



## **The Global Learning Podcast Episode 4: Global Learning in Global Health with Dr. Keith Martin**

### **Meet Hon. Keith Martin, MD, PC:**



Dr. Martin is a physician who, since Sept. 2012, has served as the founding Executive Director of the Consortium of Universities for Global Health (CUGH) based in Washington, DC. The Consortium is a rapidly growing organization of over 130 academic institutions from around the world. It harnesses the capabilities of these institutions across research, education, advocacy and service to address global challenges. It is particularly focused on improving health outcomes for the global poor and strengthening academic global health programs.

Between 1993-2011, Dr. Martin served as a Member of Parliament in Canada's House of Commons representing a riding on Vancouver Island. During that time he held shadow ministerial portfolios in foreign affairs, international development, and health. He also served as Canada's Parliamentary Secretary for Defense. In 2004, he was appointed to the Queen's Privy Council for Canada. His main areas of focus are in global health, foreign policy, security, international development, conservation and the environment. He is particularly interested in strengthening human resources capabilities and scaling up initiatives in low-income settings that improve environmental sustainability and human security.

As a parliamentarian, Dr. Martin created [CanadaAid.ca](http://CanadaAid.ca), an online platform to facilitate partnerships between universities, governments, multilateral institutions, NGOs, and the private sector. Dr. Martin is based in Washington, DC, which is the home of CUGH's Secretariat.

## **Episode Transcript:**

Hello and welcome to the Global Learning Podcast. Today's episode is presented in conjunction with the Global Learning Colloquia. Today's interview is with Dr. Keith Martin, executive director for the [Consortium of Universities for Global Health \(CUGH\)](#). The Consortium is a rapidly growing organization of over 130 academic institutions and harnesses their capabilities across research, education, advocacy, and service to address global challenges. It is particularly focused on improving health outcomes for the global poor and strengthening academic global health programs.

In this episode, Dr. Martin will address ***Global Learning in Global Health***. He will also be a featured speaker at the [Global Learning Colloquium: Health Professions](#) speaking about ***Academia's Untapped Opportunities to Reduce Inequality***.

### **1. What is 'global health' and 'global health learning'?**

Well global health was originally looked at as being an area of study, research, and practice that was really focused on improving the health and achieving equity health for people around the world. And it really emphasized international health issues, challenges that ran across borders, and was interdisciplinary in nature. It was really born out of, really a marriage between international health and public health. But that definition was defined, I would argue, in a different era, in 2009 by Jeff Koplan, Judy Wasserheit, and others when global health was really in its infancy. And I would argue that as the world has changed, as has our understanding of global health has changed, I would say that global health, I would define it in a different way. And I would define it as the research, education, implementation, and advocacy of efforts and issues that deal with the health of people and the planet. So that really encompasses some exciting things that are taking place in global health, which includes, thankfully, the increase of the importance of the environment in health and the fact that the well-being of people and the environment are indivisible. The other aspect I would add into this, and we'll talk about this a bit later, is in the importance of politics and the importance, greater emphasis on social sciences and lastly that global health is local health, that the issues and challenges and threats that global health deals with are transnational but they're also, have strong domestic components to them too.

### **2. How do concepts of global learning figure into your work at the CUGH?**

Global health learning is a vital part of the Consortium of Universities for Global Health. And CUGH or the Consortium really works across research, education, service, and advocacy to deal with the global health challenges that the world faces. And if a person was to look at our website at [cugh.org](http://cugh.org), you'll find that of the committees that we have, we have a very active and engaged education committee that does everything from capacity building, that is to build capacity in low resource settings, to build capacity in high resource institutions and strengthen their global health programs. We have a subcommittee that defines and shares competencies in global health and you can find that wonderful [toolkit](#) that was put together by Dr. Jessica Evert and her team on the competency subcommittee on our website. We have an educational products subcommittee and that subcommittee really does a very good job of aggregating courses, curricula, reports, and information that's important for learners in

global health. And then we have a master's and undergraduate degrees subcommittee that works to strengthen master's and undergrad programs in global health. And a workforce subcommittee that looks at the workforce, looks at what the employers of global health graduates are doing and they've come up with a report that what will be released very shortly on this. And we also have a mentorship program where we put mentors with global health programs, and lastly but not unimportantly, we have a learners or a student subcommittee called the TAC. And that group along with some 48 campus representatives around the United States works as a network to be able to engage students on issues that are important to them in their training and also, obviously, here at least in North America and particularly in the U.S., the issue of the cost of education. We also have a number of working groups including one on engaging Minority-Serving Institutions. As we know, Minority Serving Institutions do not get the same access and opportunity as other non-Minority-Serving Institutions have, and as a result we're seeing that play out within the global health workforce, that the global health workforce is not representative of the diversity within the United States. So specific to the U.S., we're working with, we have our working group to be able to strengthen our engagement with Minority-Serving Institutions around the world. Very exciting in that capacity building subcommittee is something that is very practical because it's going to create a platform, coming up shortly, that will enable low income institutions to be able to share both their training needs and their curricular needs with other institutions around the world. So, they can actually connect with those institutions and provide train the trainers opportunities and help to strengthen their curricula.

### **3. What would you describe as the necessary global health skills for students and professionals in these fields now?**

There are really two broad areas in skillsets, and I want to emphasize that the skillsets have probably changed; we have a greater understanding of what kind of skills are necessary for a global health worker in the 21<sup>st</sup> century. Before this was obviously a very medical-centric and infectious disease-centric discipline as one would understand, but now we know that non-medical skills are as important, if not more important, than medical skills in global health. So, I would divide up the skills in two broad areas. One are the skills that it's discipline-specific. So, if you're an engineer you need to know you're engineering work, a dentist, a veterinarian, a nurse, a physician, there are specific skillsets that you need to learn to be able to be a professional in those areas. And then there are what I would call common technical skills. So, the common technical skills, what we've found, are skills that everybody needs whether you're a physician or a dentist or an urban planner, that are necessary for you to be an effective global health worker, whether you're working abroad or whether you're working within your own country. And they include things like project management, finance (you don't need to be a finance specialist but you need to know how to read a finance sheet and be able to work through spreadsheets and budgetary issues), human resources, communications, languages (know more than one language), cultural competencies (know how to actually deal with people with cultures that are not yours), basic research skills (how do you put together a research project), grant writing, understanding politics, and lastly, and this is interesting in the studies that we've done, is to have a working knowledge in IT. So, you've got to be able to have greater skills now in IT than we ever imagined before. So those are the common technical skills that we're suggesting that people have. And what's interesting is that these are technical skills that the employers of global health graduates and the graduates themselves all agree that they need more of in training. So, we're really encouraging global health programs to include at

least some of these skillsets in their work. And I would just say, project management is really one of the most important ones of all of them.

#### **4. Can you give me your definition of *local-global*?**

Yes, oftentimes people talk about local-global as dealing with immigrant health within high income countries, and that's in my view completely missing the boat. Local-global health is global health. It's the health and well-being of people and the environment upon which people live. So, all of the skillsets and issues, whether it's infectious diseases, whether it's trauma, whether it's conflict, gunshot injuries, environmental degradation, pollution, noncommunicable diseases, all of those things and others that affect countries abroad also affect countries domestically. And so, we have to look at those challenges within our own countries, whether they're in high income countries, middle, or low-income countries as global health challenges that happen to be local. So, local-global health is really global health issues that exists within somebody's communities and countries and they require, interestingly, the same skillsets that you'd apply internationally to your own communities and of which there are incredible opportunities and needs.

#### **5. How can academia facilitate opportunities for global health learning that reduce inequity at the global as well as the local level?**

Well that's a great question. So, firstly let's look internationally for a moment. A lot of our, we have a lot of institutions that have relationships abroad that they have partnerships and collaborations, students get to train abroad, they have experiential learning, they do research overseas but the question is what's in it for the local partner? And frequently, you'll find that there's very little. Very little in it for the local partner, and that has to change. That's obviously unethical, and it's also a missed opportunity for all partners. So, if you're an institution from a high-income country and you're working in a low-income country, you really need to question, is the work you're doing relevant to the communities? Are all the partners, the local partners, engaged in what you're doing? Do you have common aims? Are the contributions that are made by both the local partner and the international partner understood by everybody? There has to be an understanding that there may be an asymmetry in financing and capacity to actually execute and so the corrective measures should be implemented to address those issues. You also have to make sure that you're hiring locally and training and sourcing locally in the work that you're doing. And then making sure that after you finish your work, the work that you're doing, that that work is shared. There are also some very concrete, other concrete things that can be done such as making sure that you're sharing your libraries with your low-income country partner. What we found, and it was quite shocking, that during the Ebola crisis, as we were working with our partners to help deal with the human resources crisis in the three affected countries in West Africa, some of those institutions, institutions that our members had been working with for many years, were using basic science curricula that was a quarter century old, twenty-five years old. It's shocking that that was taking place, but why is that even allowed? We're asking our partners, our members, to make sure that they have partnerships with overseas members in low-income countries, that they actually work with them to make sure that they've defined, long-term and needed benefits with those institutions overseas. I should say that there's an incredible train the trainers opportunity. If we're sending students abroad, to be able to train in the low-income setting then it is incumbent upon the high-income country to be able to provide trainers and oversight for their students overseas to make sure they're not drawing away limited human resources from a low-income country setting to train students from the West. We need to be able to

provide trainers as defined by the host institution to be able to meet their needs and also curricula and course access too. And as I mentioned, libraries and other educational resources.

Thank you very much Dr. Martin for joining us on this episode of the [Global Learning Podcast](#). We look forward to seeing you at the **Global Learning Colloquium: Health Professions** on Wednesday, May 30 in Philadelphia. If you are interested in learning more, please email [globallearning@nafsa.org](mailto:globallearning@nafsa.org), that's [globallearning@nafsa.org](mailto:globallearning@nafsa.org).

Please consider joining us at the **NAFSA 2018 Annual Conference & Expo** Philadelphia, Pennsylvania May 27 through June 1 and registering for the Global Learning Colloquium: Health Professions. To learn more about global learning and global health visit [www.nafsa.org/ac18health](http://www.nafsa.org/ac18health).

### **More information:**

- [Global Learning Colloquium: Health Professions](#) Wednesday, May 30 in Philadelphia, PA
- Register for a Global Learning Colloquium and receive 25% off of Annual Conference registration with code **1825REG**.

Contact [globallearning@nafsa.org](mailto:globallearning@nafsa.org) with questions.