

Introduction to Global Health

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McGill



GLOBAL
HEALTH
PROGRAMS



@paimadhu

Historical origins of global health

- Colonial medicine
- Missionary medicine
- Military medicine
- Tropical medicine
- International health
- Global health



Sir Ronald Ross, Mrs. Ross, Mahomed Bux and laboratory assistants at the laboratory in Calcutta where the life history of the malaria parasite in birds was fully worked out in 1898. (Courtesy: London School of Hygiene and Tropical Medicine)



1900: Walter Reed, MD, Yellow Fever



Yellow Fever Dormitory

Global health 1.0

“Global health 1.0 was called tropical medicine and was primarily concerned with keeping white men alive in the tropics.”

Colonial overtones



Global health 2.0

“Global health 2.0 was called international health and comprised clever people in rich countries doing something to help people in poor countries.”

Cold War overtones



<https://blogs.bmj.com/bmj/2013/10/08/richard-smith-moving-from-global-health-3-0-to-global-health-4-0/>

Global health 3.0

“Global health 3.0, which is still the main manifestation of global health, is about researchers from rich countries leading research programmes in poor countries.”



<https://blogs.bmj.com/bmj/2013/10/08/richard-smith-moving-from-global-health-3-0-to-global-health-4-0/>

Global health 4.0

“Global health 4.0, increasingly the present and certainly the future, is research and other activities being led by researchers from low and middle income countries.”



<https://blogs.bmj.com/bmj/2013/10/08/richard-smith-moving-from-global-health-3-0-to-global-health-4-0/>

Global health still mimics colonial ways: here's how to break the pattern

August 18, 2019 4.17am EDT



Author



Madhukar Pai

Director of Global Health & Professor,
McGill University

<https://theconversation.com/global-health-still-mimics-colonial-ways-heres-how-to-break-the-pattern-121951>

**A
HISTORY
OF
GLOBAL
HEALTH**



**INTERVENTIONS INTO
THE LIVES OF OTHER PEOPLES**

RANDALL M. PACKARD



“...at its core, (global health) history remains predominantly about flows of goods, services, and strategies along well-trod, north-south pathways.”

AN INTRODUCTION TO GLOBAL HEALTH DELIVERY

Practice • Equity • Human Rights



JOIA S. MUKHERJEE

Foreword by Paul Farmer

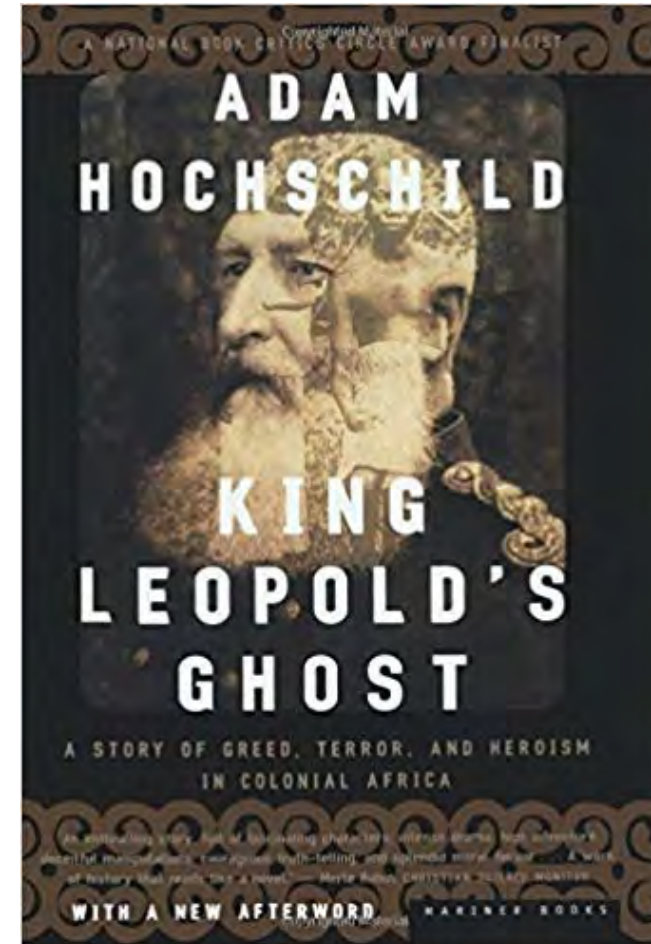
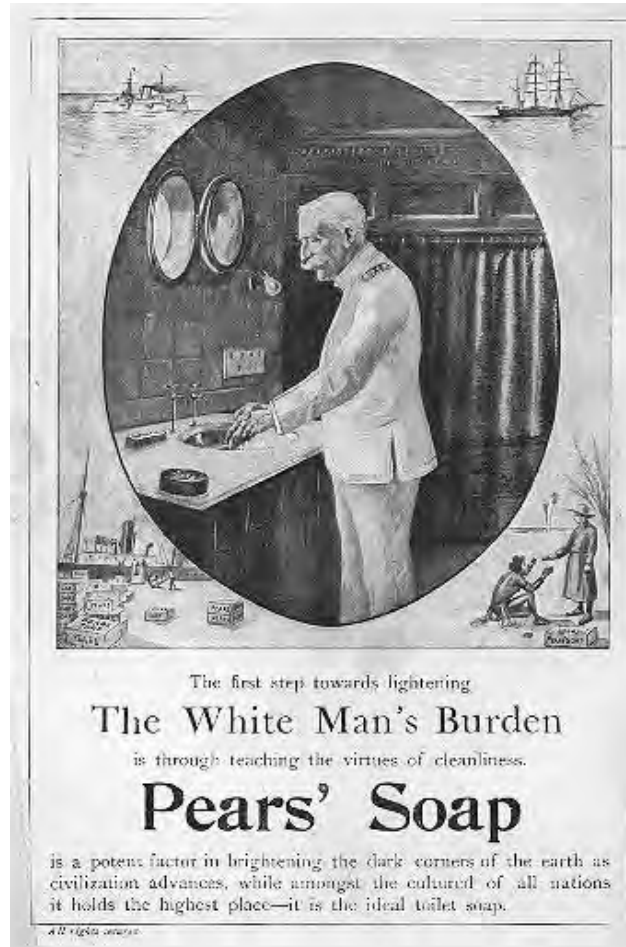
1

The Roots of Global Health Inequity

Key Points

- Weak health systems have deep historical roots.
- Colonized and exploited countries have the weakest health systems.
- The legacy of slavery and colonialism impacts health in the present day through racially based oppressive policies that result in differential risk, poor access to care, and unequal health outcomes.
- Neoliberal economic policy impaired the ability of impoverished governments to deliver health care as a basic right.
- The 1978 global conference on primary health care, held in Alma Ata in the former Soviet Union, declared that “health for all” was the future.
- *Selective primary health care* proposed in 1979, supplanted the broader aspirations of health as a human right.
- The history of impoverishment from colonialism and slavery to the neoliberal economic policies in the postcolonial period led to a near-absence of medical care in impoverished countries in the 1970s through the late 1990s.

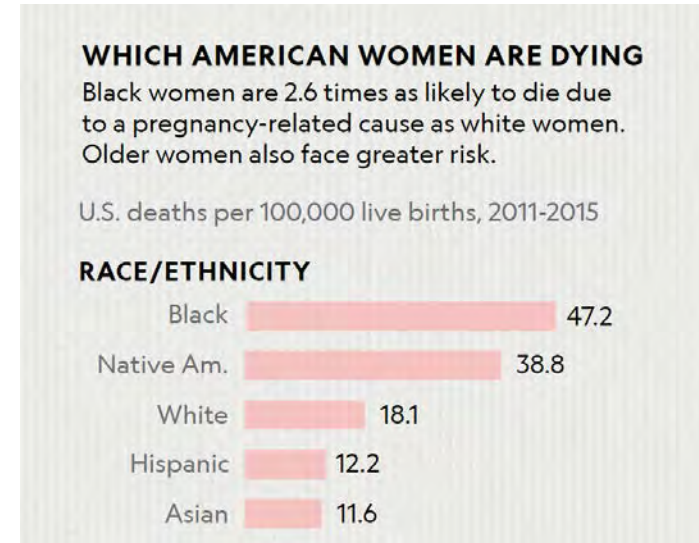
Impact of colonialism



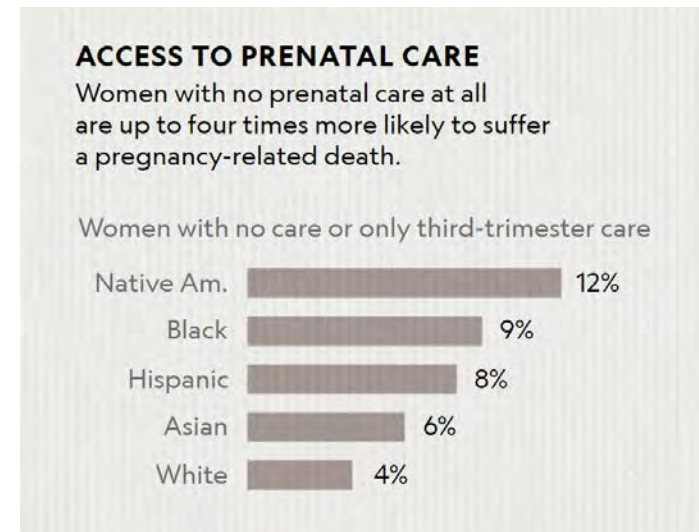
King Leopold's Ghost: A Story of Greed, Terror and Heroism in Colonial Africa (1998)

Persistent echoes of colonialism (close to home)

Poor health status of Indigenous Peoples in Canada



High maternal mortality among Black women in US



<https://healthydebate.ca/2019/01/topic/tuberculosis-inuit-canada>

<https://www.nationalgeographic.com/culture/2018/12/maternal-mortality-usa-health-motherhood/>

We need to decolonize global health...

“I hope that we can begin to truly decolonize global health by being aware of what we do not know, that people understand their own lives better than we could ever do, that they and only they can truly improve their own circumstances and that those of us who work in global health are only, at best, enablers.”

Seye Ambimbola

THE C-WORD: TACKLING THE ENDURING LEGACY OF COLONIALISM IN GLOBAL HEALTH



By Sudipta Saha, Purvaja Kavattur, Amina Goheer

<https://academic.oup.com/inthealth/article/10/2/63/4924746>

<https://www.healthsystemsglobal.org/blog/341/The-C-Word-Tackling-the-enduring-legacy-of-colonialism-in-global-health.html>

Towards a common definition of global health

*Jeffrey P Koplan, T Christopher Bond, Michael H Merson, K Srinath Reddy, Mario Henry Rodriguez, Nelson K Sewankambo, Judith N Wasserheit, for the Consortium of Universities for Global Health Executive Board**

definition: global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.

	Global health	International health	Public health
Geographical reach	Focuses on issues that directly or indirectly affect health but that can transcend national boundaries	Focuses on health issues of countries other than one's own, especially those of low-income and middle-income	Focuses on issues that affect the health of the population of a particular community or country
Level of cooperation	Development and implementation of solutions often requires global cooperation	Development and implementation of solutions usually requires binational cooperation	Development and implementation of solutions does not usually require global cooperation
Individuals or populations	Embraces both prevention in populations and clinical care of individuals	Embraces both prevention in populations and clinical care of individuals	Mainly focused on prevention programmes for populations
Access to health	Health equity among nations and for all people is a major objective	Seeks to help people of other nations	Health equity within a nation or community is a major objective
Range of disciplines	Highly interdisciplinary and multidisciplinary within and beyond health sciences	Embraces a few disciplines but has not emphasised multidisciplinary	Encourages multidisciplinary approaches, particularly within health sciences and with social sciences
<i>Table: Comparison of global, international, and public health</i>			

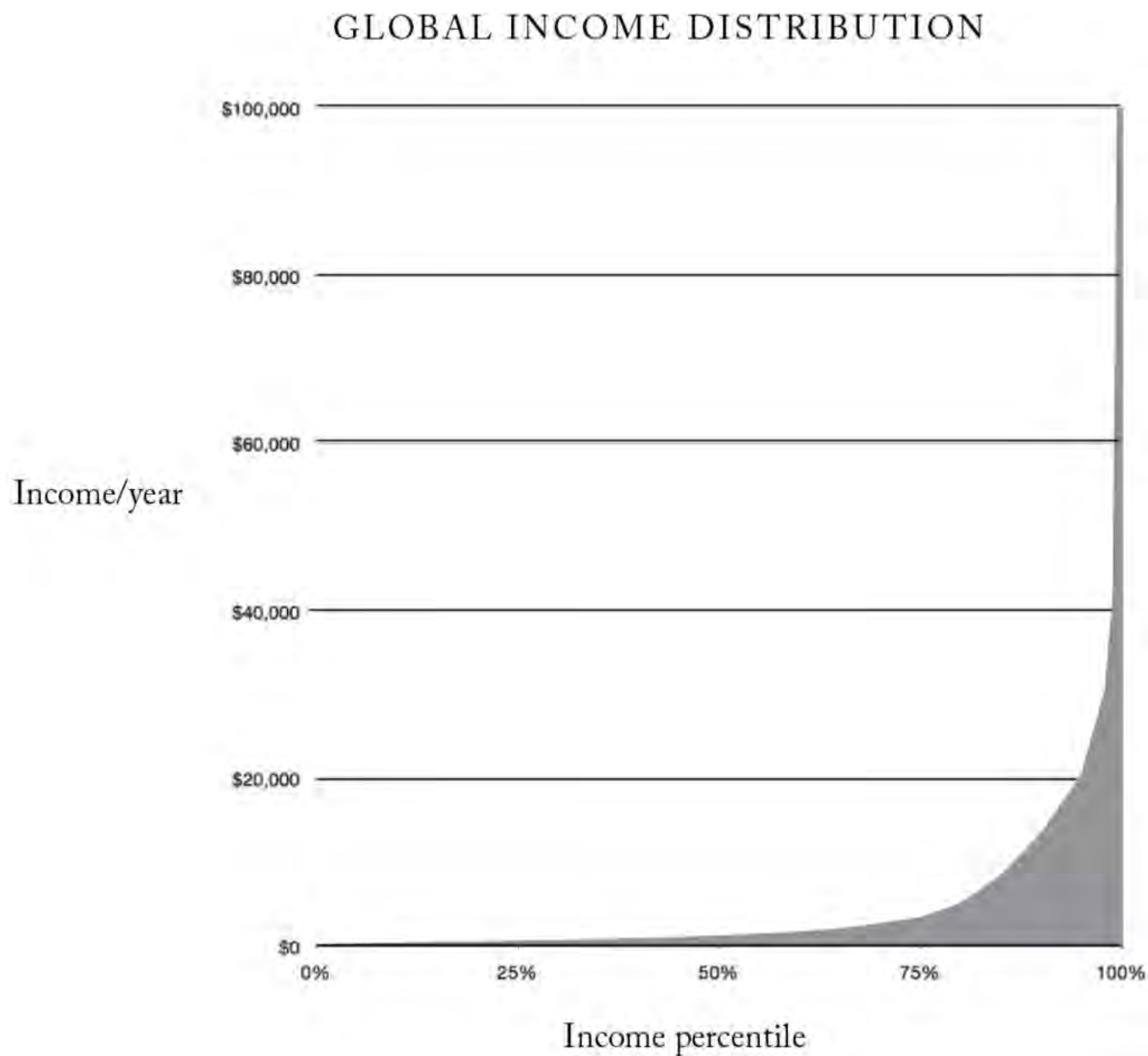


“Global health, while a marked improvement on its forebear “international health,” remains a collection of problems rather than a discipline. The collection of problems... all turn on the quest for *equity*.”

Paul Farmer, *Reimagining Global Health*, UC Press, 2013

Inequities are
staggering

<http://www.effectivealtruism.org/>



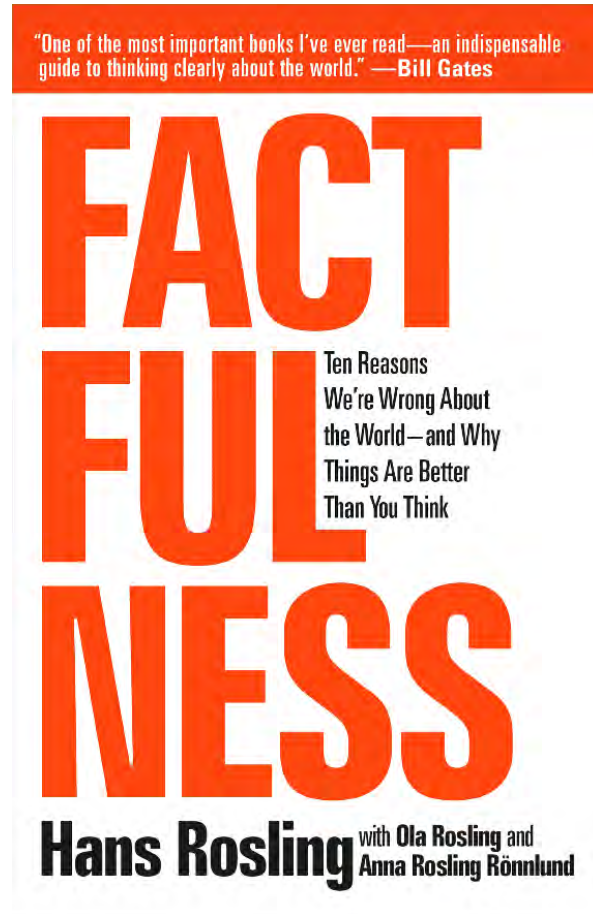
World's 26 richest people own as much as poorest 50%, says Oxfam

Charity calls for 1% wealth tax, saying it would raise enough to educate every child not in school

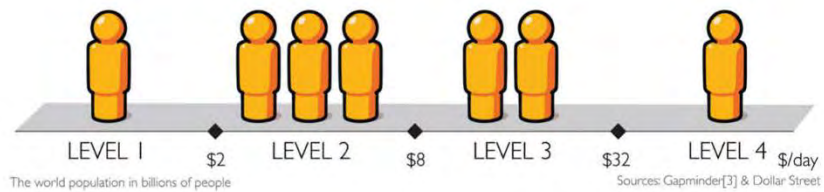
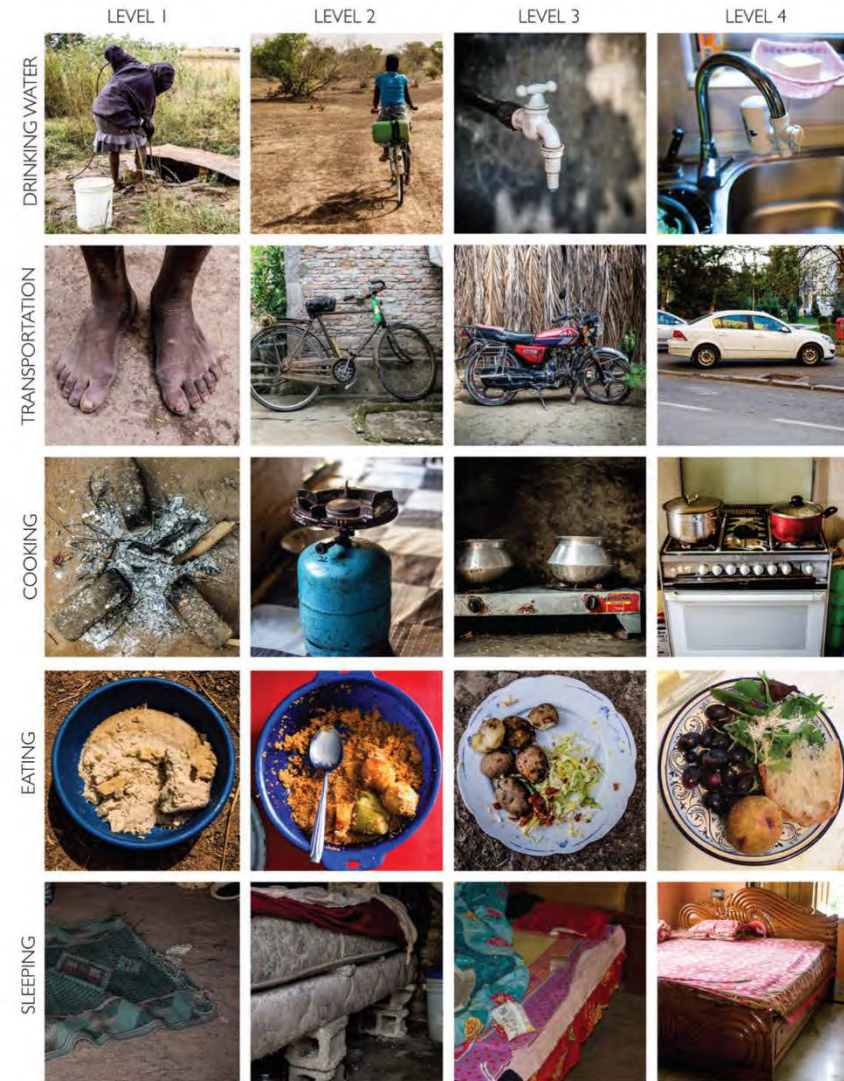


**The top 26
billionaires own
\$1.4 trillion — as
much as 3.8
billion other
people**

Instead of rich vs. poor, Hans Rosling gives us a different way of looking at the world...



LIFE ON THE FOUR INCOME LEVELS

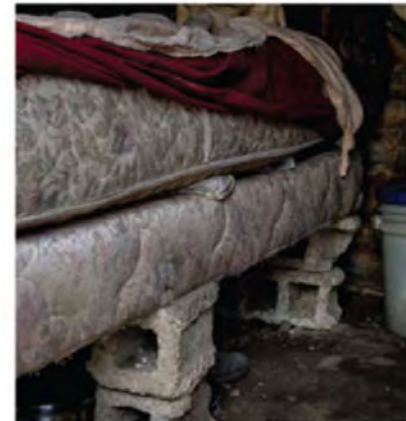
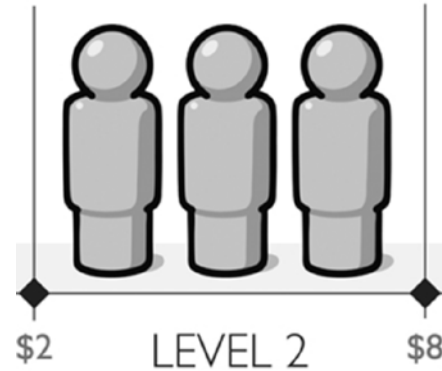


1 billion: Level 1



<https://www.gapminder.org/dollar-street/matrix>

3 billion: Level 2



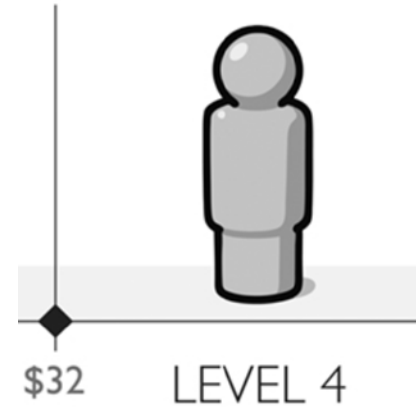
<https://www.gapminder.org/dollar-street/matrix>

2 billion: Level 3



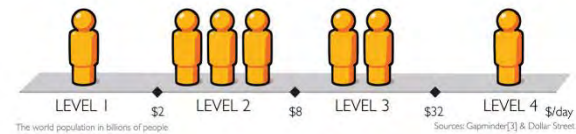
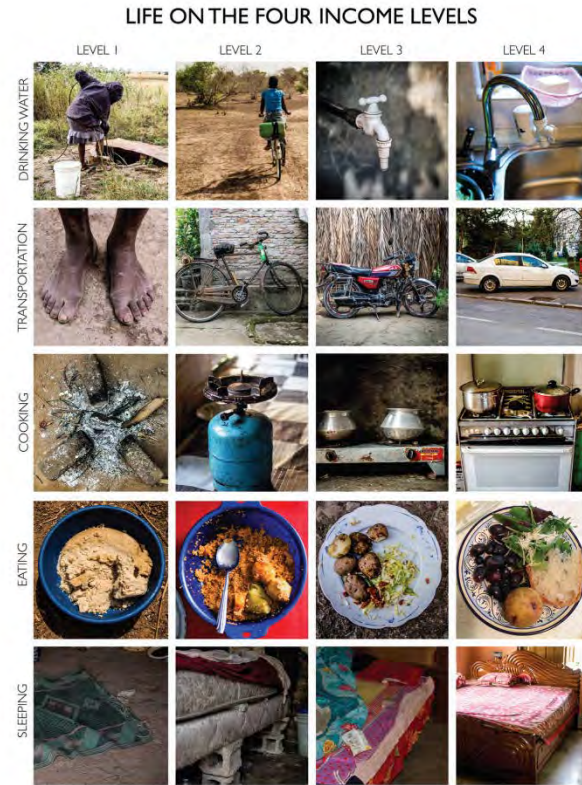
<https://www.gapminder.org/dollar-street/matrix>

1 billion: Level 4



<https://www.gapminder.org/dollar-street/matrix>

Q: which level are you on?



Giving What We Can is fundraising for 2017

Close ✕

We need your support to continue to grow our community of committed, effective givers. Help us make 2017 even bigger by making a donation to our parent organisation, The Centre for Effective Altruism.



More Info

Donate Now



(Image: Shutterstock / [shutterstock.com](https://www.shutterstock.com))

Location

United States ▾

This determines both your currency and your cost of living.

Income can't be blank

USD

The total income for your household after tax.

People in your household

- 1 adults +

We use equalised income.

- 0 children +

Calculate!



“We are privileged, and that privilege comes with obligations to others and especially to the poor. Realize your good fortune, and share it with others by putting your gifts and training in the service of those who may not have had the same opportunities but are certainly appreciative of your powers to do good.”

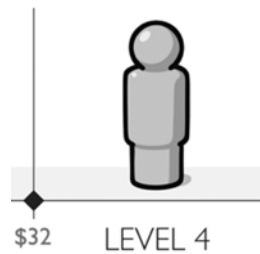
Paul Farmer in *To Repair the World*, 2013

So why does inequity matter for health?

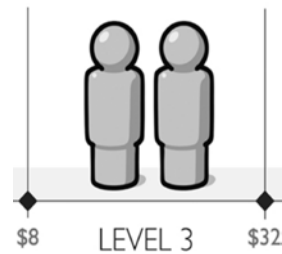
Which level you live on has a HUGE impact on your health!



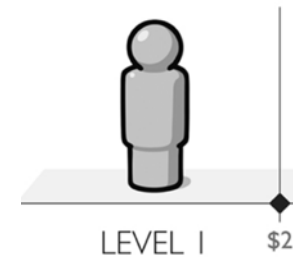
Born in **Montreal**
Life expectancy: 82



Born in **Iqaluit, Nunavut**
Life expectancy: 73



Born in **Uttar Pradesh, India**
Life expectancy: 64



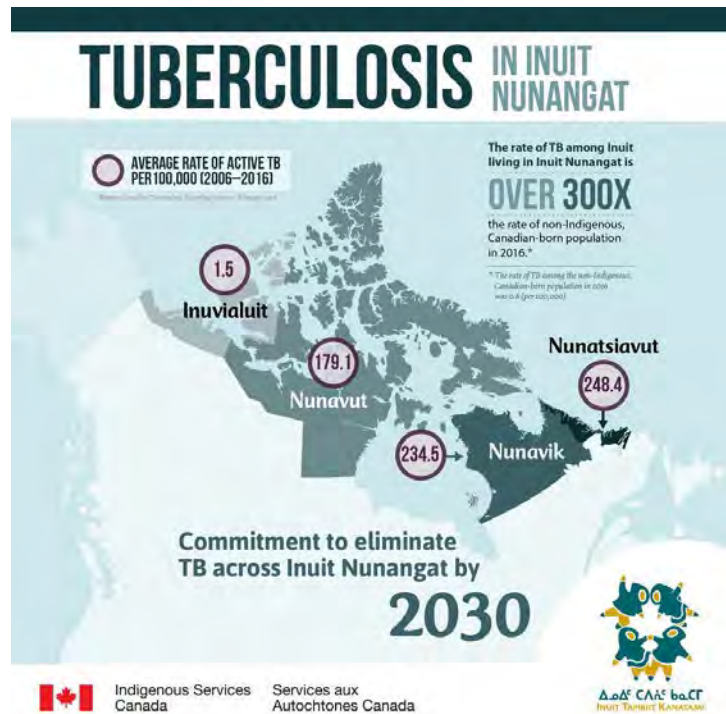
Those on Level 1/2 die of easily treatable causes...



~300,000 mothers and ~6 million children die around the time of birth, largely in poorer countries

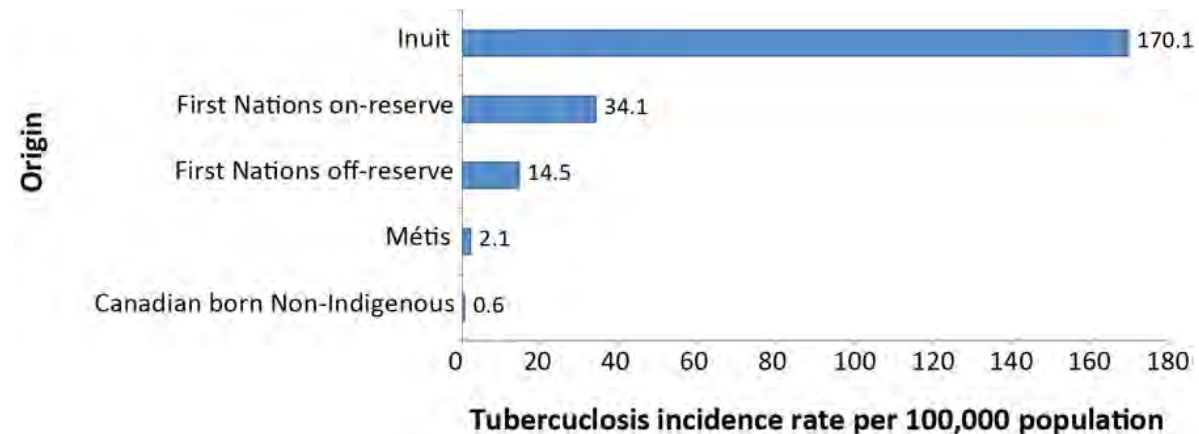


1.7 million people die of tuberculosis every year



Even in a rich, Level 4 country like Canada, you can see how inequities drive health outcomes

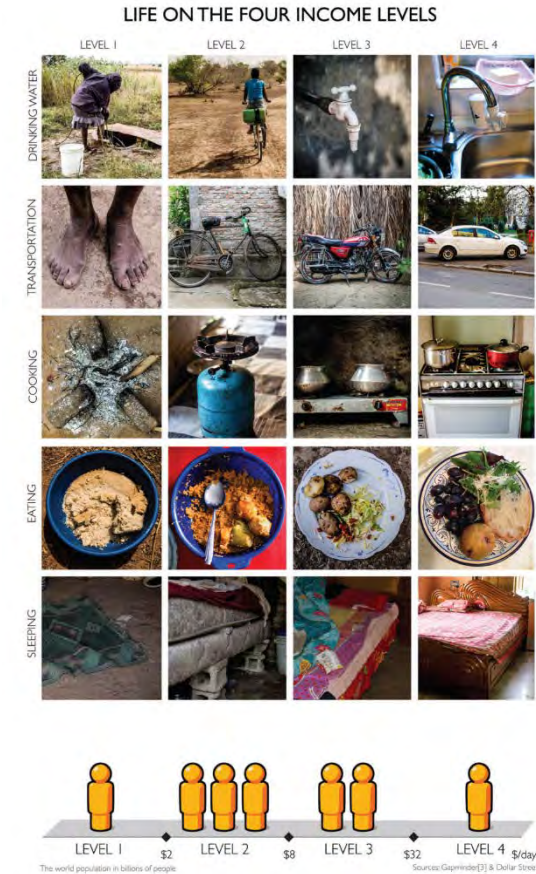
TB incidence rates in Canada



We can move the needle a lot, if we focused on those on Levels 1 and 2



100x Multiplier: We are about 100 times richer than the poorest billion people in the world, and we can do several hundred times more to help them than we can to help others in the rich countries we live in.



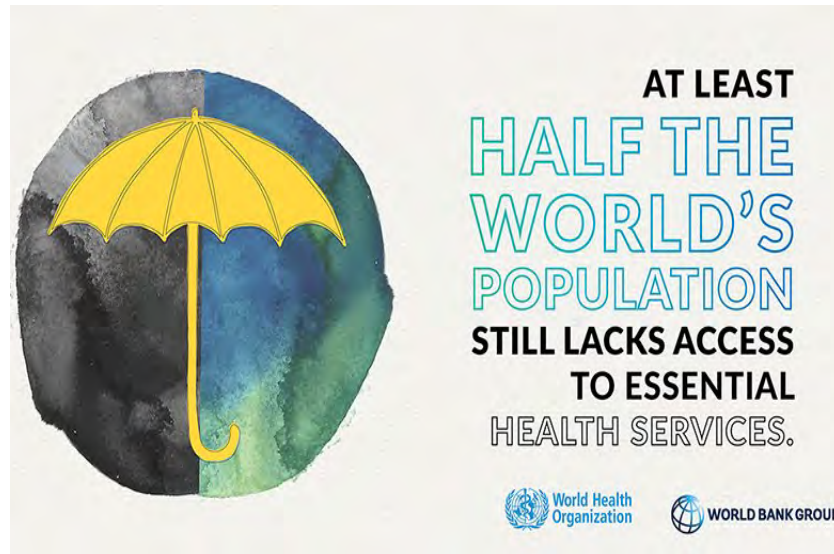
<http://www.effectivealtruism.org/>



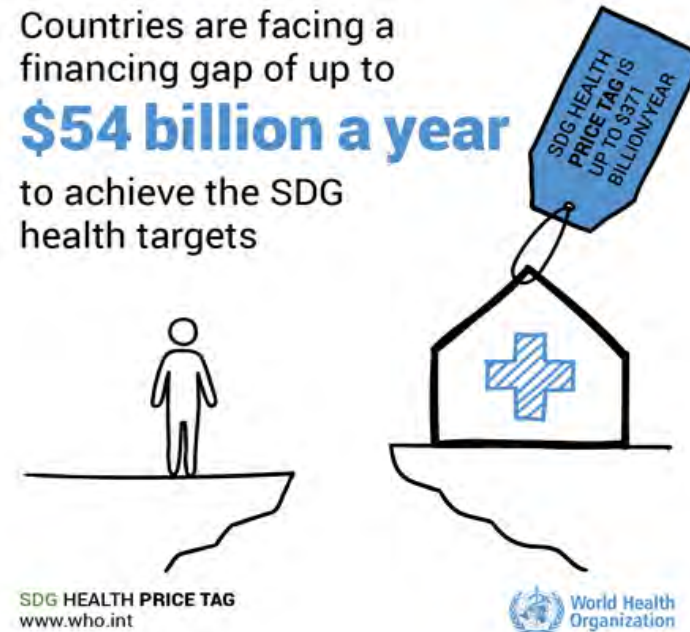
Why care about global health?

- Address serious inequities in health
 - There is an ethical & humanitarian imperative to ensure **health as a fundamental right for all**
- Globalization has truly made the world flatter – “we are in this together”
- Some problems are too big/complex for countries to deal with (transnational effort is needed)

40 years after the world promised 'health for all'...



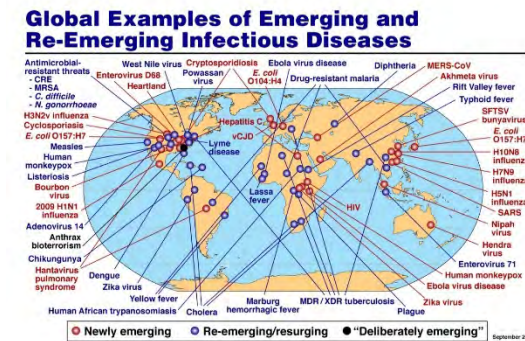
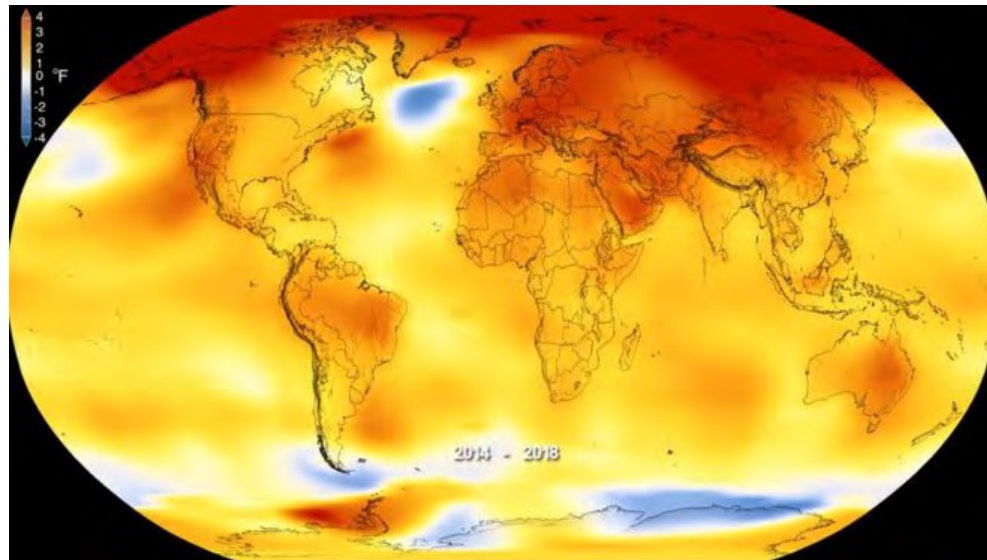
Countries are facing a
financing gap of up to
\$54 billion a year
to achieve the SDG
health targets



We live in a flat, highly interconnected world



“We live in a time when the incubation period of every known human pathogen is longer than the longest intercontinental flight”

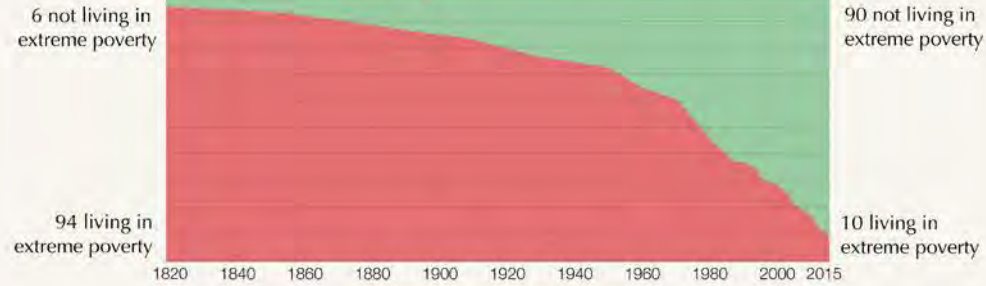


State of Global Health

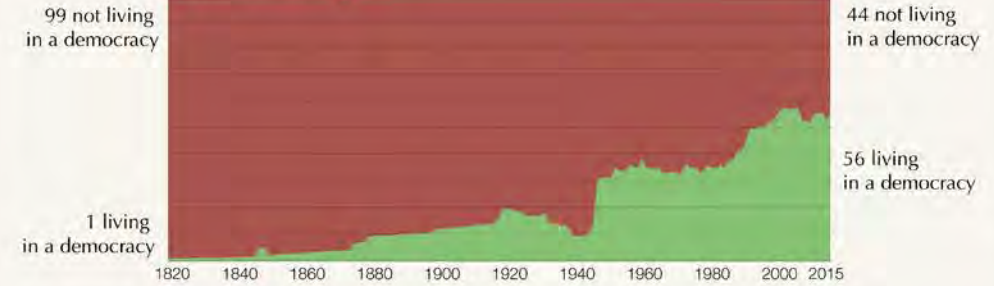
The World as 100 People over the last two centuries

Our World
in Data

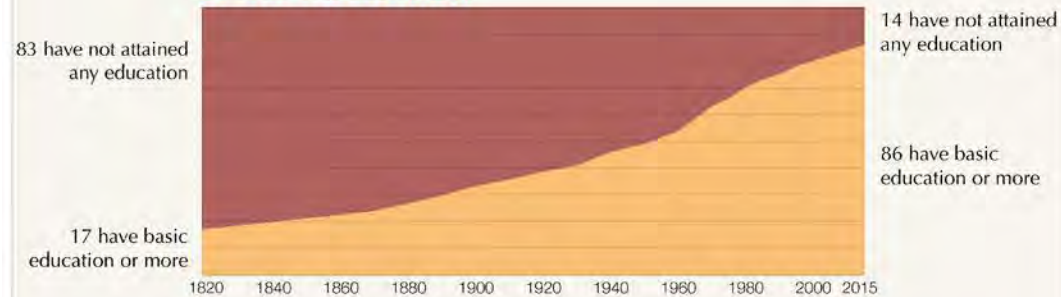
Extreme Poverty



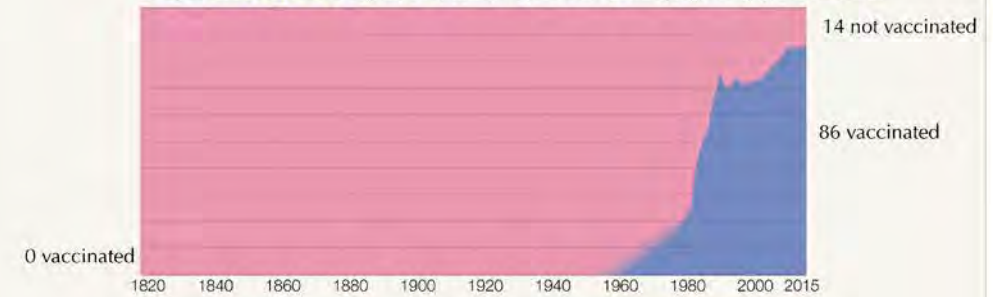
Democracy



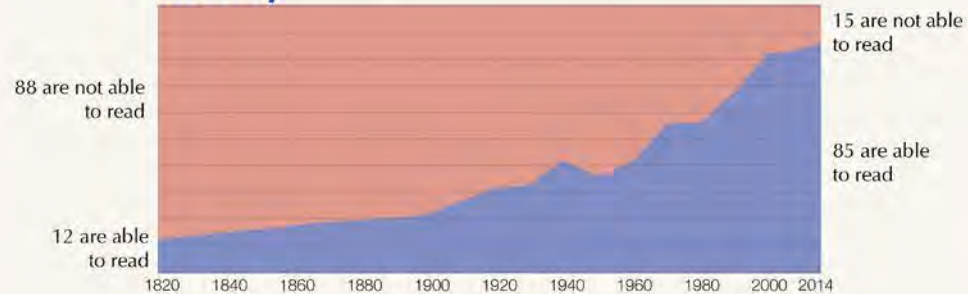
Basic Education



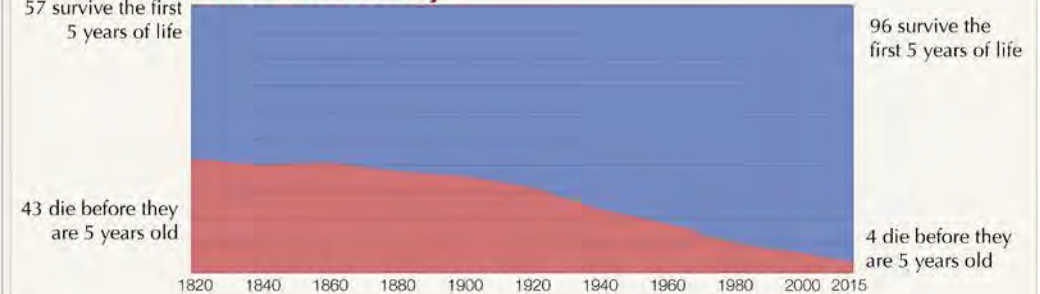
Vaccination against diphtheria, pertussis (whooping cough), and tetanus



Literacy



Child Mortality

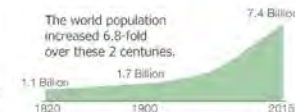


Data sources:

Extreme Poverty: Bourguignon & Morrison (2002) up to 1970 – World Bank 1981 and later (2015 is a projection).
Vaccination: WHO (Global data are available for 1980 to 2015 – the DPT3 vaccination was licenced in 1949)
Education: OECD for the period 1820 to 1960, IIASA for the time thereafter.
Literacy: OECD for the period 1820 to 1990, UNESCO for 2004 and later.

Democracy: Polity IV index (own calculation of global population share)
Colonialism: Wimmer and Min (own calculation of global population share)
Continent: HYDE database

Child mortality: up to 1960 own calculations based on Gapminder; World Bank thereafter



All these visualizations are from OurWorldInData.org an online publication that presents the empirical evidence on how the world is changing.

Licensed under CC-BY-SA by the author Max Roser.

Life expectancy

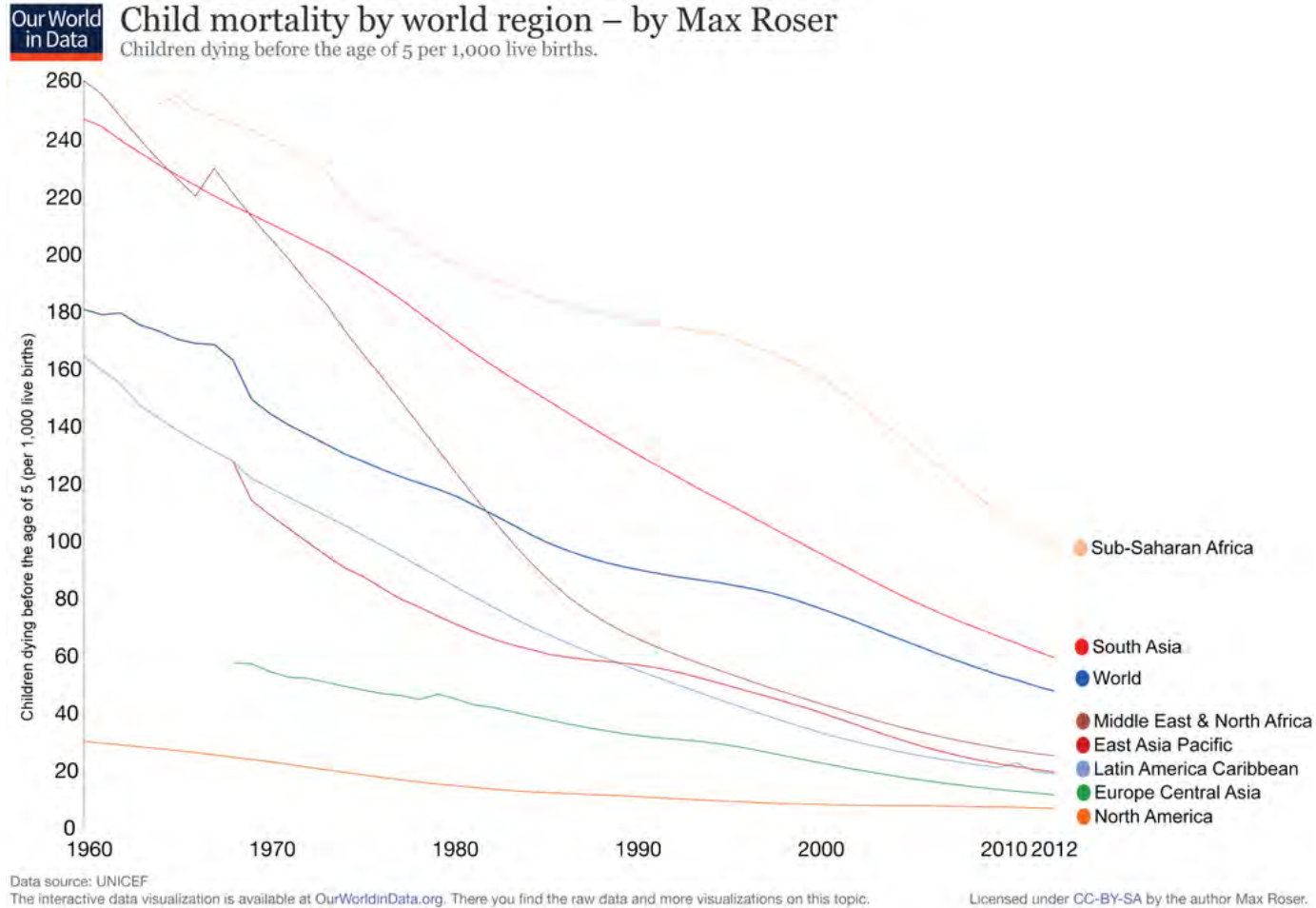


Life expectancy at birth in countries around the world 1540-2011 – Max Roser



The author Max Roser licensed this visualisation under a [CC BY-SA license](https://creativecommons.org/licenses/by-sa/4.0/). You are welcome to share but please refer to its source where you find more information: www.OurWorldinData.org/data/population-growth-vital-statistics/life-expectancy

Child mortality



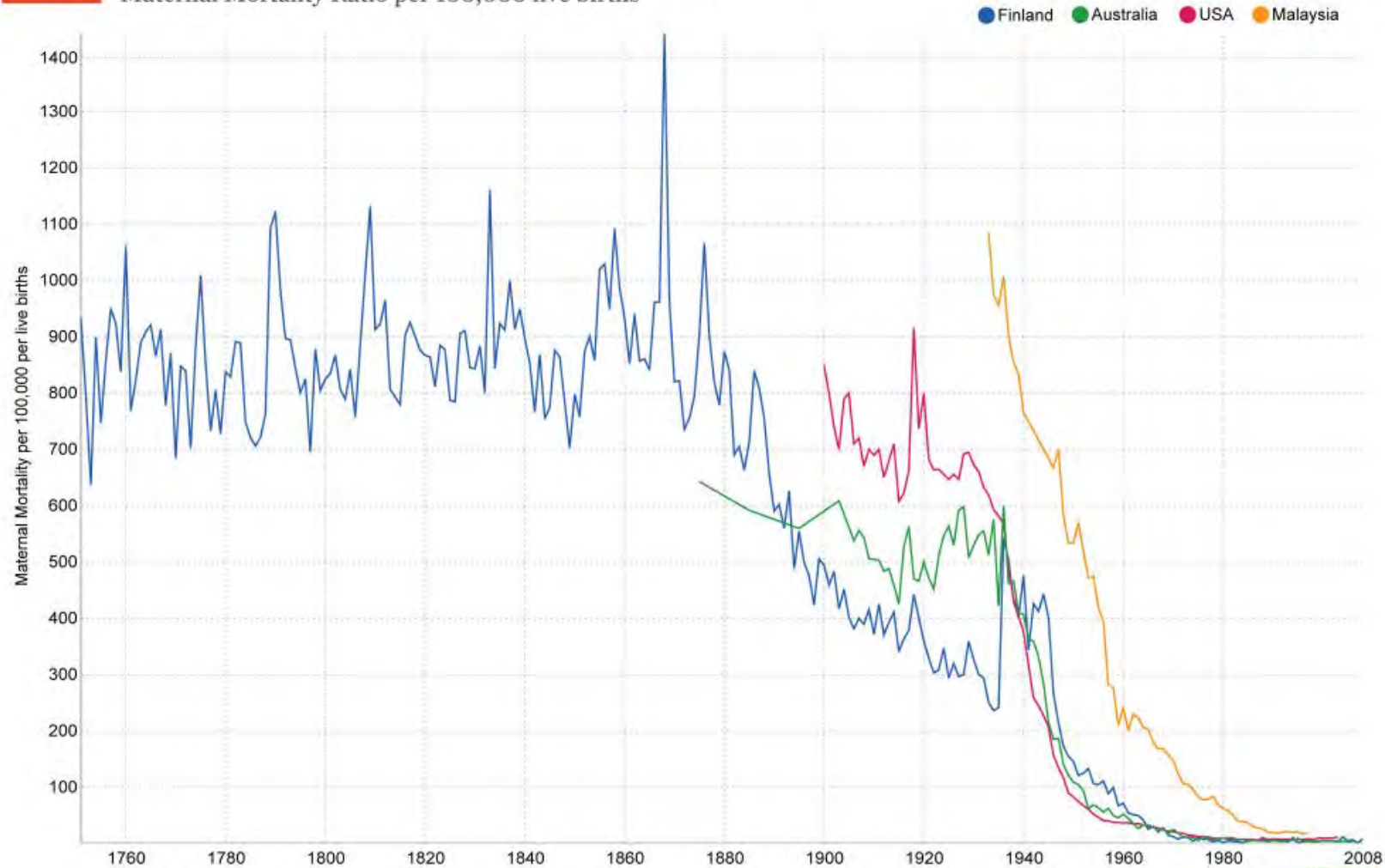
© The Economist Newspaper Limited, London, September 27, 2014

Maternal mortality

Our World
in Data

Maternal Mortality, 1751-2008 – by Max Roser

Maternal Mortality Ratio per 100,000 live births



Data source: Claudia Hanson (2010) – Gapminder Documentation 10 – Documentation for Data on Maternal Mortality.

The interactive data visualisation is available at OurWorldinData.org. There you find the raw data and more visualisations on this topic.

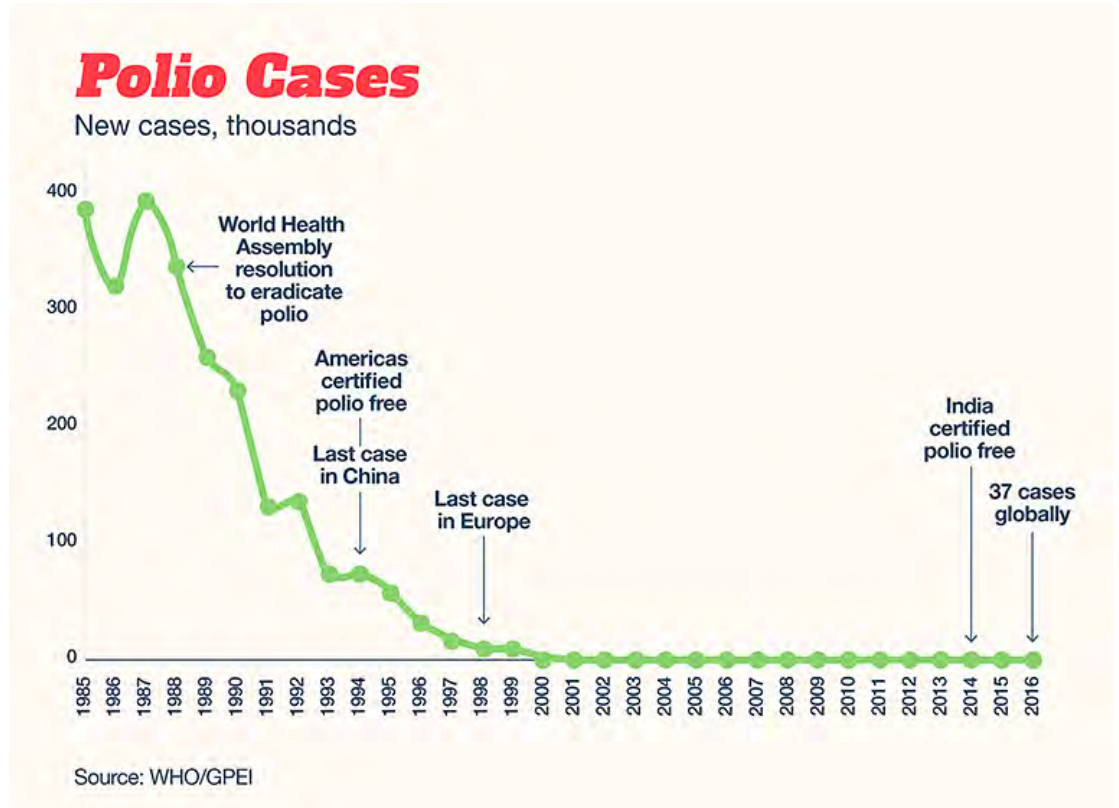
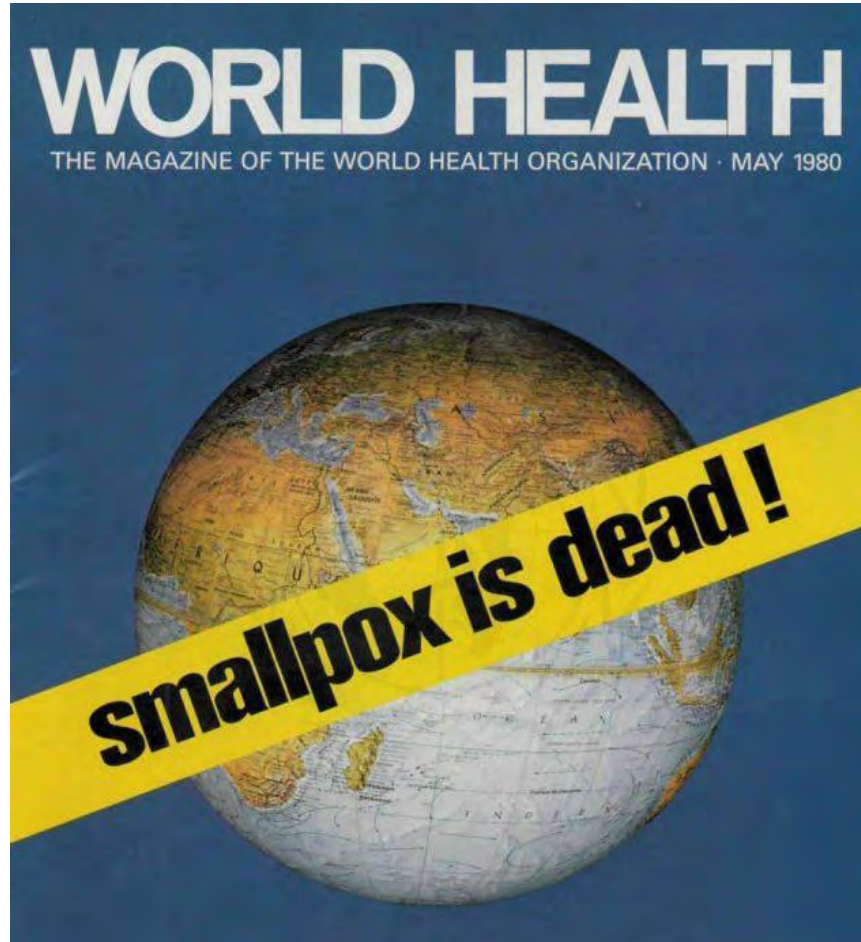
#4
/ 100

Chart 4 of 'What on Earth is going on – 100 charts that show how living standards around the world are changing'.

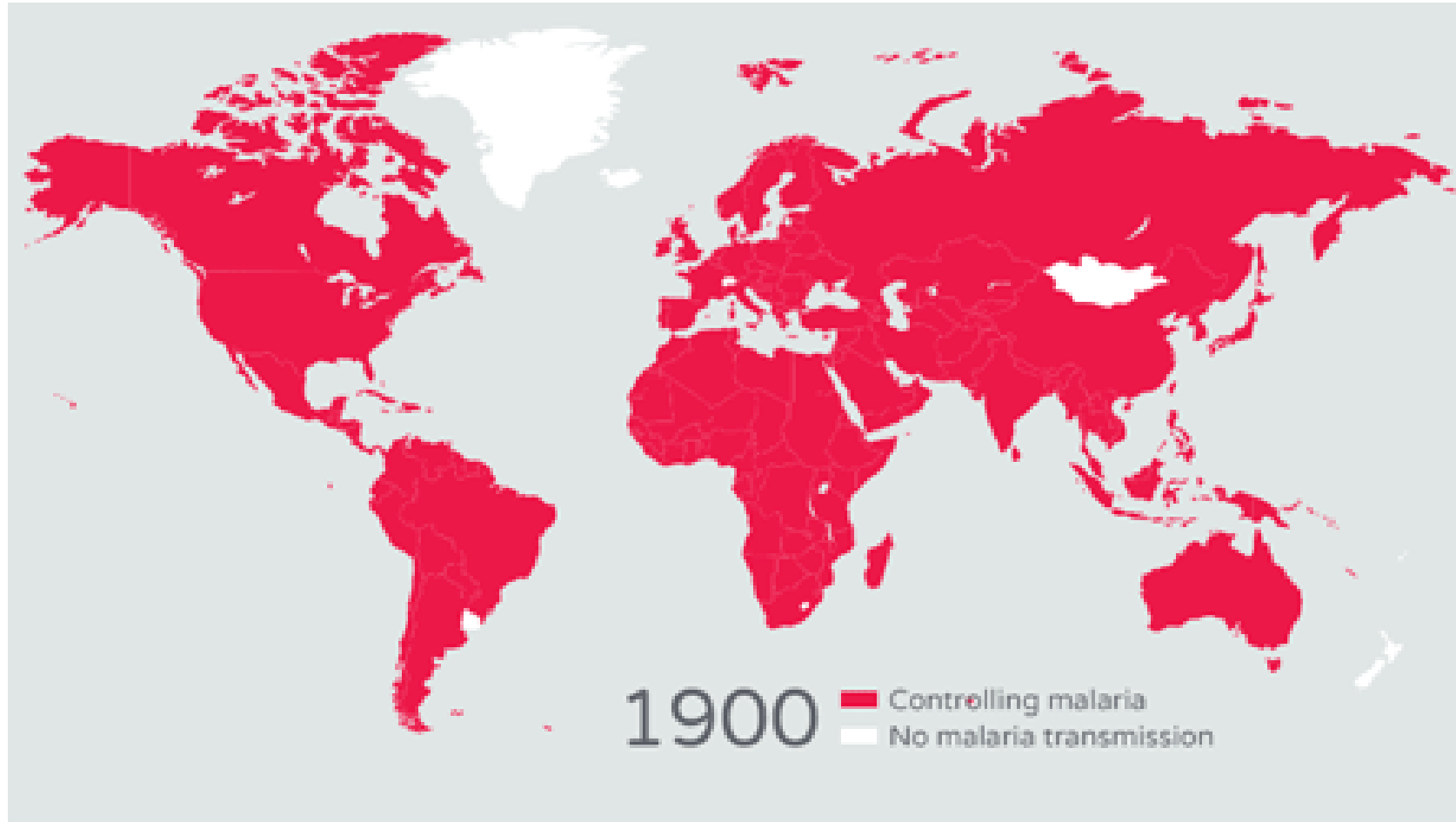
Published on www.MaxRoser.com and licensed under CC-BY-SA.

We have seen big drops with
some infections

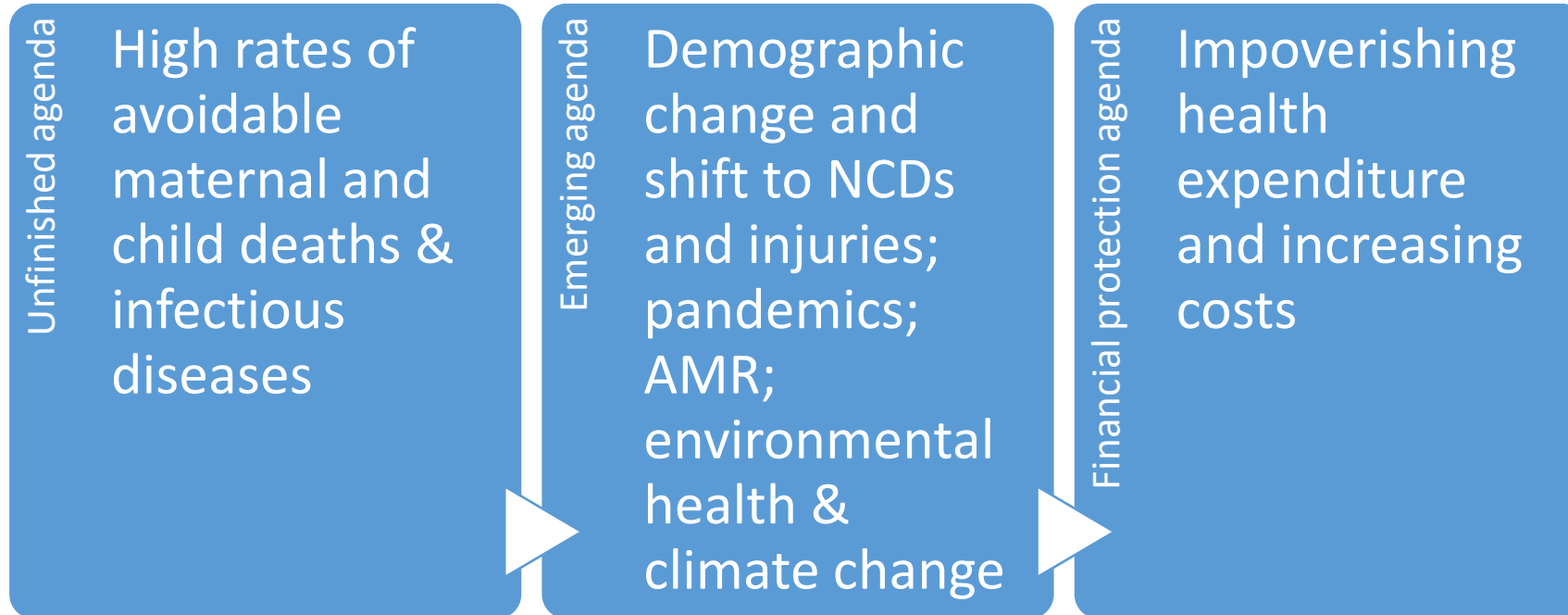
Smallpox & polio



Malaria



BUT A LOT OF WORK TO BE DONE



Lancet 2035

Unfinished agenda: maternal & child deaths, and infectious diseases



~300,000 mothers and ~6 million children die around the time of birth, largely in poorer countries



1.6 million people die of tuberculosis every year

Emerging agenda: antimicrobial resistance



Emerging agenda: planetary health & climate change

The World's Poorest Are
More Likely to Have a
Cellphone Than a Toilet



Emerging agenda: NCD pandemic



While globalization poses
major challenges, it also
offers exciting
opportunities...

How can you have a global health impact?



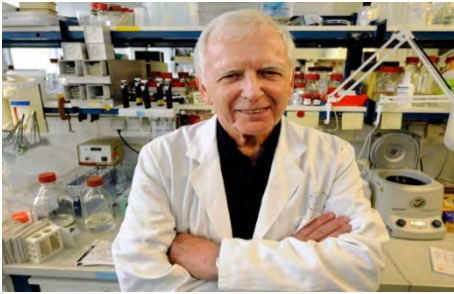


Education/expertise can help make an impact

- Medicine?
- Public health?
- Nursing?
- Allied health sciences?
- Engineering?
- Management/MBA? Law?
- Basic science research?

Global health goes well beyond
medical/clinical care...

a variety of actors are now involved



Basic researcher



Epidemiologist/public health



Industry/pharma professional



Journalist



Political leader



Global health diplomat



Anthropologist/social scientist



Advocate



Policy maker



Humanitarian/medical worker



Negotiator/business leader



Philanthropist

So, no matter what specific field you pursue and where you work, you can make an impact!



"Go out there build a society of givers, not takers. For me a taker is someone who has no choice. If we have a choice, be a giver."
Joanne Liu, President, MSF
McGill Alumna

But make sure you have a critical perspective
on global health...

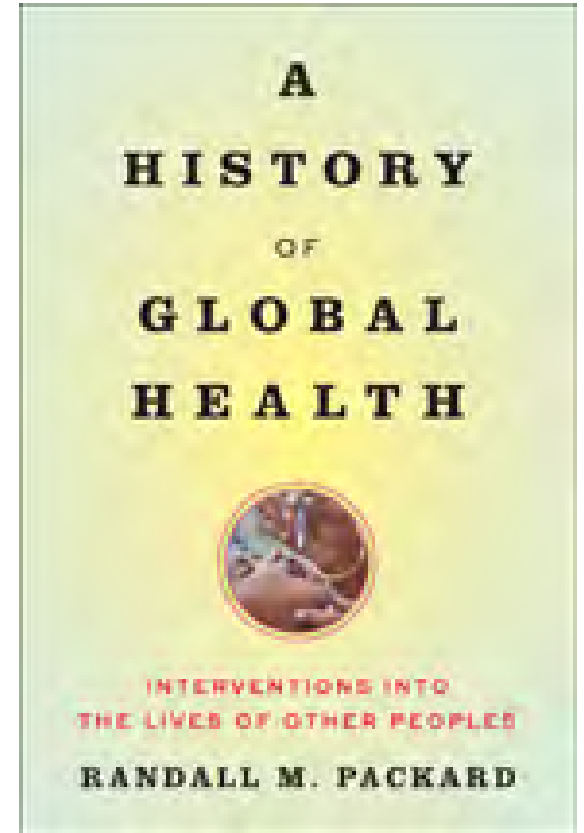
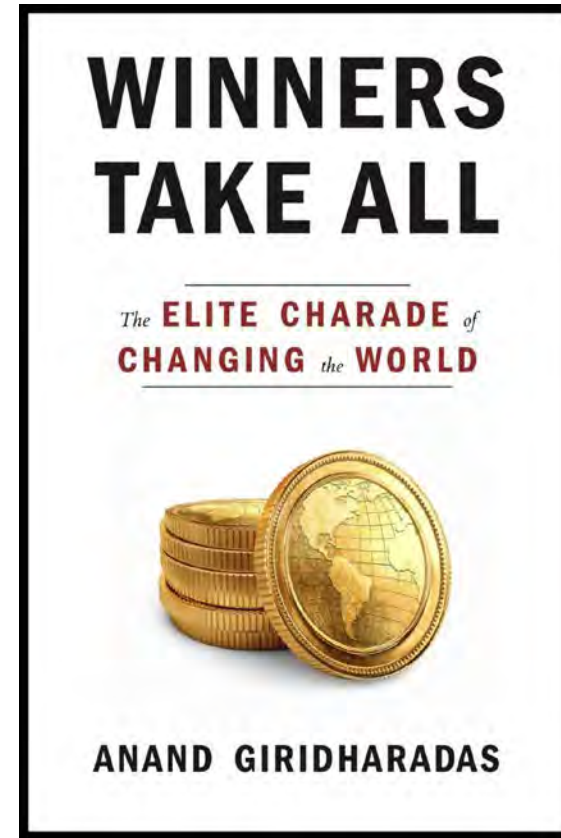
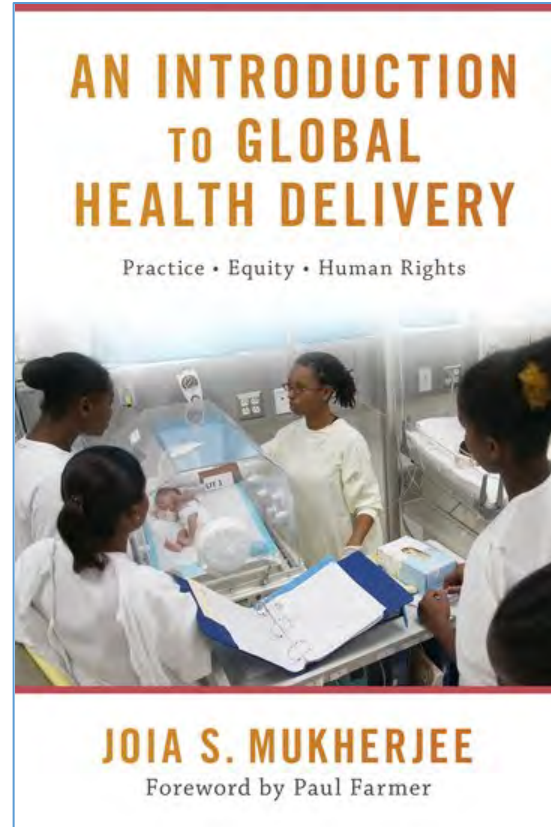
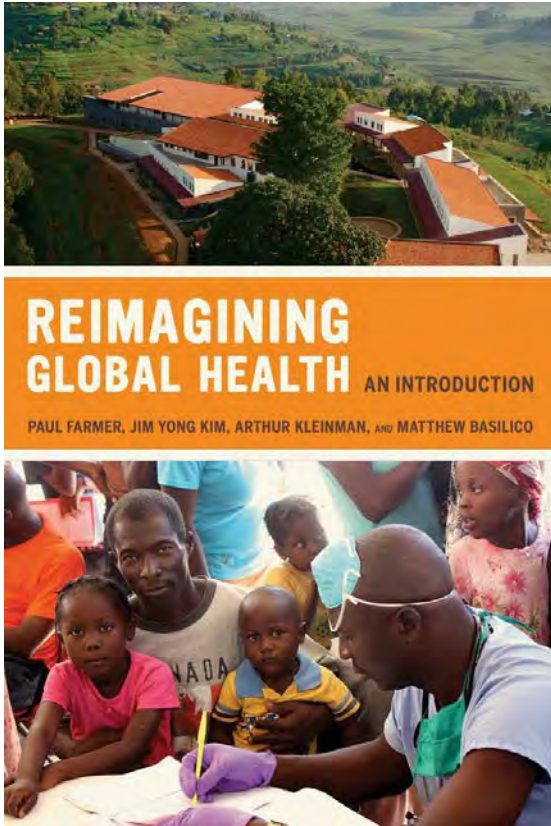
Avoid global health malpractice!

Do NOT:

- 1. Perpetuate colonial practices
- 2. Undermine local talent & expertise
- 3. Practice medicine (without a license)
- 4. Engage in voluntourism
- 5. Try to 'fix' issues that you don't understand
- 6. Go overseas without pre-departure training
- 7. Do research without supervision (& ethics review)
- 8. Conduct parachute research
- 9. Put yourself in dangerous situations
- 10. Make promises you cannot keep



<https://www.globalhealthnow.org/2019-08/10-fixes-global-health-consulting-malpractice>



Books that offer a critical perspective

Opportunities through GHP



Global Health Scholars

Scholars (Undergraduates) receive \$2,000-5,000 and are matched with faculty supervisor to help with an international, Northern Canada, or local global health project during the summer.

Events throughout the year

- GH Insight Nights: 1st Wednesdays of the month
- Workshops and trainings
- PPHS 511 and Summer Institute courses

Opens January 2020!



> Courses & Programs

International electives and Placements

Journal Clubs

The Prognosis

International Electives and Placements

Are you thinking of spending some time abroad during your studies at McGill? There are many options for you to investigate. If you are an undergraduate and interested in study abroad or study away opportunities for credit the [McGill International Education Office](#) is your best source of information. If you are a student looking specifically for a global health related research or clinical placements then the Global Health Programs can provide you with some ideas for you.



Global Health Programs

Search 

- + [First things first.....Why are you going abroad for a portion of y](#)
- + [Considering the different optio](#)
- + [Before you depart](#)
- + [When you return](#)

Faculty Map

- North America
- South America
- Europe
- Africa
- Asia
- Australia
- Arctic
- Projects with a Global Scope
- International Partnerships
- > Key Programs

Global Health Faculty at McGill

Click on any continent to see McGill faculty working in that area.

For faculty with projects with a global scope, [click here](#).



Travel Awards and Student Initiatives Fund

Travel Awards

- Fall and Spring cycles. Opens September 4th

Student Initiatives Fund

- Small amount of funding for student events
- Applications should be submitted **at least 6 weeks** prior to the event.

Coursework



The screenshot shows the McGill Global Health Programs website. The header features the McGill logo and the text "Global Health Programs". A navigation bar includes links for "About Us", "For Students", "Research", "Funding", "Summer Institute", "Events & Trainings", "News and Publications", and "Contact Us". The main content area is titled "Interprofessional Global Health Course" and includes a welcome message for the 12th annual course, held on Tuesdays from 6-8pm in McIntyre 210/11, starting January 8th, 2019. It also provides a brief description of the course and a list of objectives.

McGill | Global Health Programs

Quick Links

About Us | For Students | Research | Funding | Summer Institute | Events & Trainings | News and Publications | Contact Us

McGill.CA / GLOBAL HEALTH PROGRAMS / For Students / Courses & Programs / Trainings, Workshops & Short Courses

Courses & Programs

- Credit Courses
- Degree Programs
- Trainings, Workshops & Short Courses
- Interprofessional Global Health Course**

Funding Opportunities

- International electives and placements
- Global Health Student Groups

Interprofessional Global Health Course

Welcome to the 12th annual Interprofessional Global Health Course!

The 2019 McGill Interprofessional Global Health Course was held on Tuesdays from 6-8pm in McIntyre 210/11, starting January 8th, 2019.

The McGill Interprofessional Global Health Course (IPGHC) is a student-led initiative that was started in 2007 in an effort to address the paucity of global health content in health professional students' curricula at McGill University. The course is open to students from the faculties of Dentistry and Medicine, including the Schools of Nursing, Physiotherapy and Occupational Therapy, and Communication Science as well as the Schools of Social Work, and Dietetics and Human Nutrition. Students from other academic backgrounds with a strong interest in global health are also welcomed.

Objectives

1. To increase student awareness of the global burden of diseases and the geopolitics of global health.
2. To expose students to the realities and challenges facing health professionals in a global and local context.
3. To provide a framework for students to approach global health challenges.
4. To encourage inter-professionalism by facilitating collaboration and communication amongst students.
5. To inspire students to consider applying global health principles to their professional practice.



The top photograph shows a young woman with glasses and a white shirt smiling. The bottom photograph shows a man in a blue and white striped shirt looking through a microscope, with another man in a purple shirt standing behind him, looking on.

JUNE 11-22, 2018 • MONTRÉAL, CANADA

MCGILL SUMMER INSTITUTE IN

INFECTIOUS DISEASES AND GLOBAL HEALTH

SAVE THE DATE!



McGill



GLOBAL
HEALTH
PROGRAMS

PROGRAMMES DE
SANTÉ
MONDIALE

GLOBAL HEALTH NIGHT 2019

NOVEMBER 5, 2019, 4:00 TO 7:30PM

CENTRE MONT-ROYAL, 2200 MANSFIELD

4:00 - 6:00PM: POSTER PRESENTATIONS
AND WINE & CHEESE

6:00 - 7:30PM: PROGRAM WITH KEYNOTE SPEAKERS
DRS. ABHAY & RANI BANG. FOUNDERS OF
THE 'SOCIETY FOR EDUCATION, ACTION
AND RESEARCH IN COMMUNITY HEALTH'
(SEARCH) IN INDIA

"Our vision is to realize Arogya Swaraj: People's Health in People's Hands. Empowering individuals and communities to take charge of their own health, and thereby, help them achieve freedom from disease as well as dependence." - Dr. Abhay Bang

RSVP by October 25: www.mcgill.ca/globalhealth

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