

Doing Global Health Work

Approaches that Really Make a Difference

by Kirk Scirto, MD, MPH

Discussion Guide

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Target Audience and High-Level Description:

Doing Global Health Work is for health and public health professionals and students who ask how they can really make a difference in the health of a resource-limited community. To that end, the book describes both helpful global health approaches and approaches that are not helpful—and why.

Our author, Dr. Kirk Scirto, has spent over 23 years working in 11 resource-limited nations, and he shares his well-earned—and well-learned—experiences broadly.

To challenge *Doing Global Health Work* readers, this Discussion Guide evaluates each section of the book and asks questions that address its important points. For example, the Introduction summarizes many of the important concepts in the book, including:

- What is wrong with distributing free care to very appreciative patients in underserved areas?
- What is the most important lesson in global health?
- How is global health empowerment different from voluntarism and charity?
- Which global health approaches are most common, and why are these not ideal?
- Which five global health approaches are more empowering of local people, and why is this a good thing?

The remaining chapters go into these and other issues in much greater detail. Additional insight into the traditional approaches of suitcase medicine and clinic building can be found in Appendices A and B. Readers are encouraged to consult these appendices “out of order” if the organizations they are working with are using these strategies.

This Discussion Guide includes two questions at the end of every chapter, to help participants tie what they have learned to their own situation:

1. What did you learn from this chapter? What questions did this chapter raise for you?
2. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Foreword

Abhay Shukla, MD, thinks very highly of Dr. Scirto's book.

1. What is Dr. Shukla's background?
2. In the story about helping Indigenous people build a locally-sustained community health worker program, what two lessons did the medical staff learn?
3. Discuss the example provided regarding Chapter 5, having local people lead while outsiders follow. What did Dr. Shukla learn from the story regarding co-trimoxazole?
4. In India, primary health care services are supposed to be free to everyone. Is that how things really work in India?
5. When working in an environment that does not have advanced medical facilities, what two important medical skills need to be revisited?

Introduction

*In a way, Dr. Kirk Scirto's introduction summarizes the book.
Here are some questions to explore.*

1. Dr. Scirto will never forget the trip that inspired him to study medicine. As a college sophomore, he went to underserved areas of Jamaica, serving one day per village and working into the night to distribute free care to very appreciative patients! The outsiders came home exhausted every night, but delighted with the work they did. What is wrong with this picture?
2. In Dr. Scirto's second excerpt, he discusses a better experience in Uganda, where outside medical staff taught local community members about HIV/AIDS, trained the instructors to be teachers, and helped with clean water needs. Still, the last sentence says, "I had yet to learn the most important lesson in global health...." What lesson is that?
3. Discuss the following: "Local People Lead, Outsiders Follow." Explain how global health empowerment differs from voluntarism and charity approaches. How do you transform the "multilayered state of disempowerment" that exists in many places in the world?
4. Which two Global Health Approaches are most common? Describe them briefly. Why are these not ideal approaches?
5. Which five Global Health Approaches are more empowering of local people and keep locals in control? Why is this a good thing?
6. Describe Local Clinical Capacity-Building. What did you learn from the example, and how is this different from Suitcase Medicine?
7. How is Strengthening Local Health Systems different from Local Clinical Capacity-Building? Why are both important?
8. Health-Facility Building is a common approach. What can be wrong with it?
9. What example does Dr. Scirto provide for Professional Disaster Relief? Explain why the author feels this approach is appropriate.
10. Dr. Scirto states that Local Public Health Capacity-Building is often more important than medical assistance. Can you provide an example? Do you agree?
11. How can outsiders help with Facilitating Community-Based Programs? Why is this important?
12. Describe "Table 1: Approaches to Global Health Work: Evidence Base and Effects on Local People." Does this claim of being based on evidence feel accurate to you? Do you think that competing claims are not based on evidence?

Part 1: Health Care, Systems, and Training

In Sub-Saharan Africa and other resource-limited places, there is a huge shortage of health care workers—many of whom leave their country to migrate to North America, Europe, and Australia.

1. This short section lists a few reasons that health workers and students leave Sub-Saharan Africa. Can you name two reasons?

Chapter 1: Reversing the Brain Drain

In many parts of the world, health workers leave resource-limited countries to go to wealthier societies, leaving communities without enough health workers. This chapter describes ways in which outsiders can do less to hurt and more to help resource-limited countries, in partnerships that local people lead.

1. Which two global health approaches are discussed in this chapter?
2. In the first story, Dr. Scirto helps a man who has a skin infection and a woman who has malaria. Did he train others to treat patients? Did he prevent skin infections or malaria? What is wrong with this approach?
3. Dr. Scirto claims that we are “medical tourists.” What does he mean by this, and why is this a problem?
4. According to the evidence that Dr. Scirto presents, is it better, in a resource-limited nation, for outsiders to treat or to train? Explain.
5. What did you learn from this chapter? What questions did this chapter raise for you?
6. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 2: Training Health Workers

1. This chapter focuses on health worker training (new and existing) and states that bidirectional training is best. Do you agree? What kind of knowledge can local health workers share with outsiders?
2. The author suggests that you (and other outsiders) could teach various courses to local health workers—courses that would enable them to save lives and help people long after you have left. Describe one of these courses. What kind of preparation would you need to give that kind of training?
3. One of the train-the-trainer sessions showed how HIV gets past the usual antibodies we have. Describe the training.
4. The WHO has proposed that Community Health Workers be trained to guide diagnosis and treatment plans. Who can be expected to do the best job training CHWs?
5. The section titled “Patient Teaching and Empowerment” mentions that “each patient encounter can be viewed as having a potential short-term and long-term impact.” Can you provide an example?
6. What did you learn from this chapter? What questions did this chapter raise for you?
7. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 3: Strengthening Health Systems

1. The chapter compares treating single diseases (e.g., TB) or single demographics (e.g., pregnant women) to strengthening community health systems, and states that the latter generates better outcomes across multiple diseases and demographic groups. Can you provide an example?
2. In the section titled Doing System Strengthening, the author discusses the role that a national Ministry of Health can provide in centralized and decentralized leadership. What is meant by these two types of leadership, and what role can outsiders play?
3. Quality Improvement is another area that outsiders can contribute to, for example Disease Management Protocols. What could outsiders do in these areas?
4. In one scenario, the author describes trying to find an antibiotic in a local pharmacy. Instead of that hopeless task, what could the author have done instead?
5. The author discusses vaccines at some length. Was there a story that appealed to you?
6. This chapter describes the importance of long-term, not short-term, partnerships for health system strengthening. Can you provide some examples?
7. The WHO Code of Practice on the International Recruitment of Health Personnel was adopted by 193 nations in 2010 to keep countries from engaging health workers from countries with shortages. Alas, it isn't working. Explain.
8. What disadvantages might you face when working within an existing health system in a resource-constrained country? What can/should you do about it?
9. What did you learn from this chapter? What questions did this chapter raise for you?
10. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 4: Disaster Strikes: Outsiders Arrive

1. After a brief description of a horrific hurricane in Dominica, the author describes two settings for unmet health needs in resource-limited countries. One of these is a disaster, such as a hurricane, an earthquake, or a war. What is the other setting?
2. What kinds of groups assist in each setting, and how are these different?
3. Describe Table 2 on page 55, and tell me what you learned from it. Explain why the variables between Traditional Approaches and Empowering Approaches should match (although they do not).
4. In Table 2, explain the differing disease priorities for each type of care. What should the disease priority be for chronic poverty traditional approaches? What is it, instead?
5. In the section titled “Types of Health Care,” what term is used to describe identifying those who are sickest and can’t be helped, those who are sick and can be helped, and those with less serious issues who can be treated elsewhere?
6. What is wrong with top-down management? What is right with it?
7. Describe Table 3 on page 62. Do you have experience with these variables?
8. What did you learn from this chapter? What questions did this chapter raise for you?
9. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 5: Power to the People

1. What is charity, and what is wrong with it?
2. “Charity causes disempowerment, while Empowerment lessens the need for and interest in charity.” Explain, giving examples from the book or from your work.
3. The author includes a section titled Preexisting Embers. In the context of public health, what do these consist of?
4. The author distinguishes between “volunteers” and “facilitators.” What distinction does he make? How do you get facilitation training?
5. Have you ever done a needs assessment to determine the greatest needs of a community? What were the results?
6. What did you learn from this chapter? What questions did this chapter raise for you?
7. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 6: Agendas We All Have

1. Choose three of the seven outsider (“work”) agendas that interest you, and describe them.
2. Describe “Table 4: Global Health Work Agendas: Evidence Base and Effects on Local People.” What are the main takeaways in this table?
3. Describe “Table 5: Global Health Work Agendas: Who They Serve.” Do you think it is accurate to identify agendas as mainly serving one group or the other? Why or why not?
4. Describe “Table 6: Comparing Global Health Work Approaches with Work Agendas.” What do you notice about this table?
5. What did you learn from this chapter? What questions did this chapter raise for you?
6. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Part 2: Social Justice and Public Health

Part 1 dealt with clinical issues and ended with a chapter on Work agendas. Part 2 will deal with public health and social justice. In that context, this chapter describes two layers of agendas that do not fit neatly into tables: Organizational agendas and Sweeping Health agendas.

1. Describe two or three Organizational Agendas. Are these helpful or hurtful to local people?
2. Describe one or two Sweeping Health Agendas. Are these helpful or hurtful to local people?
3. Can an outsider group have several agendas operational simultaneously? Explain. If/when that happens, what should the outsider group strive for?

Chapter 7: Exotic Diseases and Social Justice

1. What is wrong with calling HIV and TB “tropical diseases?” What better term is proposed? Does that make sense to you?
2. What *sweeping health agenda* will this and the next chapter discuss?
3. “Poverty isn’t born out of laziness but rather the abuse of power.” Explain. Why is this relevant to outside health workers?
4. Figure 3 shows dramatic world maps that highlight the parts of the world that suffer from poverty, a lack of water access, and a high number of infant deaths. How do the last three maps differ from the Reference Map? What is unusual about the last three maps, and what does this imply?
5. In “An Unhealthy History, Part 2,” the author describes four ways in which wealthy countries control resource-limited countries despite the end of colonization. Describe two of them.
6. What did you learn from this chapter? What questions did this chapter raise for you?
7. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 8: Poverty and Empowerment

1. Poverty is “a *state of disempowerment*, rather than simply a lack of money.” Explain the difference between these two definitions, and what outsiders can do to help.
2. On the first page, the author describes the difference between what could happen to a well-educated white man and a lonely, unemployed African-American woman, each of whom come home to find their place burned down. Beyond what is already stated in my brief description, explain how these two people are different and how they might react to the shock of losing their home.
3. List a few possible dimensions of poverty as disempowerment.
4. Describe one or two groups of people who need empowerment the most.
5. What is the difference between *free trade* and *fair trade*? Explain how local people can address that issue.
6. The author writes: “I don’t believe outsiders should tell communities where injustice lies.” What can they do instead?
7. What did you learn from this chapter? What questions did this chapter raise for you?
8. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 9: Global Health is Public Health

1. What approach to global health work will the author explore in this chapter?
2. What public health problems arise in many resource-limited places?
3. If you ask locals what their medical problems are, you will get a list of those. If you ask locals what public health issues they face, you may get information regarding “social determinants of health.” Name a few of the latter. Why is this list more meaningful? Have you worked on any of those? Describe your experiences.
4. “Doing public health work is an oft-neglected best practice standard for medical service teams abroad.” Explain. Do you have to do the public health work yourself?
5. “We outsiders may feel good about *treating hundreds* of patients in temporary volunteer clinics abroad, yet we should feel much better about *preventing thousands of deaths* by supporting local vaccine programs.” Explain.
6. The “Safe Water, Safe Life” section mentions several options for water treatment. Describe the one introducing the three-part water cleansing method.
7. What is the goal of Community-Led Total Sanitation (CLTS)? Why is this important?
8. What did you learn from this chapter? What questions did this chapter raise for you?
9. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 10: Participation to Empower

1. What is the focus of this chapter?
2. What other types of maps are described on page 130?
3. What surprising fact came from the community food map, in which locals described where to find different kinds of food and how available each type of food was? What action did the Community Health Worker take as a result?
4. Describe Participatory Rural Appraisal. What kinds of activities are downplayed by this method? Which are encouraged? What other name is used for this method?
5. Robert Chambers is a main proponent of PRA and his work revolutionized the field of development. What important concept did he put forward regarding PRA?
6. Rapid Rural Appraisal was a predecessor of PRA. How is it different? How did it fail to achieve the results of PRA?
7. Describe Motivational Interviewing. How can it help patients with HIV?
8. What did you learn from this chapter? What questions did this chapter raise for you?
9. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 11: Community-Based Health Programs

1. In the opening story, why does Dr. Scirto believe that the well will ultimately fail?
2. List three of the reasons that outsider organization projects ultimately fail. Have you encountered any of these issues?
3. Define Community-Based Health Programs, and explain why these are generally more successful than programs that are initiated by outsiders.
4. What health approaches are considered the polar opposites of CBHPs? Can you explain why?
5. Dr. Scirto refers to hand-me-downs—specifically outsider-led health programs that are eventually handed down to community members. Does he believe these can work? Explain.
6. A previous chapter explored the importance of “pre-existing embers.” Name a few of these. Why is it important to identify them?
7. Medical professionals in Western Medicine are taught to ask about problems their patients have. In a resource-limited community, when talking to local health workers, is it a good idea to lead with those questions? Why or why not?
8. What is Appreciative Inquiry, and how does this help future efforts?
9. Describe Asset-Based Community Development, and why this is more helpful than a traditional needs assessment.
10. How are PRA focus groups (empowerment-based focus groups) different from research-based community focus groups? Why is this important?
11. Below are the six steps Dr. Scirto describes in his CBHP co-facilitation approach. Name one or two aspects that you found interesting about each.
 - Step 1: Brainstorming assets and problems
 - Step 2: Prioritizing problems
 - Step 3: Brainstorming solutions
 - Step 4: Forming a program committee
 - Step 5: Monitoring and evaluation
 - Step 6: Program success!
12. What did you learn from this chapter? What questions did this chapter raise for you?
13. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Chapter 12: Less is More

1. Describe the opening scene. The author provides this example as a way that outsiders can donate missing items. Yet the title of this chapter is “Less is More,” with respect to donating resources. Explain.
2. “Outsiders who lack feedback from community members should arrive empty-handed on our initial trips abroad.” Explain.
3. “Outside resources should be provided reluctantly and cautiously in order to minimize their adverse impacts and maximize the use of local resources.” What are the possible adverse effects? Why is it important to find local resources?
4. What are “revolving drug funds?” Why is this more effective than buying medicines and supplies for resource-limited places?
5. Outsider funding can be helpful, but “[w]hen more than a quarter of the program budget is based on outsider funding, an inevitable shift to outsider priorities tends to occur.” Explain.
6. What are microloans, and how can they help small businesses in resource-limited places?
7. Dr. Scirto states that for-profit banks and finance firms now manage most microloan clients. Why is this a problem?
8. What are “village banks,” and why does the author favor these?
9. What did you learn from this chapter? What questions did this chapter raise for you?
10. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.

Conclusion: Doing Global Health Work to Really Make a Difference

This chapter lists empowering approaches to global health work and suggests what to look for when volunteering for a professional outsider global health group.

1. List and describe three empowering approaches to global health work.
2. List and describe the two more traditional approaches to global health work, and explain why these are not helpful to resource-limited communities.
3. Dr. Scirto lists a number of criteria to look for when choosing a global health group. List and describe several criteria in each of these sections:
 - a. Positive Agendas
 - b. Professional Standards
 - c. Community-Led Processes
4. With his list of criteria for global health groups that *really* make a difference, Dr. Scirto sets a high bar. But he admits that all global health groups lie somewhere on the *spectrum of professionalism*. Some people may choose to work through *improv* groups, with its advantages and disadvantages, but the author recommends moving up the *spectrum of professionalism*. Explain the difference between *improv* and very professional groups, and why the author recommends the latter.
5. When Dr. Scirto is asked to introduce his group, he gives a speech that is very different from what was expected. What did he say, and how did the local people react? Did that change over time?
6. Dr. Scirto describes a story in which a mother with five children who is living with HIV and TB loses one child to malaria and then dies herself. What happens to the four remaining children after that, and what significance does this story have, as a way to complete this chapter?
7. What did you learn from this chapter? What questions did this chapter raise for you?
8. Do you (or does your organization) have experience with any of the challenges presented in this chapter? If so, explain your approach to resolving them.
9. How has this book affected the way you want to work in cultures that are not your own?

Appendix A: Improving Suitcase Medicine

This appendix describes ways to improve Suitcase Medicine, in which teams work hard under difficult conditions but may harm their patients and communities without meaning to.

1. What kind of pre-trip preparation does Dr. Scirto recommend for those who will serve on a team that provides what he refers to as Suitcase Medicine?
2. U.S. groups generally accept almost all applicants for a Suitcase Medicine team. Is this a good idea or a bad one? Explain.
3. Health workers on Suitcase Medicine trips often set up their own clinics rather than working with—and in—local clinics. Is this good or bad? Why?
4. If you help patients with chronic diseases (such as diabetes, HIV, or sickle cell disease) or acute conditions (such as a bacterial skin infection), they may require follow-up. Yet most Suitcase Medicine trips do not collaborate with local health workers and do not pass on medical records for their patients. Why is this a problem?
5. Below are issues that can result from Suitcase Medicine efforts:
 - a. Patients may not be triaged to identify the sickest patients.
 - b. Medicines may have expired, be disbursed by non-medically trained volunteers, or be improperly used.
 - c. Surgeries may end badly due to lack of follow-up care.
 - d. Short-term medical trips rarely track the health outcomes of their visit.

Choose two of these, describe problems that can occur, and explain what could be done to improve the results of their visit.
6. What does the Brocher Declaration propose, and what is its goal?
7. Dr. Scirto refers to two studies of outsider medical service trips that suggest that these are cost-effective. What assumption did these studies make with respect to local medical care?
8. Instead of funding short-term medical service trips, what types of local health programs could be run with the same funds? What do you think would be the best idea, and why?
9. Dr. Scirto recommends sending fewer volunteers on medical service trips, and seeing fewer patients. Why?
10. Most medical service trips last less than two weeks. Are local people comfortable with that length of stay? Why or why not?

11. In “Tipping the Balance: Benefits and Burdens,” Dr. Scirto explains how Suitcase Medicine trips can make things more difficult for local health services. Describe three of these ways.
12. Dr. Scirto reminds us that community members will let us know *whether* we are needed, *how* to support local health programs, *where* to go, and *when*. Explain.
13. If we participate in a Suitcase Medicine visit, how does Dr. Scirto recommend that we improve the odds of success?
14. What did you learn from this appendix? What questions did this appendix raise for you?
15. Do you (or does your organization) have experience with any of the challenges presented in this appendix? If so, explain your approach to resolving them.

Appendix B: Building Clinics... Or Confidence?

This appendix discusses the disadvantages of building new health facilities in communities which already have locally-run systems.

1. The opening story describes a locally-run health facility in which the electrical power fails and patients cannot get x-rays. It is natural for outsiders to believe that they could build a better facility with proper medicines, supplies, equipment, reliable power and water, and so forth. But the real problem is not *who* can give better care. What is the more relevant goal, and how might you accomplish this?
2. What kinds of issues come up when you try to partner and integrate with local health systems?
3. In the Why New Buildings section, the author explains that outsiders often want to leave their mark on a country, building a new health facility whether or not they have been asked to do so. And some local people request new structures despite the existence of local health facilities. If you are asked to build a new facility, should you do so? What questions should you ask first?
4. In the “Chicken or the Egg” Answer section, the author states that “we need to invest more in the people and less in the place to provide quality health care.” What does he mean by that?
5. Ideally, you should not build a new health facility without local help in planning the facility. But if you do, then at some point you should pass it on to the community. What is involved in that? Why is this not as helpful as building health facilities that the Ministry of Health, community groups, and other local health or training facilities recommend?
6. What did you learn from this appendix? What questions did this appendix raise for you?
7. Do you (or does your organization) have experience with any of the challenges presented in this appendix? If so, explain your approach to resolving them.

Appendix C: Participatory Rural Appraisal

This appendix describes Participatory Rural Appraisal in more detail and explores other practical applications, including brainstorming ways to resolve local health problems.

1. Dr. Scirto begins the appendix with four ways to rank problems:

- a. List and vote for three
- b. Vote and assess timing
- c. Four-variable method
- d. Compare pairs (also called *pair-wise ranking*)

Describe each of these briefly.

2. There are several PRA methods that do not require literacy and enable local community members to communicate relationships to healthcare facilities, numbers of people with certain health conditions, and so forth. Here are the ones that are listed first:

- a. Health status by stone
- b. Pie charts
- c. Venn diagrams

Describe each of these briefly.

3. The section titled “PRA Methods to Brainstorm Solutions” lists four techniques:

- a. Risk map
- b. Flow charts
- c. Problem tree
- d. Matrices or grids

Describe each of these briefly.

4. What did you learn from this appendix? What questions did this appendix raise for you?

5. Do you (or does your organization) have experience with any of the challenges presented in this appendix? If so, explain your approach to resolving them.

Afterword by Robin Young, MBA, and Jessica Evert, MD

1. What is the meaning of the Afterword's title: Don't Just Do Something: Stand There
2. The first story in the Afterword describes a professional relationship between Dr. Mbabazi, a traditional healer, and Dr. Atim, a lead physician. What kinds of issues does Dr. Mbabazi handle, compared to Dr. Atim? Why was this a surprise for the person who wrote the story?
3. Dr. Scirto's book reinforces frameworks that "explicitly tear down colonial approaches to global health work." In what way are approaches that most global health workers use "colonial?"
4. Given the concerns raised by Ms. Young and Dr. Evert with respect to global health work, one may well ask whether students should seek a global health experience at all. The authors believe that it is more important than ever. Why?