UNDERSTANDING GLOBAL HEALTH, AND HOW IT IS RESHAPING HEALTH TRAINING - A REVIEW

Ms Atieno Jalang'o, Kenya
(MPH in Health Promotion & Education, Health Education Student of Texila American University)
Email: atijals@gmail.com

ABSTRACT:

Global health though seen by a few authors as a bid by the WHO to reposition itself and survive changing times, is now being grasped as critical to addressing existing and emerging global health threats as a result of globalization. The world is increasingly "shrinking" as migration and trade patterns take a dimension that makes the world seem like a global village. While this has it economic benefits it is creating new threats as communicable infections are transmitted from region to region sometimes in a matter of a day. Health threats in a region can be a global concern at any given time; it is therefore necessary that health personnel are effectively equipped to handle such scenario as and when they occur. It is important that training programs are responsive to the changing health challenges and position themselves to offer health training programs that ensurehealth professionals are adequately prepared to address contemporary health threats.

In a "shrinking world" health threats can end up being major catastrophe without timely intervention. This review delves into the need to ensure that health care professionals are equipped to effectively handle conditions that previously were not akin to their country. Training of health care workers must therefore be responsive to changing global trends with the realization that even in the developed nations, health promotion will only be successful if the health threats and shared risks from less developed nations are adequately addressed. Furthermore health action must be executed with an understanding of intricate cultural practice and other psychosocial economic factors that impact health. In essence it is not so much what Global health is defined as that matters but the realization that globalization is a powerful force that is impacting the health scenario and we must ensure health programs equip health workers by changes that address curricula, exposure to international training, collaborations, funding and relevant programs. These will not only provoke interest in global heath practice but ensure that we are adequately prepared to face the contemporary global health challenges.

INTRODUCTION:

Global health is a discipline that entails the study of the practice of improving health and health equity for all people worldwide through international and interdisciplinary collaboration. It is arguably an evolution from public or international health (Koplan et al, 2009).The public health scenario worldwide has undergone a lot of transition in the past three decades. Much of this attributed the worldwide increase in trade and migration that has resulted in communicable

crossing boundaries in many countries. This has prompted attentions towards the connections between health and medicine across continents(PK Drain et al, 2007).

Health care workers especially in developed nations now have to contend with tropical diseases and newly emerging infections as a result of increased international travel. It is therefore necessary that the health workers are prepared adequately to face the challenges of contemporary healthcare practice (WHO, 2003).

Recent events have shown that the emergence of a health threat in one part of the world can very easily become a global threat; this has been the case with the SARs epidemic, HIV/AIDS and multidrug drug resistant TB (Institute of Medicine, 2003). The United Nations (2005) and Mathers et al, (2004) therefore deduce that increases in the capacity and exchange of health services and information can be used to better address global health threats and influence research priorities. Exposing medical students to these global health issues in their healthcare training programs is one critical way of ensuring they have the competencies to address such threats as they will be more likely to recognize and manage such threats with less reliance on expensive tests and with greater cultural sensitivity. It is therefore not strange that more western medical students have to complete an international clinical rotation in a developing nation (Drain et al,2007).

Addressing the most pressing global health problems and closing the global health gap (including health disparities in minorities and the marginalized) will require massive political and financial commitment the extensive technical solutions already available in both developed and developing countries. It also demands a reorientation in policy and strategy. It is clear that even though solutions exist, they are not accessible to the poorest and hence one of the key driving forces of the global health agenda. Thisentails resolving the participatory gap in setting global health priorities, the operational gap in building efficient and sustainable public health responses and the accountability gap in addressing the health needs of the poorest at the local and the global level (Kickbusch, 2000).This is with the greater realization that health promotion in the west is increasingly dependent on addressing threats arising from developing nations on the one hand; while on the other the appreciation that the addressing of global health needs, especially among poorer countries, will not only help promote economic development but may also reduce health inequalities and foster political stability and security This review thus focusses on an exploration of the concept of global health, the challenges it poses and the changes in training to ensure health personnel are adequately prepared to address emerging global health threats.

Global health- what is it

Global health according to Kickbusch,2000 stands for a new context, awareness and strategic approach in matters of international health. She further reiterates that its focus is the impact of global interdependence on the determinants of health, the transfer of health risks and the policy response of countries as well as international organizations and the many other actors in the global health arena. Its end, she, just like Koplan (2009), asserts is the equitable access to health in all regions of the globe.

Broadly “Global health,” is said to imply the consideration of the health needs of the people of the whole planet above the concerns of particular nations (Brown et al, 2006). It has its roots in the late 19th century, in the largely colonial, biomedical pursuit of ‘international health’. In the twentieth century a change in theemphasis of the field changed to a much broader conceptualization of global health, encompassing broader social determinants of health and

essentially a global focus. The disciplinary focus has widened tremendously to encompass economics, anthropology and political science, etc. (Beagolehole et al, 2010).

In defining global health it is essential to note that it is concerned with health differences as well as commonalities in different parts of the world, and largely depend to some extent on the position of the definer or his viewpoint. Secondly, global health's core strength lies is in its interdisciplinary character, especially the incorporation of approaches from outside biomedicine. Global health recognizes determinants such political, social and economic factors as being central causes of ill health. And last we argue the definition should be devoid of values.

However Rowson et al, 2012 in particular argue that equity which is a key element of many definitions of global health, is a value-laden concept and carries with it significant ideological baggage. Therefore its widespread inclusion in the definitions of global health is inappropriate as it portrays that only people sharing these values may be the ones seen as 'doing' global health. Nevertheless, they still agree that the discussion of values should be a key part of global health education.. Mackintosh (2001),in her work on social settlements argues that health systems across the worldend up embodying levels of inequality that the society perceives to be justifiable (equitqble).Often some level of inequality is viewed in many societies as justifiable, and the factors that influence this view vary markedly from society to society: 'The patterns of inequality in any society are framed by strong legitimizing conventions of thought: from caste-based social distinctions carrying religious significance, via deeply embedded assumptions of gender inequality, to shared expectations that the more educated should receive higher incomes' (Mackintosh 2001 p. 182).

Rowson 2012, emphasizes that it may not be controversial to suggest, therefore, that equity (fairness) has different meanings in different contexts. In a sense these writers suggest that in order for equity to be included in any definition of global health, it should be defined by those using it. However fairness means different things to different people, and to different societies, so this essence is a tall task and deemed impossible. This is great bias they when those who define equity in global health are a narrow group, namely the academics who work in global health. It is particularly problematic to argue that equity should be part of any definition of global health when the people making the definitions form such a narrow group: academics working in global health. Other than that many of those engaged in teaching, researchand practice of global health across the world are committed to global health equity and reduction of global health disparities, do not necessarily share these values of those who do not teach or practice global health: to suggest so would be absurd (Rowson et al, 2010). A commitment to equity (whatever that may mean) is not a prerequisite for involvement in the field, nor should it be.

As Bozorgmehr (2010, p. 14) states that definitions should abstain from attaching normative objectives a priori and factually describe what the field is, not what it ideally should be'. Hence in essence theconcepts and goals such as equity should be recognized as a key focus of debate within the field, not a central part of the definition, and that any 'intervention' or 'solution' to a problem always generates complex trade-offs for society (Rowson et al, 2012).

Rowson et al (2012), conclude that definitions should remain agnostic on values, yet still making it a key principle that space should be made to debate values, goals, concepts and choices in educational (and all other) global health contexts. Even So, Fried et al (2010) reiterates the close relationship between 'global health and public health; they all represent a single field with a long tradition of bringing scientifically validated approaches, technologies, and systems to bear on the

world's most pressing health needs.' That is paramount to the practice of Global health and to some extent overrides the academic debates.

Demand for new approach to training

Globalization has created open access to distant regions of the world and enhancing the awareness of global health disparities (Smith,2001; Labonte, 2007). Not only does Globalization have major impact in flow of goods, people and information, it has also enhanced transfer of microbes (Bateman et al, 2001). Health professionals are now faced with numerous challenges in a bid to recognize imported diseases in immigrants and travelers. It is therefore crucial that their training prepares them for the intricacies of handling tropical and emerging diseases as well as to ensure they have capacity to understand various alternative and culturally determined medical practices (Zuckerman, 2002; Bacaner et al, 2004).More medical students and residents are themselves calling for international training/ exposure to global health, and those exposed to these report that this has enriched their clinical experiences (Gupta et al, 1999; Yudkin et al, 2003). Physicians and other health practitioners must also learn about the determinants of health and disease, including socioeconomic, environmental, and political factors. There are becoming more globally interconnected (Bateman et al, 2001). New physicians will also be facing more cross-cultural interactions and must be comfortable with understanding cultural beliefs and novel social practices that impact health, as well as the complex interplay between culture and notions of healing. Some of literature reviewed highlights the trend that Medical students and residents with international clinical experience are more likely to opt for general primary care medicine (Murray, 2005; Gupta, 1999). They are also more likely to pursue public health qualification and venture into community health work;similarly, they tend embrace attitudes and desires to practice medicine among underserved and multicultural populations (as well as underserved and ethnic minorities) and hence more likely to be directly involved in addressing health disparities (Ramsey 2004, Miller 1999). Hence it is becoming evident that exposing students to international health can have significant impact in addressing global health issues.

New approaches to health/ medical training

In a bid to ensure programmatic changes in global health training, a number of approaches have been made especially in USA and in European medical schools (Kerry et al, 2011. These have been done and continue to be explored in various learning institutions. Integrating global health topics into core medical curricula is one such approach to expose students to global health. More institutions are now offering courses on global public health and tropical medicine in response to the global needs, there is still room for more institutions to consider offering this course. Various elective courses, for instance, medical anthropology, international development and health, or health and human rights can be offered as part of main curriculum or parallel courses. Establishing a global health pathway or track to recognize international experiences and training may also entice more students to study global health (Drain et al, 2007).

Another approach is to offer combined degree programs (e.g., MD/PhD, MD/MPH) in global health as incentive to enhance uptake of global health studies. Students intending to pursue global health can also be recipients of academic, logistic, and financial support for international rotations. More scholarships can be created to meet this need (American medical students Association, 2006).

Medical schools can also establish a global health administrator or office within the medical school to address concerns of interested and even doubtful students, they are also charge with

arranging international placement and assisting with logistics Enabling international partnerships/ collaboration with developing-country institutions are also critical to ensure sustainable exchange programs for students.It may in the long run be necessary to make an international clinical rotation a routine part of medical education to enhance the number of students exposed to international health (Romanucci-Ross et al, 2004).Training programs should also be evaluated in terms of the quality of the experience for trainees from all settings and also by the incremental improvement in in-country care, infrastructure, and/or research (Kerry et al, 2011)

CONCLUSION

Globalization has brought with it many boons to the world and its people; however it has its downside of enhancing regional microbe transfer and even health risks worldwide.To adequately succeed in reducing the global burden of disease will depend on how training Programs manage the enthusiasm of trainees globally. Experimentation is also vital to explore new options and make choices of best possible interventions. Such programs must also createnew incentives and training opportunities for health leadership especially in developing countries settings. Investments in scientific innovation, and research to prevent and cure global diseases should match those in the human resources required to discover and deliver innovations in prevention and treatment. This may require time, enhancing leadership and well as political and financial commitment globally. Enabling partnership is key, but even more important is the need for good direction, foresight, and seizing opportunities as they arise.

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