International Health: Five Reasons Why Canadians Should Get Involved

Michael L. Rekart, MD^{1,2}

Josephine T. Rekart, PhD³

David M. Patrick, MD^{1,2}

Robert C. Brunham, MD^{1,2}

Why should Canadians get involved in international health projects that seem to take them away from their patients and programs in Canada? Why should taxpayers fund such projects? We present five reasons why international health should be a priority for Canadians.

1. Global Health Affects the Health of Canadians

A person can fly to Canada from almost anywhere in less time than it takes for most diseases to show symptoms. The health of Canadians is increasingly determined by the health of people in other countries.

Infectious diseases that originate elsewhere are commonly managed in Canada. For example, an epidemic of *Cryptococcus neoformans* variant *gattii* unfolded in 2001 on Vancouver Island.¹ This new fungal pathogen, possibly imported via eucalyptus trees from Australia, has seriously affected the health of individual Canadians. Other examples managed by the BC Centre for Disease Control (BCCDC) include cutaneous anthrax from imported goatskins and *Cyclospora* gastroenteritis from Thai basil.² More recently, the dramatic emergence and rapid global spread of Severe Acute Respiratory Syndrome (SARS) to Canada and elsewhere have underscored this reality.³

The ease of travel contributes to our shrinking world. Thousands of tourists, immigrants and business people arrive in Canada every week and Canadians themselves travel the globe. It is not surprising that two thirds of tuberculosis cases in BC are identified in recent immigrants.⁴ The global village predicted by Marshall McLuhan has arrived.⁵

There is a temptation to shield ourselves from the effects of immigration and globalization by looking inward. But we cannot safeguard our health by closing our borders or ignoring the health concerns of those less fortunate. Controlling communicable diseases is one of several 'global public goods for health' along with cleaner air and reversing global warming. These issues require collective action on a global scale from which all countries benefit.⁶

2. Global Health Affects the Security of Canadians

What happened on and after September 11th suggests that our security is intrinsically linked to economic development and political stability in the rest of the world. We cannot expect to be secure and to maintain our high standard of living while many countries are burdened by poverty and preventable diseases.

A functional public health system is essential to poverty reduction and stability. We can contribute to improved global security by helping poor nations focus on the major avoid-

able causes of death and disability: HIV/AIDS, malaria, TB, childhood infections, maternal and perinatal conditions, micro-nutrient deficiencies and tobacco-related illness.⁷

The World Health Organization Commission on Macroeconomics and Health⁷ has proposed a set of essential interventions to reduce poverty, spur economic growth and promote global security by saving 8 million lives and 330 million disability-adjusted years (DALYs) annually. This global strategy has two basic components: adding to the resources spent on health by poor countries and donors; and tackling the non-financial obstacles to the delivery of health care in poor nations. This proposal includes clear and quantifiable targets that are independently measured. Canadian investment and assistance in such a program will stabilize emerging economies and promote global security.

We are truly safe when all of humanity recognizes a shared vision of common needs and desires. Working together on issues of mutual concern can build bridges toward this shared vision more effectively than continuing to operate as separate entities.

3. Innovation and Discovery Enhance Our Knowledge Base

International projects give Canadians opportunities to make new discoveries, use their knowledge in new ways and gain experience with interventions and diseases currently uncommon in Canada.

In one important example, University of Manitoba personnel working with local staff in Kenya first delineated the critical relationship between STD and HIV transmission. This radically changed HIV control programs throughout the world.⁸ In another example, BCCDC street nurses in Vancouver are currently working alongside sex workers and drug users to combat BC's syphilis outbreak. This new initiative is based on experiences with peer educators at Café Hy Vong, a CIDA-sponsored HIV prevention project in Vietnam.⁹

International health projects are an ideal venue in which Canadian institutions can establish partnerships for research and innovation. Similar collaborations with institutions outside Canada, including developing countries, create new research and teaching opportunities. Today's health care students recognize the importance of

1. University of British Columbia Centre for Disease Control

2. British Columbia Centre for Disease Control

3. School of Occupational and Environmental Hygiene, University of British Columbia

Correspondence and reprint requests: Dr. Michael L. Rekart, British Columbia Centre for Disease Control, 655 West 12TH Avenue, Vancouver, BC V5Z 4R4

education and training in international health and many universities are motivated to participate in international health programs.¹⁰

4. Credibility and Partnerships Benefit Canada

Successful international projects enhance Canadian credibility and promote excellence for Canadian agencies and individuals. This allows our society to attract and retain highly qualified and motivated people to work in Canada. An enhanced international reputation also strengthens our effectiveness in representing Canada's egalitarian values abroad.

Canadian credibility was strongly enhanced when Dr. James Orbinski, a Canadian trained and working in Canada, accepted the 1999 Nobel Peace Prize on behalf of Doctors Without Borders.

Emerging societies are partnering with countries like Canada in economic, social, health and educational endeavours. Successful collaborations in health increase opportunities in other areas. These relationships benefit both countries.

5. Empowering Raises Morale

Empowering people in developing countries to deal more effectively with their problems can generate personal satisfaction for individual Canadians. In one example, Café Hy Vong staff substituted plastic gasoline cans for the puncture-proof used-needle containers used in Canada.⁹ Needle/syringe exchange is now safer and

more acceptable in Vietnam. Empowering others raises morale and promotes a healthy workplace by tapping into the altruistic instincts of human beings.

In a global village, is it right that 15% of the world's population enjoy 80% of the world's riches?¹¹ Designated funding is increasingly available from federal agencies for international health initiatives.¹² Canadian institutions need to support these initiatives by contributing the knowledge and skills of their staff.

CONCLUSION

Many Canadian institutions and individuals already contribute internationally but this involvement is too often viewed as an extra activity outside their primary career duties and pursuits. Current practices in deciding tenure mitigate against Canadian scholars contributing to health improvements in developing countries since only peer-reviewed publications are considered important, whereas international work usually results in documents produced for governments or agencies. These documents do not immediately lead to academic publishing, constituting an "opportunity cost" in terms of a researcher's career time. We believe that global health is so important to the health and well-being of Canadians that it should become an integral and integrated part of the health care system in Canada. In a world without borders, international health is the right thing to do.

REFERENCES

1. Patrick DM, Starr M, Fyfe M, Stephen C, Pearce M, Kibsey P, et al. Unique outbreak of *Cryptococcus neoformans* variant *gattii* disease in a temperate climate. Presented at the 10th International Congress on Infectious Disease; 2002 March 11-15; Singapore; Abstract 13.013.
2. Hoang LMN, Fyfe MW, Harb J, Ong CSL, Wong Q, Champagne S, Isaac-Renton J. Outbreak of *Cyclospora cayentanensis* gastroenteritis associated with consumption of Thai basil, Vancouver, British Columbia, May 2001. Presented at the 12th European Congress of Clinical Microbiology and Infectious Disease; 2002 April 24-27; Milan, Italy 2002. Abstract P1272.
3. World Health Organization. Severe Acute Respiratory Syndrome (SARS) (19 March 2003). Available: <http://www.who.int/en/>
4. British Columbia Centre for Disease Control. Tuberculosis Control, Annual Report, 2000. Vancouver: British Columbia Centre for Disease Control, 2001.
5. McLuhan M. *War and Peace in the Global Village*, 3rd ed. Corte Madera, CA: Gingko Press, 2001.
6. Feachem RGA, Medlin CA. Health is wealth. *Nature* 2002 (June 13);417:695.
7. Sachs JD, editor. Macroeconomics and health: Investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization, 2001.
8. Jha P, Nagelkerke JD, Ngugi EN, Prasada Rao JV, Willbond B, Moses S, Plummer FA. Public health. Reducing HIV transmission in developing countries. *Science* 2001 (Apr 13); 292: 224-25.
9. Rekart ML. Ho Chi Minh City STD/AIDS clinic (Café Hy Vong) and outreach program: Final report. Vancouver: British Columbia Centre for Disease Control, 2001.
10. Bateman C, Baker T, Hoornenborg E, Ericsson E. Bringing global issues to medical teaching. *Lancet* 2001;358:1539-42.
11. World Bank. GNI per capita 2000. Available: <http://www.worldbank.org/data/datatopic/GNPPC.pdf>
12. Canadian Institutes of Health Research (CIHR). Request for applications. Global health research program development and planning grants. Available: http://www.cihr-irsc.gc.ca/services/funding/institutes/rfa_global_e.shtml