Local Global Health

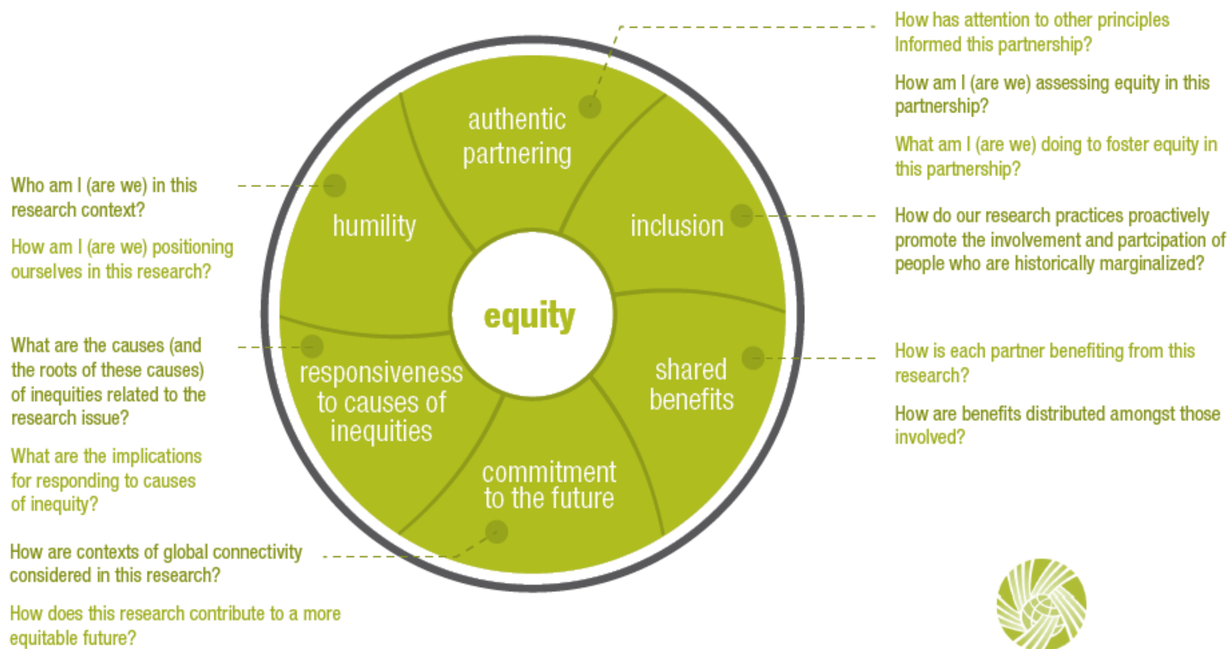
Anca Matei

The Global Health Interest Group has been busy in the past few months. We established a number of partnerships, organized educational sessions, and set the building blocks for new directions.

To mark Cervical Cancer Awareness month, our group organized a Pap Clinic in partnership with the Refugee Health Clinic. This was a full day during which women who needed cervical screening (Pap tests) were seen, counselled, and able to have a well woman exam. The day also included small group educational sessions on cervical cancer screening and other areas of women's health. It was a very successful day and we would like to thank Dr. Tim Holland for helping organize and advertise, Drs. Hawker, Irwin and Nicholson for supervising, the interpreters without whom this day would not have been possible, and our friends who translated our Pap test brochure! We are planning on a second clinic at the end of February…stay tuned!

We have also been busy organizing women's health educational sessions across the city. We were at Adsum House in October and Phoenix House in December. Future sessions will take place this month at Adsum Court and Phoenix House. Our group also collected donations for Phoenix House over the holidays and we would like to extend a big thank you to everyone in the Department of Obstetrics & Gynaecology who kindly donated!

Last but not least, this winter we are hoping to start a monthly well woman clinic at the North End Community Health Center. We will have more details about this in the next newsletter!



Above: the CCGHR recently published a set of guidelines and principles for global health research. Find out more at: http://www.ccghr.ca/resources/principles-global-health-research/

REGISTRATION NOW OPEN

http://brt2016.com/registration/

The 2016 course will focus on the theme of "building collaborative teams to strengthen global surgery" including collaboration for clinical service, education, research, and advocacy. The course will explore examples of successful collaborations involving multidisciplinary teams which may include various medical professionals, health care administration, government, universities, or community associations. One of the keynote speakers will be **Professor Dame Tina Lavender**, a Professor of Midwifery and Director of the Centre for Global Women's Health at the University of Manchester. She leads a program of research, midwifery and women's health; her main research focus is the prevention and management of prolonged labour. She is Co-editor in Chief of the British Journal of Midwifery and Associate Editor of the African Journal of Midwifery and Women's Health. Dame Tina is an Honorary Fellow of the Royal College of Midwives and European Academy of Nurse Science. She is also an active member of the Global Women's Health Society (GLOW) and founded the Lugina Africa Midwives Research Network, to build capacity amongst midwives in Africa. Dame Tina acts as a regular Advisor to the World Health Organization, particularly in relation to guideline development and as a reviewer of educational materials. In 2014 Dame Tina was awarded Faculty Researcher of the Year.

Scholarships have been awarded to ten people from low and middle income countries who will present on a wide range of research. Two scholars have an obstetrics background. Dr. Jerry Coleman of Ghana will present research on the "Ghana PrenaBelt trial: an international, multidisciplinary collaboration" and Dr. Deborah Jenny Chisa Robert of Haiti will present on "Procedures driving mortality rate: the experience of a teaching hospital in Mirebalais, Haiti".

Rwanda & Burundi: A reflection on peace, violence, resilience, and health

Amanda Moore

In November 2015, I spent four weeks on elective at the University Teaching Hospital of Kigali (CHUK) in Rwanda, a small land-locked country in Eastern Africa that two decades ago was ravaged by one of the most gruesome genocides in modern history. Since then, Rwanda has emerged as a global example of resilience and fortitude, rebuilding not only its infrastructure and government, but its collective spirit and commitment to peace. I was privileged during my time in Kigali to be provided insight into those challenges, past and present, that have been overcome by the Rwandese people. What I did not expect but also gained was a real-time glimpse into how conflict can brew and eventually erupt in a country to have profound effects on its people's lives, homes and health.

Growing violence and political unrest began to unfold in Burundi, Rwanda's neighbour to the south, after its reigning president sought a third term in its national elections in April of last year. Mounting numbers of people left their homes to seek refuge from the turmoil, crossing into bordering Rwanda and Tanzania; by the time of my arrival in November, over 200,000 individuals were estimated to have fled. Though Burundi is comprised of a comparable ethnic makeup to Rwanda, many have been quick to insist that this conflict is of a political rather than ethnic origin. Others, however, remain concerned that Burundi could face in its future a brutal fate similar to that met by its neighbour twenty years ago.

There were palpable repercussions of the Burundian crisis that reverberated through the Rwandan capital during my stay. Notable were increasing numbers of Burundian patients arriving at CHUK in transfer from smaller district hospitals to the south, where a refugee camp had been established to accommodate the new arrivals spilling daily over the border. The health care issues encountered were numerous and varied. They included obstructed labor that went unrecognized in the refugee camp, as well as it attendant sequelae like obstetric fistula. Another was lack of timely access to vital diagnostic services, such as imaging to rule out pneumocystis pneumonia in a woman living with untreated HIV.

Such examples, though not exclusive to refugee populations, highlight how barriers to health care are amplified and exacerbated by the precarious conditions in which refugees live. People displaced from their homes by war and persecution are faced with disproportionate obstacles to obtaining even the most basic of services, such as birth attendance and essential obstetrical care. More tacit barriers, like those posed by language and cultural differences, also abound – from Burundians fleeing to neighbouring Tanzania to Syrian families resettling within our own Canadian borders.

My elective in Rwanda allowed me to develop an understanding of how a twenty-year old conflict has pervasive consequences that will continue to be borne by generations both today and beyond. It also provided me with a greater awareness of how ongoing conflict can jeopardize the health and wellbeing of the populations it affects. These injustices deserve our attention not only as health care providers but as global citizens who have learned too well what can happen when such violence goes unchecked. Whether their place of refuge is abroad or in our own back yard, the world's displaced deserve our concern, to know that their struggle will not be alone.