

Inaugural Symposium of the Center for Global Health
Day 1 Report: Summary and Reflection

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Once again, on behalf of the Center for Global Health, the College of Public Health and Human Sciences, and Oregon State University, I want to welcome each one of you to our inaugural symposium.

Notwithstanding the long distances you have traveled on overnight flights and the jetlag that you were dealing with yesterday, your enthusiastic participation in the symposium has been heartwarming. Your presentations were insightful reflecting the pride you feel about your work and your organization – straight from the heart!

Above all, after listening to your formal presentations and after having several informal conversations with many of you during breaks, I feel a strong sense of collaborative spirit in the air. I am confident that we will continue to build on this spirit of collaboration today, tomorrow, and in the years to come.

In this brief report, I have done my best to summarize the key or the most salient issues that were discussed during the first day of the symposium. I want to ask for your forgiveness in advance if you feel that I have omitted something important. Please do let me know after this presentation, and I will be happy to correct my summary report.

In addition, as perhaps all of you can relate to, it is very difficult (perhaps even impossible) for an academic to just summarize. We are prone to interjecting our perspectives/views into our summaries. I have tried my best to resist that temptation, but, as you will see, I haven't been fully successful.

During her inaugural and welcoming speech, Dean Bray made a passionate case for the unique timing for the Center for Global Health. "Why build a Center for Global Health now?" she asked.

To answer this question, she described the transformation that has been taking place both in the College of Public Health and Human Sciences and Oregon State University.

She stated that Oregon State University's previous two strategic plans and the most recent strategic plan (SP 3.0) reaffirm our commitment as a land grant institution to promote economic, social, cultural, and environmental progress for the people of Oregon, the nation and the world.

OSU's mission challenges us to think both locally and globally and build on our significant international engagement. As part of our strategic plan, we want to be a globally distinct institution of higher learning by increasing the number of OSU students who participate in study abroad, growing and supporting the number of strategic international research partnerships, and engaging our partners and alumni across the world to advance our goals and priorities.

We strongly believe that, above all, an enhanced global engagement will help us nurture our students to be globally minded professionals, successful leaders, and most importantly global citizens.

Dean Bray summarized both the growth and the changes that have taken place in the College of Public Health and Human Sciences in the past seven years or so. Our College is now organized into two schools, four research centers, along with a robust community outreach or extension network throughout the state of Oregon.

This reorganization has helped us build an academic community where we all can collaboratively work across disciplinary boundaries. This creative reorganization has helped us to effectively identify, analyze, and operationalize solutions to a range of complex problems – children's health and nutrition, aging, obesity, food security, migrant health, environmental changes and their health impact, etc.

Dean Bray reminded us that these problems are not only local, but also global.

Just to reinforce Dean Bray's point – recent global health statistics suggest that nearly one-third of the children in many African countries will not live till the age of five, often dying from illnesses easily treatable in the "developed" world. At the same time, increasing urbanization and affluence have led to overnutrition in China and India – two most populous countries in the world. These two countries now have more than half of the Type-2-Diabetes cases in the world. Infectious diseases can spread from one continent to another in the timespan of a transatlantic or transpacific flight. Clearly, just as with the economy, politics, media, and technology, we now live in a global village in terms of health.

Dean Bray reaffirmed our belief that the Center for Global Health will be able to assemble and connect the best minds in the field of global health from across disciplines, universities, and civil society organizations, including NGOs and CBOs to find innovative solutions to address current and emerging global health issues.

In addition, Dean Bray has set an ambitious goal for us – in the next five years, she said, 30% of our students will have at least one robust education abroad experience. Notwithstanding the ambitiousness of this challenge, we feel confident that with your support we will be able to meet and, hopefully exceed, this target.

As a Center for Global Health, we will be your partner, we will serve as the “lotus” bridge connecting different partners building on strengths and synergies, we will be your tour guide or have you be our tour guide as we imagine new ways of working together.

In his presentation, Dr. Chi introduced the Center’s mission and goals, and shared with us his perspective on the theme of the symposium “New Global Health: Transforming the Horizon.” In his compelling presentation, Dr. Chi advocated for a transformation in our thinking from an “ethnocentric” way to a more culturally relativistic, collaborative, and sustainable approach to understanding global health problems and finding solutions.

Let us resist the temptation to suggest solutions that we think are “right” or “the best.” Instead, he suggested, “let us take the time to listen to the people and first understand what they want and value.” “Health needs, he said, should be defined by the community.” To make his point, Dr. Chi drew our attention to the current scenario in global health policy and governance. “The one who has the gold; sets the rules,” he said. Clearly, there is misalignment between the so-called funding priorities of the key players in global health and the needs of the community.

Perhaps intentionally, Dr. Chi created a “rigid” binary opposition of “those with the gold” and “those without” to force us to think in terms of possible ways to promote respectful, collaborative, and sustainable solutions to global health problems keeping in mind what he calls the three foundational principles of global health namely, human dignity and solidarity, self determination, and communitarian ethics. From his perspective, and, rightly so, transformation in global health can be achieved by promoting plurality of perspectives; critically understanding the meaning and role of governance in global health; and by bridging the gap between science and politics.

In the following two sessions on the first day, our international partners introduced themselves and shared with us the work that they do, their institutional priorities, their perspectives on global health, and finally their hopes/aspirations from this Symposium.

Key leaders representing 14 international institutions from across the world and 2 domestic organizations (with a strong international focus) gave presentations. Regardless of the type of institution or organization they represented, all of the presenters made a compelling case for their organizations. The following are the key crosscutting themes that emerged in the presentations:

1. Civil society organizations (NGOs and CBOs) are well aware of the divide between “those with the gold” and “those without it.”
2. Civil society organizations are working at the grassroots level to build a community-based understanding of health needs and priorities, and to serve as a “bridge” (perhaps even a lotus bridge!) to foster alignment between funding

priorities and community needs. “Evidence based advocacy” emerged as a common phrase in several presentations yesterday.

3. The relationship between “for-profit” and “not-for-profit” work in the field of global health needs a nuanced understanding. It might be a mistake to draw rigid borders between the two.
4. Communities are not homogenous entities. They are complex, hierarchical, and dynamic. Notwithstanding the efforts that have been made so far, we still have a long way to go to fully integrate women’s perspective, especially at the grassroots level, on global health issues.
5. All of us (our university and civil society partners) strongly value the education abroad experience. While some of our partners have developed innovative curricula to promote global engagement and to teach students how to understand and value people’s perspectives, other partners have developed internship opportunities, dual degree programs, faculty-led study abroad programs, etc. to achieve this goal.

I especially want to point out how inspirational it was to hear that our partner institutions that provide biomedical education have created opportunities for their medical students to bridge the gap between biomedicine and public health, thus creating innovative pathways for students to learn directly from the people and the importance of humility in medical profession.

In closing, I want to reiterate the sentiments I expressed in the beginning of my presentation. I would like to thank all of you once again for showing your support, collaborative spirit and enthusiasm to partner with us on this shared journey with shared goals. If I were to use our yesterday’s discussion as a baseline, I believe we have made a great start. I look forward to working with all of you today, tomorrow, and in the years to come.

Thank you!