“LEARNERS CULTIVATING EQUITY IN THE WORLD AND OUR BACKYARD”

Canadian Conference on Medical Education 2012
Banff, Alberta
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OBJECTIVES

- Define “Global Health”
- Provide context for three plenaries
- Explore relationship of equity and health
- Consider the responsibilities of educational institutions
- Present global and local examples and how they interact
- Provide qualified hope for the future
“The global in global health refers to the scope of problems, not their location. Thus—like public health but unlike international health—global health can focus on domestic health disparities as well as cross-border issues. Global health also incorporates the training and distribution of the health-care workforce in a manner that goes beyond the capacity-building interest of public health.”

Consortium of Universities for Global Health Executive Board
GLOBAL HEALTH

- Focuses on issues that directly or indirectly affect health but that can transcend national boundaries
- Development and implementation of solutions often requires global cooperation
- Embraces both prevention in populations and clinical care of individuals
- Health equity among nations and for all people is a major objective
- Highly interdisciplinary and multidisciplinary within and beyond health sciences
Why Are We Here?

“The twentieth century will be chiefly remembered by future generations not as an era of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a practical objective.”

- Arnold Toynbee
THE LATE 20TH CENTURY

- **The Development of the idea of “the social accountability of medical schools” (1995)**
- **The formation of Towards Unity for Health (TUFH) and the Network TUFH**
- **The development of global collaborations to influence medical education:**
  - World Federation for Medical Education
  - WONCA
  - FAIMER
  - ETC
The Early 21st Century

- The professionalization of medical education
- Objectives, competencies, evaluation, accountability, etc
- Rise of relevancy, effectiveness and impact
- The convergence of social accountability and **impact on the health of people**—why we are here today!
Closing the gap in a generation
Health equity through action on the social determinants of health
Key recommendation of the Marmot Review

- There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health.

- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
Reducing health inequalities will require action on six policy objectives:

• Give every child the best start in life
• Enable all children young people and adults to maximise their capabilities and have control over their lives
• Create fair employment and good work for all
• Ensure healthy standard of living for all
• Create and develop healthy and sustainable places and communities
• Strengthen the role and impact of ill health prevention
“...the difference in equity of income and resource distribution is one of the principal determinants of differing health status among wealthy societies. Countries with highly unequal income distributions have poorer health status than those with more equitable income distributions.”

-Public Health Agency of Canada
Statistics Canada reports that, on average, residents of rural regions have the lowest “disability-free life expectancy” in Canada.
Fair Society, Healthy Lives

The Marmot Review
THE CHALLENGE IN 21ST CENTURY

Medical schools in the 21st century face a series of challenges:

+ improving **quality, equity, relevance and effectiveness** in health care delivery;
+ Reducing their mismatch with societal priorities;
+ redefining roles of health professionals; and
+ providing evidence of **impact** on people’s health status.
INEQUITIES IN HEALTH AND HEALTHCARE
“WHAT GOOD DOES IT DO TO TREAT PEOPLE’S ILLNESS AND THEN SEND THEM BACK TO THE CONDITIONS THAT MADE THEM SICK?”
Why now?

“The crisis of our time relates not to technical competence, but to a loss of the social and historical perspective, to the disastrous divorce of competence from conscience.”

- Ernest Boyer AAMC
It is the curse of humanity that it learns to tolerate even the most horrible situations by habituation. Physicians are the natural attorney of the poor and the social problems should largely be solved by them.

- Rudolf Virchow
To address those challenges 130 organizations and individuals from around the world with responsibility for health education, professional regulation and policy-making participated for eight months in a three-round Delphi study leading to a three-day facilitated consensus development conference.
IMPLEMENTATION OF GCSA

- Spain
- Tunisia
- Saudi Arabia
- France
- Brazil
- SEARO
- EMRO
- Indonesia
- Italy (AMSE)
- Bangladesh
- Nepal
- South Africa
- India
- Sweden (WFME)
- Canada
- USA
- Austria (Network TUFH)
- Int’l Webinar (AMEE)
- Thailand (GHWA)
GCSA COLLABORATIONS

- World Federation for Medical Education
- Assn for Medical Education In Europe (ASPIRE)
- The NETWORK-TUFH
- TheNET
- Association of Francophone Deans
- FAIMER Fellows SA
- SEARAME
- Other national and sub-national organizations
स्याबास सविना

लुडगई (मुंग): वाद नन्दीलाल सविना जीवनका विषयमा अत्यन्त विराम्य भएका एक बच्चा, हामीले उनको कल्याणी पर्ने दिनहरूमा नेपालका सबै शहरहरूमा नेपाल भवनमा देखि, त्यसैले स्याबास सविना जीवनको समर्पणमा नेपालका सबै नेपालीहरूको आकर्षण हुन भएका थिए।

सविना जीवनका पहिलो दिन, उनलाई वाद नन्दीलाल भएको र उनलाईको सेवा तथा सहयोगिता गर्ने विवरणहरूलाई मान्त्रिक विभागलाई प्रस्तुत गर्नुपर्छ।

'हतियार व्यवस्थापनपछि'
एमालेख्ना संघात्मक राज्यको प्रस्ताव
Social Accountability
A Vision for Canadian Medical Schools
The Future of Medical Education in Canada (FMEC):
A Collective Vision for MD Education
Recommendation I: Address Individual and Community Needs

“Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.”
Northern Ontario School of Medicine
École de médecine du Nord de l’Ontario
LINKING THE GLOBAL AND THE LOCAL

Rendez-Vous 2012

October 9 - 14, 2012

THUNDER BAY
Conceptualization // Production // Usability
The 21st Century will be chiefly remembered by future generations, not as an era of terrorism and environmental catastrophe, but as an age where humankind dared to act for the welfare of the entire planet and its people.
Those reading this are encouraged to review the consensus document at: www.healthsocialaccountability.org

If you are interested in participating in the working groups please contact us at gcsa@familymed.ubc.ca

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