIDS in at least one developing country, and consider the links between HIV, underdevelopment and poverty
• Better assess the contribution that the full range of human and natural resources, available in communities, can make to the provision of health care
• Reflect on their own attitudes and the potential impact of development workers from the UK upon communities in the developing world.
Finnish Diploma Course in Global Health

The Finnish global health course is run by the Finnish Medical Society Duodecim, Finnish Medical Association, the National Public Health Institute of Finland (KTL), Finnish Medical Students' International Committee (FiMSIC), the five Medical Schools of Finland (Helsinki, Tampere, Turku, Oulu and Kuopio) and the Finnish Society for International Health. The course is open to medical students from Finland and partner countries in the developing world, with an equal quota of admissions from Finland and the partner countries combined. In 2004 the partner countries were Nigeria, the Philippines, Tanzania, India and Chile. The participation of students from partner countries is supported by the Finnish Ministry of Foreign Affairs.

The course began in 2001 and is split into two sections, one theoretical, the other practical. The theoretical section includes lectures, seminars, group work and case studies on topics such as health indicators, demographics and population growth, obesity, refugees and health, the global economy, HIV/AIDS and the role of international organisations in health care. For the practical section of the course, Finnish students travel to work in hospitals, health-related organisations or research institutes and undertake a project on a specified topic in health care in one of the partner countries, while the developing country students do the same while remaining in Finland.

The practical field projects for GH-2002 covered a wide range of topics such as the cervical cancer control in Nigeria and Finland, vaccination programme design and performance in the Philippines and Finland, or the aetiology of community acquired pneumonia in different settings.

The Finnish course aims to promote dialogue between students from different parts of the world is the only global health course that has participation, both by students and speakers, from developing countries.
Where can you find out more?

Information about the work of the Global Health Education group can be found on our website, www.globalhealtheducation.org.

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To keep up to date with the latest news about global health and the medical curriculum, sign up for the ifmsa-global-health yahoo group.
Go to http://groups.yahoo.com/group/ifmsa-global-health/ for more information.

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