

Improving Short-term Global Health Activities: Introducing the Brocher Declaration and Advocacy for Global Health Partnerships

October 20, 2020
1:00pm-2:00pm EDT



Peter Donkor, BDS, MS, MDSc
Professor
Kwame Nkrumah University of
Science and Technology



Shailey Prasad, MD, MPH
Executive Director & Carlson Chair
Global Health Center for Global Health
and Social Responsibility



Virginia Rowthorn, JD, LLM
Assistant VP Global
Engagement
University of Maryland



Judith Laskar, MA, PhD
Professor Emerita
Sociology and Health Medicine
and Society
Lehigh University



info@cugh.org | [@CUGHnews](https://twitter.com/CUGHnews) | [@CUGH_TAC](https://twitter.com/CUGH_TAC) | www.cugh.org

Moderated by:



Keith Martin PC, MD
Executive Director,
CUGH

From Critique to Research to Action

Judith Lasker, PhD

Lehigh University



CRITIQUE

Short-Term Medical Missions

Possible harms to host communities

- Physical harm to patients
- Reduced confidence in local providers
- Paternalism
- Economic harm to health systems
- Higher value for volunteers

Greg Seager, *When Healthcare Hurts*, 2012



WE NEVER SAID “NO WHITE PEOPLE”

We just know you shouldn't be the hero of the story

RESEARCH

Gathering Evidence of Benefits and Problems

Is the Critique Justified?



Research Methods

- Literature review
- Surveys and interviews with U.S. organizations
- Surveys and interviews with host staff in 17 countries
- Participant observation

Gap Between What Sponsors Do and What Hosts Want



Global Health Action



ISSN: 1654-9716 (Print) 1654-9880 (Online) Journal homepage: <http://www.tandfonline.com/loi/zgha20>

Short-term volunteer health trips: aligning host community preferences and organizer practices

Michael D. Rozier, Judith N. Lasker & Bruce Compton

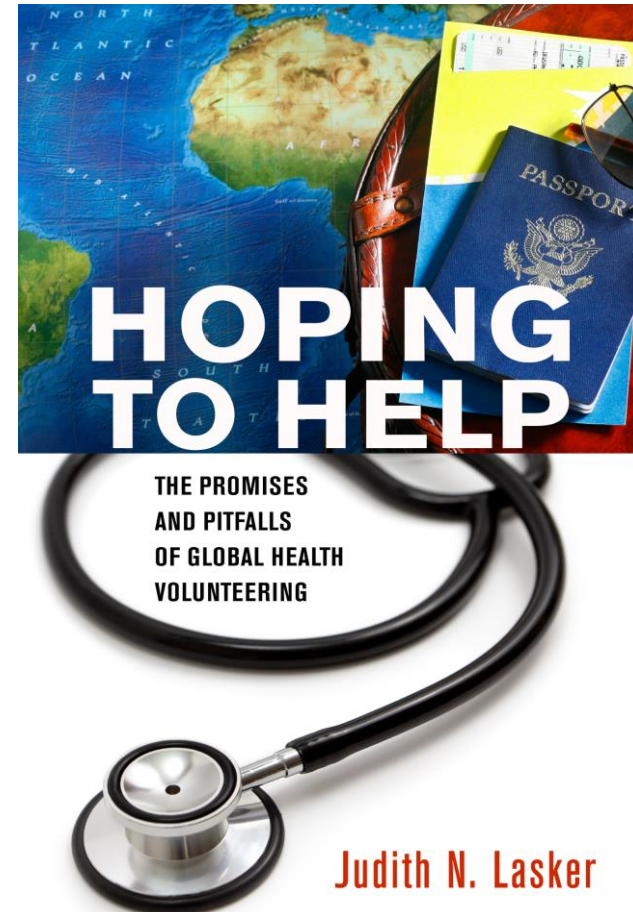
To cite this article: Michael D. Rozier, Judith N. Lasker & Bruce Compton (2017) Short-term volunteer health trips: aligning host community preferences and organizer practices, Global Health Action, 10:1, 1267957

To link to this article: <http://dx.doi.org/10.1080/16549716.2017.1267957>



Research-based Recommendations

- Mutuality between partners
- Continuity of programming
- Needs assessment driven by host community
- Evaluation of process and outcomes
- Focus on prevention
- Integration of diverse types of health services
- Building local capacity
- Strengthening volunteer preparation
- Longer stays



ACTION

Bringing Stakeholders Together

Consortium of
Universities
for Global Health



**ADVOCACY FOR
GLOBAL HEALTH
PARTNERSHIPS**

Promoting Appropriate Short-term Engagements

Formation of Broad Coalition

Leadership



Judith Lasker, PhD, Professor Emerita of Sociology, Lehigh University, USA



Shailey Prasad, MD, MPH, Executive Director, Center for Global Health and Social Responsibility (CGHSR), University of Minnesota, USA



Myron Aldrink, MBA, Chair, Ghana Medical and Surgical Skills Institute, USA



Bruce Compton, Senior Director, Global Health, Catholic Health Association of US



ADVOCACY FOR GLOBAL HEALTH PARTNERSHIPS

Promoting Appropriate Short-term Engagements

to ensure that short-term global health activities are carried out ethically and make beneficial contributions to health and wellbeing in communities around the world

Activities

- **Research:**
 - Existing Guidelines
 - Host Country Stakeholder Perceptions
- **Education**
 - Conferences, speaking opportunities
- **Networking**
- **Advocacy**

Research: Existing Guidelines

Lasker et al. *Globalization and Health* (2018) 14:18
DOI 10.1186/s12992-018-0330-4

Globalization and Health

Guidelines for responsible short-term global health activities: developing common principles



Judith N. Lasker^{1*}, Myron Aldrink², Ramaswami Balasubramaniam³, Paul Caldron⁴, Bruce Compton⁵, Jessica Evert⁶, Lawrence C. Loh⁷, Shailendra Prasad⁸ and Shira Siegel⁹

Common Themes

1. Centrality of host partner
2. Sustainability of program
3. Adherence to laws and ethical standards
4. Appropriate preparation and supervision of volunteers
5. Evaluation of program outcomes
6. Mutuality of learning between hosts and guests; respect for local health professionals. (Based on review of research)

Current Research

- **Ghana**

- Dr. Efua Mantey
- Dr. Daniel Doh



- **Uganda**

- Dr. Emily Maractho



- **Guatemala**

- Dr. Erwin Calgua
- Dr. Guillermo Zea-Flores



LEHIGH
UNIVERSITY



A Global Summit Brocher Foundation in Geneva



FONDATION
BROCHER

 **ADVOCACY FOR
GLOBAL HEALTH
PARTNERSHIPS**
Promoting Appropriate Short-term Engagements

Towards the “Brocher” declaration

Shailey Prasad

University of Minnesota



Need

Oh...an opportunity

- Brocher Conference planning
- Importance of planning and looking at higher principles.
- Ethics/Philosophy as the first step
- “Declaration” as a rallying document

Process

Document Creation

- **Background research**
 - Literature review
 - Research Assistant
- **Iterative process**
 - First core-group
 - Larger group buy-in/edits/suggestion
- **Not “wordsmithing”. “Near Final”**

Brocher Declaration

Brocher Declaration- structure

- **Introduction**
- **Core Principles**
- **Call for Action**

Introduction

- Global health ...to *reduce disparities in health and well-being* around the world.
- ethical framework *mutual respect, solidarity, and social justice.*
- *Communities' needs should be the most critical driver ...*
-*sustainable, asset based, bidirectional, adhere to appropriate legal standards, and be adequately evaluated.*

Core Principles

- 1) Mutual partnerships with bidirectional input and learning
- 2) Empowered host country and community define needs and activities
- 3) Sustainable programs and capacity building

Core Principles (contd)

4) Compliance with applicable laws, ethical standards, and code of conduct

5) Humility, cultural sensitivity, and respect for all involved

6) Accountability for actions

Call for Action

- Appeal to the international community
- Same standard of care wherever the work is
- Individual countries to regulate

Something called..COVID...



Dissemination

- “Primer” conversations
- Engaging other NGOs and organizations
- Endorsements for the Declaration
- Webinars
- Companion article(s)

How can you be part of this?

- <https://www.ghpartnerships.org/brocher>
- Click on the “Download Declaration” button
- Fill in the “support form”



Improving Short-term Global Health Activities: Introducing Declaration and Advocacy for Global Health Partnerships

October 20th, 2020

Virginia Rowthorn, JD, LLM

Assistant Vice President for Global Engagement

University of Maryland Baltimore Center for Global Engagement



BOSTON COLLEGE

Annals of Global Health

Start Subn

Reading: Not Above the Law: A Legal and Ethical Analysis of
Short-Term Experiences in Global Health

Share:

**Special Collection: Short Term Experiences in Global Health (STEGHs): Urgent Need for a Legal
and Ethical Framework**

Expert Consensus Documents, Recommendations, and White Papers

Not Above the Law: A Legal and Ethical Analysis of
Short-Term Experiences in Global Health

Authors: Virginia Rowthorn , Lawrence Loh, Jessica Evert,
Eleanor Chung, Judith Lasker

<https://www.annalsofglobalhealth.org/articles/10.5334/aogh.2451/>

Short term experiences in global health (STEGH)

- Medical missions, service learning, medical internships or externships, global health field experiences, or international electives
- Place individuals in clinical settings to help and/or gain medical experience.
- Participants: high school, undergraduate, and graduate students, as well as church group members and licensed professionals. Different primary reasons for participation.
- **Concerning activities:**
 - Set up irregular, *ad hoc* clinics with limited follow up. Local staff deal with negative outcomes
 - Create strain on health care personnel and patients in low-resourced medical settings
 - Do little to “work themselves out of a job” by focusing on community engagement, capacity building, and sustainability practices for long-lasting health system improvement

Legal concerns

- **“Hands-on” clinical participation of volunteers lacking medical training and required licensure**
- **Importing and dispensing medication contrary to local laws**
- **Malpractice, medical mistakes**
- **Violation of patient privacy**

(Conclusion: all illegal in US and mostly illegal overseas)

<https://www.youtube.com/watch?v=Ob47Z7F4GpA> (1:30-4:26)



Episode 2: Lewis Does Brain Surgery

<https://allaccessmed.com/>
Future Docs Abroad

“FutureDocs Abroad does NOT happen in the United States because of our privacy laws and insurance regulations that restrict high school and undergraduate students being in hospitals.”

<https://www.youtube.com/watch?v=nkoWKkPXjS8>



Renee Bach, American missionary operated treatment center for malnourished children in Uganda despite having no medical training.

At least 105 children died in the charity's care.

Lawsuit brought against her in Ugandan civil court by two women and a civil rights organization.

Under agreement reached in July, Bach and the charity — Serving His Children — have agreed to pay about \$9,500 to each of the mothers, with no admission of liability.

Medical Licensure in the US

- State licensure is required to practice medicine in every state a health care provider practices in the US.
- Practice medicine – “to engage, with or **without compensation**, in medical diagnosis, healing, treatment or surgery.”
- This includes medical students whom Boards allow to practice because they are in accredited programs and supervised by physicians licensed in that state.

Medical Licensure Overseas

- Almost every country has licensing boards similar to US model
 - North Korea
- Penalties are similar to US
- Low enforcement

Temporary Licenses

- Every country we checked - temporary licensure for visiting physicians from other countries.
- Kenya: Any practitioner not registered in the Republic but who, having valid qualifications from a different country, and who is desirous of giving medical or dental services in the course of any humanitarian or other valid cause, shall be required to obtain a licence upon payment of the prescribed fees . . . subject to a maximum period of twelve (12) months.



What STEGH participants say about licensure:

- My US license works over there.

“Most countries will not accept a U.S. medical license outright and will require a process to get medical licensure in the host country.” **US State Department**

- The sending organization is taking care of this for me.
- The hospital administration/clinic says it's okay

“Even if a local health care provider is supervising your interactions with patients or says that it is acceptable for you to perform a procedure, violation of local laws may still be a punishable offense.”
American Association of Medical Colleges

- It's too burdensome to get a license – I'm just going for 10 days.
- Medical students don't need licensure in the US so don't need it in host country.

STEGH Drug Practices

- Import drugs into country without proper permissions
- Distribute drugs without appropriate medical license
- Distribute donated or expired drugs
- Distribute misbranded or adulterated drugs
 - Repackage drugs in ziplock bags
 - No instructions



** Illegal in US and illegal in 30 countries we surveyed.

HOST COUNTRY DRUG LAWS

- World Health Organization Guidance 2011
 - Donation of medicines should be based on an **expressed need** of the community and made via **prearranged coordination**.
 - Distribution should be given in conformity with the **government policies and administrative arrangements** of the recipient country.
 - There should be **no double standard in quality**. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.

Presumption against extraterritoriality



Absent clearly expressed congressional intent to the contrary, US laws will be construed to have only domestic application.

Kiobel v. Royal Dutch Petroleum Co., 569 U. S. 108
(2013)

Regulatory/Legal Advocacy Efforts

- Education efforts and international cooperative declarations
- Criminal and civil litigation in receiving countries
- Working with Association of Medical Regulatory Authorities (IAMRA) on how to support medical boards in host countries educate visitors and enforce regulations
- Working with US licensing boards to advocate against these practices.
- Limit incentives for students to engage in illegal practice overseas – i.e. ensure that medical school admissions committees do not value this type of experience.

Recommendations for Individuals and Groups

- Follow local laws. Rule of thumb: Don't do something overseas that you wouldn't do here.
 - University of Minnesota [Global Ambassadors for Patient Safety](#)
- Reflect deeply on motivations to engage in overseas medical missions.



“Just because you saw a season of Grey’s Anatomy doesn’t mean you could practice medicine.” Sheriff/West Palm Beach

One has to ask – why would someone from the US, who by any metric would be considered a good and law-abiding citizen, travel to a foreign country and engage in activities that they know, or should know, are illegal in the US without asking if they are also unlawful in the country in which they volunteer?

What tsunami of cultural, academic, and economic forces not only supports volunteers in such behavior, but encourages, even celebrates, it?

I believe it is a vestige of an outdated model of charity that distorts the value and potential of the vital field of global health.

-Larry Gostin, University Professor, Georgetown Law Center



Challenges of Creating Mutual Partnerships in Short-Term Global Health Engagements

Name: Peter Donkor

Kwame Nkrumah University, Kumasi, Ghana

CUGH/AGHP Webinar October 20, 2020

Outline of Talk

- Introduction
- Partnership types
- Role of global health engagements
- Challenges
- Ensuring Successful Partnerships
- Conclusion



Introduction

- LMICs have high disease burden and inadequate human/material resources
- General lack of skills, training and mentorship opportunities
- Limited access to research grants, data and experience in scientific authorship
- **COVID-19 pandemic has shown the need for local capacity in LMICs**

Partnerships

- Academic institutions
- Faith-based organizations
- Professional associations
- Corporations
- NGOs
- **Local Hosts**

Role of Global Health Partnerships

- Build and/or strengthen local capacity
- Resource mobilization
- Synergy – pooling of resources
- Platform for information sharing
- Research opportunities
- **Mutual and bidirectional learning**



Challenges

- Mis-match of vision among partners
- Inadequate planning
- Power imbalance – human, material, financial resources
- Regulatory and Cultural impediments
- Neocolonial and paternalistic posturing
- Abuse of privilege

Ensuring successful partnerships

- Champions and Institutional leadership
- Formal structuring of the partnership
- Needs assessment of partners
- Shared vision with well-defined and realistic goals
- Training opportunities and ongoing support
- Sustainability plan

Sustaining partnerships

- Agreed rules on managing partnership
- Respect, trust and confidence-building
- Feedback, communication, and recognition
- Performance evaluation with agreed metrics
- Ethics and cultural sensitivity
- Patience, flexibility and perseverance

Indicators of a successful partnership

- Long-term evolving vision
- Embedding of project activities into institutional/national programs
- Improvements in capacity of LMIC partner
- Power sharing – resource control, data, authorships, publications
- Transparency and unfettered communication
- **Mutual growth of all parties**

Conclusion

- Global Health Engagements help LMICs improve the health status of their people
- Engagements must be ethical, formal, structured, open and culturally sensitive
- Goals of the partnership must align with national health/education plans/budget cycles for sustainability
- Built-in plans for power, benefits, resource, data sharing and sustainability assure success
- Periodic performance review for necessary adjustments
- **Legal rights of parties and beneficiaries to be assured**



Thank
You
For
Your
Attention

