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Chair, Consortium of Universities for Global Health (CUGH)

## Sustainable Development Goals

- Framework focused on equity, economics, & environment
- Increasingly used as organizing principle by gov'ts, funders, business, other sectors



## Global Health Competencies

### Identified in 12 domains (2014):

- Global Burden of Disease
- Globalization of Health and Healthcare
- Social and Environmental Determinants of Health
- Capacity Strengthening
- Teamwork/Collaboration and Communication
- Ethical Reasoning
- Professional Practice
- Health Equity and Social Justice
- Program Management
- Social, Cultural and Political Awareness
- Strategic Analysis
- Communication



## The Journal of Law, Medicine & Ethics

Special Issue: SYMPOSIUM:
Special Supplement:
Interprofessional Global Health
Education: Ensuring the
Collaborative Promise of 21st
Century Global Health Practice
Volume 42, Issue s2, pages



26-31. Winter 2014

## Global Health Competencies

CUGH Education Committee agreed on the following definitions for four different levels of students who might be engaged in global health work:

Jogerst et al. Identifying Interprofessional Global Health Competencies for 21<sup>st</sup>-Century Health Professionals, *Annals of Global Health*, 2015. 81(2):239-247.

#### Level I: Global Citizen Level

Competency sets required of all post-secondary students pursuing any field with bearing on global health.

#### Level II: Exploratory Level

Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

#### Level III: Basic Operational Level

Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

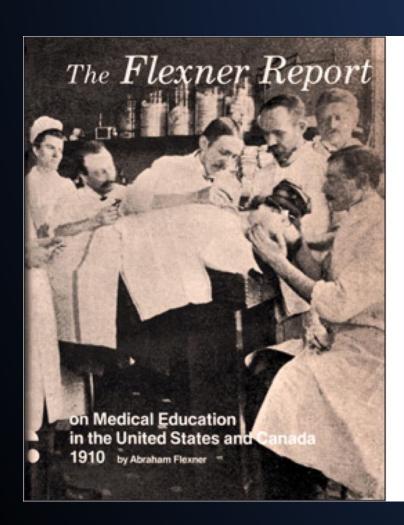
<u>Practitioner-Oriented Operational Level</u>: Competency sets required of students: 1) practicing discipline-specific skills associated with the direct application of clinical and clinically-related skills acquired in professional training in one of the traditional health disciplines; and 2) applying discipline-specific skills to global health-relevant work from fields that are outside of the traditional health disciplines (e.g., law, economics, environmental sciences, engineering, anthropology, and others).

<u>Program-Oriented Operational Level</u>: Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

#### Level IV: Advanced Level

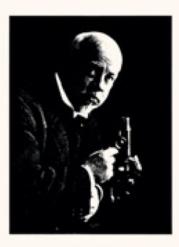
Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

# EDUCATING THE 20th CENTURY HEALTH PROFESSIONAL



THE WELCH-ROSE REPORT: A PUBLIC HEALTH CLASSIC

DILTA OMEGA HONORARY PUBLIC HEALTH SOCIETY



William 7t. Welch

A publication by the Delta Omega Alpha Chapter to mark the 75th Anniversary of the founding of the Johns Hopkins University School of Hygiene and Public Health

1916 - 1992

### NURSING AND NURSING EDUCATION IN THE UNITED STATES

REPORT OF THE

COMMITTEE FOR THE STUDY OF NURSING EDUCATION

C.-E. A. WINSLOW, Da.P.H., Chairman MARY BEARD, R.N. MRS. JOHN LOWMAN H. M. BIGGS, M.D. M. ADELAIDE NUTTING, R.N. S. LILLIAN CLAYTON, R.N. C. G. PARNALL, M.D. LEWIS A. CONNER, M.D. THOMAS W. SALMON, M.D. DAVID L. EDSALL, M.D. WINFORD H. SMITH, M.D. LIVINGSTON FARRAND, W.D. E. G. STILLMAN, M.D. ANNIE W. GOODBICH, R.N. LILLIAN D. WALD, R.N. L. EMMETT HOLT, M.D. W. H. WELCH, M.D. PULLA C. LATHROP HELEN WOOD, R.N. JOSEPHINE GOLDMARK, Surrelary

REPORT OF A SURVEY

by

JOSEPHINE GOLDMARK, Socretory

## A Vision for 21<sup>st</sup> Century Education

### **Major Findings**

- Shortage & maldistribution of education institutions not matching population size and burden of disease
- Great disparities in global expenditure for HRH education
- Weakness and unevenly practiced stewardship, accreditation & learning systems
- Scarcity of information & research on HRH education
- No robust evidence on effectiveness of innovative initiatives launched

### **Ultimate Purpose**

• "Assure universal coverage of comprehensive services essential for health equity within & between countries"

### **Proposed Reforms & Outcomes**

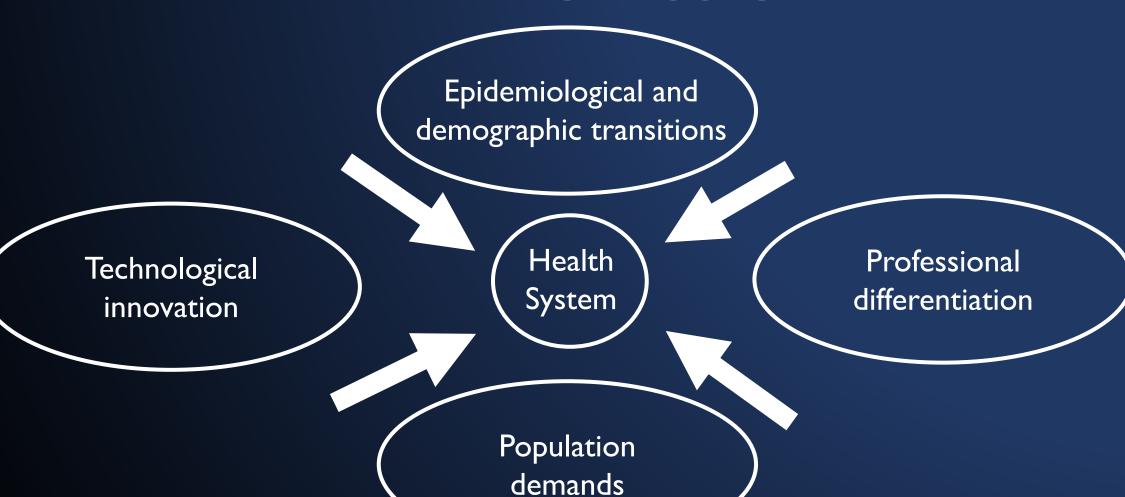
- Instructional Transformative learning: to develop leadership attributes and produce change agents
- Institutional Interdependence in education: to harmonise education & HS; work in networks alliances & consortia; to harness global flows of educational content, teaching resources and innovations

### **Enabling Actions**

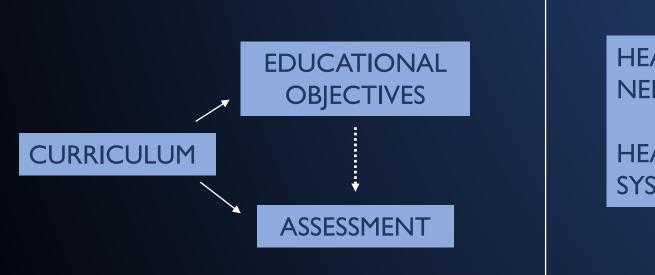
- Engagement of leaders at all levels
- Investment in HRH education
- Stewardship mechanisms (accreditation)
- Strengthening of shared learning (metrics, evaluation, research) to build knowledge base about what innovations work

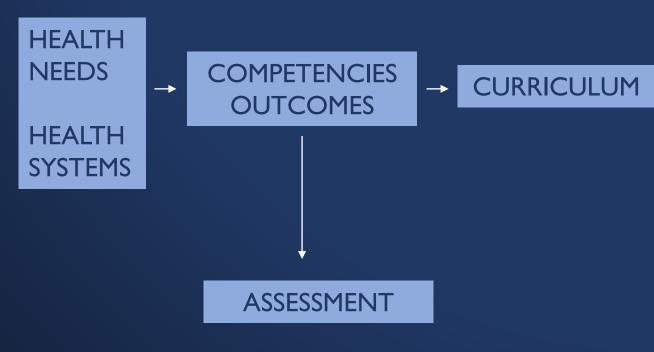


# EDUCATING THE 21st CENTURY HEALTH PROFESSIONAL



# EDUCATING THE 21st CENTURY HEALTH PROFESSIONAL



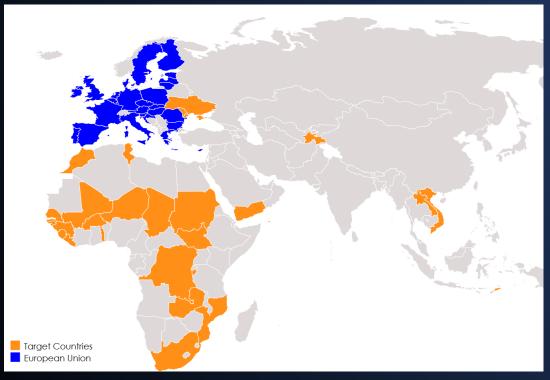


**TRADITIONAL** 

COMPETENCY-BASED

## Universal Health Coverage Initiatives

UHC Partnership WHO-EU



- The 'triple return' of health, econ development, jobs not equal
  - 40 million new HCW jobs middle-high income, 18 million HCW gap in middle-low income countries
  - 20 million new jobs will be nurses



(Badia, CUGH '14)

## **Achieving Action**

# Ensure everyone has access to a trained and motivated health worker as part of a functioning health system:

- National scale-up plans to increase community-cadre and associate clinician health workers alongside expansion of education and training for all groups of health workers
- <u>Curricula focused on health needs</u>, draw on public and private sectors and skills of all partners, make <u>greater use of innovative means</u> to increase training capacity, including regional approaches
- Development partners and international organizations increase in dedicated long-term funding for education and better coordination



## Teaching Technologies



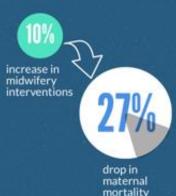


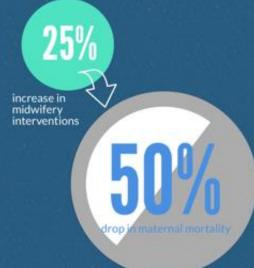




SCALING UP MIDWIFERY
REDUCES MATERNAL & NEWBORN

**MORTALITY** 

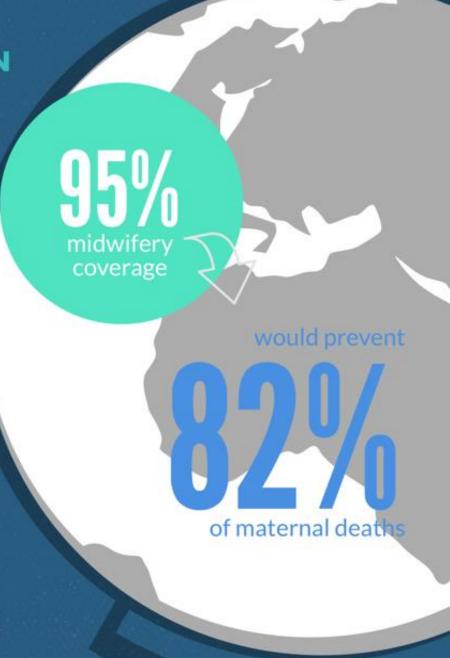




When a mother dies, her infant is twice as likely to die before the age of two, and her other children are ten times more likely to leave school.

In low-resource settings the [Gates-funded LiST] model predicts that, compared with current baseline estimates and over 15 years, maternal and newborn mortality and stillbirths could be reduced by between 27% and 82%.

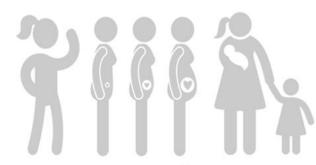
from the 2014 Lancet series executive summary



# MIDWIFERY KNOWLEDGE-TO-ACTION

### midwifery, n:

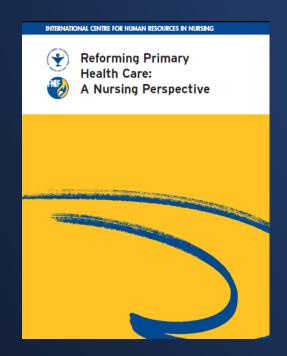
skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout prepregnancy, pregnancy, birth, postpartum, and the early weeks of life.



\_ \_ \_ continuum of care \_ \_ \_ ]

## Interprofessional Curricula Recommendations







## Educational Partnership vs 'Voluntourism'

## Framework/competencies

(L. Wilson et al '16)

• Who benefits?

"Volunteer experiences have the potential to both benefit and harm the host community as well as the volunteer. Humility, trust, and respect must characterize the volunteer's approach to all interactions, and ethical obligations must be honored. All volunteer experiences, local and global, should be carefully planned with adequate volunteer preparation. Pre-departure planning, on-site experience, and post-departure evaluation should be done in collaboration with the host community."

## Clinical Practicums

Developing and Validating Learning Domains, Competencies, and Evaluation Items for Global Health Clinical Immersion Practicums for Graduate-Level Nursing Programs

Tracy Kelly, MSN, CPNP Mark Lazenby, PhD, APRN, FAAN

Evaluation tool identifies academic prerequisites needed for achievement of expected competencies upon completion of the practicum experience

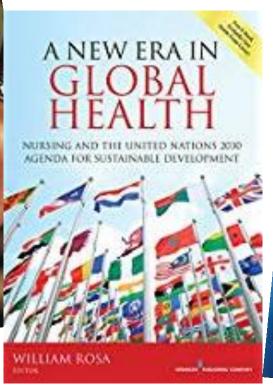


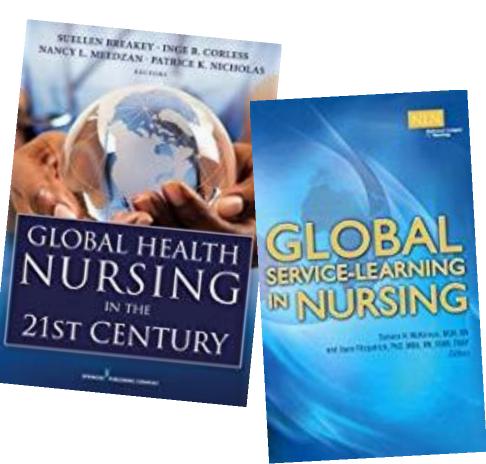
Accepted for publication July 27, 2018

## Global Health and Nursing Literature



WILEY





# CUGH White Paper: Report on Collaborative University-Based Programs Building HRH Capacity in Resource Constrained Nations (Roush, Kurth, Gerchow 2014)



### Methods

- Scoping Review 17 articles, 4 grey lit 1995-2013
- Key Informant Interviews N = 17
- Case Study: Rwanda Project

### RECOMMENDATIONS

- Coordinate efforts and information across programs/regions
- Commit to long-term support
- Build relationships
- Clear, well-defined purpose with defined goals, outcomes
- Use of technology
- Include governmental agencies
- Holistic approach
- Comprehensive, detailed pre-assessment of local context
- Systematic evaluation and data collection
- Rigorous research on factors influencing success





| Webinar |

Thursday, October 18, 2018 1pm ET – 2pm ET Register at:

www.cugh.org

Global Health Competencies are central to Global Health education at undergraduate and graduate levels.

Join this webinar to learn more about how CUGH can assist faculty in all disciplines approaching Global Health to further the perspectives of learners and fellow faculty.

### THE CUGH COMPETENCIES TOOLKIT:

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| 2-DAY WORKSHOP | November 8 - 9, 2018 | Washington, DC

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**UNDERSTAND:** the most relevant health, safety, and security measures that global health staff and students need

**APPLY:** the steps needed to implement health, safety, and security protocols

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# Translation & Implementation for Impact in Global Health



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Hilton Chicago Hotel | Chicago, IL

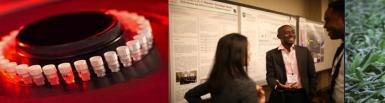


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#### **PROGRAM TRACKS**

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   Strengthening Public Institutions, Global Health Economics
- Translation and Implementation Science
- Non-Communicable Diseases
   & Communicable Diseases
- Planetary Health, One Health,
   Environmental Health, Climate Change
- Social Determinants of Health
- What Works / Doesn't Work: Examples of High Impact Development / Global Health / Environmental Programs











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