

IT'S A SMALL
WORLD
AFTER ALL

The world has reshaped itself economically and politically, and the line between here and there has dissolved

By Dean Sioban Nelson, RN, PhD

It seems that everywhere you look these days there's a story about global health. In January, Bill and Melinda Gates announced that their foundation will commit \$10 billion over the next decade to research and develop vaccines, and then deliver them to the world's poorest countries. Prime Minister Stephen Harper, as president of the G8, declared that reducing infant mortality and maternal deaths will be a G8 priority. And dozens of media stories continue to report on collaborations, partnerships and projects between Canadian universities, hospitals and NGOs to improve global health. It seems that global health and global citizenship are the catch cries of the moment.

Much of the global citizenship discussion is a continuation of a longstanding theme of social responsibility manifested by the need for countries and communities that are fortunate in terms of wealth, health and political freedom to redress global inequities. This approach has a strong tradition at the University of Toronto's Faculty of Nursing. In the mid-20th century, the Faculty prepared its graduates to be public health nurses, and these nurses constituted the vanguard of the new public health movement that swept across Canada and throughout many parts of the world. As a hub of the Rockefeller Foundation network of world-leading schools, the Faculty educated nurses from dozens of countries, equipping them to take the gospel of public health home to set up schools, public health programs and clinics. Under the leadership of Kathleen Russell, the founder of U of T's nursing program, the Faculty established an international reputation for public health. In many parts of the world, U of T is still remembered for its contributions to public health and nursing education.

In the past, international projects were driven by noblesse oblige or the simple desire to build a more just world. Today, the world is seen as being much smaller and more interconnected. These days, few

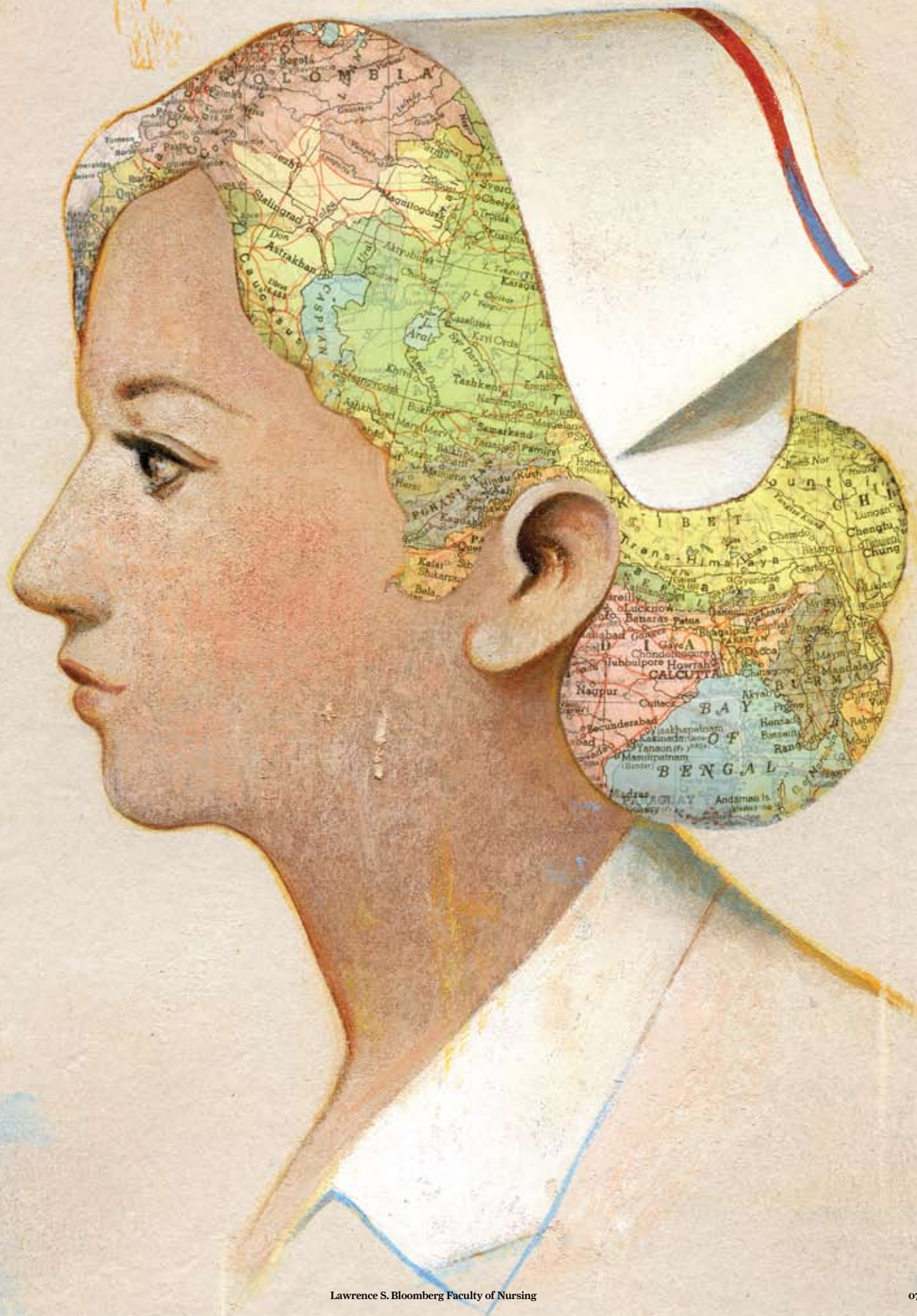
would argue against the idea that terrorism is everyone's problem, or that there are shared global responsibilities to meet the challenges of climate change, or that pandemics threaten every country on the planet. And just as the world's problems have morphed into everyone's issues, it has become increasingly evident that the wealthy nations of the world don't have all the answers—for themselves, let alone for the rest of humanity.

In fact, a prime element of contemporary ideas about global citizenship is the recognition that the world's problems are not all "over there." Few wealthy nations are immune to health disparities within their own country. There are resource-rich and resource-poor environments in Canada too, and the health of Aboriginal peoples continues to dramatically reflect this disparity. Canadians justly take pride in their healthcare system, but there are still plenty of areas for improvement and much to learn from collaborations with partner countries who have implemented successful initiatives in their communities.

The new world order

To engage effectively with the world, it's important to understand the global shift that has occurred over the last 25 years. The remarkable Hans Rosling, a public health professor at the Karolinska Institutet, Sweden, challenges his students and the public who flock to his talks to recalibrate their mindset to see the world as it is now. The traditional "them and us" view of world—in which "they" are economically developing countries with large families and short life expectancies, and "we" are economically developed countries with small families and long life expectancies—simply doesn't work anymore. In the converging world that Rosling describes so well, the bulk of the world now fits into the middle-income category, and the greatest differences are within countries and regions. In the new world order, Singapore now matches Sweden's health indicators, Shanghai has leapt forward and caught up to high-income countries on all economic measures, and the Indian state of Kerala easily outperforms the U.S. on health indicators.

If "developed" and "developing," "First World" and "Third World," and "West" and "East" no longer work as categories, what does? Some use "majority world" and "minority world" to reinforce the minority



status of Organisation for Economic Co-operation and Development (OECD) countries. Others use “resource rich” and “resource poor” to avoid the development paradigm and focus on the issue in point—wealth versus poverty. “North” and “South” are also common terms as the hemispheres can describe the wealth-poverty global meridian. None of these terms, however, truly describe the rapidly shifting new world order that has Brazil rising in the South, India and China towering in the East, and countries as different as Turkey and Vietnam defying old development categories.

The role of nurses

How does the Faculty prepare students to be socially informed, well-educated global citizens of the new world order? And what role can nurses play to ensure that the world community delivers on its global health imperatives? As a leading research-intensive nursing faculty, we have been seriously considering these questions.

One challenge that nursing faces is that it straddles the three domains of education, service delivery and professional regulation. To affect any change that has a lasting impact, all three elements need to be co-ordinated. If governments invest in education programs through universities and colleges but the education sector has no formal relationship with hospitals or other clinical sites, then the clinical aspect of the education will not improve. Similarly, if there is no role for the profession to set standards of programs, licensure or regulation, then it will be impossible to establish standards of practice or create quality expectations among educational institutions.

In Canada, we have struggled with these tripartite complexities and benefit greatly (albeit in a taken-for-granted way) from the fact that the professions are self-regulated but governed by law, that universities and colleges are strictly accountable to government for quality assurance, and that healthcare providers have rigorous standards of accreditation. It has been a long path to reach this point, and the standard of care that Canadians receive completely relies on these three components.

Throughout the world, the development of a strong nursing profession faces myriad challenges. In some countries, war or political instability has undermined the regulatory framework, and “nurse” and “midwife” are not protected titles so anyone can use them. In other countries, nursing programs are new to the university sector, and there is no history of collaboration between the clinical site and the university, making it difficult for the university to provide appropriate clinical experiences for students. In some areas, the clinical settings are so understaffed and under-resourced that students pose an impossible burden on the nurses practising there.

One of the Faculty’s goals is to meaningfully partner with colleagues in the profession, such as the Canadian Nurses Association, and with those in practice settings through the Toronto Academic Health Science Network (TAHSN) and community health organizations. This goal ensures that the work we engage in internationally is not solely education focused, but pays attention to the professional and practice contexts. Sadly, in our experience these complex dimensions to

nursing are not always evident to funders and policy-makers, largely because nursing is seldom well represented (if at all) around the tables where decisions are made on how to best address a country’s health needs.

Hitting the target

Meeting the Millennium Development Goals requires not only the innovation agenda of breakthrough vaccines, it requires a sustainable healthcare system. A sound healthcare system requires infrastructure that supports quality education programs for all healthcare professionals, national standards and regulation, and an appropriate framework for clinical education. It is on these latter issues that the University of Toronto has much to offer. Not only do we have the benefits of an integrated approach to education and practice in our own programs, but our partnerships across the health sciences and with teaching hospitals and community service providers provide us with a broad array of resources for both education and practice-based initiatives.

This is the basis of our approach to global engagement. We are interested in opportunities for partnership that support our colleagues around the world to build capacity in education, professional advancement and furthering practice. It is only through this tripartite mission that nurses can truly contribute to strengthening healthcare systems and that a sustainable workforce can be achieved. Critically, these partnerships also provide vital opportunities for faculty and students to engage as global citizens, to learn from our colleagues from Northern Canada to East Africa, and to work together as nurses on a global agenda to address healthcare and health workforce needs.

When the Faculty engaged in the international domain during the mid-20th century, it did so from the perspective of the development model prominent at the time. The Faculty had the expertise, and nurses from around the world came to listen and learn. Western values shaped the Faculty’s professional mission and vision, and the effective transport of those values was its measure of success. Today, the world has reshaped itself economically and politically, and the line between here and there has dissolved. Global citizenship now means doing as much learning as teaching, as well as taking responsibility for the state of the poor and marginalized in our own backyard. For our students, the key message is that the desire to listen and learn is more important than the illusion of having all the answers.††

What’s in a word?

Pulse’s editorial team faced a difficult decision. After collecting all of the articles for this issue, we noticed a bewildering number of words to describe a country with a transitional economy. To attain clarity, we decided that we had to choose one term and stick to it. We chose *country* or *community with constrained resources*.