

status of populations around the world is necessary if we are to consider the allocation of global health resources in a fair, sustainable fashion. All healthcare professionals have a responsibility to know of recent research developments, what the healthcare priorities are, and where future advances might lie. At present, the responsibility for such training appears to be reserved for specialty colleges, but these habits need to be formed much earlier in medical training. This information would form a standard component of any reasonable global health module, therefore filling a current gap in the undergraduate programme. Global health issues are applicable to every eventual medical specialty: what better time to build this foundational knowledge than during the period in which medical education is most generalised? What are we waiting for?

Let us now turn our attention from medical conditions and consider healthcare systems in general. Why is a global health approach relevant?

The problems and challenges that face our world do not lie within a single nation's boundaries. As a result, we are witnessing a shift towards more integrated (if somewhat under-governed) approaches to addressing various issues. Conflict resolution is just one of many examples: David Cameron might have originally proposed the no-fly zone over Libya but a UN resolution was required for that to occur. Further to this theme, the issues that face health and healthcare systems demand solutions that come from more than a single arena (i.e. medical) within a single setting. To solve the big challenges, we need a systematic approach to healthcare provision.

As healthcare systems develop in low- and middle-income countries and as existing systems within developed countries are forced to adapt to cope with changing demands and ever diminishing resource availability, we all have a lot to learn from one another. Despite various distinctions, many of the issues that face developing countries also apply to the developed world. Global health delivery systems should therefore ideally be designed and implemented in close international collaboration, adhering to a set of overriding fundamental principles. Until this occurs, our systems will remain effectively stagnant – or at best we will see incremental improvements. We will continue to witness practice that functions within isolated silos

and does not reflect the true far-reaching determinants of health-related conditions.

Given the challenges ahead, incremental improvements in healthcare delivery are not adequate. Incremental improvements have been the vision, the aim and, resultantly, the extent of the output for years. They are beneficial, but they are not enough. Working in proverbial silos is not sufficient: this approach will not produce success on the scale our society demands and that our patients deserve. We must think and act bigger. We must go global.

The healthcare structure that we see today is at least in part a consequence of how healthcare professionals are trained. Resultantly, overseas institutions are already introducing global health training as part of a core medical curriculum. We need to display real movement now to prevent us from getting left behind. We do so many things well; it would be an incredible pity to continue to lose points here. Through actively engaging with the trend to include this teaching, we find a way to keep NZ close to the rest of the developed world and to make our already strong medical graduates even more competitive.

The question remains as to what we do from here? How do we build momentum for the global health revolution within the confines of our shores? Easy! Be bold. Defy that gravitational pull that leads you to unquestionably accept how your craft is communicated to you. There is no substitute for people with will, guts and determination. Speak up, ask the right questions and be an active part of the change that is needed. Be in the driving seat of your own educational journey. Your medical education has already changed you. The person reading this has progressed beyond the person that started your degree. That transformation is the result of much more than simply the acquisition of knowledge drawn from lectures. Dare to imagine where that can go if the 'blinkers' are removed to fully reveal the scope of your horizon. Dare to engage in global health and dare to encourage others to do the same. A world of opportunity lies ahead.

Seriously, what are you waiting for?

## GUEST EDITORIAL

# Global health in New Zealand: Opportunities abound

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When I first turned up to class at the dark-grey concrete fortress in Grafton five and a half years ago, there were no organised global health activities for medical students. There were rumours of the odd student taking time off to get involved in some mysterious humanitarian work, and of course the dangling carrot of the developing-world elective at some point in the distant future, but little else. In 2011, the substantial interest of New Zealand medical students in global health activities is matched by a number of organisations and projects.

It must be acknowledged that students have varying levels of interest in global health, from simply being motivated to hear from interesting speakers and to learn more about the world, to working with the local community, performing research, and travelling overseas to get some hands on experience. Through Medical Students for Global Awareness (MSGA), New Zealand students can attend interesting talks and seminars on global health, and there is often a set of interesting speakers from a global health background at the annual NZMSA Conference. The pinnacle academic event in global health in this part of the world is the annual Australian Medical Students' Association Global Health Conference (AMSA GHC), which New Zealand students have been attending in increasing numbers.

However, to get a real feel for global health activities, there is nothing better than getting out of the lecture theatre and into the field. There are several opportunities for New Zealand medical students to gain experience in hands on campaigning and humanitarian work. Although often small in scale, these opportunities allow you to gain insight into the practical challenges, personalities and rewards of advocacy and development work at the coalface. Following the principle of 'think global, act local', MSGA partners with New Zealand based non-governmental organisations to encourage medical students to engage with their community and with local issues of social justice. For example, MSGA has partnered with OraTaiao, the New Zealand Climate and Health Council, to advocate for action on climate change in New Zealand from a health perspective, including lobbying against planned lignite coal mining in Southland. The Medical Aid Abroad Programme (MAAP), based principally in Christchurch, and the group 'Medical Aid Abroad', offer medical students the chance to retrieve medical equipment no longer required in New Zealand and then send this as targeted aid to hospitals in the developing world via elective students.

Internationally, New Zealand medical students have been involved with the establishment and implementation of a number of projects. The Fiji Village Project (FVP), an international student-led humanitarian project, was started in 2007 by medical students from Australia, New Zealand and Fiji to address basic public health deficiencies in a village setting, such as water sanitation. The Fiji Village Project is a year-long commitment ending with an annual two week project trip to Fiji in mid to late January. I was fortunate

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to be involved with organising the initial project, where we worked in partnership with a village of six hundred people to fund-raise and install new water tanks, screen villagers for signs of chronic disease and perform health promotion education. The FVP has maintained the same focus and grown each year, and in 2011 partnered with two villages for the first time.

New Zealand students have also been involved with the Institute for the Indian Mother and Child (IIMC), which resources twenty two schools, five rural health hospitals and clinics, a disabled children's respite centre, a microcredit lending programme and a women's empowerment and peace project in rural Kolkata. MSGA promotes the IIMC and its child sponsorship programme in New Zealand, and in 2010 hosted the institute's enigmatic founder and director, Dr Sujit Brahmochary, for a series of talks at each clinical school.

New Zealand students have also engaged in a number of activities through the network of the International Physicians for the Prevention of Nuclear War (IPPNW), also known as Physicians for Social Responsibility (PSR). IPPNW were awarded the Nobel Peace Prize in 1985 for lobbying against war, environmental degradation and issues of social justice around the world. The key principle of IPPNW involves doctors using their respected, non-political voice to advocate for social change. MSGA is proud to have IPPNW New Zealand as their parent body. Relevant opportunities include policy internships at PSR in the USA, attending the Refugee Camp Project (ReCap), a one month development programme with the United Nations Relief and Works Agency for Palestine Refugees, and elective students authoring 'One Bullet Stories' to provide a health and economic narrative to small arms violence in the developing world.

Opportunities for global health research have also emerged at both New Zealand medical schools, allowing students to undertake studentships and BMedSci research years in topics related to global health. Dr Judith McCool leads the University of Auckland Global Health Group and Professor Philip Hill leads the University of Otago Centre for International Health. In the future, research exchanges may be offered through New Zealand's fledgling membership of the International Federation of Medical Students' Associations, which also offers opportunities to attend a number of international conferences and to engage with transnational public health projects.

If you are interested in getting involved with the above activities, MSGA is a great starting point. The organisation works in partnership with the above projects and organises events at all four New Zealand clinical schools. MSGA also operates local mailing lists, and acts as a bridge between medicals school and wider community and humanitarian groups present at central University campuses. With such a range of activities to get involved with, global health opportunities in New Zealand have blossomed.

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If you are interested in global health opportunities contact your local MSGA representative or visit the MSGA website: [www.msga.org.nz](http://www.msga.org.nz)

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