Carcere e Salute Globale

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Global Health Action

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What is global health?

Robert Beaglehole and Ruth Bonita

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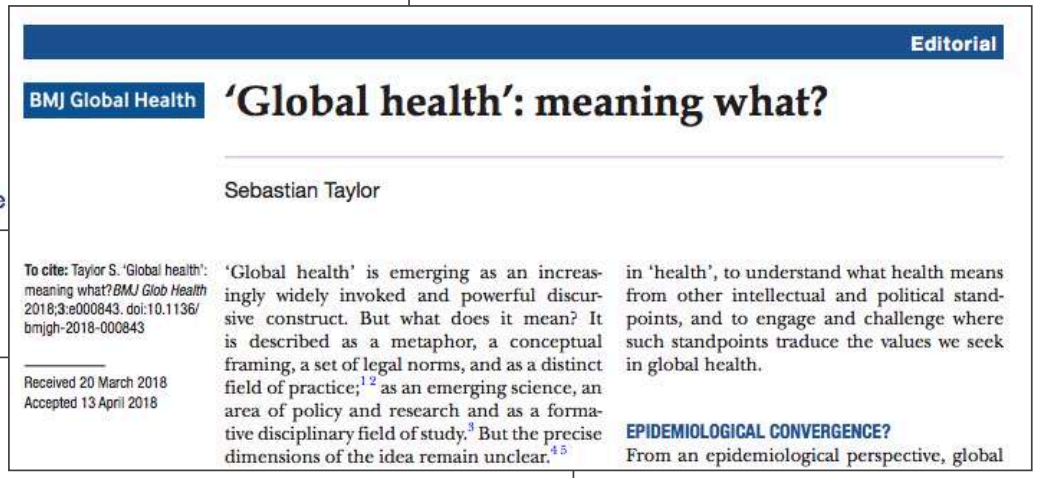

Editorial

BMJ Global Health

'Global health': meaning what?

Sebastian Taylor

To cite: Taylor S. 'Global health': meaning what? *BMJ Glob Health* 2018;3:e000843. doi:10.1136/bmjgh-2018-000843

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'Global health' is emerging as an increasingly widely invoked and powerful discursive construct. But what does it mean? It is described as a metaphor, a conceptual framing, a set of legal norms, and as a distinct field of practice;[1 2] as an emerging science, an area of policy and research and as a formative disciplinary field of study.[3] But the precise dimensions of the idea remain unclear.[4 5] in 'health', to understand what health means from other intellectual and political standpoints, and to engage and challenge where such standpoints traduce the values we seek in global health.

EPIDEMIOLOGICAL CONVERGENCE?

From an epidemiological perspective, global

Chen et al. Global Health Research and Policy (2020) 5:14
https://doi.org/10.1186/s41256-020-00142-7

REPORT Open Access

What is global health? Key concepts and clarification of misperceptions

Report of the 2019 GHRP editorial meeting

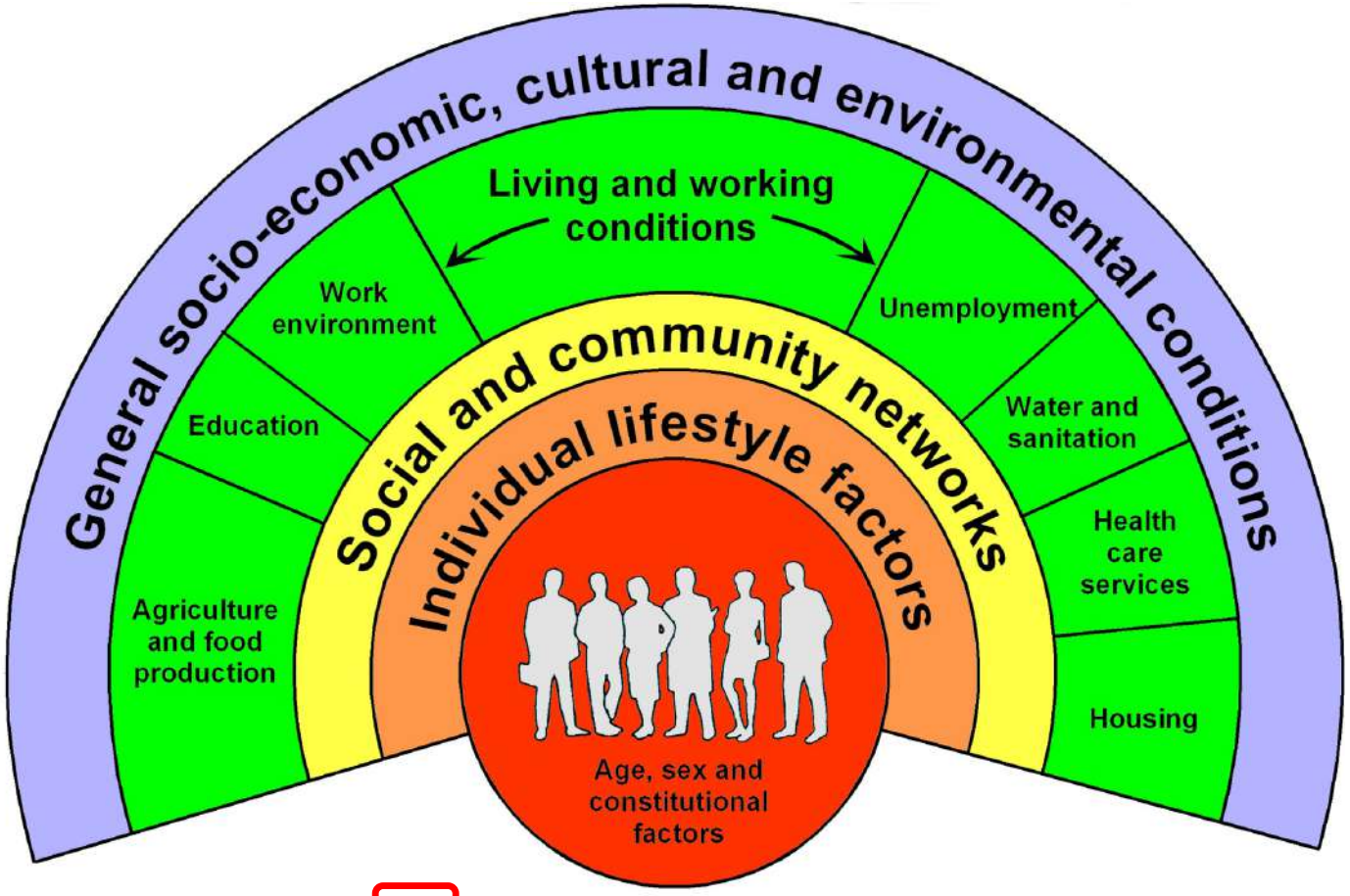
Xinguang Chen[1,2], Hao Li[1,3*], Don Eliseo Lucero-Prisno III[4], Abu S. Abdullah[5,6], Jiayan Huang[7], Charlotte Laurence[8], Xiaohui Liang[1,3], Zhenyu Ma[9], Zongfu Mao[1,3], Ran Ren[10], Shaolong Wu[11], Nan Wang[1,3], Peigang Wang[1,3], Tingting Wang[1,3], Hong Yan[3] and Yuliang Zou[3]

Cosa intendiamo per Salute Globale?

La Salute Globale pone particolare attenzione all'analisi dello **stato di salute** e dei **bisogni** reali della popolazione su diversi livelli (mondiale, continentale, nazionale, locale), e alle influenze che su di essi esercitano i **determinanti** socio-economici, politici, demografici, **giuridici** ed ambientali, esplicitando le interconnessioni tra globalizzazione e salute in termini di **equità**, **diritti umani**, sostenibilità, diplomazia e collaborazioni internazionali.

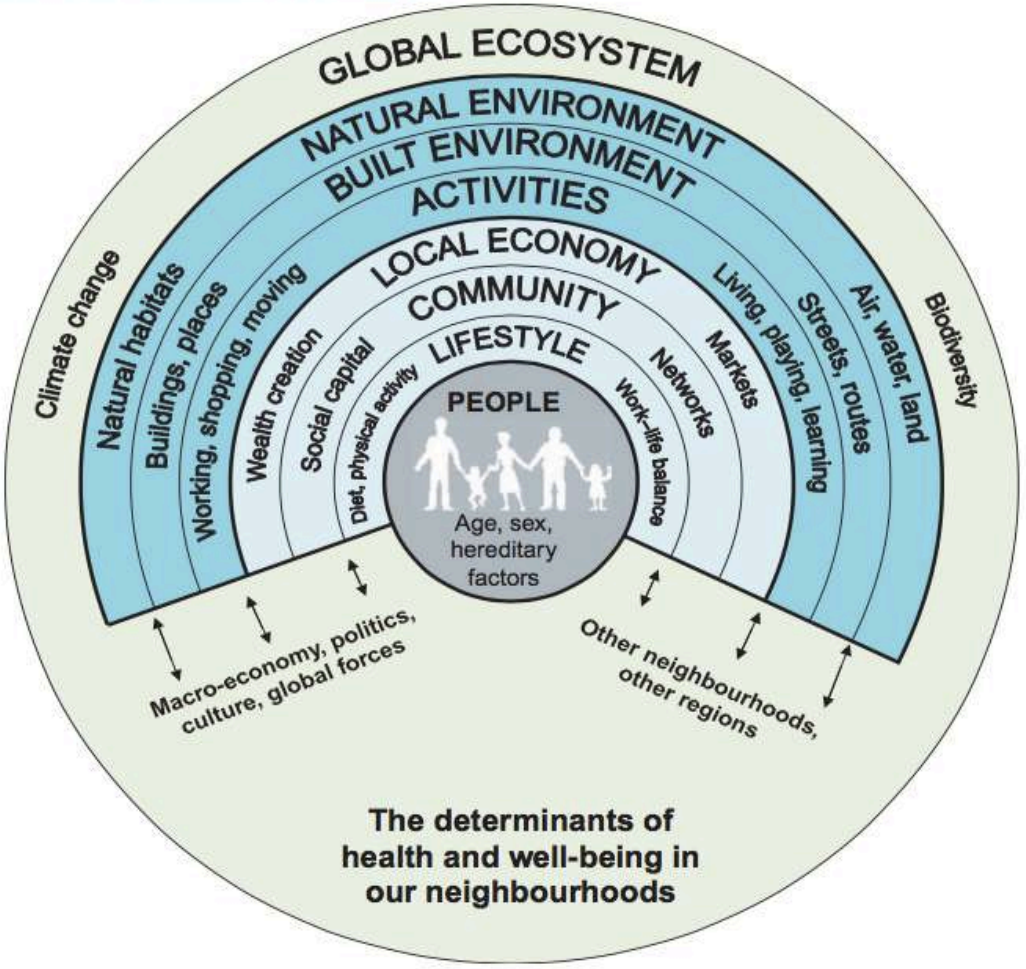
Adottando un'ottica transnazionale, la Salute Globale mette in evidenza le **disuguaglianze in salute** sia all'interno che tra i Paesi, analizzandole anche attraverso la lente della **giustizia sociale**.

The main determinants of health

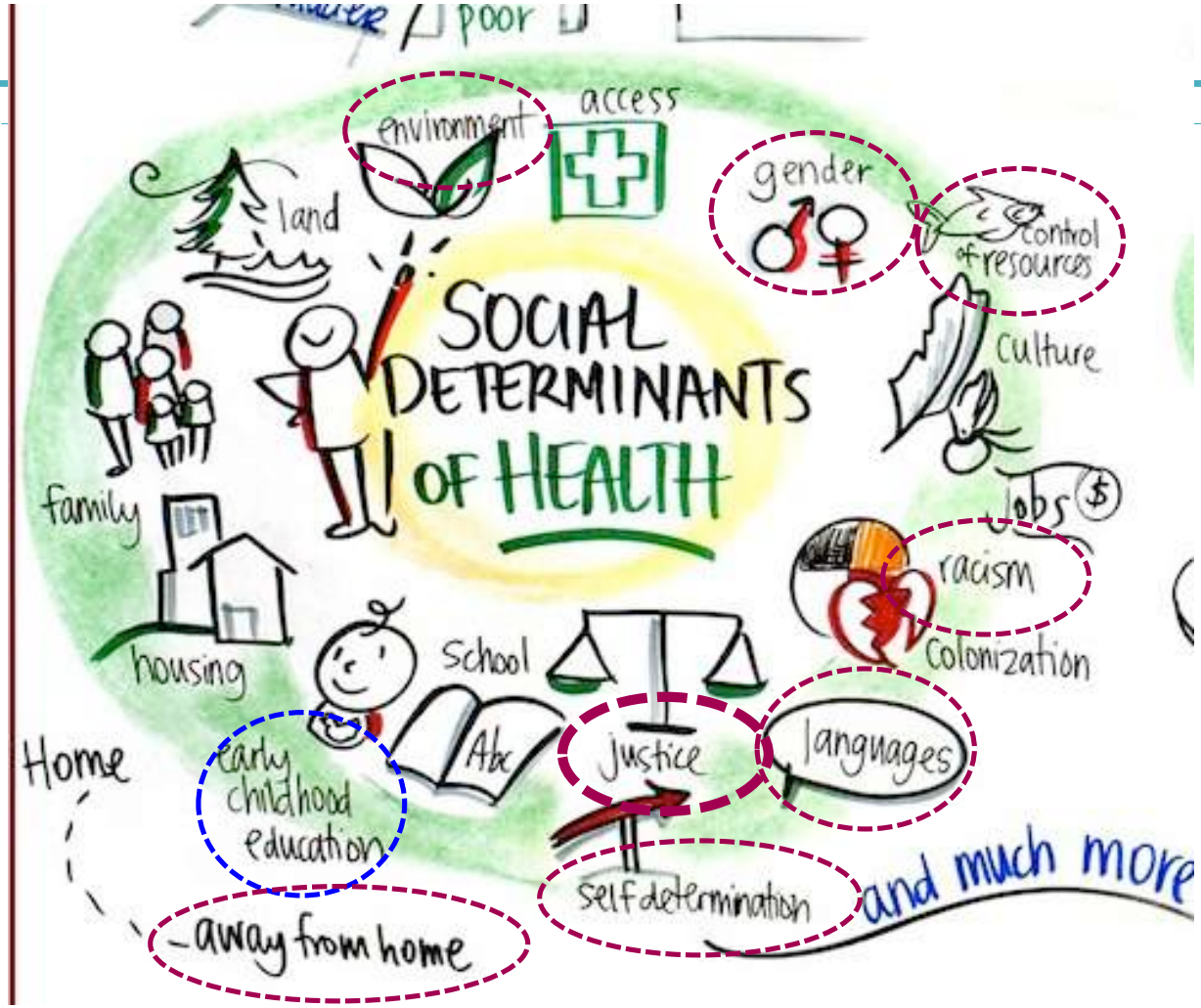


Source: Dahlgren and Whitehead, 1991

Figure 1: The main determinants of health



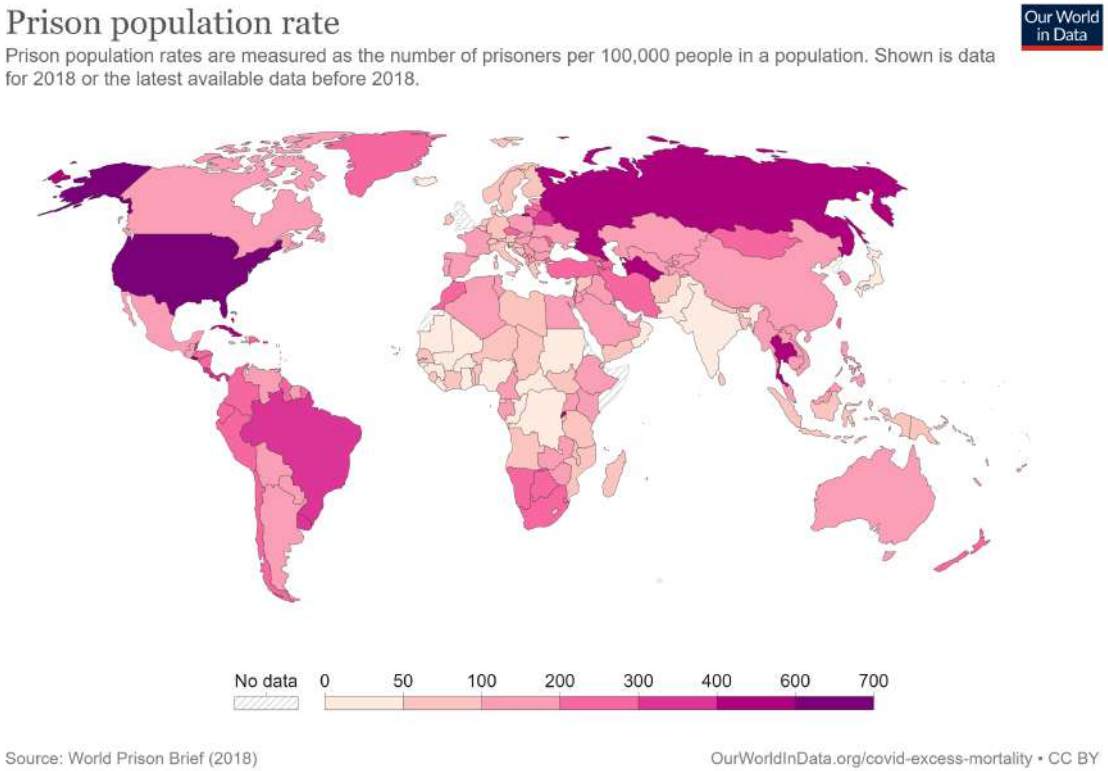
Source: Barton and Grant (2006) adaptation of Dahlgren and Whitehead (1991) from UN Economic Commission for Europe (2007) *Resource Manual to Support Application of the Protocol on Strategic Environment Assessment.*



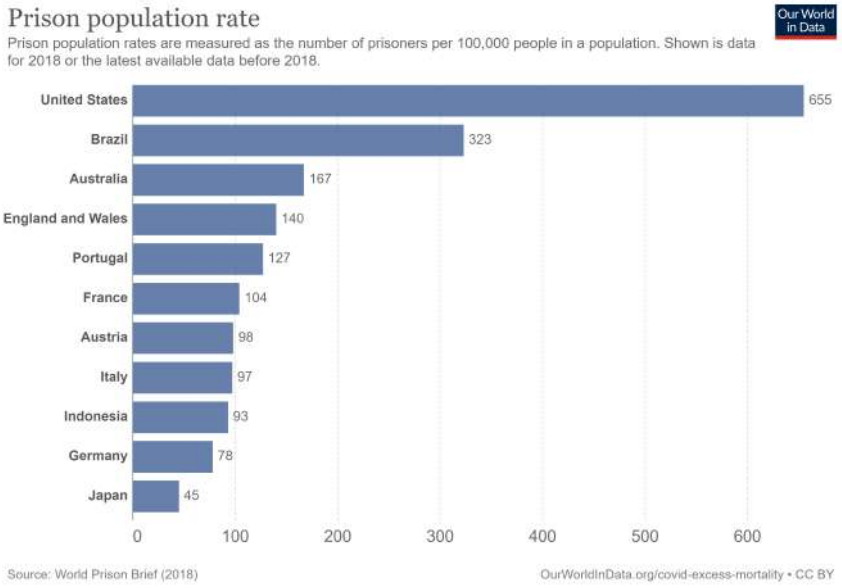
Sam Bradd

Graphic recording of the governance stream at Gathering Wisdom for a Shared Journey VI conference

Vancouver 2013


Prison population rate
Prison population rates are measured as the number of prisoners per 100,000 people in a population. Shown is data for 2018 or the latest available data before 2018.
Our World in Data
No data
0
50
100
200
300
400
600
700
Source: World Prison Brief (2018)
OurWorldInData.org/covid-excess-mortality • CC BY


THE GLOBAL PRISON POPULATION IS AT AN ALL-TIME HIGH
TIJ
PENAL REFORM
11.5 million
PEOPLE IN PRISON TODAY
24%
SINCE 2000
2022
#GlobalPrisonTrends


Prison population rate
Prison population rates are measured as the number of prisoners per 100,000 people in a population. Shown is data for 2018 or the latest available data before 2018.
Our World in Data
United States 655
Brazil 323
Australia 167
England and Wales 140
Portugal 127
France 104
Austria 98
Italy 97
Indonesia 93
Germany 78
Japan 45
0
100
200
300
400
500
600
Source: World Prison Brief (2018)
OurWorldInData.org/covid-excess-mortality • CC BY

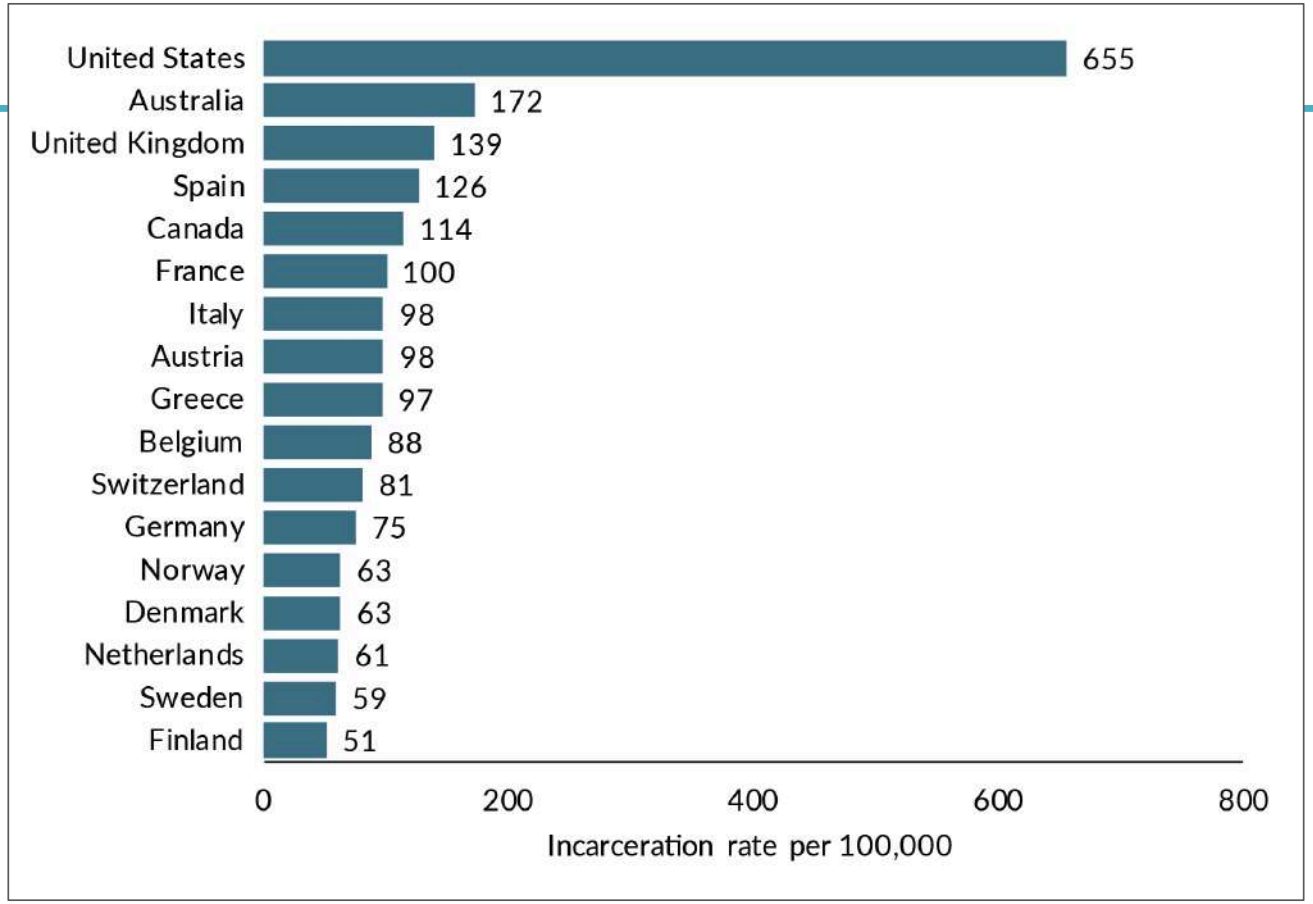


Figure 2. The rate of incarceration in the U.S. in 2018 was more than six times that of selected OECD countries.

Note: Figure shows total rates of imprisonment, including pre-trial detainees and those who have been convicted and sentenced.

Source: R. Walmsley, World Prison Population List: 12th ed., Institute for Criminal Policy Research, University of London, 2018. Rates reported for selected Organization for Economic Cooperation and Development countries.

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WPB World Prison Brief

ICPR Institute for Crime & Justice Policy Research

Birkbeck University of London

Highest to Lowest - Prison Population Total

Please use drop down menu 1 to choose the category of data you wish to view, and press 'Go' to load category page.
Once the page has reloaded please choose the continent/region from drop down menu 2 and then press 'Apply'.

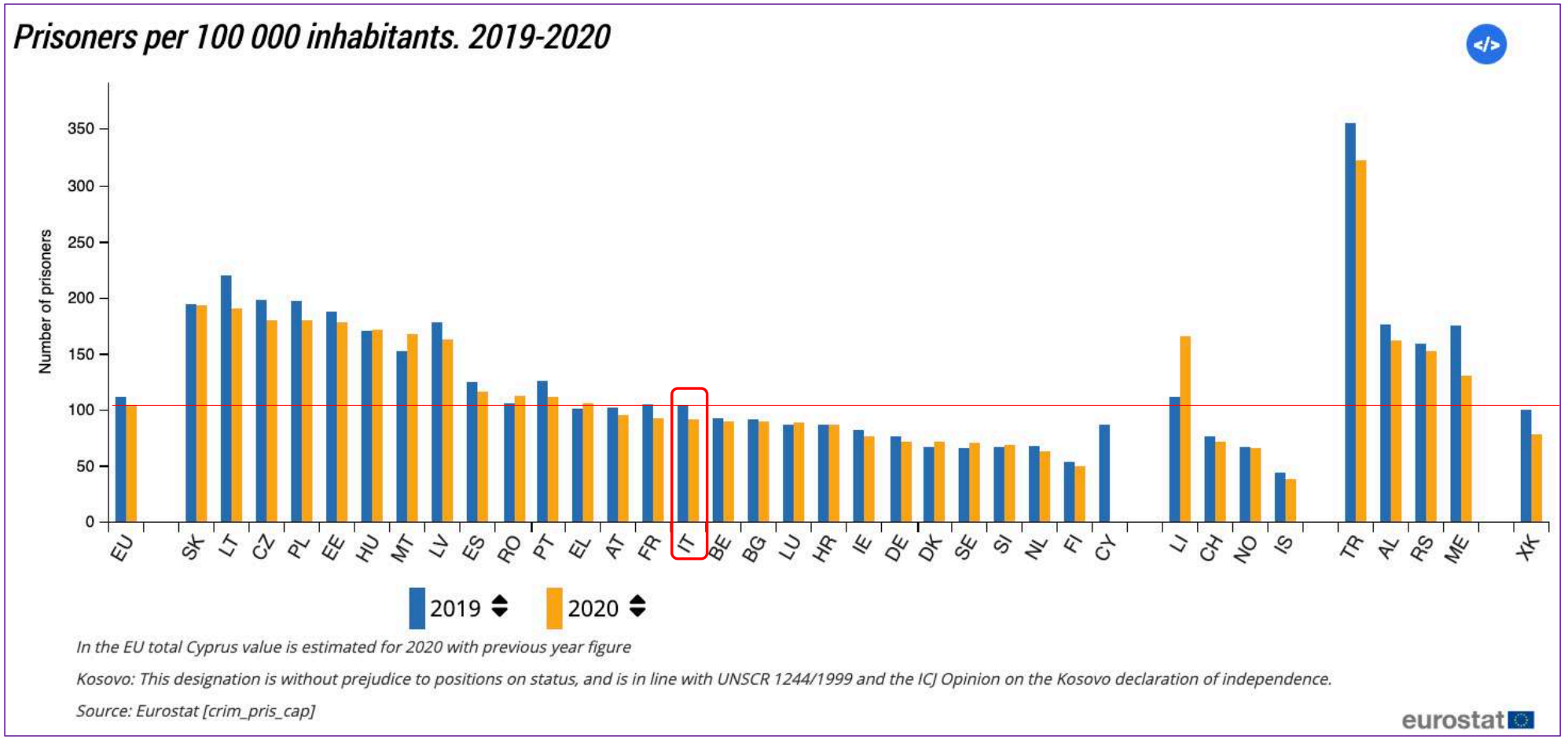
1. Select a category of data and press 'Go' (the page will reload)
Prison Population Total Go

2. Select a continent/region and click 'Apply'
Entire world Apply

Show results on chart

Show All entries Search:

Ranking	Title	Prison Population Total
1	China	1 690 000
2	United States of America	1 675 400
3	Brazil	835 643
4	India	554 034
5	Russian Federation	433 006
6	Turkey	314 502
7	Indonesia	275 518
8	Thailand	262 319
9	Mexico	228 530
10	Iran	189 000
11	Philippines	180 826
12	South Africa	151 755
13	Vietnam	125 697
14	Egypt	119 000
15	Argentina	114 074
16	Ethiopia	110 000
17	Myanmar (formerly Burma)	100 324
18	Colombia	98 992
19	Algeria	94 749
20	Peru	90 293
21	Morocco	88 941
22	Pakistan	85 670
23	United Kingdom: England & Wales	83 444
37	Italy	56 127


Prisoners per 100 000 inhabitants. 2019-2020
Number of prisoners
350
300
250
200
150
100
50
0
EU
SK
LT
CZ
PL
EE
HU
MT
LV
ES
RO
PT
EL
AT
FR
IT
BE
BG
LU
HR
IE
DE
DK
SE
SI
NL
FI
CY
LI
CH
NO
IS
TR
AL
RS
ME
XK
2019
2020
In the EU total Cyprus value is estimated for 2020 with previous year figure
Kosovo: This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.
Source: Eurostat [crim_pris_cap]
eurostat

Key figures

KEY STATISTICS FROM THE PUBLIC HEALTH DATASET FOR PRISONS IN THE WHO EUROPEAN REGION

Delivery of health care

7 of 36

European member states reported that the responsibility for the delivery of care lays solely in the Ministry of Health

Prison overcrowding

1 in every 5

European member states reported exceeding the official prison capacity in 2020

Mortality rate

424.9

Deaths per 100 000 people living in prison (all causes) among 36 European Member States. Suicide was the most common cause among the 35 that reported cause of death.

Mental health

32.8 %

Of people in prison live with mental health disorders among the 15 European Member States who could report this figure

Health-care staff

36.4

Staff cared for the health of every 1000 people in prison among the 31 European Member States who could report this figure

Psychiatrists

1.4

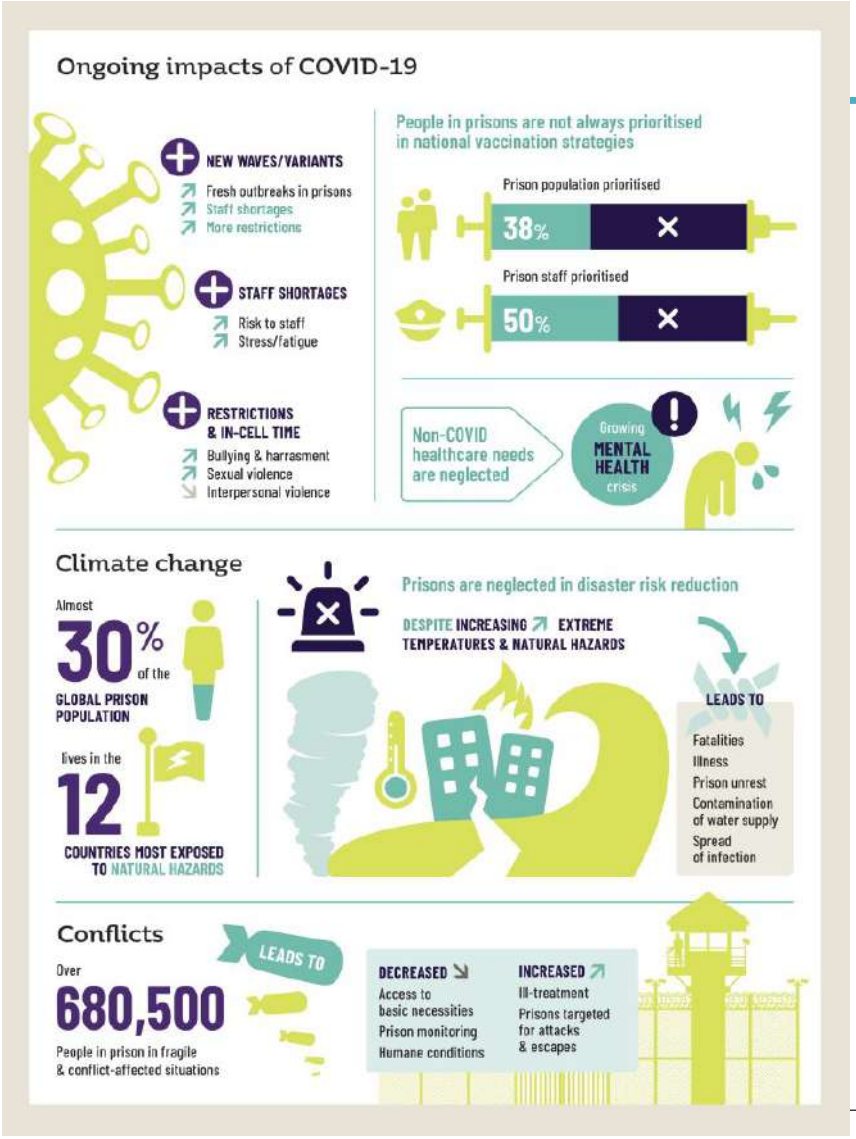
Psychiatrists cared for the mental health of every 1000 people in prison among the 30 European Member States who could report this figure

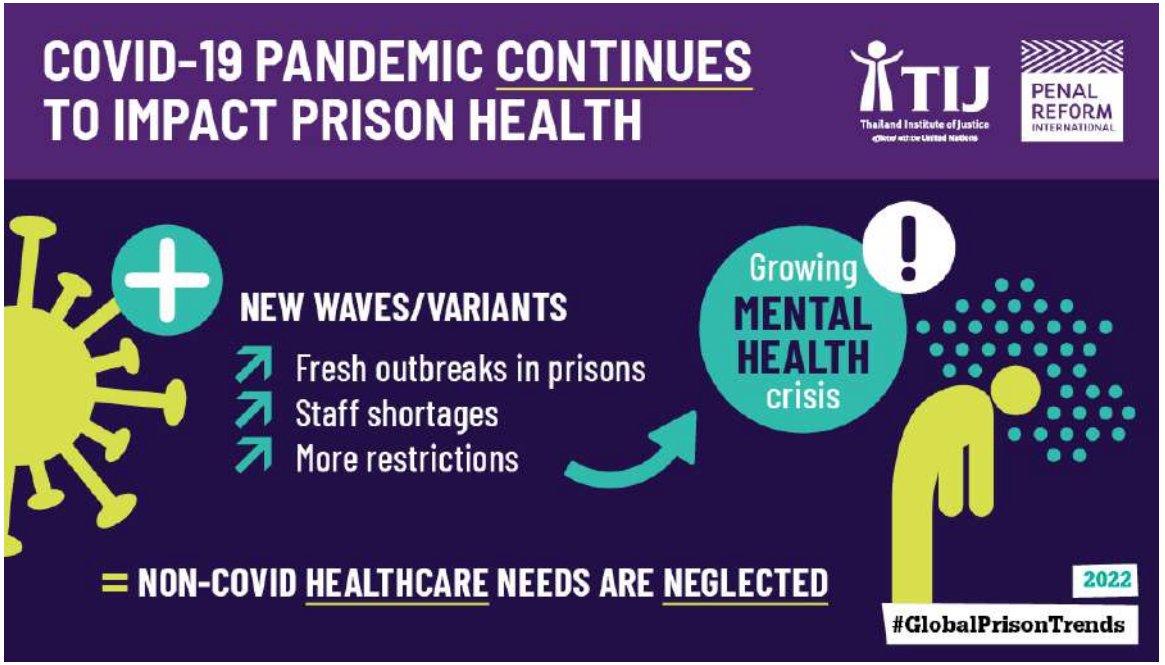
World Health Organization

Contents


THE GLOBAL PRISON CAPACITY IS EXPANDING
TIJ
Thailand Institute of Justice
PENAL REFORM INTERNATIONAL
Plans for new prisons announced / construction began:
2021
437,000 MORE SPACES
At least
24 countries
2022
#GlobalPrisonTrends


OVERCROWDING PERSISTS DESPITE HARMS OF IMPRISONMENT
TIJ
Thailand Institute of Justice
PENAL REFORM INTERNATIONAL
Prisons in many countries operate above their capacity
100+% 121 countries
250+% 13 countries
2022
#GlobalPrisonTrends


Ongoing impacts of COVID-19
NEW WAVES/VARIANTS
Fresh outbreaks in prisons
Staff shortages
More restrictions
STAFF SHORTAGES
Risk to staff
Stress/fatigue
RESTRICTIONS & IN-CELL TIME
Bullying & harrasment
Sexual violence
Interpersonal violence
People in prisons are not always prioritised in national vaccination strategies
Prison population prioritised
38%
Prison staff prioritised
50%
Non-COVID healthcare needs are neglected
Growing MENTAL HEALTH crisis
Climate change
Almost 30% of the GLOBAL PRISON POPULATION
lives in the 12 COUNTRIES MOST EXPOSED TO NATURAL HAZARDS
Prisons are neglected in disaster risk reduction
DESPITE INCREASING EXTREME TEMPERATURES & NATURAL HAZARDS
LEADS TO
Fatalities
Illness
Prison unrest
Contamination of water supply
Spread of infection
Conflicts
LEADS TO
Over 680,500
People in prison in fragile & conflict-affected situations
DECREASED
Access to basic necessities
Prison monitoring
Humane conditions
INCREASED
Ill-treatment
Prisons targeted for attacks & escapes


COVID-19 PANDEMIC CONTINUES TO IMPACT PRISON HEALTH
TIJ
Thailand Institute of Justice
PENAL REFORM INTERNATIONAL
NEW WAVES/VARIANTS
Fresh outbreaks in prisons
Staff shortages
More restrictions
Growing MENTAL HEALTH crisis
= NON-COVID HEALTHCARE NEEDS ARE NEGLECTED
2022
#GlobalPrisonTrends


PEOPLE IN PRISON ARE EXPOSED
TO IMPACTS OF CLIMATE CHANGE
TIJ
Thailand Institute of Justice
PENAL REFORM INTERNATIONAL
Almost
30%
of the
GLOBAL PRISON POPULATION
lives in the
12
COUNTRIES MOST EXPOSED TO NATURAL HAZARDS
2022
#GlobalPrisonTrends


PRISONS ARE NEGLECTED
IN DISASTER RISK REDUCTION
TIJ
Thailand Institute of Justice
PENAL REFORM INTERNATIONAL
DESPITE INCREASING EXTREME TEMPERATURES & NATURAL HAZARDS
LEADS TO:
Fatalities & illness
Prison unrest
Water contamination
Spread of infection
2022
#GlobalPrisonTrends

ACUTE WATER SCARCITY AFFECTS MANY PRISONS

TIJ
Thailand Institute of Justice
Affiliated with the United Nations

PENAL REFORM INTERNATIONAL

Water shortages

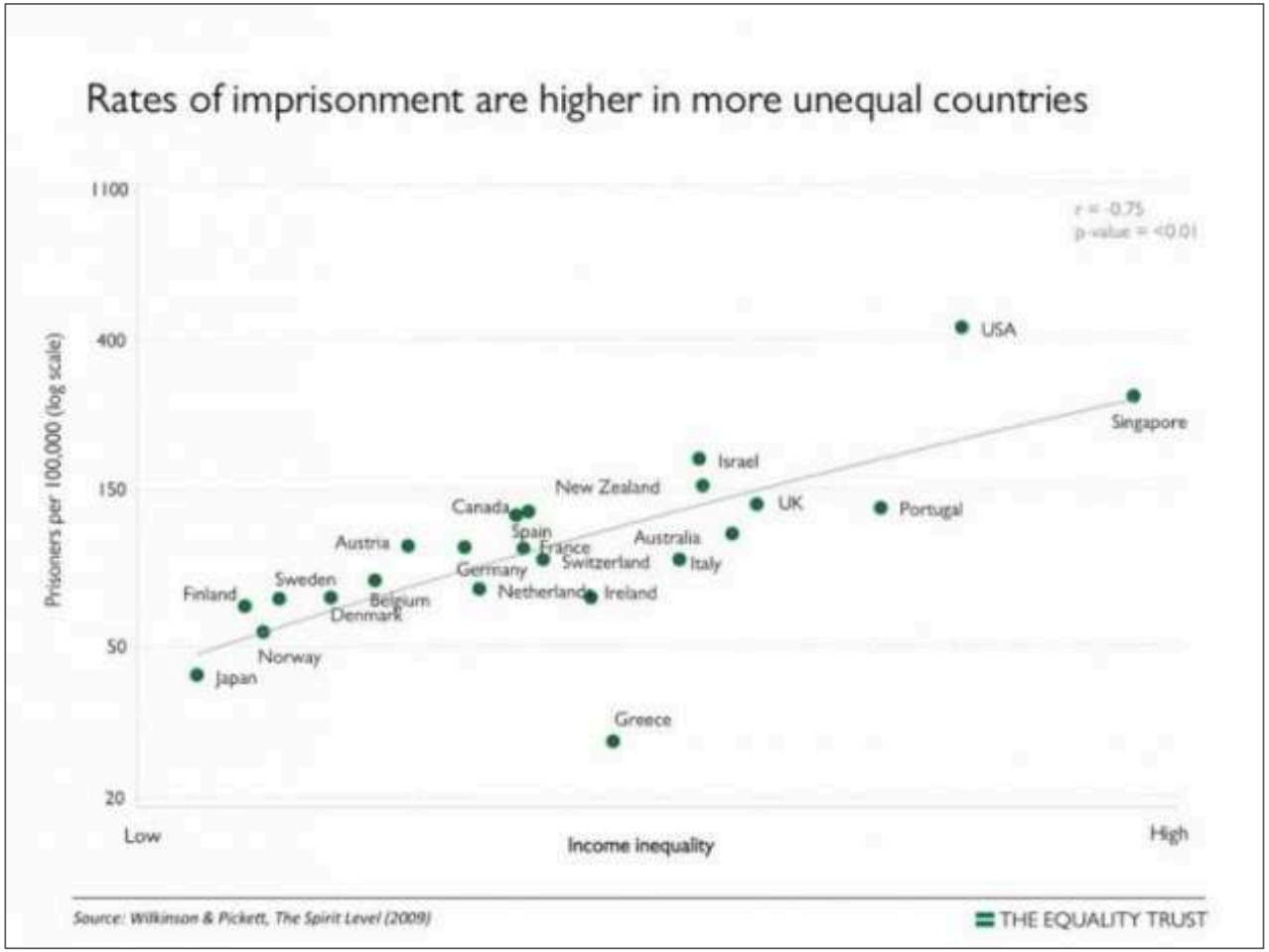
Unsafe and contaminated water

Insufficient sanitation facilities

CAUSED OR EXACERBATED BY PRISON OVERCROWDING

2022

#GlobalPrisonTrends

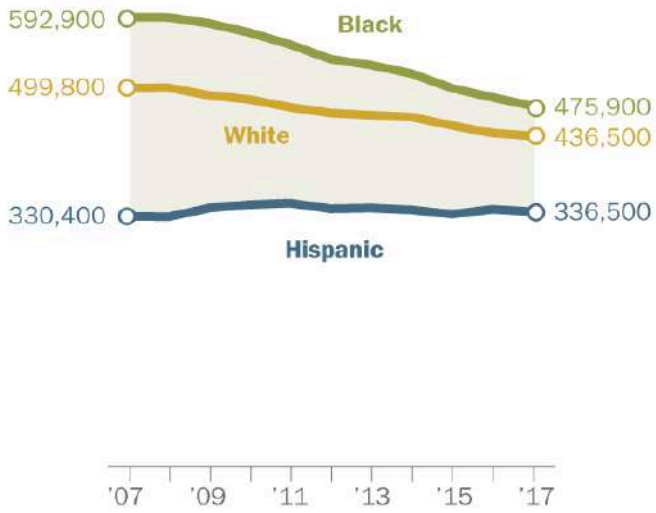

Rates of imprisonment are higher in more unequal countries
1100
400
150
50
20
Prisoners per 100,000 (log scale)
r = -0.75
p-value = <0.01
USA
Singapore
Israel
New Zealand
UK
Portugal
Canada
Spain
Australia
Austria
France
Switzerland
Italy
Germany
Sweden
Finland
Belgium
Netherlands
Ireland
Denmark
Norway
Japan
Greece
Low
Income inequality
High
Source: Wilkinson & Pickett, The Spirit Level (2009)
THE EQUALITY TRUST

The gap between the number of blacks and whites in prison is shrinking

BY JOHN GRAMLICH

Racial and ethnic gaps shrink in U.S. prison population

Sentenced federal and state prisoners by race and Hispanic origin, 2007-2017

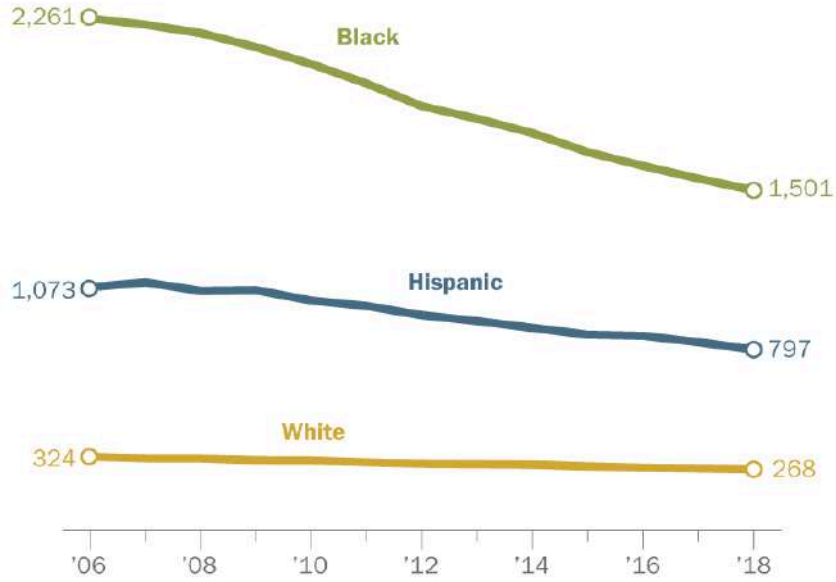


Note: Whites and blacks include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prison population is defined as inmates sentenced to more than a year in federal or state prison.
Source: Bureau of Justice Statistics.

PEW RESEARCH CENTER

Imprisonment rates have declined across racial and ethnic groups – especially among black Americans

Prisoners per 100,000 adults ages 18 and older in each group



Notes: Blacks and whites include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prisoners are those sentenced to more than a year in state or federal prison.
Source: Bureau of Justice Statistics.

PEW RESEARCH CENTER

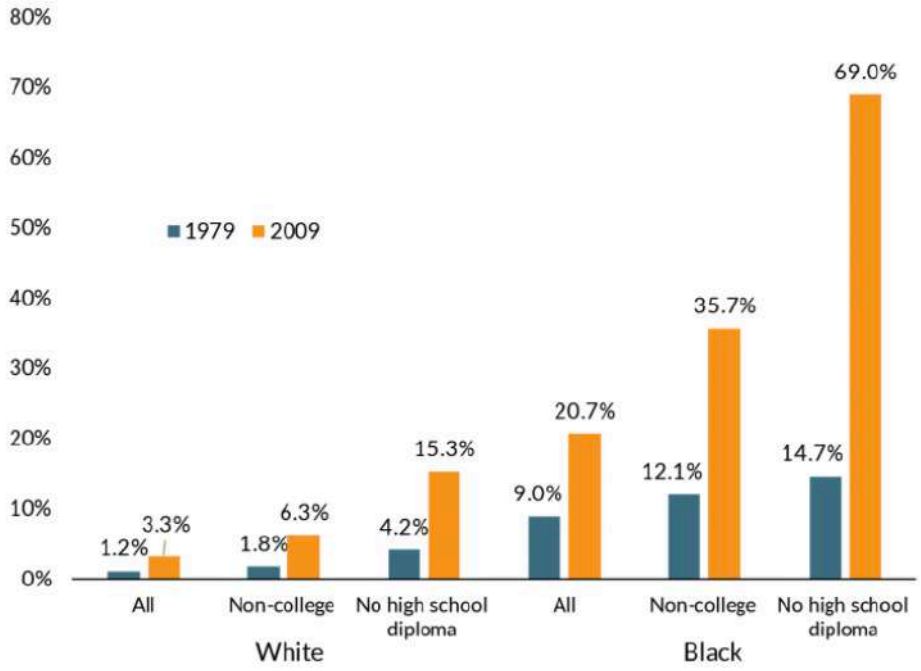


Figure 4. Black men with low education levels are at high risk for incarceration, much higher than white men with similar education levels.

Note: Figure shows the cumulative probability of male incarceration by age 30 to 34.

Source: B. Pettit, B. Sykes, and B. Western, "Technical Report on Revised Population Estimates and NLSY79 Analysis Tables for the Pew Public Safety and Mobility Project" (Harvard University, 2009).

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The British Journal of Criminology, 2021, **61**, 1630–1646
DOI: 10.1093/bjc/azab023
Advance access publication 8 April 2021
Article

OXFORD

Incarceration as a Fundamental Social Cause of Health Inequalities: Jails, Prisons and Vulnerability to COVID-19

Meghan A. Novisky, Kathryn M. Nowotny, Dylan B. Jackson, Alexander Testa, Michael G. Vaughn*

Although research has established the disproportionate health burdens among incarcerated persons, the literature has yet to identify a theoretical framework for outlining the harms of incarceration associated with pandemics. We advance the literature theoretically by arguing two points. First, we assert that incarceration is a potent structural driver of health inequalities that must be considered as a fundamental social cause of disease. To underscore this point, we review how incarceration meets each of the four fundamental social cause criteria originally proposed by Link and Phelan. Second, given that incarceration is a fundamental social cause of disease, both currently and formerly incarcerated populations are likely to face heightened vulnerabilities to pandemics, including COVID-19, further exacerbating health disparities among incarceration-exposed groups.

Key Words: incarceration, health, infectious disease, COVID-19, fundamental causes

Global Prison Health Care Governance and Health Equity: A Critical Lack of Evidence

The large and growing population of people who experience incarceration makes prison health an essential component of public health and a critical setting for reducing health inequities. People who experience incarceration have a high burden of physical and mental health care needs and have poor health outcomes. Addressing these health disparities requires effective governance and accountability for prison health care services, including delivery of quality care in custody and effective integration with community health services.

Despite the importance of prison health care governance, little is known about how prison health services are structured and funded or the methods and processes by which they are held accountable. A number of national and subnational jurisdictions have moved prison health care services under their ministry of health, in alignment with recommendations by the World Health Organization and the United Nations Office on Drugs and Crime. However, there is a critical lack of evidence on current governance models and an urgent need for evaluation and research, particularly in low- and middle-income countries.

Here we discuss why understanding and implementing effective prison health governance models is a critical component of addressing health inequities at the global level. (*Am J Public Health*. 2020;110:303–308. doi:10.2105/AJPH.2019.305465)

Katherine E. McLeod, MPH, Amanda Butler, MA, Jesse T. Young, PhD, MPH, Louise Southalan, LLB, M Int Comm Dev, MSc, Rohan Borschmann, PhD, DClinPsych, PG-Dip(Psych), Sunita Stump-Tofi, MSc, CPsychol, FMBPsS, UKPHR Reg, Anja Dirkzwager, PhD, MSc, Kate Dolan, PhD, Laurence Kofi Acheampong, MBA, CFIP, MBChB, Stephanie M. Topp, PhD, MPhil, MIPH, Ruth Elwood Martin, MD, MPH, and Stuart A. Kinner, PhD

See also Jimba et al., p. 282.

On any given day, more than 10.7 million people are incarcerated worldwide.[1] In many countries, reliance on systems such as bail and remand result in a large proportion of the prison population being incarcerated for weeks or months rather than years. As such, the number of people moving through prisons each year is undoubtedly much higher. Although the United States distinguishes between prisons and jails, most countries do not. Some countries also have separate youth detention centers for the incarceration of adolescents. In this article, we use the term prison to refer to all types of custodial correctional facilities.

The burden of mental illness and substance use disorder,[2,3] communicable disease (including HIV, tuberculosis, and hepatitis[4]), noncommunicable disease,[5–7] and cognitive disability[8] is greater among people who experience incarceration than in the general population. People who experience incarceration are also less likely to have had a regular health care provider prior to incarceration and are disproportionately affected by the social determinants of health.[6,9] Although this increased burden of disease in prisons is likely universal, the lack of basic epidemiological data on many health conditions, particularly in low- and middle-income countries,[10] means that the potential for prison health services to contribute to global health efforts cannot yet be quantified.

Prisons are a setting in which the health needs of people from underserved populations can be diagnosed and treated and in which public health interventions may reduce disease burden and improve health equity.[11] Prisons also provide an important opportunity to establish connections with sources of community support such as substance use services, health care facilities, and social services that can promote health and well-being among people after their release.[12,13] The Lisbon conclusions from the World Health Organization (WHO) 2017 international meeting on prisons and health emphasized the importance of acknowledging "the role of prisons as important settings to address health inequities and to recognize the status of people in prison as a disadvantaged group in terms of health and well-being."[14]

Investing in the health and health care of people who experience incarceration is important on human rights, public health, public safety, and economic grounds.[15] International bodies such as the United Nations (UN) Human Rights Committee and the European Court of Human Rights have affirmed that to protect the rights of people who are incarcerated, including the right to personal security and the right to be free of torture and ill treatment, states have an obligation to provide access to adequate health

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Correspondence should be sent to Katherine E. McLeod, MPH, School of Population and Public Health, University of British Columbia, 2206 East Mall, Vancouver, British Columbia, Canada V6T 1Z3 (e-mail: kate.mcleod@ubc.ca). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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doi: 10.2105/AJPH.2019.305465

TABLE 1—Authority Responsible for Prison Health Care as Reported in the Health in Prisons European Database, and Countries Reported to Have Full or Partial Responsibility Under the Ministry of Health

Country	Ministry of Health	Ministry Other Than Health System	Shared or Mixed Governance
Afghanistan[44]	X		
Albania			X
Argentina[29]			X
Armenia			X
Australia[48]			X
Azerbaijan		X	
Belgium		X	
Bosnia and Herzegovina		X	
Brazil[42]			X
Bulgaria		X	
Canada[41]			X
Croatia		X	
Cyprus	X		
Czechia			X
Denmark			X
Estonia[a]			X
Finland	X		
France	X		
Georgia		X	
Germany		X	
Iceland			X
Italy	X		
Kosovo[29]	X		
Latvia		X	
Lithuania			X
Luxembourg		X	
Malta			X
Monaco		X	
Montenegro[29]			X
Netherlands		X	
Norway	X		
Poland		X	
Portugal		X	
Republic of Moldova		X	
Romania		X	
Russian Federation		X	
Serbia		X	
Slovakia			X
Slovenia	X		
Spain			X

Continued

…i ‘pilastri’ e i ‘cardini’ di questo approccio:

1) Un ‘radicamento’ nei **diritti umani** e nella loro applicazione nell’ambito della salute

2) L’adozione di un **paradigma bio-psico-sociale** (modelli ecologici di malattia) e la chiave di lettura dei **determinanti strutturali** della salute e dei loro meccanismi di azione

3) L’attitudine a ricercare con metodo scientifico eventuali **disparità nella salute e nell’assistenza** tra paesi e all’interno di questi

4) La consapevolezza che, la natura ‘**evitabile**’ di queste differenze, deve necessariamente impegnare gli individui in qualità di cittadini, ricercatori, professionisti o attivisti sociali, i decisori e le comunità a prevenire e/o contrastare le disuguaglianze per una maggiore **giustizia sociale**

5) L’inevitabile coinvolgimento della **dimensione politica** (intesa come l’ambito delle scelte ‘pro’ o ‘contro’ la salute)

un tema di grande attualità per le Università

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

…in altre parole, la domanda è se e in che termini l'Università (e le Facoltà di Medicina in particolare) sono/saranno in grado di 'intercettare' i principali cambiamenti sociali formando professionisti in grado di affrontarle

RETE ITALIANA PER L'INSEGNAMENTO DELLA SALUTE GLOBALE

RIPENSARE LA FORMAZIONE MEDICA

Documento pubblicato nel marzo 2015

È necessario richiamare gli attuali e futuri medici alla responsabilità sociale, intesa anche come risposta che deve essere data di fronte alle situazioni di crisi, ingiustizia sociale ed emarginazione provocate dall'attuale sistema globalizzato. Si ritiene che tale responsabilità non sia definita a priori ma debba essere cercata personalmente e contestualmente in un confronto con tutti coloro che "hanno sinceramente a cuore" tali questioni.

Expert Consensus on Inclusion of the Social Determinants of Health in Undergraduate Medical Education Curricula

Karen A. Mangold, MD, MEd, Tami R. Bartell, MPH, Ashti A. Doobay-Persaud, MD, Mark D. Adler, MD, and Karen M. Sheehan, MD, MPH

Abstract

Purpose
Accreditation bodies have mandated teaching social determinants of health (SDH) to medical students, but there has been limited guidance for educators on what or how to teach, and how to evaluate students' competence. To fill this gap, this study aimed to develop an SDH curricular consensus guide for teaching SDH to medical students.

Method
In 2017, the authors used a modified Delphi technique to survey an expert panel of educators, researchers, students, and community advocates about knowledge, skills, and attitudes (KSA) and logistics regarding SDH teaching and assessment. They identified the panel and ranked a comprehensive list of topics based on a scoping review of SDH education studies and discussions with key informants. A total of 57 experts were invited.

Results
Twenty-two and 12 panelists participated in Delphi rounds 1 and 2, respectively. The highest-ranked items regarding KSA were "Appreciation that the SDH are some of the root causes of health outcomes and health inequities" and "How to work effectively with community health workers." The panel achieved consensus that SDH should constitute 29% of the total curriculum and be taught continuously throughout the curriculum. Multiple-choice tests were ranked lowest as an assessment method, and patient feedback was ranked highest. Panelists noted that SDH content must be a part of standardized exams to be prioritized by faculty and students.

Conclusions
An expert panel endorsed essential curricular content, teaching methods, and evaluation approaches that can be used to help guide medical educators regarding SDH curriculum development.

Mangold, Karen & Bartell, Tami & Doobay-Persaud, Ashti & Adler, Mark & Sheehan, Karen. (2019). Expert Consensus on Inclusion of the Social Determinants of Health in Undergraduate Medical Education Curricula. Academic Medicine. 2019;94(9):1355-1360

Annals of Global Health

Amerson R. Preparing Undergraduates for the Global Future of Health Care. *Annals of Global Health*. 2019; 85(1): 41, 1–7. DOI: https://doi.org/10.5334/aogh.2456

RECOMMENDATIONS

Preparing Undergraduates for the Global Future of Health Care

Roxanne Amerson

Background: Health professionals must be academically and experientially prepared regarding the social determinants of health to reduce health disparities at the global level. The emerging literature reflects a trend for incorporating global health competencies for health care. Specifically, recommendations from the Consortium of Universities for Global Health, National Academy of Medicine, and multiple nursing organizations encourage the inclusion of a global health curriculum.

Objectives: To describe the development of an undergraduate global health certificate program and provide recommendations for the development of future global health programs.

Findings: At the completion of the certificate program, students felt better prepared to apply course content to culturally diverse populations in low resource settings.

Recommendations: Before developing a global health program, preconceived ideas about study abroad experiences and faculty concerns associated with course overload should be dispelled through evidence-based, educational sessions. Curricular time constraints in content-laden programs should be mitigated through an appropriate mix of e-learning formats. Last, a strong value must be placed on interprofessional education to facilitate capacity building through a bi-directional flow of knowledge and resources between the educational institution and the host country.

ACADEMIC MEDICINE
Journal of the Association of American Medical Colleges
AAMC

Global Health Education in a Changing World: The Next New Conversations Topic

Sklar, David. (2016). Global Health Education in a Changing World: The Next New Conversations Topic. Academic medicine : journal of the Association of American Medical Colleges. 91. 603-606. 10.1097/ACM.0000000000001157.

Can Academic Medicine Lead the Way in the Refugee Crisis?

Amir A. Afkhami, MD, PhD, MPhil, MA, MA

Afkhami, Amir. (2016). Can Academic Medicine Lead the Way in the Refugee Crisis?. Academic Medicine. 91. 1. 10.1097/ACM.0000000000001427.

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Reframing undergraduate medical education in global health: rationale and key principles from the Bellagio Global Health Education Initiative

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ABSTRACT

Global health education (GHE) continues to be a growing initiative in many medical schools across the world. This focus is no longer limited to participants from high-income countries and has expanded to institutions and students from low- and middle-income settings. With this shift has come a need to develop meaningful curricula through engagement between educators and learners who represent the sending institutions and the diverse settings in which GHE takes place. The Bellagio Global Health Education Initiative (BGHEI) was founded to create a space for such debate and discussion and to generate guidelines towards a universal curriculum for global health. In this article, we describe the development and process of our work and outline six overarching principles that ought to be considered when adopting an inclusive approach to GHE curriculum development.

Michael J. Peluso, Susan van Schalkwyk, Anne Kellett, Timothy F. Brewer, A. Mark Clarfield, David Davies, Bishan Garg, Tobin Greensweig, Janet Hafler, Jianlin Hou, Moira Maley, Harriet Mayanja-Kizza, Senga Pemba, Janette "Jenny" Samaan, Stephen Schoenbaum, Babulal Sethia, Juan Pablo Uribe, Carmi Z. Margolis & Robert M. Rohrbaugh (2017): Reframing undergraduate medical education in global health: rationale and key principles from the Bellagio Global Health Education Initiative, Medical Teacher, DOI: 10.1080/0142159X.2017.1301654

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Global Health Teaching in India: A Curricular Landscape

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EDUCATION

Global health training and education at universities in the Netherlands

Kaffes et al. BMC Medical Education (2016) 16:304
DOI 10.1186/s12909-016-0814-y

BMC Medical Education

RESEARCH ARTICLE Open Access

Global health education in Germany: an analysis of current capacity, needs and barriers

Ioannis Kaffes[1,2†], Fabian Moser[1,2†], Miriam Pham[1,2], Aenne Oetjen[2,3] and Maya Fehling[2,4*]

Scandinavian Journal of Public Health, 2015; 43: 687–693

ORIGINAL ARTICLE

Global health education in Swedish medical schools

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Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Global health education in the United Kingdom: a review of university undergraduate and postgraduate programmes and courses

Andrew Harmer [a,*], *Kelley Lee* [b], *Nico Petty* [b]

Khan *et al. BMC Medical Education* 2013, **13**:3
http://www.biomedcentral.com/1472-6920/13/3

BMC Medical Education

COMMENTARY **Open Access**

Global health education in U.S. Medical schools

Omar A Khan[1*], Richard Guerrant[2], James Sanders[3], Charles Carpenter[4], Margaret Spottswood[5], David S Jones[6], Cliff O'Callahan[7], Timothy F Brewer[8], Jeffrey F Markuns[9], Stephen Gillam[10], Joseph O'Neill[11], Neal Nathanson[12] and Stephen Wright[13]

Salute Globale e paradigmi di riferimento

Studio osservazionale su 572 studenti e studentesse di Medicina e Chirurgia dell'Università Sapienza di Roma

Principali risultati emersi:

- l'80% degli studenti vorrebbe approfondirla
- tra l'86 e il 90% (tra IV e VI anno) la ritiene utile per la sua professione futura

- "Nella mia esperienza il percorso di studi del corso di Medicina trascura in pieno i temi della Salute Globale, dei fattori socio-economici e psicologici che influenzano lo stato di benessere di ciascun individuo, preferendo un'impostazione tecnica, pragmatica e secondo me limitata alla cura della malattia e non al garantire uno stato di benessere in toto del paziente. Inoltre, una adeguata formazione anche sui temi della salute globale è necessaria in un mondo sempre più globalizzato, dove i movimenti tra varie aree del pianeta impattano così fortemente sulle condizioni di vita di tutta la popolazione. Ad oggi istruire gli studenti a prendere in considerazione questi temi è lasciato all'iniziativa personale dei docenti ed andrebbe invece ufficializzato in un approccio più completo nel piano di studi universitari" (IV anno)

- " Credo ci si focalizzi molto sull'Italia *[negli insegnamenti curriculari ndr]*, non sempre dando un'ottica globale al nostro corso. Vorrei sapere di più riguardo al modo nel quale la cultura influenzi la salute. Oltre che conoscere i diversi sistemi sanitari ed essere al corrente di eventuali "modelli" migliori per poter dare un approccio più open-minded alla clinica; soprattutto affontando un mondo sempre più globalizzato" (IV anno)

Annals of Global Health

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ORIGINAL RESEARCH

On Becoming a Global Citizen: Transformative Learning Through Global Health Experiences

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Indianapolis, IN; Eldoret, Kenya; Boston, MA; Seattle, WA

› Med Teach. 2013 Nov;35(11):938-43. doi: 10.3109/0142159X.2013.827330. Epub 2013 Sep 5.

Students' experience of prison health education during medical school

Heather Filek [1], James Harris, John Koehn, John Oliffe, Jane Buxton, Ruth Martin

Affiliations + expand

PMID: 24006908 DOI: 10.3109/0142159X.2013.827330

Abstract

Background: Social responsibility and accountability can be important core values in medical education. At the University of British Columbia, undergraduate medical students engage in prison health community service-learning opportunities in regional correctional facilities.

Methods: To describe the impact of prison health exposure on pre-clinical medical students, in-depth individual interviews were conducted with individuals who had participated in a prison health medical education program. All interviews were transcribed verbatim, and interpretive descriptive methods were used to inductively derive thematic findings to describe students' experiences.

Results: Major themes emerged as students reported how (1) exposure to incarcerated populations increases students' insight into issues that diverse marginalized sub-populations encounter; (2) positive interactions with the incarcerated individuals enhances relationship building; (3) collaboration reinforces teamwork skills and (4) community placements garner important learning opportunities within the medical school curriculum.

Conclusions: Our findings demonstrated that pre-clinical exposure to incarcerated individuals and prison health education provided a unique setting for medical students to develop an increased sense of social responsibility and accountability.

J Med Educ. 1979 Dec;54(12):925-31. doi: 10.1097/00001888-197912000-00003.

Prison health and medical education

A Kaufman, J Holbrook, I Collier, L Farabaugh, R Jackson, T Johnston

PMID: 513094 DOI: 10.1097/00001888-197912000-00003

Abstract

Prison health has long been neglected as an area of serivice by organized medicine and a site for clinical education by health science centers. The University of New Mexico Health Science Center offers an elective, weekly clinical experience for preclinical medical students, senior nursing students, and senior pharmacy students at a prison facility in need of medical services. Students' reaction to the prison experience was strongly positive. Most developed empathy toward the inmates and a greater understanding of prison health problems. Inmates rated the student service highly and requested its continuation. This community health education experience has provided a noncontractual model of a university-prison health alliance.

> Acad Med. 2004 Feb;79(2):123-7. doi: 10.1097/00001888-200402000-00005.

Medical education goes to prison: why?

Sonia A Alemagno [1], Margaret Wilkinson, Leonard Levy

Affiliations + expand

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Abstract

The authors describe a pilot medical education program that developed a new and ongoing correctional medicine curriculum for third- and fourth-year medical students at Nova Southeastern University College of Osteopathic Medicine. During the first two years of the pilot program (2000-02), a total of 53 students were placed in one-month rotations in prison health care settings. Students received orientations, directed readings, and prison clinic experience under the director of board-certified physician preceptors. An evaluation of the pilot experience was conducted by student survey. The findings indicate that students had positive experiences related to continuity of care, access to pathology, access to procedures, and exposure to a unique managed care model. Students requested more structured curriculum and more opportunities to develop content understanding of the unique clinical aspects of prison health care. The authors conclude that given the increasing U.S. prison population, the constitutional requirement to provide medical care to inmates, and demand for career-oriented correctional physicians, the favorable outcome of this pilot educational program provides support for implementing such programs in medical schools throughout the country. They also speculate that the program may encourage some students to practice in correctional institutions as a career.

Art. 5

Promozione della salute, ambiente e salute globale

Il medico, nel considerare l'ambiente di vita e di lavoro e i livelli di istruzione e di equità sociale quali determinanti fondamentali della salute individuale e collettiva, collabora all'attuazione di idonee politiche educative, di prevenzione e di contrasto alle disuguaglianze alla salute e promuove l'adozione di stili di vita salubri, informando sui principali fattori di rischio.

Il medico, sulla base delle conoscenze disponibili, si adopera per una pertinente comunicazione sull'esposizione e sulla vulnerabilità a fattori di rischio ambientale e favorisce un utilizzo appropriato delle risorse naturali, per un ecosistema equilibrato e vivibile anche dalle future generazioni.

Carcere e Salute Globale

Grazie per l'attenzione!

Maurizio Marceca

Sapienza Università di Roma
Dip.to di Sanità Pubblica e Malattie Infettive