



SAPIENZA
UNIVERSITÀ DI ROMA

Corso di Laurea 'A' in Medicina e Chirurgia

Global Health: international monographic course

GLOBAL HEALTH: an introduction



Rome, 6th November 2020

Prof. Maurizio Marceca



SAPIENZA
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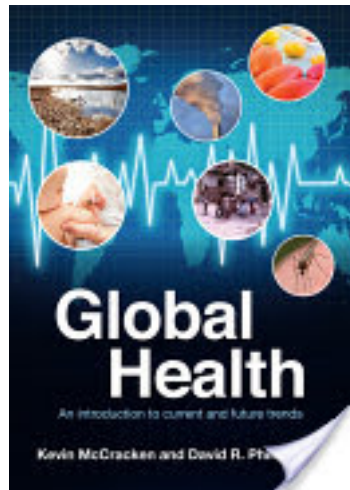


Department of Public Health and Infectious Diseases



Kevin McCracken, David R. Phillips

Routledge, 2012



“The health of human populations around the world is constantly changing and the health profiles of most nations in the early twenty-first century global health landscape are unrecognizable compared with those of just a century ago”.

Il presente e il futuro...

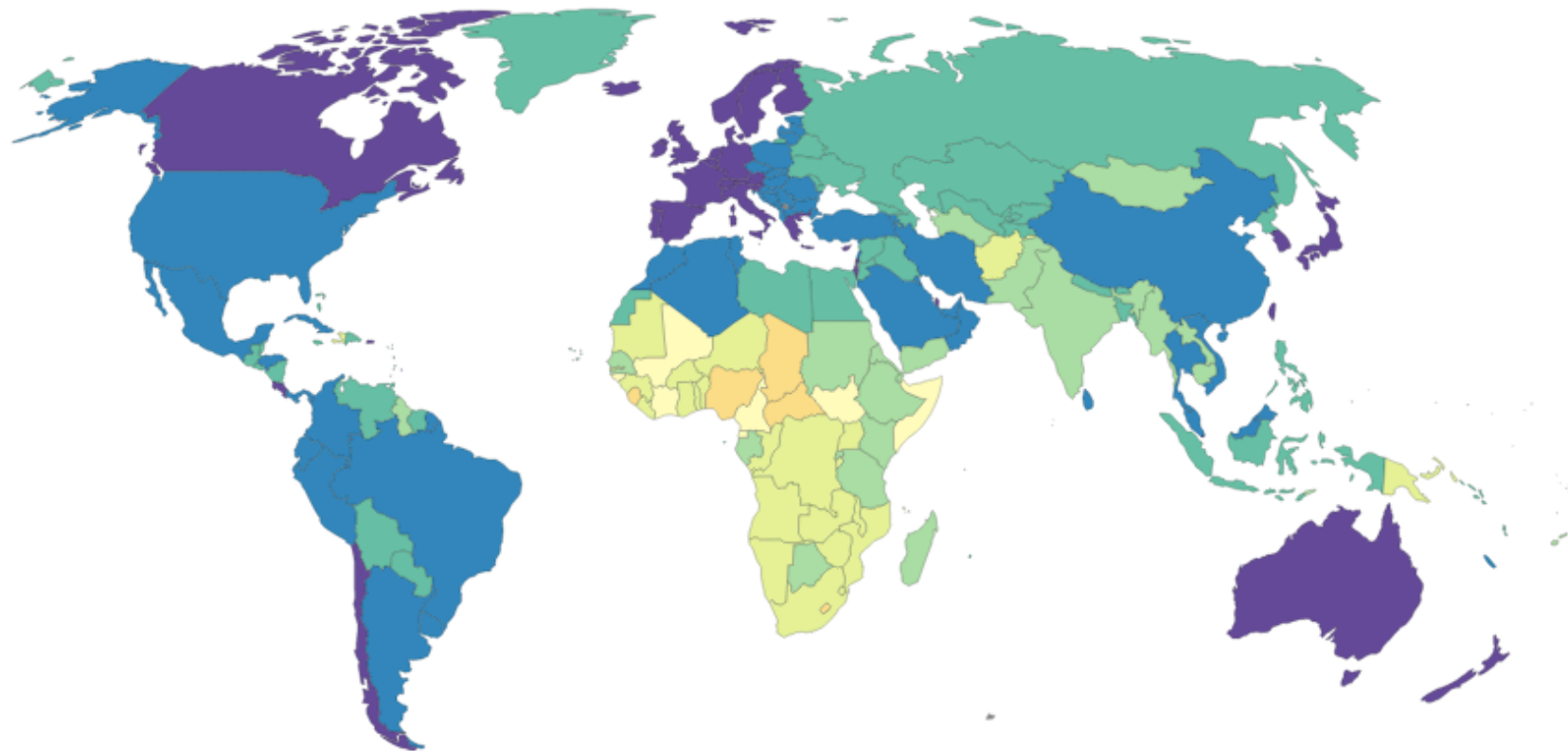
 **SUSTAINABLE DEVELOPMENT GOALS**



**What about the Health
in our World?**

Life expectancy, 2019

World



Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.

1543 2019

CHART

MAP

TABLE

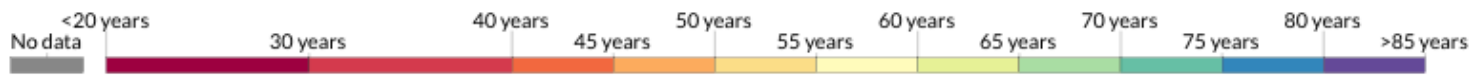
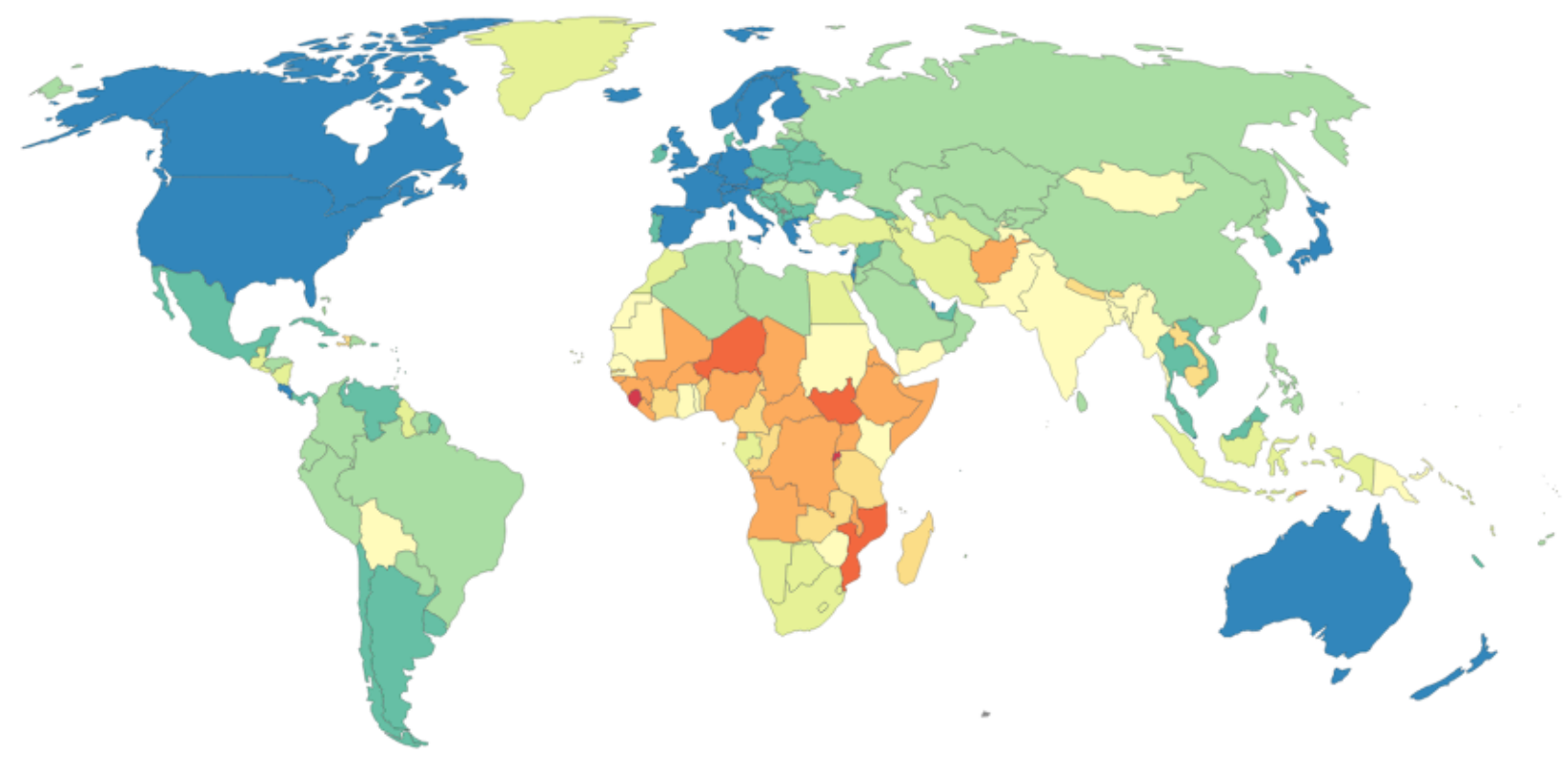
SOURCES

DOWNLOAD



Life expectancy, 1989

World



Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019) OurWorldInData.org/life-expectancy • CC BY
Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.

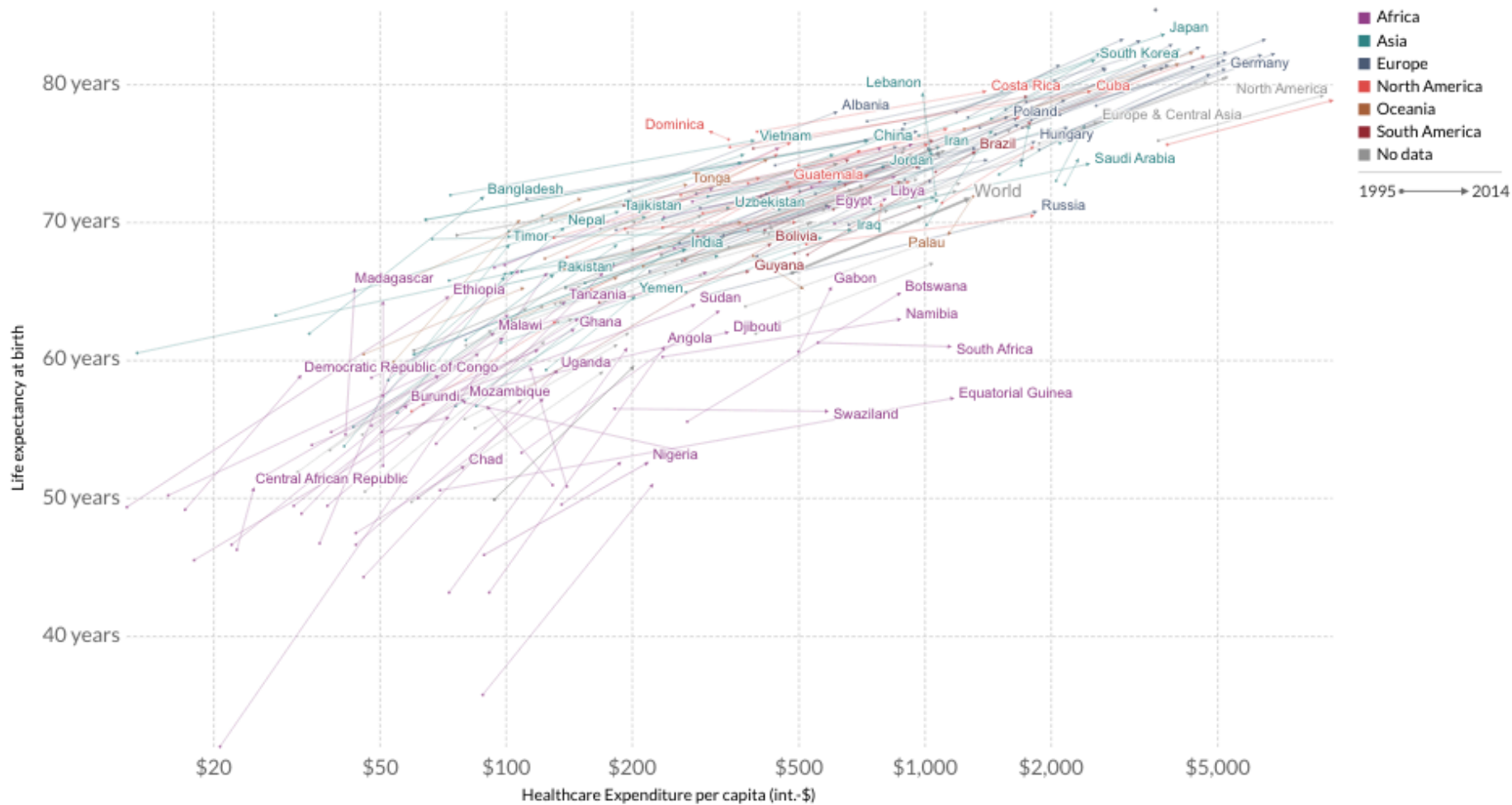


CHART MAP TABLE SOURCES DOWNLOAD

1989

Life expectancy vs. healthcare expenditure, 1995 to 2014

Total healthcare expenditure per capita is adjusted for price differences between countries and for inflation and measured in international-\$.
 Select countries Average annual change Hide countries < 1 million people



LINEAR LOG

Source: World Bank

CC BY



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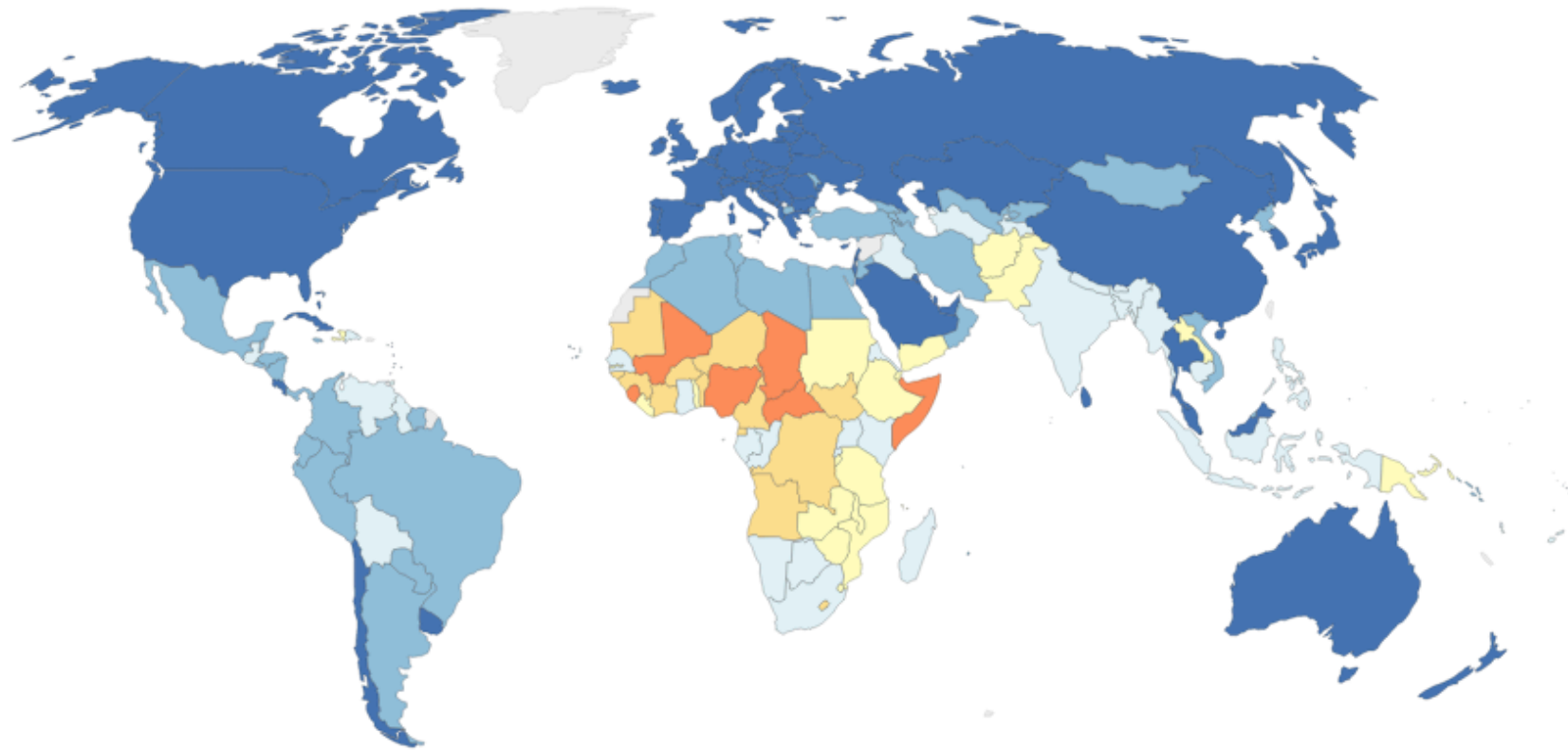


Child mortality rate, 2017

The share of newborns who die before reaching the age of five.

Our World
in Data

World



Source: UN Inter-agency Group for Child Mortality Estimation

OurWorldInData.org/child-mortality • CC BY

Note: The child mortality rate expresses the probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period. This is given as the share of live births.

▶ 1960

○ 2017

CHART

MAP

TABLE

SOURCES

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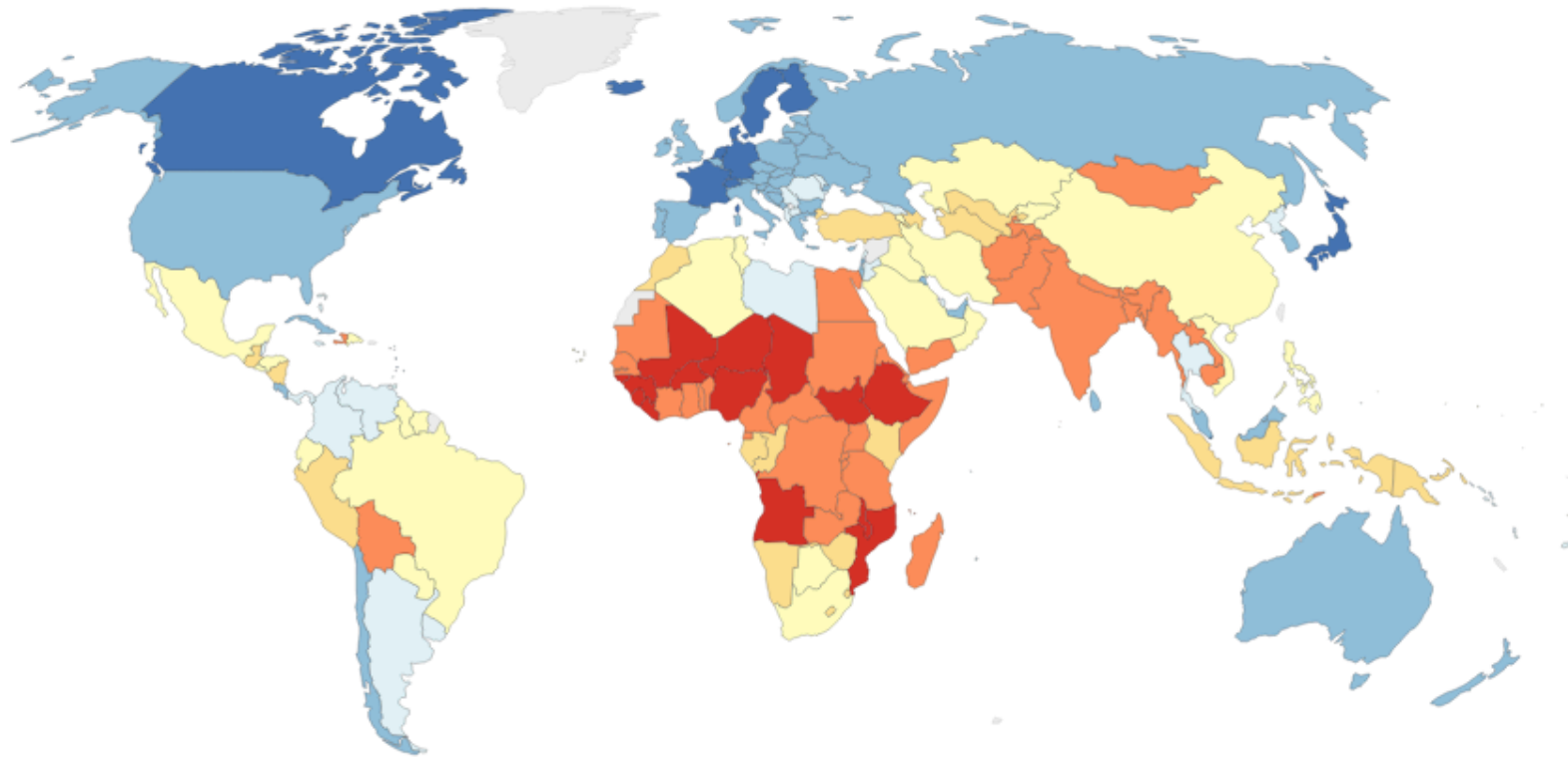


Child mortality rate, 1987

The share of newborns who die before reaching the age of five.

Our World
in Data

World



Source: UN Inter-agency Group for Child Mortality Estimation

OurWorldInData.org/child-mortality • CC BY

Note: The child mortality rate expresses the probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period. This is given as the share of live births.



CHART MAP TABLE SOURCES DOWNLOAD

1987

Global child deaths – 1990 versus 2017

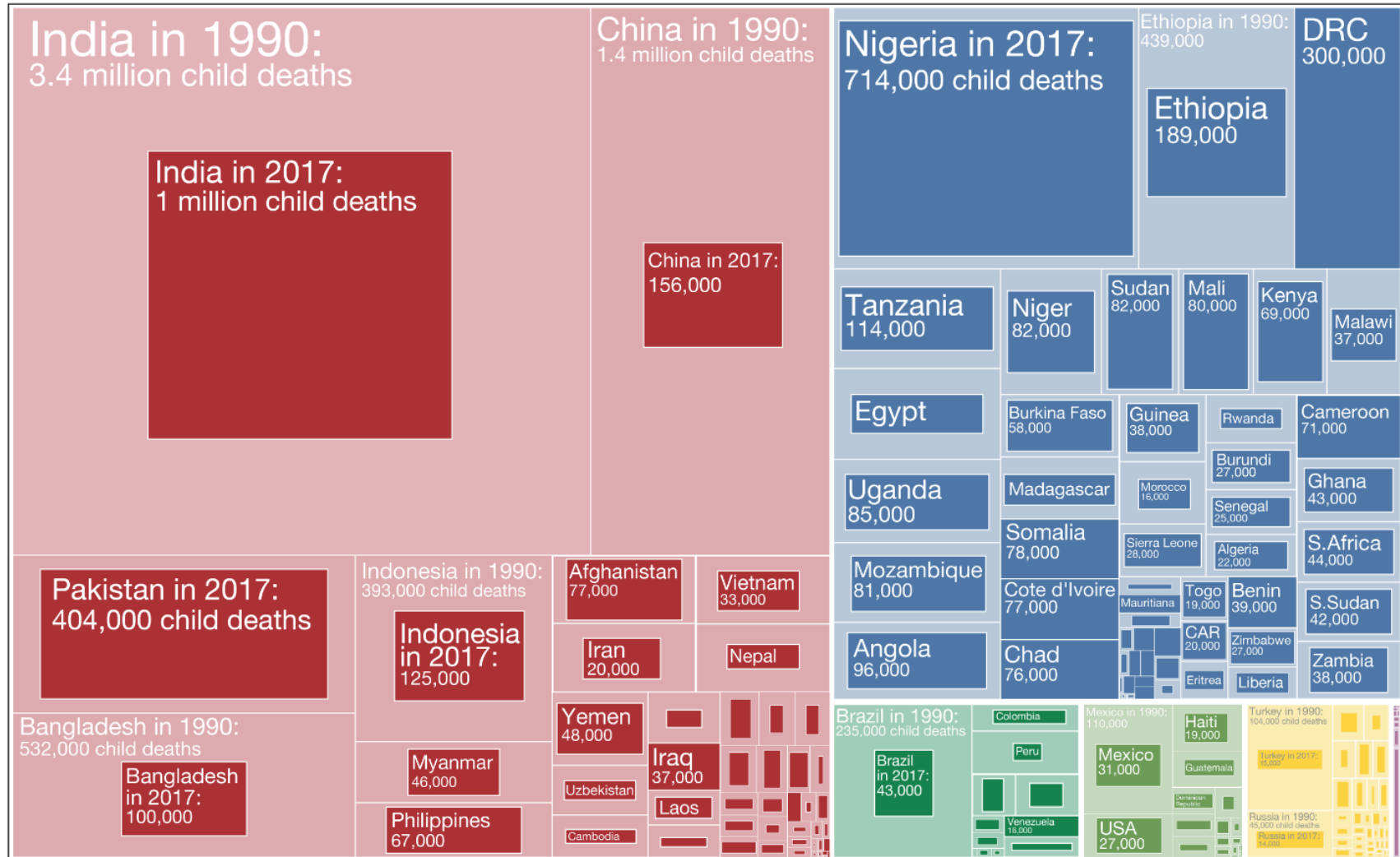
Shown is the number of deaths of children under the age of five.

The size of the each box corresponds to the number of child deaths:

Child deaths in 1990
Deaths in 2017

Asia in 1990: 7.5 million child deaths
Asia in 2017: 2.2 million child deaths

Africa in 1990: 4.2 million child deaths
Africa in 2017: 2.9 million child deaths



Globally the number of child deaths declined from 12.6 million in 1990 to 5.4 million in 2017.

There were fewer child deaths in 2017 than in 1990 in all countries with exception of the following 14:

Benin, Cameroon, Chad, Congo, Democratic Republic of Congo, Dominica, Equatorial Guinea, Iraq, Lesotho, Mauritania, Somalia, UAE, Vanuatu and Venezuela.

Data source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME)

This is a visualization from OurWorldinData.org, where you find data and research on how the world is changing.

South America
1990: 418,000
2017: 109,000

North America
1990: 276,000
2017: 108,000

Europe
1990: 247,000
2017: 57,000

Oceania
1990: 18,000
2017: 15,000

Licensed under CC-BY by the authors Hannah Ritchie & Max Roser.

TABLE
4

Levels and trends in the number of neonatal deaths, by Sustainable Development Goal region, 1990-2017

Region	Number of neonatal deaths (thousands)							Decline (per cent)	Neonatal deaths as a share of under-five deaths (per cent)		
	1990	1995	2000	2005	2010	2015	2017	1990-2017	1990	2000	2017
Sub-Saharan Africa	997	1,066	1,100	1,084	1,056	1,015	999	0	26	27	37
Northern Africa and Western Asia	287	245	215	195	184	171	161	44	42	46	52
Northern Africa	155	130	115	109	107	100	94	39	40	45	52
Western Asia	132	114	99	86	76	71	67	49	44	48	53
Central and Southern Asia	2,276	2,082	1,828	1,554	1,310	1,071	991	56	46	50	60
Central Asia	44	40	32	28	27	20	18	59	39	42	50
Southern Asia	2,232	2,041	1,796	1,526	1,283	1,051	973	56	46	50	60
Eastern and South-Eastern Asia	1,105	805	603	450	338	259	234	79	48	50	50
Eastern Asia	772	525	364	238	153	100	84	89	54	57	50
South-Eastern Asia	333	280	239	213	185	159	150	55	39	43	49
Latin America and the Caribbean	268	228	183	142	120	106	103	62	42	48	55
Oceania	7	7	7	8	7	7	7	3	39	41	46
Australia and New Zealand	1	1	1	1	1	1	1	40	48	55	60
Oceania (exc. Australia and New Zealand)	6	6	6	7	6	6	6	-6	38	40	45
Europe and Northern America	98	75	60	53	45	41	39	61	51	54	55
Europe	73	54	41	33	28	24	22	69	51	53	54
Northern America	24	21	20	20	18	17	16	34	52	55	56
Landlocked developing countries	527	533	522	493	460	417	403	23	30	31	43
Least developed countries	1,129	1,109	1,076	1,008	930	860	838	26	31	32	41
Small island developing States	32	30	28	28	27	25	24	26	35	38	47
World	5,038	4,507	3,997	3,486	3,061	2,670	2,533	50	40	41	47

Note: All calculations are based on unrounded numbers.

Countries with the highest and the lowest rates of infant mortality

Country Comparison > Infant mortality rate

All Submit

Rank	Country	Infant mortality rate (deaths/1,000 live births)	Rank	Country	Infant mortality rate (deaths/1,000 live births)
1	Afghanistan	110.6	204	Germany	3.4
2	Somalia	94.8	205	Guernsey	3.4
3	Central African Republic	86.3	206	Belgium	3.4
4	Guinea-Bissau	85.7	207	Austria	3.4
5	Chad	85.4	208	Anguilla	3.3
6	Niger	81.1	209	Italy	3.3
7	Burkina Faso	72.2	210	Spain	3.3
8	Nigeria	69.8	211	France	3.2
9	Mali	69.5	212	Macau	3.1
10	Sierra Leone	68.4	213	Korea, South	3
11	Congo, Democratic Republic of the	68.2	214	Hong Kong	2.7
12	Angola	67.6	215	Czech Republic	2.6
13	Mozambique	65.9	216	Sweden	2.6
14	Equatorial Guinea	65.2	217	Norway	2.5
15	South Sudan	62.8	218	Finland	2.5
16	Zambia	61.1	219	Bermuda	2.5
17	Gambia, The	60.2	220	Singapore	2.4
18	Comoros	60	221	Iceland	2.1
19	Burundi	58.8	222	Japan	2
20	Uganda	56.1	223	Monaco	1.8

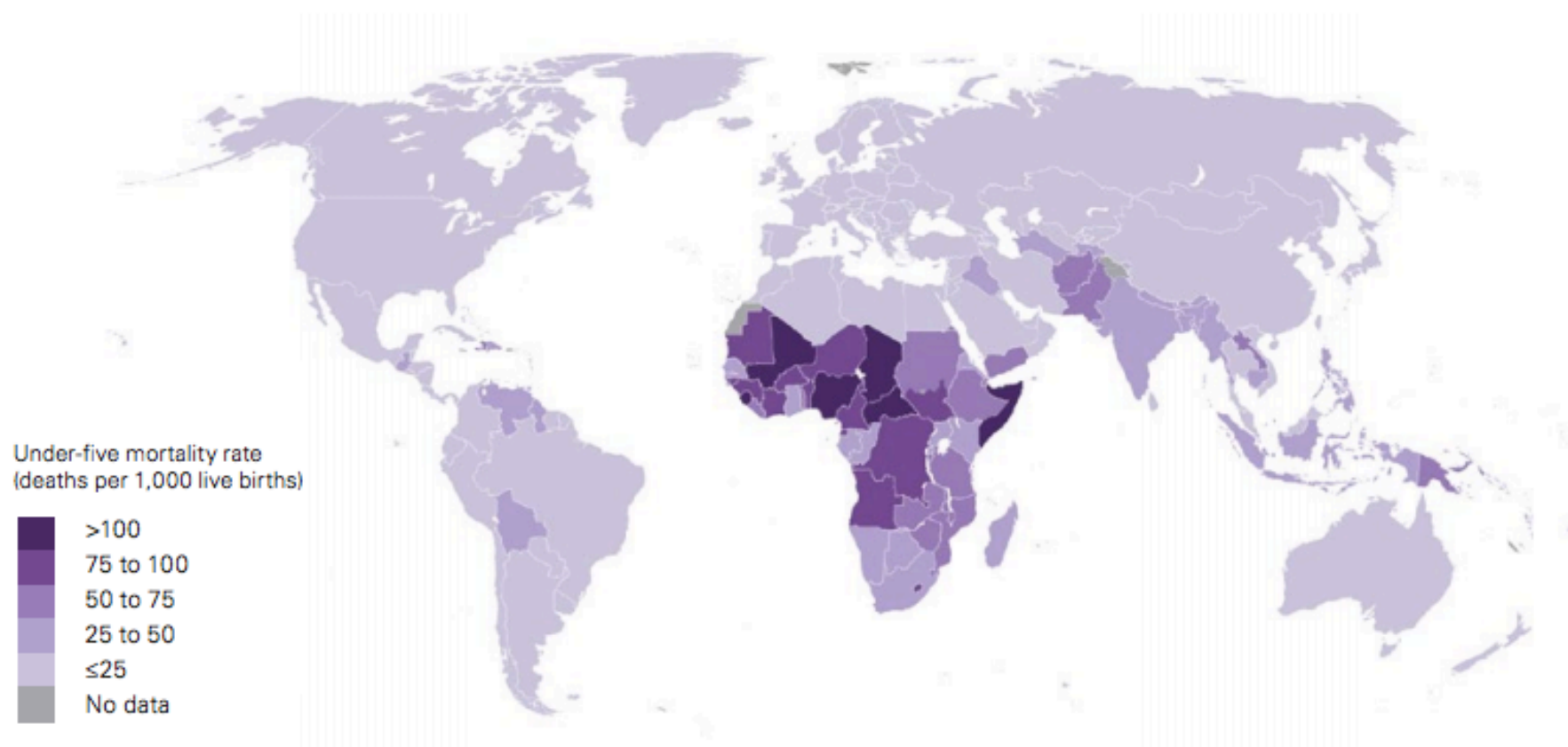
Definition: This entry gives the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country.

Source: [CIA World Factbook](#) - Unless otherwise noted, information in this page is accurate as of January 1, 2018

MAP
1

Children in sub-Saharan Africa and Southern Asia face a higher risk of dying before their fifth birthday

Under-five mortality rate (deaths per 1,000 live births) by country, 2017

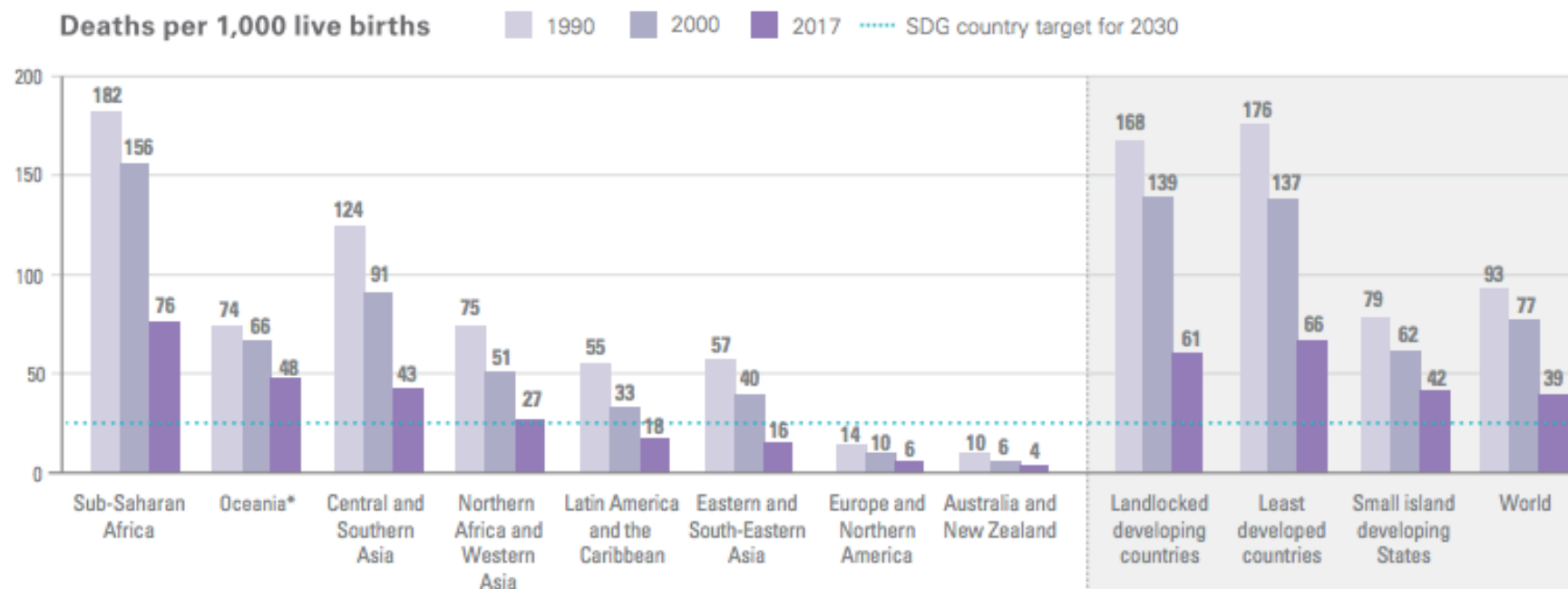


Note: The classification is based on unrounded numbers. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

FIGURE 4

Under-five mortality declined in all regions between 1990 and 2017

Under-five mortality rate by Sustainable Development Goal region, 1990, 2000 and 2017

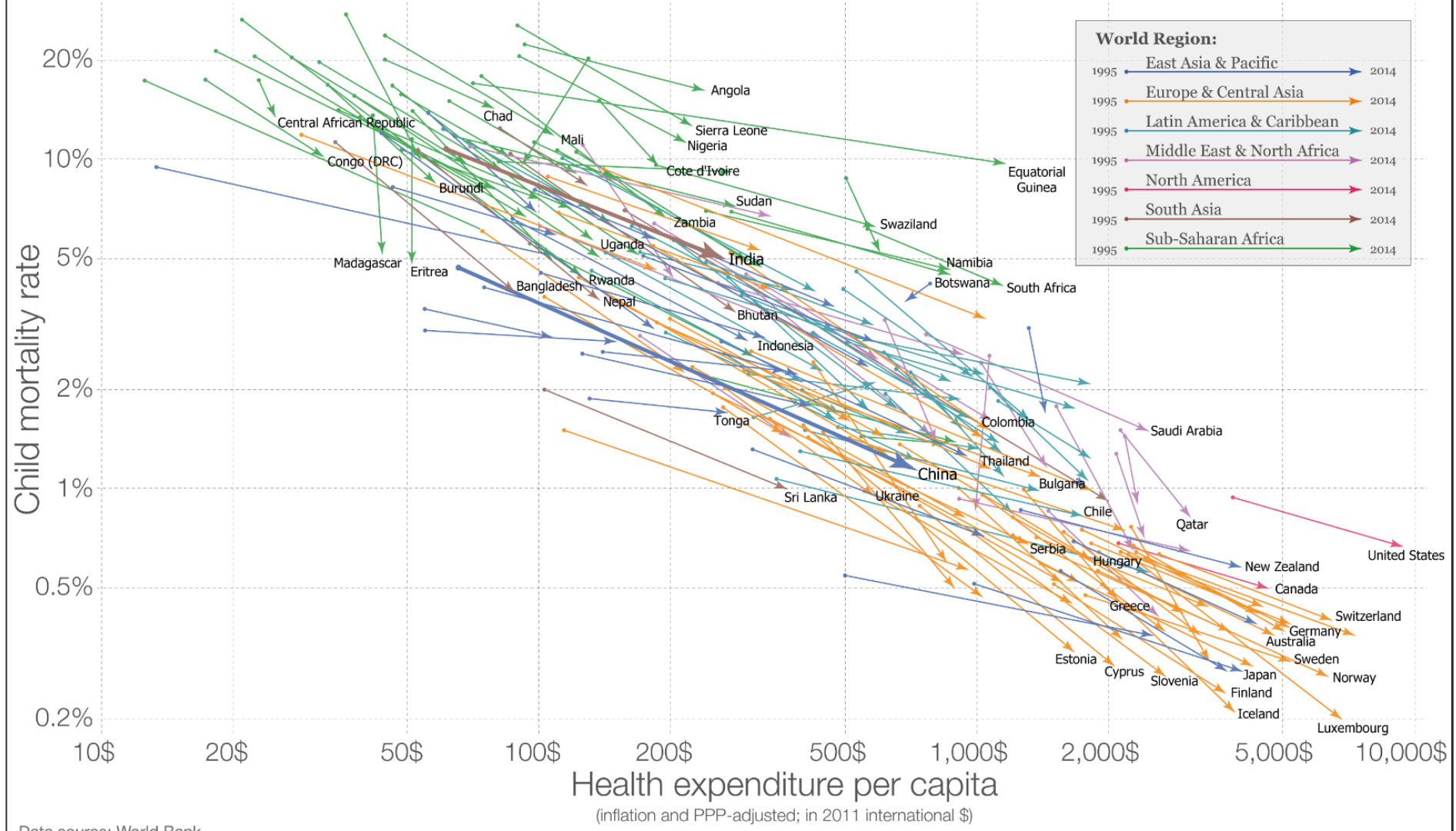


Note: Oceania* refers to Oceania excluding Australia and New Zealand. The figures are based on unrounded numbers.

Fewer children die as more money is spent on health

The arrows show the change for all countries in the world, from 1995 (earliest available data) to 2014 (latest available data). [Not all countries are labelled]

- Child mortality is the share of children that die before their 5th birthday.
- Total health expenditure is the sum of public and private health expenditures. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.



Data source: World Bank

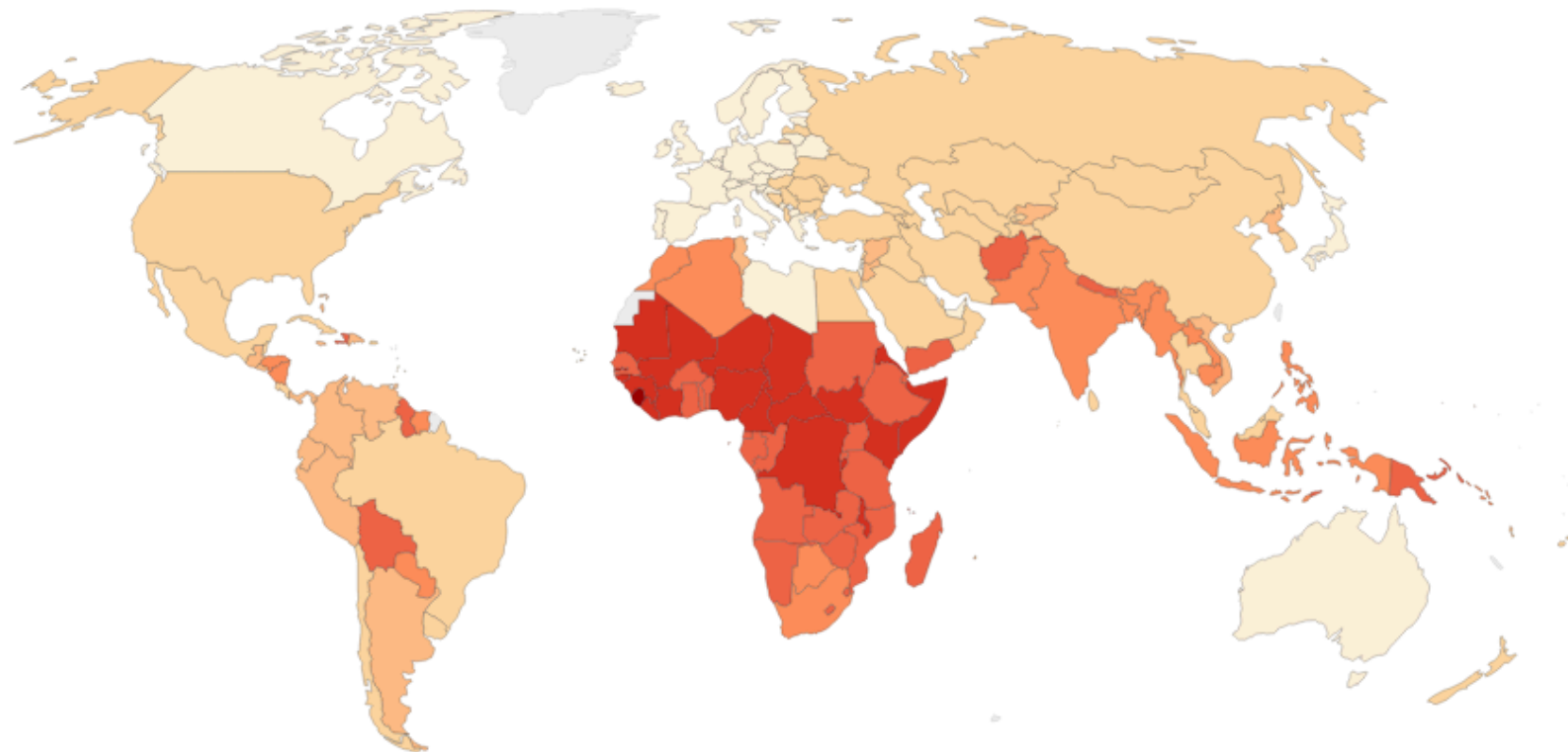
The interactive data visualization is available at OurWorldinData.org. There you find the raw data and more visualizations on this topic.

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

Maternal Mortality Ratio, 2015

The maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.

World



Source: Gapminder (2010) and World Bank (2015)

OurWorldInData.org/maternal-mortality • CC BY



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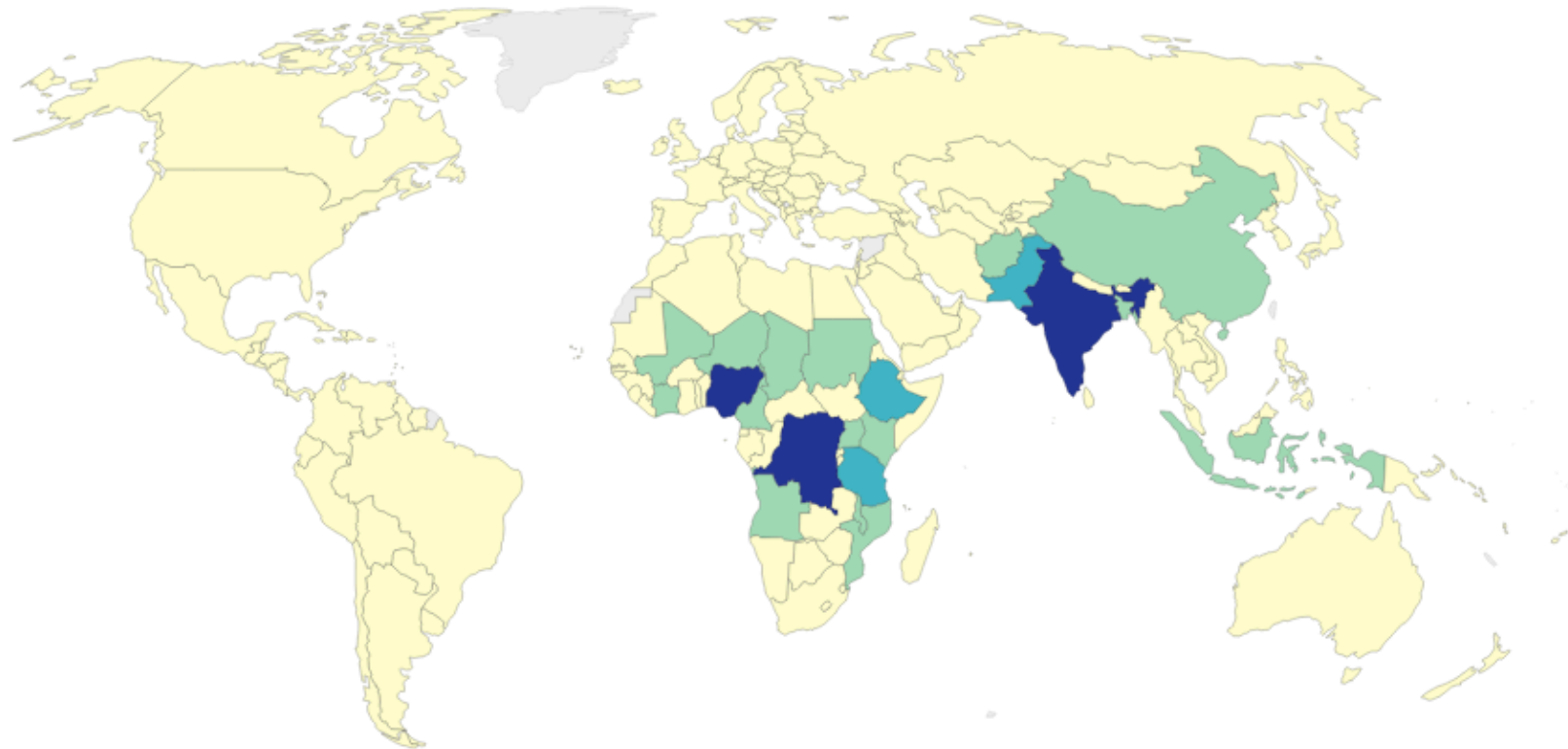
DOWNLOAD



Number of maternal deaths, 2015

The number of women who die from pregnancy-related causes.

World



Source: World Health Organization (WHO); UNICEF

OurWorldInData.org/maternal-mortality • CC BY

Note: A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy. Included are deaths from any cause related to or aggravated by the pregnancy but not from accidental or incidental causes.



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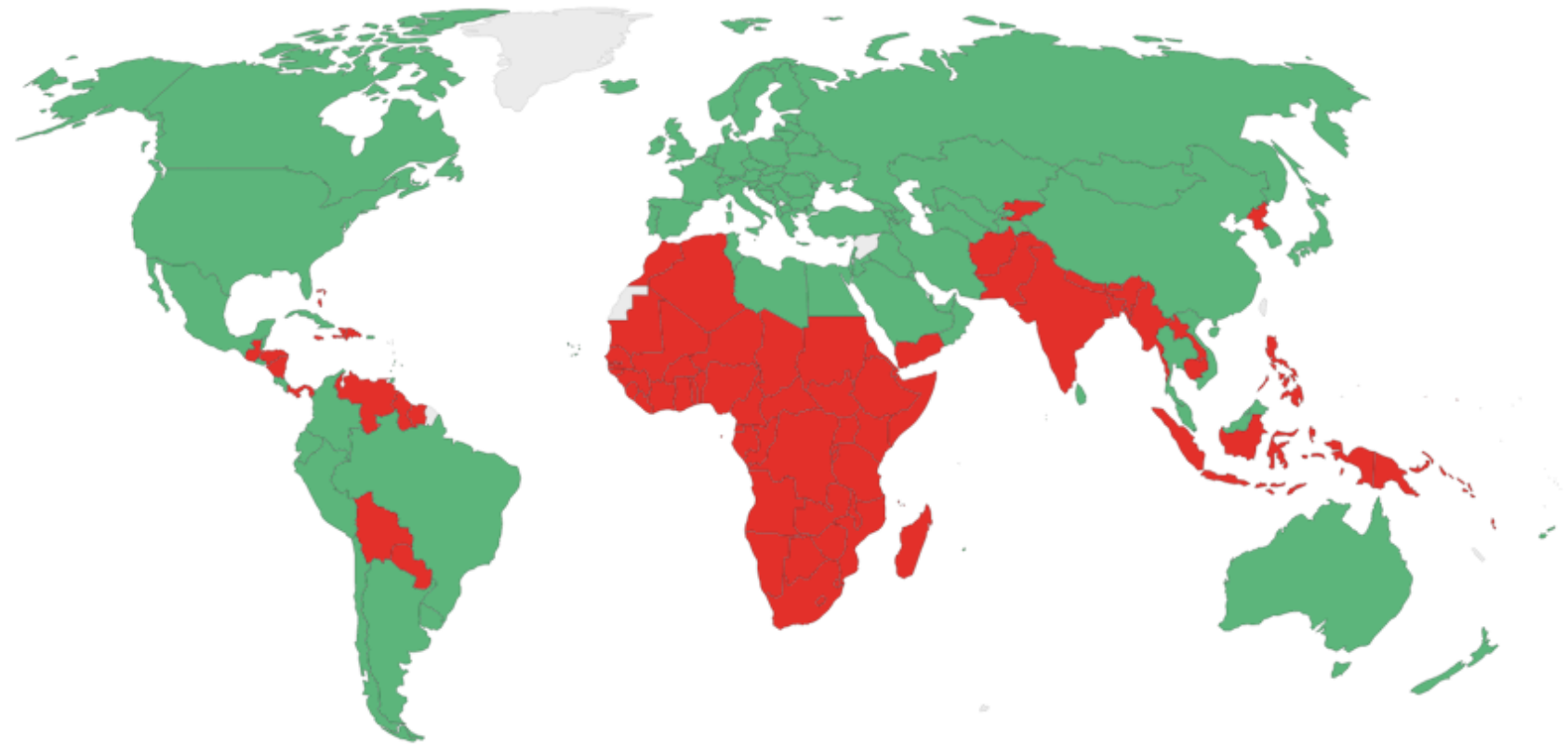


Has country already reached SDG target on maternal mortality?, 2015

Target 3.1 of the UN Sustainable Development Goals (SDGs) is to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births. Maternal mortality is defined as women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination.



World



Source: World Bank

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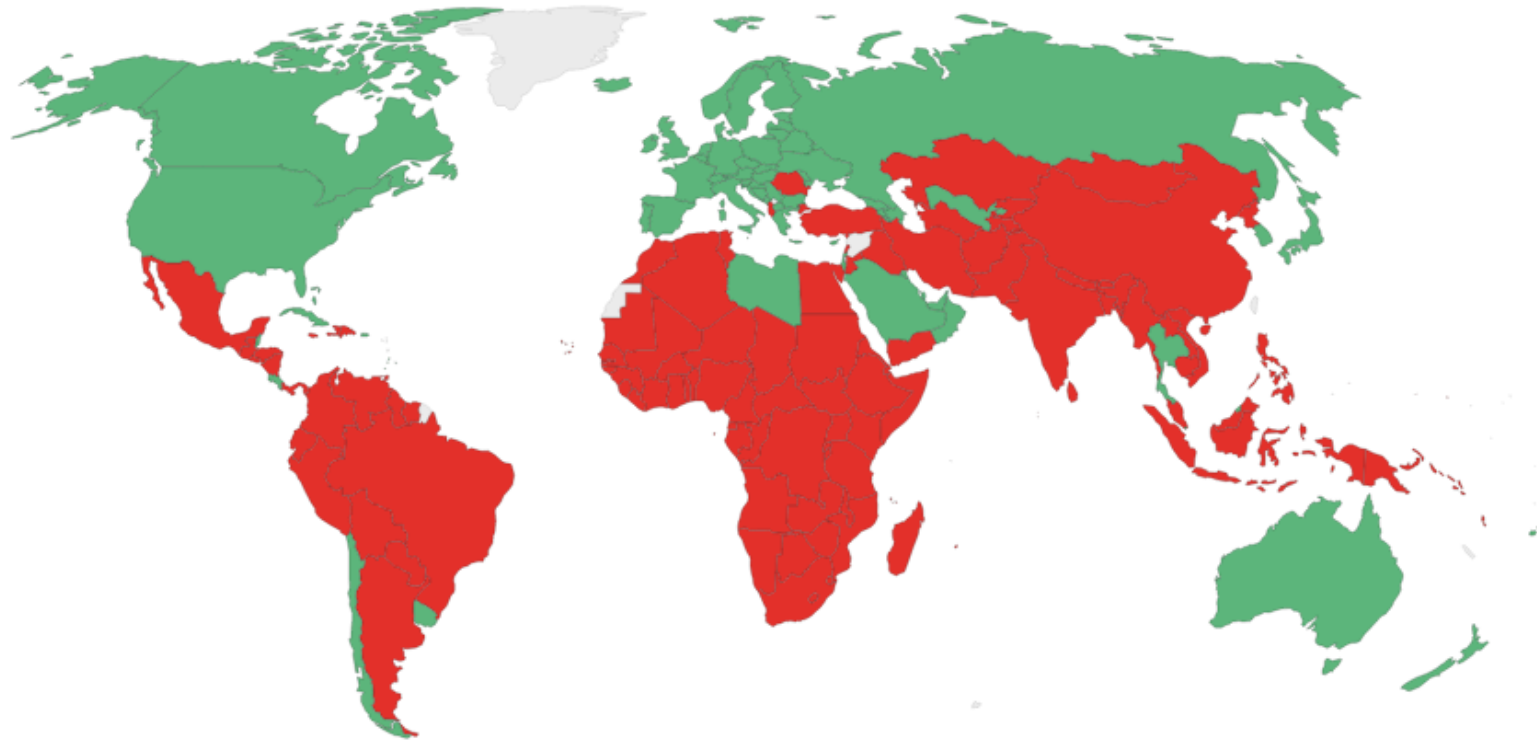


Has country already reached SDG target on maternal mortality?, 1990

Target 3.1 of the UN Sustainable Development Goals (SDGs) is to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births. Maternal mortality is defined as women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination.

Our World in Data

World



Source: World Bank

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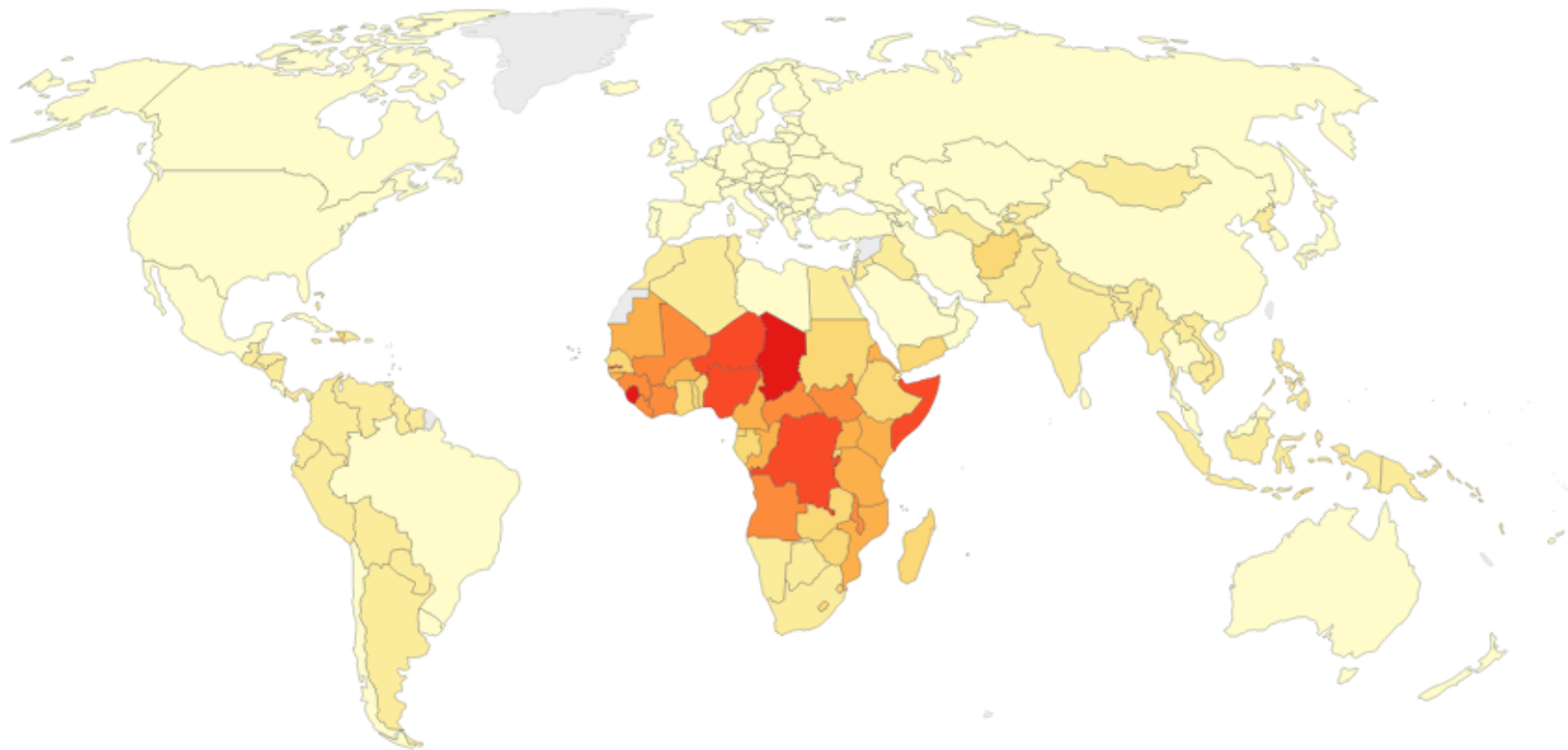
1990

Share of women that are expected to die from pregnancy-related causes, 2015



Shown is the probability that a 15-year-old girl dies eventually from a pregnancy-related cause assuming that the number of children per woman and the maternal mortality rate remain at their current levels.

World



Source: World Bank

OurWorldInData.org/maternal-mortality • CC BY



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SOURCES

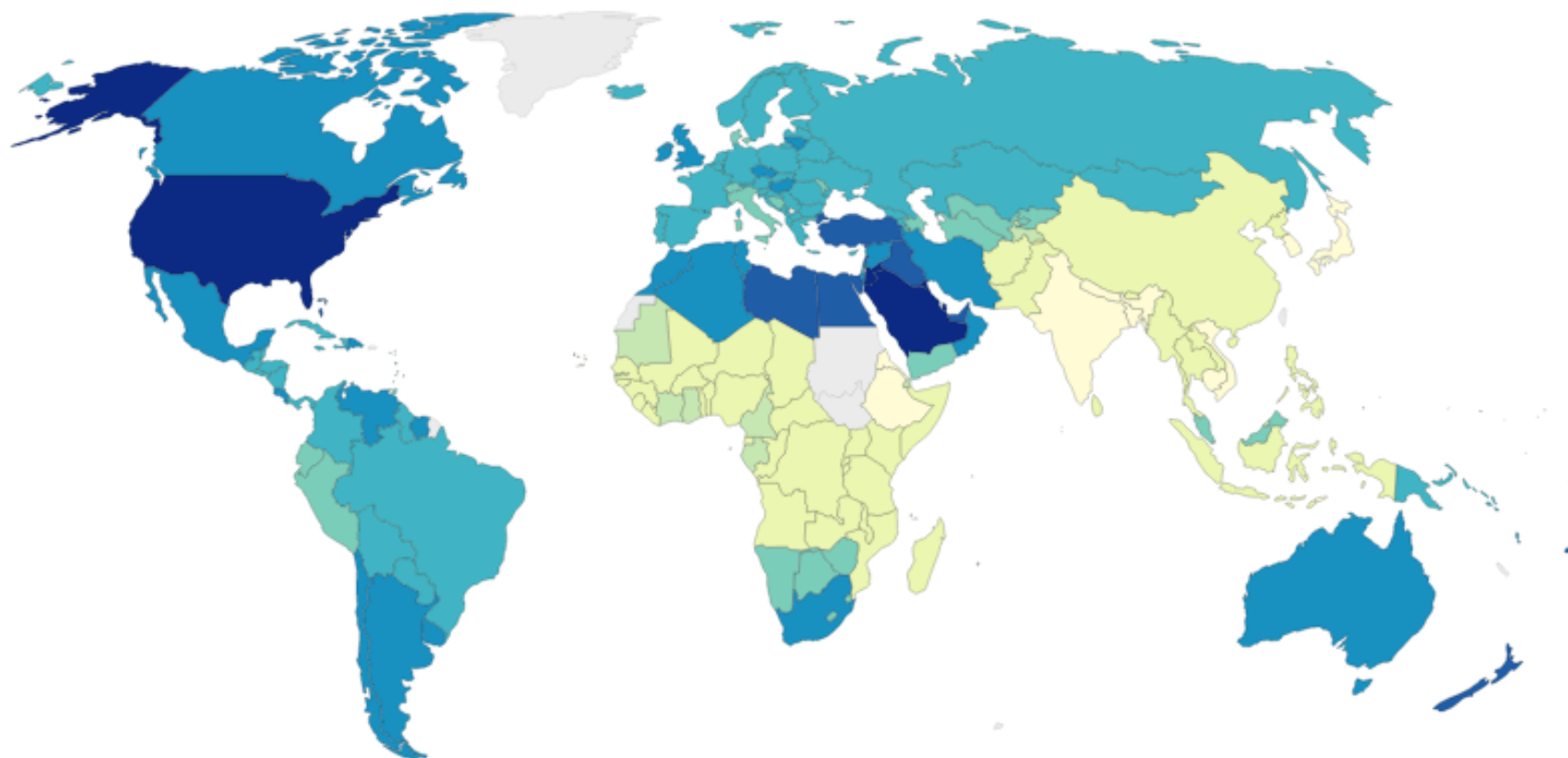
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Share of adults that are obese, 2016

Obesity is defined as having a body-mass index (BMI) equal to or greater than 30. BMI is a person's weight in kilograms divided by his or her height in metres squared.

World



Source: WHO, Global Health Observatory

OurWorldInData.org/obesity • CC BY



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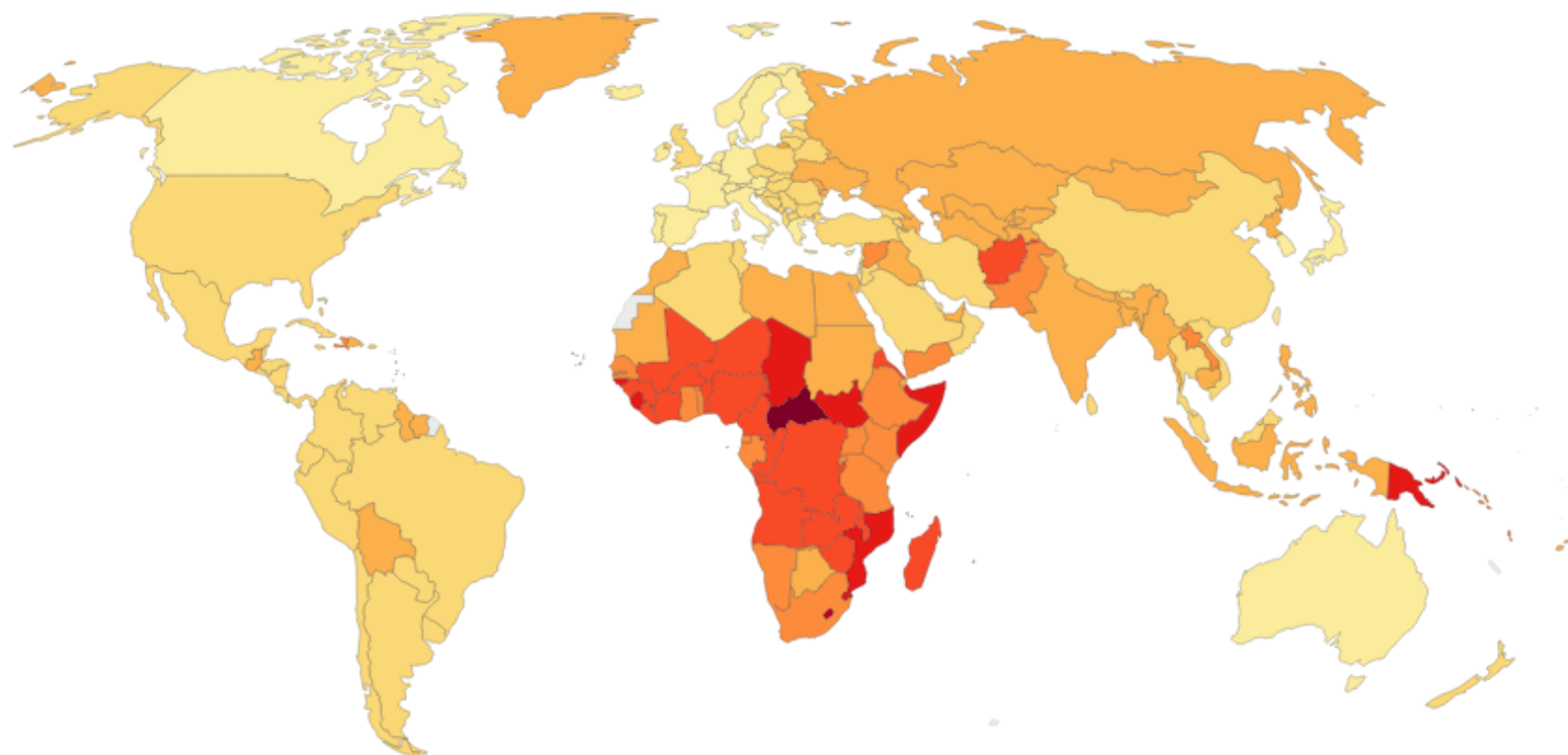


Burden of disease, 2017

Disability-Adjusted Life Years (DALYs) per 100,000 individuals from all causes.

DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

World



Source: IHME, Global Burden of Disease

Note: To allow comparisons between countries and over time this metric is age-standardized.

OurWorldInData.org/burden-of-disease • CC BY



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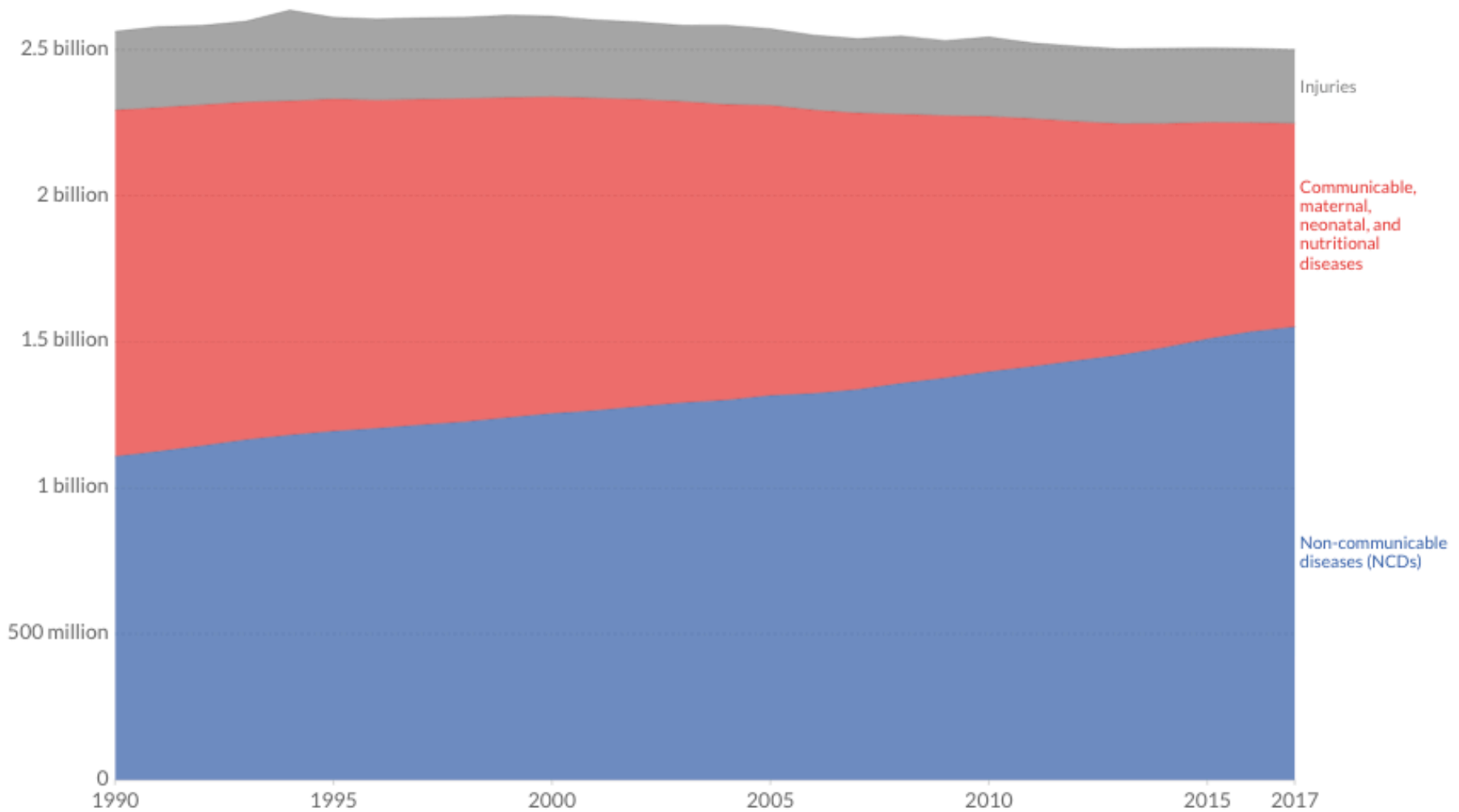


Total disease burden by cause, World, 1990 to 2017

Total disease burden measured as Disability-Adjusted Life Years (DALYs) per year.

DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

Change country Relative



Source: IHME, Global Burden of Disease

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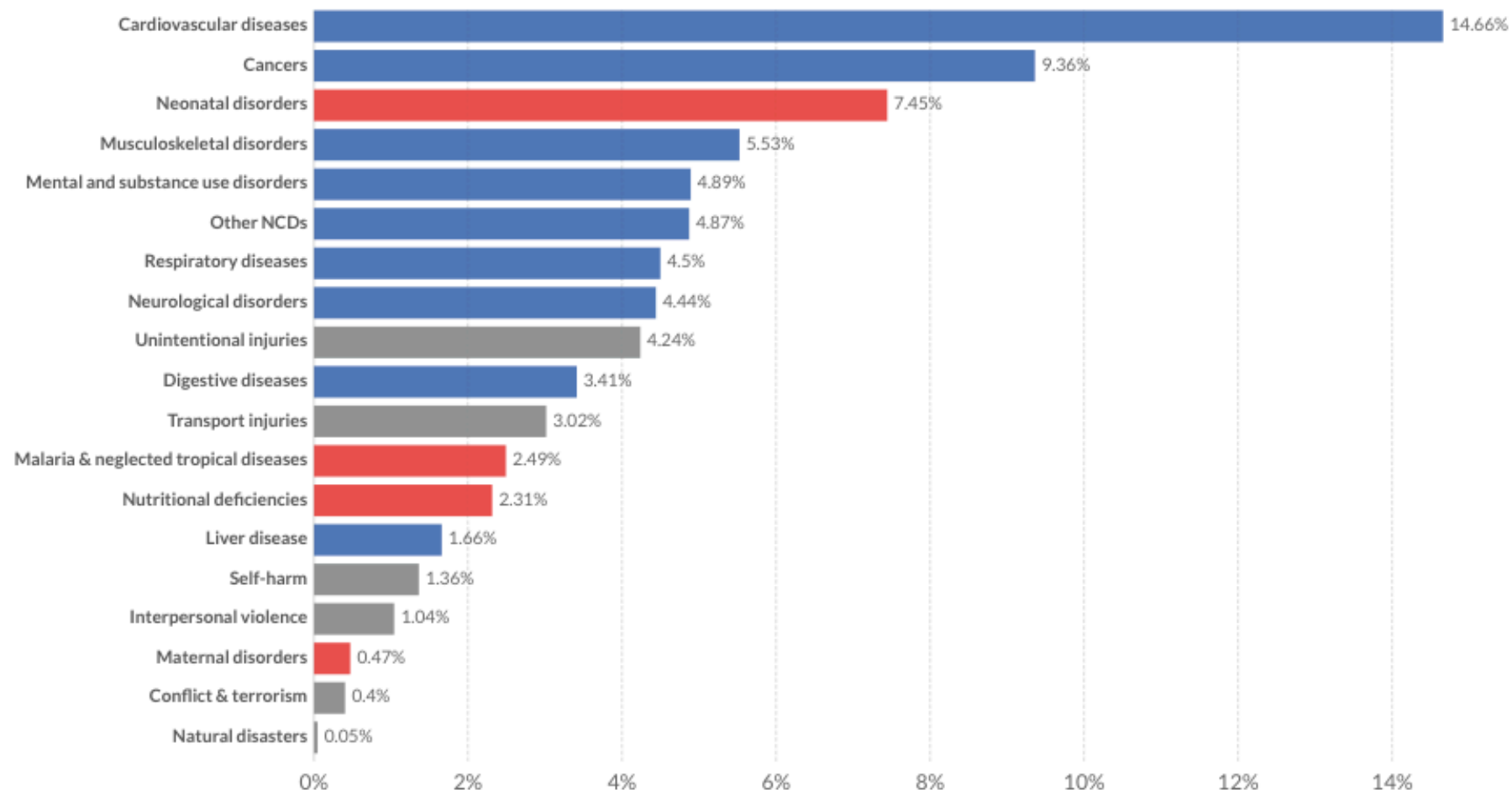
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Share of total disease burden by cause, World, 2017

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

[Change country](#)



Source: IHME, Global Burden of Disease

OurWorldInData.org/burden-of-disease • CC BY



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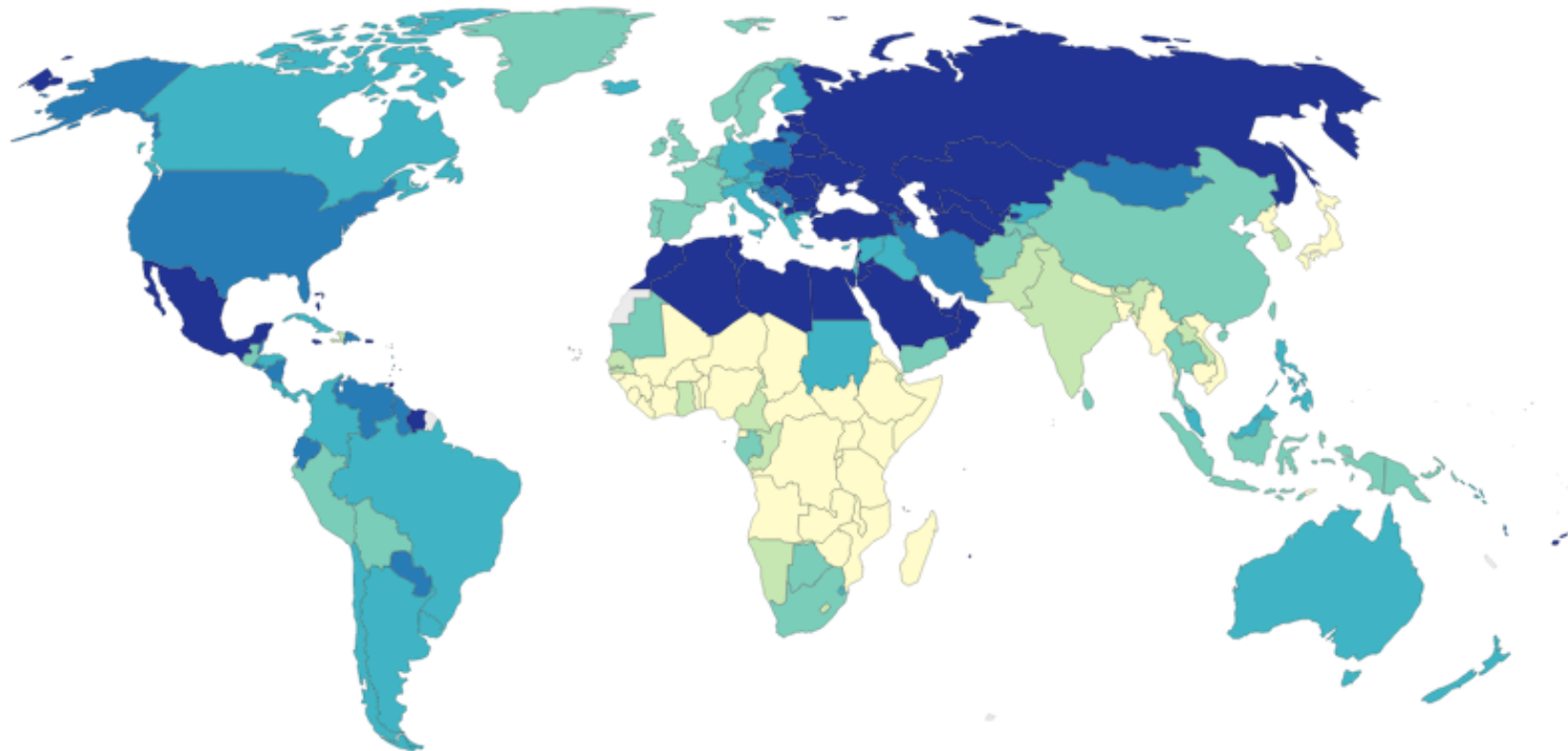
DOWNLOAD



Share of deaths attributed to obesity, 2017

Obesity is defined as having a body-mass index (BMI) equal to or greater than 30. BMI is a person's weight in kilograms divided by his or her height in metres squared.

World



Source: IHME, Global Burden of Disease

OurWorldInData.org/obesity • CC BY



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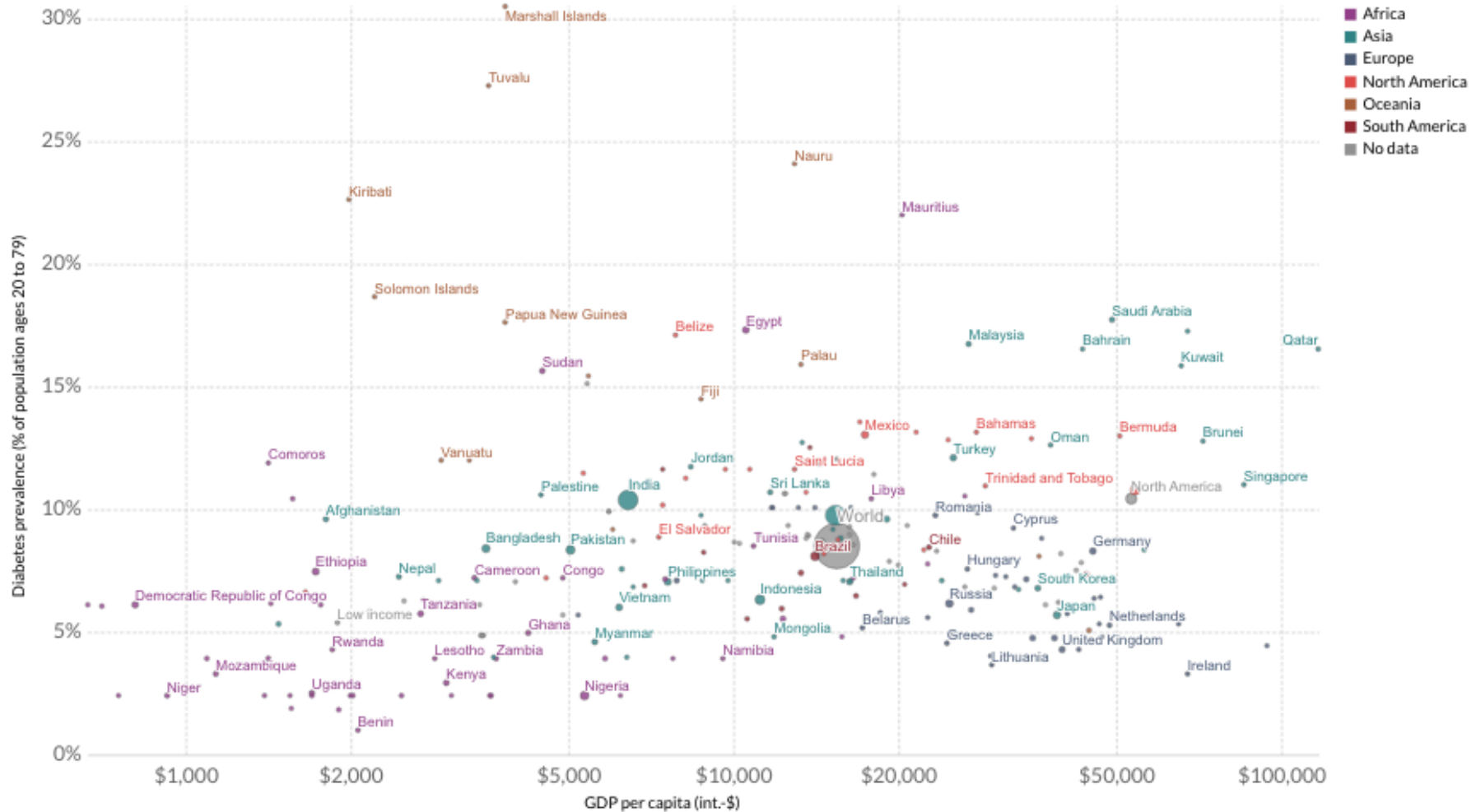
SOURCES

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Diabetes prevalence vs GDP per capita, 2017

Diabetes prevalence, measured as the percentage of the population aged 20-79 with type I or II diabetes versus gross domestic product (GDP) per capita, measured in 2011 international-\$.
 Select countries Hide countries < 1 million people



LINEAR LOG

Source: World Bank, Population (Gapminder, HYDE(2016) & UN (2019)), Our World In Data

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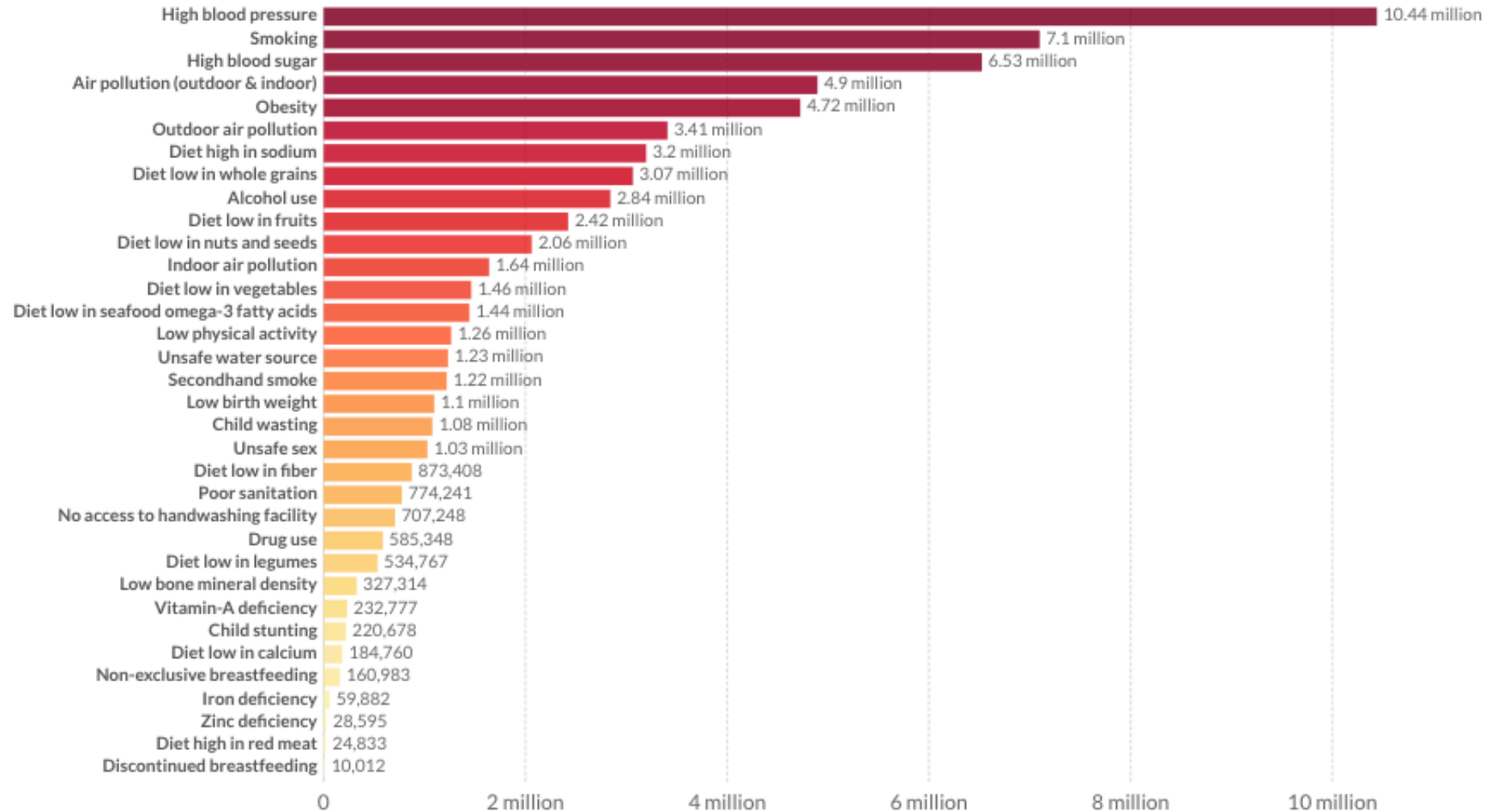
DOWNLOAD



Number of deaths by risk factor, World, 2017

Total annual number of deaths by risk factor, measured across all age groups and both sexes.

[Change country](#)



Source: IHME, Global Burden of Disease (GBD)

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Ten leading causes of burden of disease, world, 2004 and 2030

2004	As % of total DALYs	Rank		Rank	As % of total DALYs	2030
Disease or injury						Disease or injury
Lower respiratory infections	6.2	1	→	1	6.2	Unipolar depressive disorders
Diarrhoeal diseases	4.8	2	→	2	5.5	Ischaemic heart disease
Unipolar depressive disorders	4.3	3	→	3	4.9	Road traffic accidents
Ischaemic heart disease	4.1	4	→	4	4.3	Cerebrovascular disease
HIV/AIDS	3.8	5	→	5	3.8	COPD
Cerebrovascular disease	3.1	6	→	6	3.2	Lower respiratory infections
Prematurity and low birth weight	2.9	7	→	7	2.9	Hearing loss, adult onset
Birth asphyxia and birth trauma	2.7	8	→	8	2.7	Refractive errors
Road traffic accidents	2.7	9	→	9	2.5	HIV/AIDS
Neonatal infections and other ^a	2.7	10	→	10	2.3	Diabetes mellitus
COPD	2.0	13	→	11	1.9	Neonatal infections and other ^a
Refractive errors	1.8	14	→	12	1.9	Prematurity and low birth weight
Hearing loss, adult onset	1.8	15	→	15	1.9	Birth asphyxia and birth trauma
Diabetes mellitus	1.3	19	→	18	1.6	Diarrhoeal diseases

What is a Human Rights Approach?

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”

*Preamble to the Constitution of the World
Health Organization (WHO)*

Impact of global crises on health

“Equitable access to health care, and greater equity in health outcomes are fundamental to a well-functioning economy....

Health had no say in the policies that led to the financial crisis or made climate change inevitable.

But the health sector will bear the brunt of the consequences.... A world that is greatly out of balance in matters of health is neither stable nor secure.”

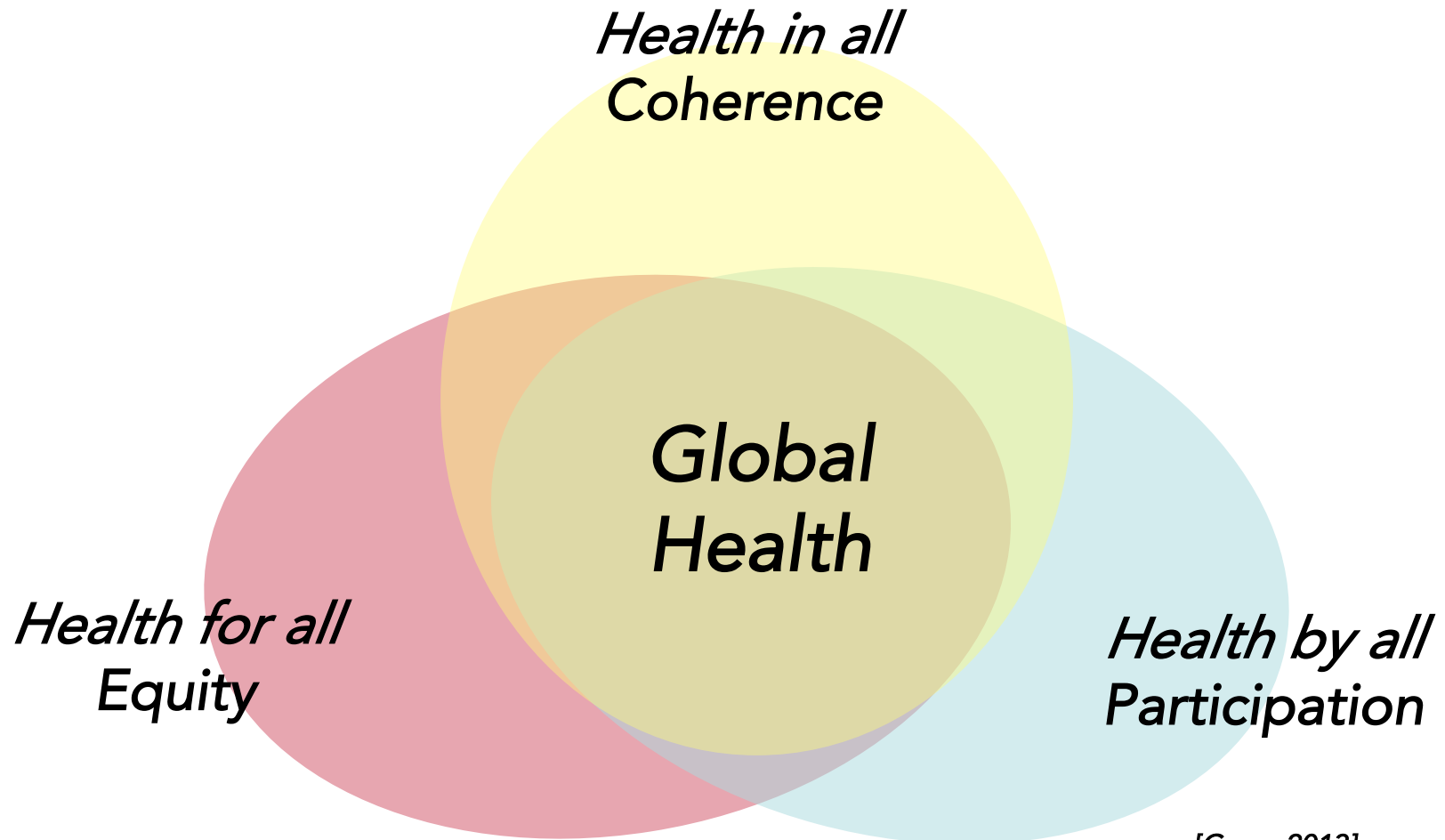


- Margaret Chan, “The impact of global crises on health: money, weather and microbes,” Address at the 23rd Forum on Global Issues, Berlin, Germany, March 18, 2009.

http://www.who.int/dg/speeches/2009/financial_crisis_20090318/en/

What is Global Health?

All Health is Global Health...



[Garay 2013]

Definition

■ What is **global health**?

- “Health problems, issues, and concerns that transcend national boundaries, which may be influenced by circumstances or experiences in other countries, and which are best addressed by cooperative actions and solutions”.

(Institute Of Medicine, USA - 1997)

Global Health



“An area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide... emphasizes transnational health issues, determinants and solutions: involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level care.”

(Kaplan et al. *Towards a common definition of global health*, The Lancet, vol. 373, June 6, 2009)

WHAT IS GLOBAL HEALTH ? [1]

*GH is meant to be a **new paradigm for health and health care**, grounded in the **theory of health determinants**. Such an approach, based on the principles stated in the Alma Ata declaration and backed by broad evidence, can be applied to disease prevention and treatment, as well as to health promotion, for both individuals and populations.*

The Alma Ata Declaration (1978)

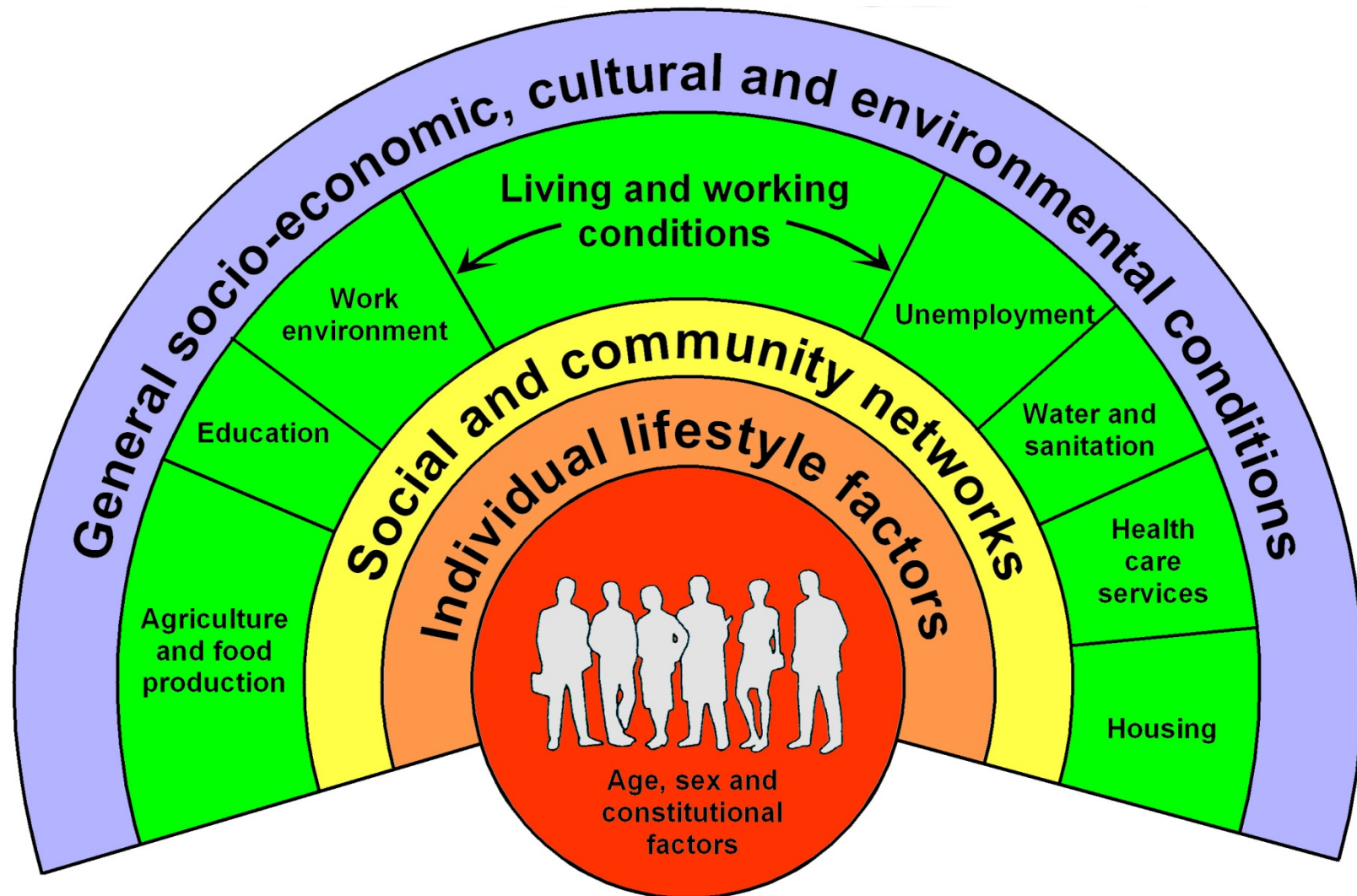


Dr Halfdan Mahler, WHO director-general at the time of the 1978 conference on primary health care, sits at the podium of the Lenin Convention Center with US Senator Edward Kennedy at his side.

Health for All by Year 2000



The main determinants of health



Source: Dahlgren and Whitehead, 1991

WHO Commission on the Social Determinants of Health (CSDH)

World Health Organization

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All WHO This site only

Home	Social determinants of health	ESSENTIAL INFORMATION
About WHO	WHO > Programmes and projects > Social determinants of health > Commission on Social Determinants of Health, 2005-2008	Key concepts
Countries		THE FINAL REPORT OF THE COMMISSION
Health topics	Commission on Social Determinants of Health, 2005-2008	The Report, Executive Summaries and backgrounders
Publications		Interview with Sir Michael Marmott, Chair CSDH 
Data and statistics		Video [streaming wmv, 00:06:22]
Programmes and projects		Dr Margaret Chan 
Social determinants of health		WHO Director-General
Commission on Social Determinants of Health		MEETINGS
Themes	The Commission on Social Determinants of Health (CSDH) was established to support countries and global health partners to address the social factors leading to ill health and inequities. It drew the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries.	Closing the Gap in a Generation (London, November 2008)
WHO implementation		Wellcome Centre History of Medicine (London, November 2008)
Publications		
Tools and resources		
Links	More about the Commission	



World Health
Organization



Commission on
Social Determinants of Health

Closing the gap in a generation

Health equity through action on
the social determinants of health

WHAT IS GLOBAL HEALTH ? [2]

*The main focus of GH concerns the health status of world population and its **socio-economic, political, demographic, juridical and environmental determinants**, as well as the relationship between globalization and health in terms of **equity, human rights, sustainability and international diplomacy**.*

*Adopting a transnational view, GH points out health inequalities both within and among countries, framing them through the lens of **social justice**.*

WHAT IS GLOBAL HEALTH ? [3]

Methodological approach

*Due to the complexity of such issues, the GH approach is necessarily a **trans-disciplinary and multimethod** one, built on the contribution of natural and social sciences and the humanities.*

Disciplines involved in Global Health

- Social sciences
- Behavioural sciences
- Law
- Economics
- History
- Engineering
- Biomedical sciences
- Environmental sciences
- ...

WHAT IS GLOBAL HEALTH ? [4]

Fields of interest

*GH is not merely an academic field: fostering an ethics of social accountability for institutions, professionals and individuals involved, it encompasses the fields of research, practice and education. **Driven by ethics and oriented to the needs of the population, in particular marginalised groups, it aims at producing change in the community and in the whole society, bringing evidence into practice thus reducing the know-do gap.***

the 3 key elements:

SOCIAL DETERMINANTS OF HEALTH

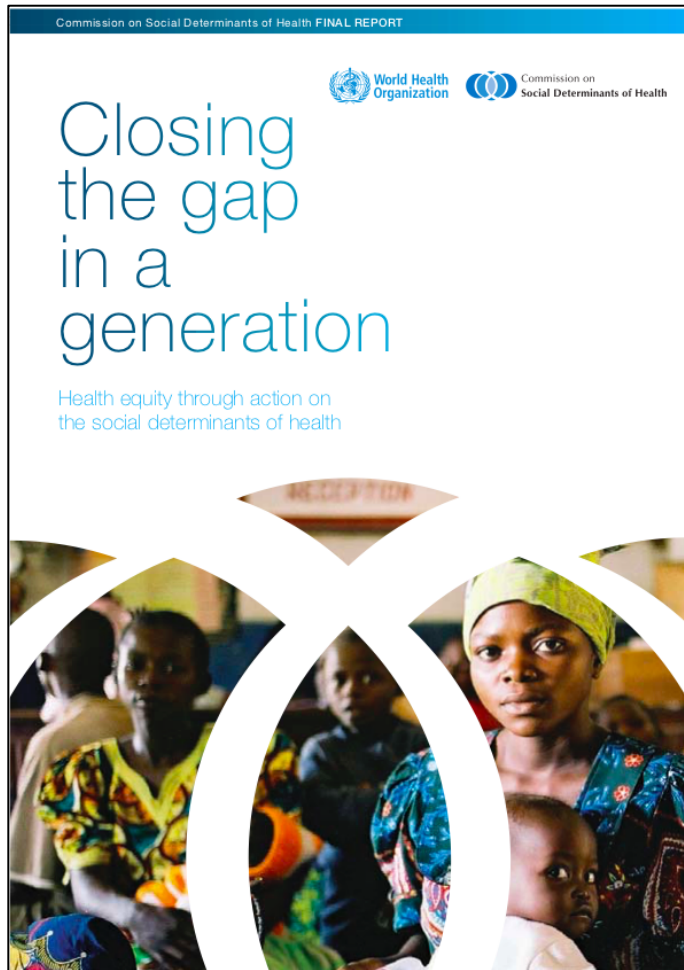
INEQUALITIES IN HEALTH AND HEALTH CARE

HEALTH SYSTEMS

Why Study Global Health?

<https://www.edx.org/course/an-introduction-to-global-health>

... all Medicine is Social Medicine



«Social injustice is killing people on a grand scale»



World Health Organization

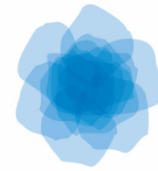


**Commission on
Social Determinants of Health**

“The health of each of us is linked to the health of all of us”



Jody Lori CNM, PhD, FACNM



PORTUGAL 2007
Presidency of the Council of the European Union

**“GLOBAL PROBLEMS REQUIRE
GLOBAL SOLUTIONS”**

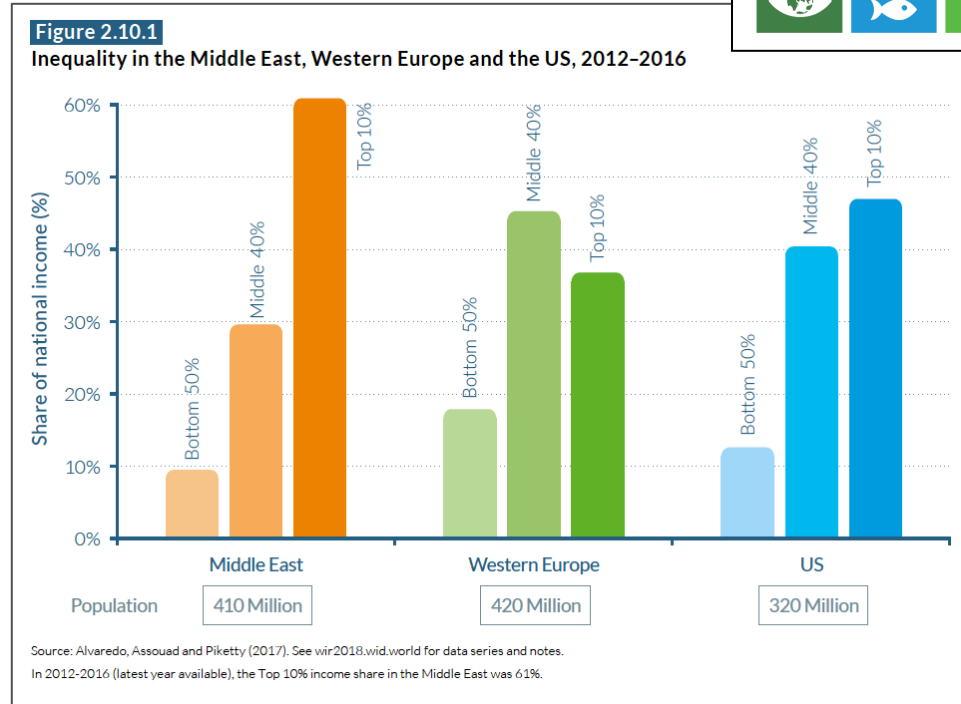
...a very topical issue for Universities

From the Editor

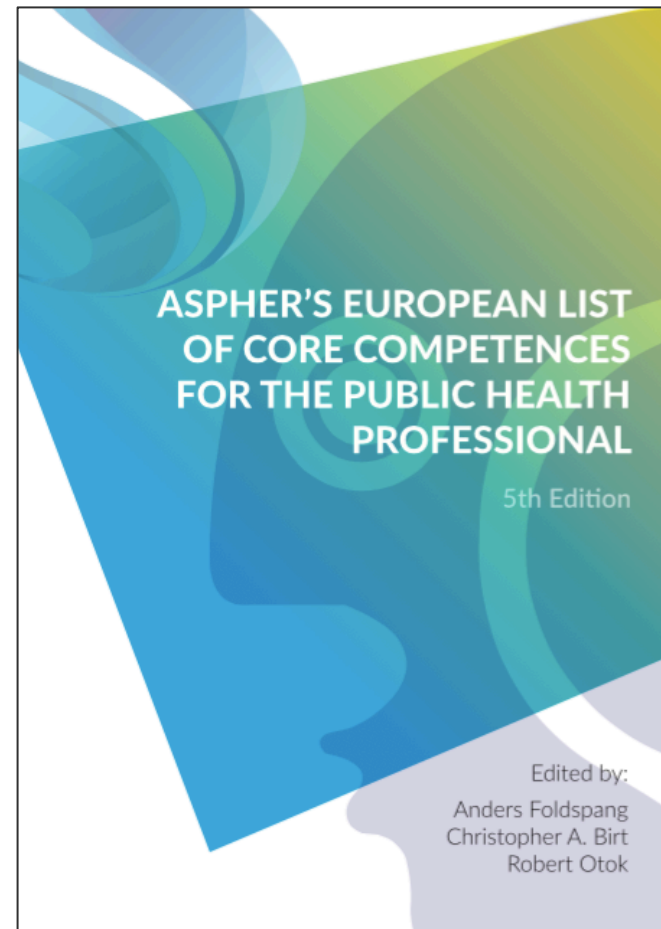
Disparities, Health Inequities, and Vulnerable Populations: Will Academic Medicine Meet the Challenge?

David P. Sklar, MD

Academic Medicine, Vol. 93, No. 1 / January 2018



...updating of the core curricula in both pre-graduate and post-graduate courses.



How doctors can close the gap

2010

Tackling the social determinants of health through culture change, advocacy and education

4 Changing education

We must give medical students and trainees the encouragement and support to act on social determinants of health and to promote health throughout the population, rather than exclusively concentrating on treating individual patients. It is important to impress on students early in their medical careers that learning about the social determinants of health really will help them to make a difference to the health of society. As well as being taught

International Project Medical School 2020

International Medical School Label Goals and Dimensions

The IMS label will reflect and help medical schools to achieve six principle **goals** of internationalisation.

Five of them are based on the IMPI project's concept of internationalisation goals:

■ **G1** to enhance the quality of education

■ **G2** to enhance the quality of research

→ ■ **G3** to well-prepare students for life and work in an intercultural and globalising world

■ **G4** to enhance the international reputation and visibility of the unit

→ ■ **G5** to provide service to society and community social engagement

The sixth goal, specific and crucial for medical education, added by the IMS 2020 team is:

→ ■ **G6** to advance global health

Common syllabus for courses of Global Health:

- Health and its Determinants
- The origins and development of Health Systems
- Health as a human right
- Globalization and Health
- Inequalities in health and in health care assistance
- Immigration and health
- International health Cooperation

The main features of “Global Health care professionals”

“Global Health care professionals” (physicians and others) need knowledge about their field of work, local and sectoral knowledge; they need theory to inform their practice; they need experience to inform their judgement and they need communication skills to work across sectors and with grass roots people. But their work is much more than this; effective collaboration requires respect and reciprocity; an openness to trying out different ways of understanding the world; not compatible with the privileged truth of singular science. And “Global Health care professionals” need ethical practices to protect themselves against the various seductions and easy options which may cross their path.

People’s Health Movement, 2009

MAIN GLOBAL HEALTH COURSES AND FACULTIES IN THE WORLD



ENGLAND

UCL

King's College

Royal College of Physicians



SWEDEN

Karolinska Institute

Uppsala University



IRELAND

Trinity College

SPAIN

Università di Barcellona

Università Autonoma di
Barcellona



U.S.A

University of San Francisco

University of Washington

Seattle University

Johns Hopkins University

University of Virginia's

Yale University

University of Massachusetts



NETHERLANDS

Università di Maastricht

Università di Amsterdam

EDITORIAL/EDITORIALE

**Global health, international health and public health:
which relationship?**

A. Rosso^o, G. Civitelli^{o*}, M. Marceca^{o*}

Consortium of
Universities
for Global Health



The Consortium of Universities for Global Health (CUGH) in the USA adopted the following definition of Global Health:

*“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 emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care” (8).*

(Kaplan et al. *Towards a common definition of global health*, The Lancet, vol. 373, June 6, 2009)

EDITORIAL/EDITORIALE

**Global health, international health and public health:
which relationship?**

A. Rosso^o, G. Civitelli^{o*}, M. Marceca^{o*}

The Italian Network for Global Health Education



In Italy there has been an increasing attention to global health within academic institutions and health professionals. The Italian Network for Global Health Education (Rete Italiana per l'Insegnamento sulla Salute Globale - RIISG) was established in March 2010 with the aim to promote the development of training curricula in global health in Italian Medical Faculties and for the continuing medical education (5).



Conferenza Permanente dei Presidenti di CLM in Medicina e Chirurgia

Responsabilità sociale, salute e formazione in medicina

La proposta della RIISG e un'esperienza con i richiedenti protezione internazionale e rifugiati presso la Sapienza Università di Roma

Giulia Civitelli, Giuseppe Familiari, Alessandro Rinaldi, Maurizio Marceca, Gianfranco Tarsitani (*Roma, Sapienza*) e la RIISG (*Rete Italiana per l'Insegnamento della Salute Globale*)

Abstract

The situations of crisis and social injustice of the globalized world call the people who deal with education in health to think again about the educational model of medical schools. The objective should be to capacitate social and health professionals to face with responsibility the challenges that wait them. On this point, the Italian Network for Global Health Education (RIISG) has recently published a document in which it express its contribution to the recent national debate about medical education. Experiences which allow a direct knowledge of realities on the fringe of society, as the one which takes place with asylum seekers and refugees at Sapienza University of Rome, can contribute to develop student's critical reasoning and ethical conduct.



SUMMARY

RETHINKING MEDICAL EDUCATION TO ADDRESS HEALTH INEQUITY: THE EXPERIENCE OF ITALIAN NETWORK FOR GLOBAL HEALTH TEACHING AND SAPIENZA UNIVERSITY OF ROME

Globalisation processes, the growing complexity of European society and the yet largely untackled issue of health inequalities are increasingly questioning the capacity of medical education institutions to prepare health professionals capable of addressing current health challenges. From many sides, a call for a greater focus on the social determinants of health and on the global scenario is revitalising the claim for a transformation of conventional health training. Due to the innovative view and aims of Global Health (GH), training health professionals in it is a crucial issue. Teaching can be seen both as a GH activity (therefore reflecting the tight combination of practice, knowledge and ethics that informs this particular field), and as a tool aimed at contributing to the overall goal of health promotion. All institutions involved in training of health professionals, at both under and postgraduate level, should be aware of their responsibility and of the key role they are called to play. With the aim of improving knowledge, attitude and practices of health professionals Public health academics have followed, as well as NGOs, leading in 2009 to the creation of the Italian Network for Globalisation processes.

The main objective of RIISG is to improve population health and to reduce health inequalities through improving knowledge, attitude and practices of health professionals. To accomplish this, RIISG aims to foster public and academic debate on GH issues, promote GH teaching at the academic and professional level to fill the gap of present medical curriculum, training professionals to become ethically aware of the commitment needed to improve individual and community health and encourage the dialogue among different disciplines and stakeholders.

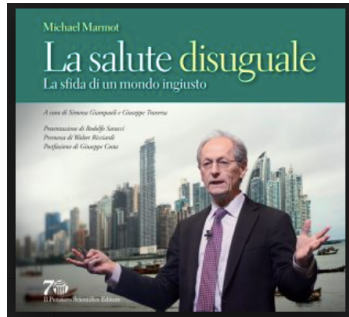
MEDICINA NEI SECOLI ARTE E SCIENZA, 28/2 (2016) 347-364
Journal of History of Medicine

Articoli/Articles

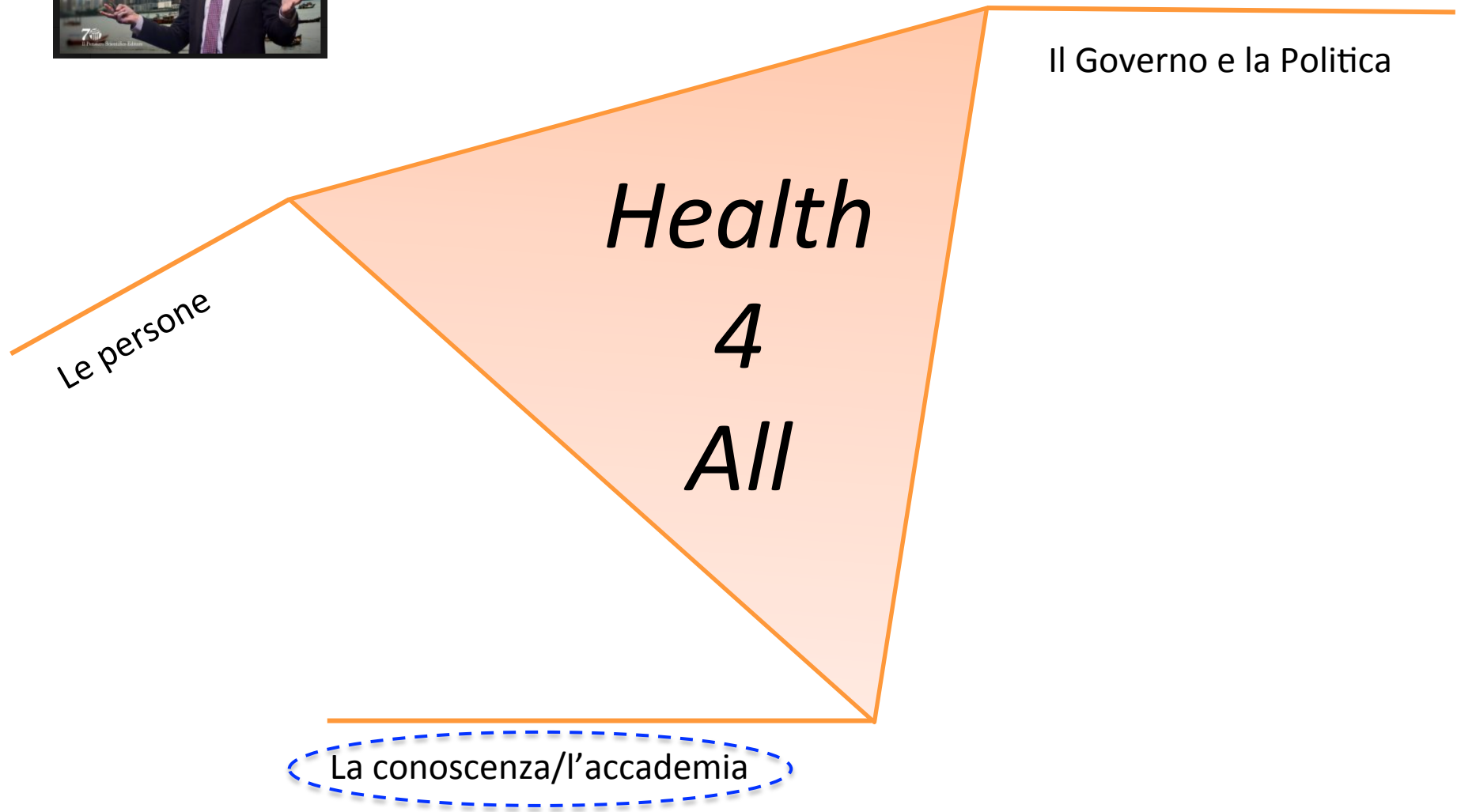
RIPENSARE LA FORMAZIONE DEGLI OPERATORI
SANITARI PER CONTRASTARE LE DISEGUAGLIANZE
IN SALUTE: L'ESPERIENZA DELLA RETE ITALIANA
INSEGNAMENTO SALUTE GLOBALE E DELLA SAPIENZA
UNIVERSITÀ DI ROMA

ALESSANDRO RINALDI, GIULIA CIVITELLI, GIANFRANCO TARSIANI,
MARIALAURA RUSSO, MAURIZIO MARCECA
Sapienza Università di Roma, I





ORGANIZZARE LA SPERANZA...





Implicazioni / possibili ricadute:

- > Etica (radicamento nei diritti umani)
- > Culturale (capacità critica... complessità)
- > Scientifica (ancoraggio all'EBM...)
- > Professionale (contesto... scelte... mezzi...)
- > Politica (equità... priorità allocative...)

- > *quale reale riconoscimento nella 'Mission' universitaria ?*

My experience in brief as academic teacher

<https://www.edx.org/course/an-introduction-to-global-health>



For what concerns the **pre-graduate courses** :

- issues such as: *social determinants of health; universal health coverage; inequalities in health and in healthcare; relationship between migration and health; health of frail population groups...* included by several teachers of the School within the programmes of their mandatory courses.
- 'Monographic Course in International Health' (in english), incorporated in his own academic course by the School Director with the collaboration of other colleagues of the School.



- multi-professional Elective Course in '*Global Health and Equity in Health*' (12th edition) held in collaboration with representatives of Associations of medical students and with some resident doctors of the School in Hygiene and Public Health, with a *peer education* approach .

The poster is for the XII edition of the ADE course. At the top, it features logos for IRISG, the Department of Public Health and Infectious Diseases at Sapienza University of Rome, and ASPHET. The main title is "XII EDIZIONE DEL CORSO ADE in 'SALUTE GLOBALE ED EQUITÀ IN SALUTE'" with the director Prof. M. Marceca. The theme is "I CAMBIAMENTI CLIMATICI GLOBALI COME DETERMINANTI DI SALUTE". A central image shows a landscape with a large, dark, irregularly shaped area, possibly representing a natural disaster or environmental impact. Below the image, it states the course is held at the AULA A "A. CELLI" from 08.30 to 13.30, from March 16 to April 13, 2019. It describes the course as an interdisciplinary conference on health determinants. The target audience includes various medical and social science disciplines with their respective maximum numbers of participants. It also mentions that the course offers ECTS credits and is for students of the Health Sciences degree program. Contact information and the pre-enrollment deadline (February 15, 2019) are provided at the bottom.

Since the academic year 2007/2008 up to now, about 800 students coming from several degree courses of healthcare and social studies field have participated to this Course.

- **‘Global Health Gyms’**: projects in **collaboration with Voluntary Associations and NGOs** involving students in difficult realities

"knowing how to be"



Ann Ig 2012; 24: 263-267

EDITORIAL/EDITORIALE

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A. Rosso^o, G. Civitelli^{o*}, M. Marceca^{o*}



tutor

LAVORI ORIGINALI

Perché dovremmo insegnare la Salute Globale alle studentesse e agli studenti di medicina? Il percorso della RIISG e l'esperienza di tre Università romane

Alessandro Rinaldi¹, Giulia Civitelli¹, Giulia Silvestrini¹, Francesco Gilardi¹, Serena Carvillano¹, Giuseppe Furiati¹, Stefania Bruno¹, Sandra Mancinelli¹, Maurizio Marceca¹, Walter Ricciardi¹, Gianfranco Tarsitani¹ e Rete Italiana per l'Insegnamento della Salute Globale (RIISG)

¹ Dipartimento di Sanità Pubblica e Malattie Infettive, Università di Roma la Sapienza
² Dipartimento di Scienze Medico-Chirurgiche e di Medicina Traslationale, Università di Roma la Sapienza
³ Istituto di Igiene, Università Cattolica del Sacro Cuore, Roma
⁴ Dipartimento di Sanità Pubblica, Università di Roma Tor Vergata

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Articoli/Articles

RIPENSARE LA FORMAZIONE DEGLI OPERATORI SANITARI PER CONTRASTARE LE DISEGUAGLIANZE IN SALUTE: L'ESPERIENZA DELLA RETE ITALIANA INSEGNAMENTO SALUTE GLOBALE E DELLA SAPIENZA UNIVERSITÀ DI ROMA

ALESSANDRO RINALDI, GIULIA CIVITELLI, GIANFRANCO TARSITANI, MARIALAURA RUSSO, MAURIZIO MARCECA
Sapienza Università di Roma, I

N. 202 - 2014

Salute globale 401

SALUTE territorio

L'esperienza della rete italiana insegnamento salute globale (RIISG)

Alessandro Rinaldi^{1,2}, Giulia Civitelli^{1,2}, Maurizio Marceca^{1,2}, Gianfranco Tarsitani^{1,2}

¹ Dipartimento di Sanità pubblica e malattie infettive, Università di Roma
² Membri del "nodo romano" della RIISG

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Civitelli et al. *Globalization and Health* (2020) 16:30
<https://doi.org/10.1186/s12992-020-00561-8>

Globalization and Health

RESEARCH

Open Access

Medical education: an Italian contribution to the discussion on global health education

Giulia Civitelli^{1,2,3,4*}, Gianfranco Tarsitani^{1,2}, Alessandro Rinaldi^{1,2,3} and Maurizio Marceca^{1,2,3,5}



Civitelli et al. *Archives of Public Health* (2020) 78:90
<https://doi.org/10.1186/s13690-020-00478-z>

Archives of Public Health

RESEARCH

Open Access

Long-term impact of Global Health educational experiences in Rome: an attempt of measurement

Giulia Civitelli^{*}, Gianfranco Tarsitani, Alessandro Rinaldi and Maurizio Marceca





modern
Public Health



...needs a Global perspective



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doi:10.1093/eurpub/cks151 Advance Access published on 23 October 2012

Seven goals for public health training in the 21st century

Martin McKee

Professor of European Public Health, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, London, UK



1. *we want to stimulate curiosity*
- ➔ 2. *we want to produce people who are willing to take the initiative*
3. *we want to help people to make connections*
- ➔ 4. *we want to convey the big picture*
5. *we want people to know what they are up against*
6. *we must support people to engage with key decision makers at all levels*
- ➔ 7. *we must ensure that our students' approaches to public health are firmly grounded in human rights*

Some examples of original teaching approaches

<https://www.edx.org/course/an-introduction-to-global-health>

thanks for your kind attention !