



STUDENT CONTRIBUTION

Global Health is "the New Pink."

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Published: April 2010

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Education for Health, Volume 23, issue 1, 2010

Available from: <http://www.educationforhealth.net/>

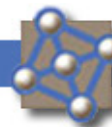
Key words: Global health, medical education, health systems, health systems strengthening, systems thinking

My fiancé writes for a fashion magazine. She pens an article about a new trend every week: pumps are “the new heels,” clutches are “the new shoulder bag,” and pink is “the new red.” While I don’t know what most of these fashion idioms mean, I do know that medicine, like clothing styles, has its trends. In medicine, global health is “the new pink.”

With globalization quickly escalating, increasing numbers of budding clinicians and public health practitioners are trying to pursue work in global health. There appear to be endless global health options available to students, from week-long volunteer clinics in low-resource countries to certificate courses on “Global Medicine Made Simple.” However, there is nothing simple about global medicine or the path to practicing it.

The problem with the available global health options is that there is no single program that can efficiently propel a medical student directly into a career in global health. The current path is circuitous, and the end result is an under-qualified physician in an overburdened system. This is a generalization of course, but it is based on sad truths nevertheless.

To effectively practice medicine internationally, a doctor should be more than a doctor. He or she should be the health system administrator, the policy maker and implementer, the economist, and the public health advocate. In theory, an effective global health physician would have an MD, MBA, MPH, JD, and a PhD all in one! In practice, many people simply don’t have the resources to go through fifteen years of post-graduate work to help an underserved population with minimal reimbursement. Unfortunately, it takes many doctors just that long to achieve a position where they can make a significant impact. Even at that point, the doctor is still deficient in some skills needed to effectively practice in the global health arena. Ideally, the sequence involving a global health pathway in medical school followed by a primary care-based residency program in global health would incorporate most of the requisite skills into one cohesive pathway that would propel doctors into effective global service.



So where do we go for such a program? Within the U. S., a good place to start is with the University of California, San Francisco (UCSF). Since 2003, UCSF has been creatively developing global health curricula through its Global Health Sciences (GHS) initiative. The GHS now includes: medical school courses; a Master of Science degree program; and a residency pathway with formal training, mentored research, and clinical exposure in global health¹. Harvard is another innovator in global health training and offers a plethora of appropriate experiences ranging from certificate courses, Master in Public Health degrees, Master in Business Administration degree with emphasis on social enterprise, and most recently, the first U.S.-based Pediatric Global Health Fellowship²⁻³. Johns Hopkins University also has extensive offerings in global health training, as do the University of Washington, Duke University, Boston University, and some other institutions in the U.S. Although my residence in the U. S. limits my familiarity with programs to those based in America, there are also terrific global health training opportunities around the world from Great Britain to Brussels to Bangkok.

While the programs in the U. S. and abroad are a great start, many of them are still in development. No program that I am familiar with offers a well-vetted, direct pathway from college to the clinic. Nevertheless, the abundance of programs makes the trend obvious; global health is in vogue. And given the social and economic ramifications of the dire state of health for poverty-stricken people around the world, let us hope that global health will not just be a fashionable whim but rather will become a cornerstone of medical education⁴.

Besides streamlining training in global health and bringing it to the forefront of medical education, the design of global health curricula should utilize systems thinking. Systems thinking is a construct for understanding the impact of a health intervention in the context of financial, social, political, healthcare, and individual inputs⁵. Increasing emphasis on systems thinking may help rectify the major global health problem of too much disease-specific channeling of human and monetary resources to the detriment of the health system as a whole⁶. So, instead of narrowly focusing training on treating individual patients, we should also be given the tools to appreciate health systems. Health systems strengthening should be a major component of global health training programs.

One forum that may inform global health training as it pertains to strengthening health systems is the student-section of the Health Systems Action Network (HSAN). HSAN is a network of health systems experts from around the world whose mission is to facilitate “equitable, accountable, and sustainable health systems for improved health outcomes⁷.” The student section highlights opportunities for getting involved in health systems strengthening research and interventions. Another resource for general global health education opportunities is the Global Health Education Consortium (GHEC). GHEC offers a robust database of learning modules and listings of health professions schools and residency programs focusing on global health⁸.

The next step in building global health education should be to continue refining existing and developing new programs to create an ensemble of training opportunities that are streamlined and systems-focused. The challenge moving forward in these difficult economic times will be to transition global health from being a fleeting fad to a staple of medical education. Borrowing from my fiancé, let’s turn global health from the “new pink” into the “little black dress.”

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