

Office of Global Health Business Case
December 24, 2009

1.0 Introduction

This document is a formal business case to establish an Office for Global Health within the School of Medicine at Queen's University.

1.1 Background

Global Health is the study of advocacy for and implementation of healthcare in low resource settings both abroad and at home. Queen's University School of Medicine requires an Office for Global Health in order to provide students, faculty and staff members with the resources required to achieve key objectives.

1.2 Policy Context

There is growing recognition if not universal acceptance that improved health in the global population relates directly to improved health for Canadians. The proliferation of H1N1 is one recent illustration of this phenomenon. Improvements in global health are, therefore, a shared responsibility.

In response to this reality, governments across the developed world are committing substantial resources to Global Health. The Canadian International Development Agency, which operates under the Ministry of International Cooperation, has identified Health as one of its five priority sectors and states: "Canada is a major contributor to developing country health programs and consistently ranks among the top donors to global health initiatives such as:

- the Global Fund to Fight HIV / AIDS, Tuberculosis, and Malaria;
- the Micronutrient Initiative;
- the Global Alliance for Vaccines and Immunization; and
- the Global Polio Eradication Initiative."¹

Beyond government-funded initiatives, there are innumerable non-governmental organizations (charities, non-profits, religious organizations, foundations, private entities) that have made global health initiatives a central focus of their mission.

Schools of Medicine in developed countries are particularly well positioned and may even be said to have a moral and professional responsibility to play a role in supporting the work of government and non-government agencies in championing global health. This could be achieved by:

- a) helping to fund the gap between knowledge production and its practical application
- b) providing on the ground expertise and resources in global health settings
- c) contributing to research that can positively impact global health
- d) educating students, Health Sciences faculty, the University community and the general public about global health and gain their support in working towards advancement of the field

¹ Strategic Policy and Performance Branch. "Health-CIDA" 2009. CIDA. 29 Oct. 2009. <<http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/JUD-111894059-K8N>>

1.3 Stakeholder Involvement

The key stakeholders in this initiative are:

- a) students
- b) vulnerable populations that would directly benefit from Global Health initiatives
- c) faculty and staff members with Global Health related responsibilities
- d) School of Medicine/Faculty of Health Sciences Decanal leadership
- e) Queen's University senior leadership

An Office for Global Health would ensure that the needs of each of these stakeholder groups would be centrally coordinated thereby ensuring clear and effective communication, increased collaboration, and the achievement of economies of scale.

1.4 Objectives

The key objectives are to:

- 1) Respond to student demand for Queen's Faculty of Health Sciences to offer more opportunities for students to become involved in global health
- 2) Provide students with knowledge and experiences that will allow them to graduate as healthcare professionals who have achieved core global health competencies
- 3) Provide resources to students and faculty that would allow them to more easily identify potential placements/electives/projects
- 4) Improve health outcomes for members of those communities in which the School is directly active with global health initiatives
- 5) Provide the necessary administrative and structural support to coordinate the multiple aspects of Global Health already underway.
- 6) Provide the necessary administrative and structural support to coordinate additional global health initiatives not possible within the current structure.
- 7) Lessen the administrative burden placed on the small number of faculty and staff members responsible for coordinating the Global Health initiatives currently underway.
- 8) Build institutional memory that will allow students, faculty and staff to build on what has already been developed.
- 9) Increase partnerships with other universities as well as government and non-governmental organizations thereby increasing the number of resources available to the School not only in terms of Global Health but also in other areas (e.g. research, cost-sharing, best practice, teaching)
- 10) Position Queen's School of Medicine as a leader in Global Health thereby increasing our profile within the field of medicine and the public sphere.
- 11) Contribute to a core University strategic objective to "deepen Queen's international engagement."
- 12) Ensure that all students engaging in global health initiatives are adequately prepared for their placement both in terms of intra and extra curricular education as well as pre-departure orientations sessions and post-activity debriefing sessions.
- 13) Help to fulfill the Queen's mission statement to be an institution recognized for the "exemplary service of the University and that of its graduates to the community and the nation and the community of nations."

1.5 *Case for Change*

Currently, the coordination and development of Global Health initiatives both inside and outside of the School curriculum is achieved as a result of the work and dedication of a small group of individuals. There are no formal structures to provide the necessary support to ensure long-term success. Moreover, the current structure prevents the School from engaging in additional global health initiatives that students and faculty would like to initiate.

1.6 *Outcomes*

Short-Term

- 1) The positioning of global health as an important sub-field within the School of Medicine at Queen's University
- 2) A measurable increase in student opportunities to learn more about global health and take part in global health experiences during training.
- 3) The creation of an adequate administrative structure with enough resources to effectively and efficiently undertake global health related projects
- 4) Increased student satisfaction vis a vis global health options available at Queen's
- 5) Further integration of global health competencies into the School of Medicine curriculum
- 6) Development of a database that will contain a list and description of global health placement/elective opportunities in Canada and around the world.
- 7) Increased expertise in helping students to identify and access funding opportunities (e.g. bursaries, scholarships, awards) that would lessen the financial burden commensurate with participation in global health placements and electives

Long-Term

- 1) Establishment of a national centre for excellence in global health research, expertise and outreach
- 2) Graduation of students with a sound grounding in global health-related education, a significant percentage of whom going on to make significant contributions to the field as physicians
- 3) A measurable increase in the scope and breadth of global health initiatives in which the school is engaged
- 4) Participation in formal and informal partnerships with institutions, networks, agencies, governmental and non-governmental organizations, etc. engaged in global health initiatives
- 5) Provision of opportunities to Faculty of Health Sciences and postgraduate medical students to participate in global health initiatives
- 6) Increase linkages between faculty members engaged in global health work with students in a variety of disciplines
- 7) Creation of a Global Health certificate that would be awarded to graduating students who meet prescribed requirements
- 8) Undertake fundraising initiatives to support travel, research and on the ground initiatives.

2.0 Options Analysis

This section will explore the two options available to the School vis a vis Global Health:

- 1) No change to the current situation
- 2) Open an Office for Global Health

2.1 *No Change to the Current Situation*

At present, core global health competencies, as defined by the Joint Global Health Curriculum Committee, are fragmented or non-existent within the Queen's curriculum. As a result, students are graduating with an imperfect understanding of the major forces that influence the health of individuals and populations around the world and are not as knowledgeable as they should be around the following topics: global burden of disease, health implications of migration, travel and displacement, social and environmental determinants of health, globalization of health and healthcare, healthcare in low-resource settings, and health as a human right and development resource.

The majority of global health initiatives currently being undertaken at Queen's have arisen out of ongoing and building demand from medical students. Drs. Yeates, and Carpenter have taken on a faculty leadership role while administrative support has been derived from Dr. Yeates' medical secretary, Ms. Latimer. In many cases, students have taken on prominent roles in developing initiatives.

In short, all of the Global Health work is squeezed in amongst the various other academic, professional and personal demands of the students, faculty and staff who champion it. Such a model is fragile and not tenable in the long term. In order to take the next step and ensure the ongoing provision of global health initiatives currently underway, the School cannot rely exclusively on personal interest and volunteer time.

2.2 *Open an Office of Global Health*

An Office of Global Health will ensure that the discipline and related initiatives will be sustainable in the long-term. It will immediately provide the numerous individuals involved in Global Health research and work with much needed support and guidance. It will send a strong signal to these individuals as well as to the general public that Queen's University remains as committed as ever to its core principle of service to the local and international communities.

An OGH will show that the School is responsive to evolving student interests and a leader in an emerging and important area of scholarship. It will provide the University with further opportunities for collaboration with government, other universities, non-governmental organizations and other agencies. Finally, an Office of Global Health will provide a "shop window" for a discipline with a high public profile. It is not unreasonable to imagine that this exposure will provide future cost-sharing and advancement opportunities.

3.0 Costs

Annualized Budget

Item	Cost
Office supplies (including one time set-up)	\$10,000
Postage	\$2,000
Travel (Conferences, site visits to other universities, NGOs, potential donors, etc.)	\$10,000
Coordinator/Manager Salary (Grade to be determined)	\$60,000- \$70,000
Total	\$82,000-\$92,000

4.0 Post-Approval Timeline

Initiative	MRP	Target Completion Date
Develop OGH Mandate, Mission Statement	Drs. Carpenter, Yeates	April 1, 2010
Write OGH Coordinator Job Description	Drs. Carpenter, Yeates	April 1, 2010
Develop phase 1 communication plan to build profile with stakeholders, internal and external partners and potential partners and the wider community	Drs. Yeates, Carpenter	April 30, 2010
Place OGH within FHS Organizational Chart	Decanal Leadership	May 1, 2010
Determine location for OGH Office	Decanal Leadership	May 1, 2010
Complete set-up of OGH Office	Kevin McKegney, Larry Killen	June 15, 2010
Hire OGH Coordinator	Drs. Carpenter, Yeates	July 1, 2010
Develop phase 2 communication plan	OGH Coordinator	July 31, 2010
Complete OGH website	OGH Coordinator	August 31, 2010
Write OGH Office Strategic plan for the first three years	OGH Coordinator	August 31, 2010