

Pedagogy in Global Health: Empirical view for basic requirements for teaching Global Health

Kenzo Takahashi, MD, MHS, PhD

Teikyo University Graduate School of Public Health, Kaga 2-11-1, Itabashi-ku, Tokyo, Japan

Kenzo Takahashi, MD, MHS, PhD
Teikyo University Graduate School of Public Health
E-mail: kenzo.takahashi.chgh@med.teikyo-u.ac.jp

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Abstract

Global Health (GH) has always attracted the attention of many students in medicine, nursing, related medical services, and even in international studies, policy, and diplomatic studies and economic studies and so on. In this article, the author tries to extract the essential factors of GH education for better understanding and improvement of the contents of the GH education. Throughout the author's experiences in GH training, including a training program for primary health care at Mahidol University, Thailand, workshop-style training, classroom lectures, training through filed surveys, the author concludes that we should consider the educatee's experiences in GH activities. For those who have scarce experiences, three common misunderstandings should be corrected, including 1) GH is not a medical doctor's independent business, 2) Emergency aid is not equal to GH, and 3) Medical treatment practice is not essential in on-site GH service. For those who have some experiences and wish to be a professional GH player, we should teach four principal values for GH including 1) Give an excellent advice to community people, but do not practice treatment by oneself, 2) DO NO HARM to community people, 3) Acquire health and medical skills that can work even in their own countries and 4) Always consider action and education with global standards of GH.

Keywords: Pedagogy, Global Health, Community

Introduction

Global Health (GH) has always evolved throughout the 21st century. Furthermore, it has attracted the attention of many students in medicine, nursing, related medical services, and even in international studies, policy and diplomatic studies and economic studies, and so on. GH has a variety of definitions and yet to have a fixed definition. As Koplan *et al.* mentioned, GH is rarely defined and sometimes "a rephrasing of a common definition of public health or a politically correct updating of international health"¹⁾.

GH education is a common international concern for education. Several articles are published in GH education for medical students²⁾, nursing practitioner students³⁾, and post-graduate GH professionals^{4,5)}. These articles commonly lay stress on the importance of field experiences rather than desktop learning. There also exist some discussions on the competency-based approach of GH education⁵⁾. Besides, Liu *et al.* pointed out several gaps in GH education out of their empirical systematic review including 1) More than 90% of the study on global health education is conducted in North American and European countries, 2) GH curricula developed are not standardized and 3) Medical students, residents and doctors are the main target of GH education rather than other health professionals including nurses. They also concluded that GH education has the potential for "achieving health equity, reducing health disparities, and developing future professional careers"⁶⁾. GH includes broad areas, including community health, emergency assistance, laboratory work, and clinical practices. As Doobay-Persaud *et al.* pointed out, "the field experience represents one of the key curricular components of global health education"⁷⁾. Thus, reflecting the author's own experiences, the author focuses primarily on community health since it may usually attract the GH beginners.

As a GH worker, the author of this article has a variety of

experiences, including Official Development Assistance (ODA), pediatric clinical services for children from abroad, field research in the developing country fields, and bureaucrat activities in the Ministry of Health, Labor and Welfare, Japan and the United Nations. Based on these experiences, the author is currently engaged in education in the GH field and found that there exist some common essential lessons to be given from the global health beginners, including undergraduate students to professional GH trainees, including post-graduate students and even teachers. In this article, the author tries to extract the world-widely available common lessons that are essential in GH education obtained from the empirical educational experiences, for better understanding and improvement of the contents of the GH education.

Author's experiences in GH Training

1. Training program for primary health care at Mahidol University, Thailand⁷⁾

This training program is held every year at the ASEAN Institute for Health Development (AIHD), Mahidol University, Thailand, in August. It is widely open for Japanese students interested in Primary Health Care (PHC) and community health. The ten-day program has been prepared. In the first half of the program, students learn about health issues in urban areas in Thailand, and in the second half, they learn about the implementation status of PHC and health issues in rural Thailand. In both the first half and the second half, the learning structure is almost the same, classroom lecture first, followed by a site visit, discussion for problem-solving on what students experienced, and final presentation and wrap-up lectures. In the second half of the program, students can stay at a rural home and experience villager's life. The author first participated in this program in 1992 during medical student period, and also worked as a program coordinator between 2003 and 2006.

2. GH training in workshop style

This training program was organized for 15 years (2003-2017), led by the Department of Pediatrics, Saitama Medical University, aiming to give early exposure experiences for those who are interested in GH. The author was involved as one of the program coordinators of this program. The targets were mainly medical students who were considering future careers in the field of GH. However, nursing students and others started to participate in the latter part of the program.

The contents of the program were composed of two components. One was classroom lectures given by experienced GH workers. Furthermore, the other was a workshop with a given theme in virtual settings of GH challenges, including immunization service distribution planning, solving cultural conflict/refusal in giving health services, and approach to malnourished children.

As an outcome of this program, participants became a variety of active GH players nowadays.

3. Classroom lectures for students

So far, the author has given a series of lectures on GH at several medical and nursing universities. In some universities, the author conducted a questionnaire survey to improve the contents of the lecture.

4. GH training through filed surveys

At the current graduate school, the author conducted two field surveys in the southern part of Lao People's Democratic Republic (Lao PDR), with the theme of safe delivery. The author supervised everything from the planning stage of the survey, negotiations with the Ministry of Health of Lao PDR and the provincial Department of Health, the practical work of the survey, report of the survey result and policy recommendation to the counterparts in Lao PDR and synthesis and publication of the article^{8,9)}. Besides, the author supervised several field survey

management, including a nutrition survey in Madagascar.

Based on the experiences mentioned above, the author has extracted some lessons learned on GH education divided by the stage of experiences from early exposure to professional education.

Lessons learned from GH education

First of all, one essential lesson is that a vital misunderstanding for global health is that the idea of GH is to help developing countries by developed countries, the scope of which is too narrow to describe the current practice of global health. GH aims mutual benefit rather than a one-sided benefit.

The author divides the lessons for GH beginners and those who seek professional GH field training.

1. For those who have scarce experience in GH (GH beginners):

It is essential to correct the misunderstandings for GH. The following three points were the most common misunderstanding of GH among the students.

1) GH is a medical doctor's exclusive business

The main actors in the GH field are not necessarily medical doctors, and non-medical professionals are also essential actors.

2) Emergency aid is equal to GH

In GH, not only emergency assistance: rapid response for disasters, infectious disease outbreak response, and medical services for people threatened by war and conflict, but also community health is an essential factor. However, students' understanding and interest seem to be mainly for emergency aid, which should be corrected. This kind of misunderstanding may be mainly due to TV media program highlights only on emergency assistance.

3) Medical treatment practice is essential in on-site GH service

Except for some emergency assistance activities, there are extremely few opportunities for actual medical practice. However, there seem to be not a few students who want to conduct actual medical activities in developing countries. This misunderstanding seems to be because knowledge about activities other than medical practice has not been conveyed throughout medical education.

2. For those who have some experiences and wish to be a professional GH player

It is essential to educate and share the principal values for GH, which can be a philosophy in GH.

1) Give good advice to community people, but do not practice treatment by oneself

This means that in developing countries, giving a treatment by oneself from developed countries is not acceptable at all¹⁰. Once put one's hand out with sophisticated techniques in developed countries, that would save many lives. However, once she/he retreats from the place, everything will be reversed and go back to the previous situation. That will be meaningless. Instead, what one should do is to develop human resources that have been settled to the place as a native dweller. By handing over technology and ideas to local human resources without taking their own hands, trained human resources can develop a sense of ownership and establish sustainable health services. In other words, this message can be "I should share an idea, you will resolve."

2) DO NO HARM

Martin K recommended ten principles for GH activities.¹¹ We must also consider the possibility of inconvenience due to involvement with areas and people who need health care. "DO NO HARM," which guarantees your participation/intervention never causes any harm, is an essential principle for GH.

3) Acquire health and medical skills that can work even in their own home countries

There may exist a certain number of students who fail to have an interest in medical care in home countries but a high interest in health and medicine in developing countries. However, the most appropriate advice for those who have such an attitude can be to gain a pretty amount of experiences in their home countries first, then to be involved in GH. The reason is that if one tries to get involved in health care in developing countries with insufficient health and medical ability, it may harm people in target countries and cause ethical problems. Thus, it is necessary to consider actions with the "DO NO HARM" principle.

4) Always consider action and education with global standards of GH

There exist a tremendous amount of discussion in current GH challenges. Persons involved in GH cannot avoid following the global discussion. As of November 2019, the SDGs

(Sustainable Development Goals) is one of the global challenges for commitment¹². We should always keep updated on the discussion of SDGs and share the knowledge with students interested in the GH.

Limitations

We thoroughly discussed the community health aspect of GH. However, we have two limitations. First, the author mainly focused on GH learning in community health only based on the author's own experiences in developing countries rather than another kind of research and learning; laboratory work and clinical practice at the hospital. As the spectrum of GH is quite broad, this issue can be a future theme of discussion. Second, the discussion missed the challenge of health and medical services for inbound foreigners that come from foreign countries. As 2020 is the year of the Olympic Games Tokyo 2020, those issues have been discussed as an essential global health agenda. However, the issue can be another future theme for discussion.

Conclusion

Based on the GH experiences, including education, the author concludes that we should consider the educatee's experiences in GH activities. For those who have scarce experiences, three common misunderstandings should be corrected, including 1) GH is not a medical doctor's independent business, 2) Emergency aid is not equal to GH, and 3) Medical treatment practice is not essential in on-site GH service. For those who have some experiences and wish to be a professional GH player, we should teach four principal values for GH including 1) Give an excellent advice to community people, but do not practice treatment by oneself, 2) DO NO HARM to community people, 3) Acquire health and medical skills that can work even in their own countries and 4) Always consider action and education with global standards of GH.

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