PART ONE

GLOBAL HEALTH CONCEPTS
The teacher is no longer merely the-one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach. They become jointly responsible for a process in which all grow.

—Paulo Freire

You are probably studying global health because you are interested in engaging with people from around the world, and you want, in some way, to be a partner for global change. You might be aware that, while 3.2 billion people had access to the Internet in 2015 (International Telecommunications Union, 2016), approximately 2.1 billion people, in spite of progress in recent decades, lack access to a safe water supply at home, and 4.4 billion lack safely managed sanitation (United Nations Children’s Fund, 2016).
Further, 795 million people, nearly one in nine, are undernourished (Food and Agriculture Organization, 2015). You might be concerned about disease outbreaks such as the Ebola or Zika viruses, or you might find excitement in the possibility of polio eradication, which is within reach if political will and technical know-how can come together to address it. Perhaps you are interested in combating maternal and infant mortality, which will require strategies that combine health care with nutritional support and overall poverty reduction. You might be motivated by issues related to the environment and health, with an interest in sustaining human life and caring for the earth at the same time. You likely already know that these matters form the action agenda for your generation, and that addressing these problems is a complex enterprise. These challenges can be overwhelming, the barriers are formidable, and yet you want to engage, because advancing global health and well-being is important to you. You want to learn, and you think you have something to offer.

You may be a student who has traveled extensively, or you may be preparing for your first journey. Many of you will be studying places that are completely new to you, hoping to understand and embrace cultural differences while you find a way to make an impact. Some of you are exploring countries or regions that are somehow part of your own heritage, hoping that your special knowledge and connection will be an asset, as you bridge distance and generations to live a global life. Others may be preparing to engage with health challenges and disparities in your own country and community, bringing a new global lens to a familiar place. Still others are interested in working “everywhere,” on issues that transcend national boundaries, such as infectious disease pandemics, the impact of climate change, and global resource scarcity. You aspire to work in the professions of health, education, engineering, agriculture, and governance. You are students of the biological sciences, the humanities and social sciences, the arts, and many other fields that can contribute to improved global health.

You and your classmates are motivated by many things, such as curiosity, a sense of justice, your faith, a spirit of adventure, a feeling of compassion and care for people, an interest in economic development, or a desire to foster peace or to promote the sustainability of our planet. You are part of a generation of students that has more access to information than any previous generation, and you are more interconnected than ever with other young people from a wide variety of backgrounds.

The geographic, disciplinary, and human terrain to be covered is vast, and the global health field is dynamic, with new challenges and perspectives and innovations emerging constantly. What does a student like you expect to learn in a global health class? What should you expect from your teachers? And what should they expect from you?

The study of global health can embrace the rich and diverse information available through a pedagogy of joint learning. Course leaders offer core content and structure to the inquiry, drawing on their own expertise as well as guest lectures from the campus
and the community. Students contribute information and perspectives from their life experiences. In this way, the global health class is a rich learning experience for faculty members and students alike. Your study will be informed by many voices, many disciplines, and intergenerational perspectives.

This chapter provides guidance toward gaining global perspectives from within your classroom community, and outlines how you can use a broad range of information sources from health and social sciences research, the popular media, literature, music, and art to develop a global worldview. To explore these matters further, consider the following chapters in part 3: Brian Simpson’s So You Want to Save the World? First, You’ve Got to Know It (chapter 21) and Louise Penner’s reflection, The Importance of Narrative to Global Health Research and Practice (chapter 37). Self-directed reading during your global health course will help you identify your specific interests, talents, and passions. It will also allow you to be a deliberative and well-informed citizen advocate for improved health—both locally and globally, now and in the future.

Sharing Perspectives in a Diverse Learning Community

Most students agree that the most rewarding and educational aspect of global health learning is the experiential learning that is undertaken in communities around the world. It can be easy to overlook the fact that your classroom itself is a global learning opportunity. Lectures, readings, and discussion topics include many academic disciplines and regions of the world, and content should be inclusive of diverse perspectives in terms of race, gender, ethnicity, and sexual orientation, so that learning integrates the wisdom, knowledge, and experience of historically marginalized populations.

**Perspective taking** is an important skill related to social responsibility and professional and civic engagement both locally and globally. It can be defined as “taking seriously the perspectives of others: recognizing and acting on the obligation to inform one’s own judgment; engaging diverse and competing perspectives as a resource for learning, citizenship, and work” (Dey and Associates, 2010, p. 1). The ability to learn from the perspectives of others, use evidence to support your own views, reconsider your opinions when presented with new information, and understand other points of view and maintain civil discourse with those who hold views different from your own are key components of perspective taking. Here we discuss some strategies for sharing diverse perspectives in your global health study.

**Asking better questions.** “Where are you from?” “What’s your major?” “What is your religion?” “What political party do you belong to?” “Are you an athlete?” “Do you belong to a frat?” “What are you doing for spring break?” “Why are you studying global health?” These are questions that we often use to learn about others. Although there is nothing wrong with these questions in themselves, we can see that they are aimed at
categorization and finding sameness, rather than being more open ended and allowing people to share differences. Much information is gained from these questions, but they may tempt us to apply stereotypes instead of experiencing people as individuals, and they may inadvertently lead to feelings of exclusion.

If our engagement is intended to purposefully increase inclusivity, share values and life experiences, and also learn from differences, then we might consider alternative strategies for asking questions. If we exchange or complement categorizing questions with questions that are open ended, and leave the type and degree of disclosure to the respondent, we can give people a chance to share what they know and want to share. Examples of these types of questions include, “What would you like our class to know about you?” “What knowledge and life experiences would you like to share in relation to today’s topic?” “What do you hope to learn from others?” “Tell us more about your interests in global health.”

**Preparing to share your experiences.** Preparing yourself for conversations about diversity in your own classroom is a great way to develop cross-cultural skills that will serve you well at home and abroad. Identify the unique life perspectives and experiences that you want to share, and take time to plan how you will frame your experience, what you want to disclose, what you do not want to disclose, what questions might arise, and how you will answer. It is important to balance risk-taking and vulnerability, which can lead to friendship and trust, with sensible and appropriate emotional boundaries. Fortunately, global health students generally have at least a semester together, and often share travel and immersion learning experiences as well, so there is time to share perspectives and to challenge each other gradually.

**Listening and learning from others.** Respectful and courteous listening, refraining from interrupting, and refraining from judging others are essential when you are sharing opinions and life experiences related to global health, especially when the topics are complex or controversial. It is important to try to consider the issue from the perspective of others and to formulate questions and comments accordingly. Listening strategies promote deeper sharing and understanding of different points of view. **Active listening** is the practice of listening to a speaker while providing feedback indicating that the listener both hears and understands what the speaker is saying (Grohol, 2016). Key strategies for active listening include listening with attention, refraining from interrupting, and allowing for pauses. It can also be helpful to prompt further conversations with phrases like “Tell me more” and other simple verbal encouragements. Restating or reflecting what you are being told is a good way to show that you understand and are listening. Also, following up with open questions can help share with more depth and detail.

One issue that can arise in classroom conversations about diversity is that students from historically marginalized groups are inadvertently put in the position of representing their entire group (which likely includes many distinct points of view) or having to
do the work of educating teachers and other students about their experiences, without regard to balance, reciprocity, or appropriateness (Tilleczek & Ferguson, 2013). Instructors and facilitators can prevent this by setting ground rules with the group and monitoring and guiding the conversations. However, it is important for everyone in the group to make an effort to educate themselves alongside the group inquiry process and to consider intentionally what they would like to share and what they would like to learn.

Skills for discussion and debate. Global health conversations that explore a range of perspectives should lead to debate, differences of opinion, and sometimes difficult conversations. There is perhaps no better preparation for life and global citizenship. Points of view should be stated clearly and supported by evidence. Disagreement should be honest, civil, and respectful. Although you may find that you learn and change your mind as a result of discussion, the goal of these exchanges is not to reach consensus but rather to clearly understand the perspectives of others and to explore a range of opinions. If areas of disagreement reach an impasse, identify common ground and try to stay in a constructive conversation.

Sources of Global Health Information

In addition to bringing your rich life experiences to class, it is essential that you make a commitment to educating yourself and staying informed about global health topics, beyond assigned course readings. Global health study puts great emphasis on the public health academic literature, health statistics, epidemiology, and scientific evidence, as well as on anthropological and sociological research on the cultural and contexts that create health and disease. Also inclusive of perspectives from political science, economics, management, and implementation science, the public health literature is highly interdisciplinary. This section will discuss health statistics, the peer-reviewed academic literature, primary source documents, the gray literature, news media, nonfiction books, and general information sources to inform your global perspective.

Health Statistics

What is the leading cause of death in the world? What countries have the highest and lowest rates of infant mortality? How does the health status in countries with great per capita wealth compare to that in poorer countries? How are these health statistics changing over time? Health statistics include both empirical data and estimates related to health. Although it can seem arduous to memorize statistics for their own sake, an understanding of basic measures, and familiarity with the broad parameters of health statuses are essential to accurately characterize the human experience of our times. Global health practitioners should be able to access, cite, and interpret demographic and health statistics to answer questions like the preceding with data that are accurate and relevant. This skill will be important for research, advocacy, and practice.
The 2010 Global Burden of Disease Study, perhaps the most comprehensive study of its kind, reports ischemic heart disease as the leading cause of death globally, with an estimated seven million deaths in 2010 (Lozano et al., 2010). United Nations infant mortality estimates for 2015 indicated the lowest number of deaths per thousand infants in countries such as Iceland, Japan, Singapore, and Sweden (2), whereas Angola (96) has the highest rate of infant death in the world. The infant mortality rate in the United States is around 6 per 1,000; and more than 40 countries, most with lower per capita incomes, have better rates of infant survival than the United States (United Nations, 2015). Although these infant mortality rates reflect unacceptable levels of disparity, inequality, and inequity, there have been considerable successes in global health during the last 20 years. The global burden of disease data show that child mortality rates for children under five decreased by 60% from 1990 through 2010. Life expectancy overall increased by 12 to 15 years for men and women, reflecting lower rates of child mortality and other health improvements as well.

Data about mortality, morbidity, life expectancy, population, and other descriptive statistics are more available than ever before, allowing you to easily find answers to questions and to obtain a snapshot of the health status of populations in the countries where you will work or study. These statistics are valuable tools for research, practice, and advocacy because they can help characterize the frequency, severity, and importance of the health problems of individuals, communities, regions, and nations. We will explore these types of statistics in more depth in chapter 5.

It is important to know how to access and interpret health statistics and to be able to place them in a meaningful context with comparative data, both in terms of geographic comparisons and comparisons over time. In addition, chapter 5 provides a detailed overview of measures of disease burden and the Global Burden of Disease Study. Of course, health statistics are just the beginning of an in-depth inquiry, and complementary information about culture, economics, social conditions, and other factors will be needed to gain a thorough understanding of the disease burden, its causes, and strategies for prevention and treatment.

**Peer-Reviewed Academic Literature**

A peer-reviewed journal submits its research articles for outside review before publication. The specifics of the process may vary, with each journal following its own guidelines regarding manuscript submissions, the number of reviewers, review procedures, and the influence of reviewers’ feedback (International Committee of Medical Journal Editors, 2010).

Generally, when a researcher submits an article to a peer-reviewed journal for consideration, an editor will review the submission, then identify and solicit peer reviewers.
(Often a double-blind process is used, whereby the authors and reviewers do not know each other.) Depending on the review, the journal may accept the article as is, request corrections and revisions, or reject the article. This expert review process increases the likelihood that what is published is accurate, well written, and appropriately referenced, and reflects new discovery.

In spite of the rigor of the peer-review process, there are several shortcomings in the production and dissemination of the peer-reviewed literature that limit its ability to realize its full potential to impact health and well-being. First, because health science research dollars are invested disproportionately, with only 10% of research dollars addressing the problems that face 90% of the population, there is a corresponding gap in the academic literature, which underrepresents health issues experienced by populations in low-income settings, including such conditions as malaria, tuberculosis, malnutrition, and infant and maternal mortality (Langer, Díaz-Olavarrieta, Berdichevsky, & José Villar, 2004). Second, because of the many challenges and barriers related to research capacity development at the individual and system levels, researchers from lower-income settings are underrepresented in the academic literature, leaving important gaps in the literature in terms of perspective, geographic representation, and representation of socially marginalized groups. Finally, leaders, researchers, and practitioners in low-resource settings may have trouble accessing the most recent research because of the difficulty of accessing print or electronic copies of the articles, language barriers (the literature is predominantly in English), or prohibitive subscription fees or copyright restrictions. Therefore, the discoveries reported in the peer-reviewed literature are not disseminated and adopted into practice as widely or as quickly as they should.

Efforts are under way to address all of these issues, as research-oriented grant-making agencies try to increase the focus on health disparities and low-resource settings, and investments in international training and partnerships work to strengthen global research capacity. Particularly notable is the open-access movement, which aims to make health information available worldwide free of charge. One leading and successful example is *PLoS Medicine*, a high-impact journal with open access and many globally focused articles. Another effort to increase access was initiated by the World Health Organization and a number of major health science journals in 2002. They established the Hinari Access to Research for Health program (see http://www.who.int/hinari/en/), which provides free access to more than 11,000 journals in over 100 low-income countries. This is not a full open-access model, as access may still be a challenge for some in higher-income countries; however, it removes barriers for many researchers who reside in low-income countries. Unfortunately, some countries with large health burdens and high levels of poverty, such as India, Pakistan, Indonesia, and China, do not receive free access benefits through Hinari, because they represent emerging markets for some of the major participating journals.
Another important source of health-related evidence in clinical, public health, and health equity research is Cochrane, a collaborative network that produces accessible health information. Established in 1993, Cochrane focuses on summarizing the most current health-related evidence through rigorous systematic review and synthesis of multiple articles on a given health topic. Initially, these analyses tended to prioritize English-language literature and higher-income countries, but the organization has grown decidedly international, with members from over 120 countries, and efforts are under way to provide more information in translation and to create more open access.

One example of a systematic review published by Cochrane, titled “Community-Based Supplementary Feeding for Promoting the Growth of Children under Five Years of Age in Low and Middle Income Countries” (Sguassero, Onis, Bonotti, & Carroli, 2012), illustrates these efforts to expand focus and to improve access and utility. In addition to making the full report available with open access, the Cochrane Library includes a detailed abstract in three languages (French, Chinese, and English) and the following helpful plain-language summary:

Under-nutrition is one of the underlying causes of childhood illness and death in low- and middle-income countries. Providing extra food to children or families beyond what they normally have at home is an intervention aimed at supporting the nutritional wellbeing of the target population. We included eight studies where the participants were randomly assigned to two groups: one group received the extra food and the other group was a control, either receiving no food or food with very low nutritional content. Although the impact of supplementary feeding on child growth appeared to be negligible, it is not possible to draw any conclusions until we have studies that involve larger numbers and do not allow assessors to know who is receiving the intervention. Although it is difficult to determine whether community-based supplementary feeding helps to promote the growth of children from birth to five years in low- and middle-income countries, it is obviously vital to continue to provide food, health care and sanitation to those who need them. (Sguassero et al., 2012, p. 2)

Which journals should you be reading to stay abreast of global health issues? The focus on the problems of low-income countries has been increasing in the leading high-impact journals, such as *The Lancet, Social Science and Medicine*, the *American Journal of Public Health*, the *New England Journal of Medicine*, and others. In addition, there are a number of journals that specifically focus on international or global health (see Box 1.1).
As a student of global health, you should consider journals mentioned here and others as you determine which journals are most relevant for your interest areas. You can make it a habit to review the table of contents of selected publications and reading articles of most interest to you. In addition, you should identify journals that are aligned with your own regional or topical focus. In most cases, your university library already subscribes to journals of interest, and you can access the articles electronically and/or from off-site locations.

**Primary Source Documents**

Primary source documents can be defined as original documents (including translations) that were written during an experience or event and offer a personal testimony or observation, or constitute an official record of the event. These sources include

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**BOX 1.1**

**SELECTED GLOBAL HEALTH PEER-REVIEWED JOURNALS**

- *Bulletin of the World Health Organization*
- *Global Health Action*
- *Global Health: Science and Practice*
- *Globalization and Health*
- *Global Public Health*
- *Health Promotion International*
- *Health Services Research*
- *International Journal for Equity in Health*
- *International Journal for Quality in Health Care*
- *International Journal of Health Services*
- *Journal of the International AIDS Society*
- *Lancet Global Health*
- *New England Journal of Medicine*
- *Public Library of Science Medicine (PLoS Medicine)*
- *Tropical Medicine and International Health*
charters, speeches, letters, diaries, interviews, autobiographies, and official records. Reports that discuss new research or findings as well as creative works can sometimes be considered primary sources; however, for the purpose of this inquiry, they are discussed separately later in this chapter. Primary sources are generally distinguished from secondary sources in that secondary sources interpret, summarize, or analyze primary sources. Secondary sources include textbooks, magazine articles, histories, criticism, commentaries, and encyclopedias, and are discussed later in this chapter.

Studying primary sources can familiarize you with the powerful ideas that have shaped global health practice. These sources can capture the aspirations of a generation, as does the following excerpt, still relevant today, from the 1978 Declaration of Alma-Ata, sponsored by WHO and UNICEF and signed by 134 countries:

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector (Declaration of Alma-Ata, 1978).

Quotes from speeches, letters, diaries, interviews, and autobiographies are also important global health primary sources. These sources provide testimony and an original voice, and capture the essence of key events or issues, both past and present, with great authenticity. Box 1.2 offers some examples of global leaders who have made statements of critical importance in relation to global health and well-being. Their statements inspire us, challenge us, and succinctly frame or reframe global health work.

### BOX 1.2

**BRINGING GLOBAL HEALTH TO LIFE WITH PRIMARY SOURCES**

**Thomas Jefferson.** This message from the third president of the United States to Dr. Edward Jenner, who discovered the smallpox vaccine, was excerpted from a letter written at Monticello on May 14, 1806. Although smallpox was not completely eradicated until 1979, Jefferson foresaw this eventual outcome over 150 years earlier.

*SIR,—I have received a copy of the evidence at large respecting the discovery of the vaccine inoculation which you have been pleased to send me, and for which I return you my thanks. Having been among the early converts, in this part of
the globe, to its efficiency, I took an early part in recommending it to my coun-
trymen. I avail myself of this occasion of rendering you a portion of the tribute
of gratitude due to you from the whole human family. . . . You have erased from
the calendar of human afflictions one of its greatest. Yours is the comfortable
reflection that mankind can never forget that you have lived. Future nations will
know by history only that the loathsome small-pox has existed and by you has
been extirpated. (May 14, 1806)

Nelson Mandela. A prominent leader of the South African anti-apartheid move-
ment who was imprisoned for 27 years and then rose to serve as South Africa’s first black
president from 1994 to 1999, Nelson Mandela addressed the world in 2005 in his “make
poverty history” speech with these words (BBC, 2005).

Like slavery and apartheid, poverty is not natural. It is man-made and it can be
overcome and eradicated by the actions of human beings. And overcoming
poverty is not a gesture of charity. It is an act of justice. It is the protection of a
fundamental human right, the right to dignity and a decent life. While poverty
persists, there is no true freedom.

Rigoberta Menchú. An indigenous Guatemalan woman, Menchú rose to global
prominence for her efforts to give voice to the experience of her people as they struggled
for land rights and social justice. Menchú won the Nobel Peace Prize in 1992 and con-
tinues to be active on topics related to indigenous rights, improved health, and social
change in Guatemala and around the world. Her famous words underscore the power
of testimony and story, and the relationship between individual and collective identity.

My name is Rigoberta Menchú. I am 23 years old. This is my testimony. I didn’t
learn it from a book and I didn’t learn it alone. I’d like to stress that it’s not only
my life, it’s also the testimony of my people. . . . My story is the story of all poor
Guatemalans. My personal experience is the reality of a whole people. (Menchú,
1984)

Paul Farmer. Dr. Paul Farmer is best known for his work in Haiti, where he has been
a partner in championing the health service needs of communities and improving health
systems for three decades. Although he has published extensively on health equity and
human rights in the peer-reviewed and popular press, his capacity to articulate his values
about equity and justice succinctly and in personal terms are reflected in this quote.

Since I do not believe that there should be different recommendations for people
living in the Bronx and people living in Manhattan, I am uncomfortable making
different recommendations for my patients in Boston and in Haiti. (Clyne, 2000)
Gro Brundtland. Former prime minister of Norway and the first (the only, at this writing) woman to receive that honor, Gro Brundtland is a physician and public health expert who played a leading role in spearheading global efforts to link health, environmental sustainability, and the importance of addressing climate change. One of the forces behind the 1993 Earth Summit, she conveyed the depth of our interconnectedness with regard to health and well-being with these words.

In a globalized world, we all swim in a single microbial sea. (Brundtland, 2001)

Primary sources can inspire and give voice to a moment or a generation. They can also reveal, with marked candor, attitudes of ignorance, implicit bias and prejudice, or intent to do harm. For example, a senior USAID official was reported to disfavor any treatment of HIV/AIDS except for nevirapine for mother-to-infant transmission. His reason, given in spite of his own extensive experience in Africa, was quoted as follows:

[Africans] don’t know what Western time is. You have to take these [AIDS] drugs a certain number of hours each day, or they don’t work. Many people in Africa have never seen a clock or a watch their entire lives. And if you say, one o’clock in the afternoon, they do not know what you are talking about. They know morning, they know noon, they know evening, they know the darkness at night. (Donnelly, 2001)

Fortunately, these biases, which can be understood as reflections of biases and blind spots of some in the medical and development establishments, did not prevail, and the George W. Bush administration went on to pass an expansive plan to treat AIDS in Africa (PEPFAR; see https://www.pepfar.gov).

In another example, primary sources in the form of direct quotes from tobacco industry leaders leave little room for doubt about the intent to ignore the harms associated with cigarette smoking. A Rothmans Exports public affairs manager, in an era when the harms of smoking cigarettes had been well documented, described the African setting as follows:

It would be stupid to ignore a growing market. I can’t answer the moral dilemma. We are in the business of pleasing our shareholders. We have a very strong feeling that if no one had heard of cigarettes in Timbuktu, then a Rothmans billboard would not mean anything. All we are doing is responding to a demand. (Quoted in Bates & Rowell, 1998, p. 72)

A Rothmans representative in Burkina Faso referenced the health profile of the country in justifying promotion of cigarettes there, implying that health risks related
to cancer later in life are not important because of the shorter life expectancy. He said, “The average life expectancy here is about forty years, infant mortality is high: the health problems which some say are caused by cigarettes just won’t figure as a problem here” (quoted in Bates & Rowell, 1998, p. 72).

Primary sources can provide you with authentic perspectives on global health issues and events, from historical context and accuracy, to testimony, to powerful words that reframe perspectives, to points for critique that can foster change, accountability, and justice. Studying and referencing primary sources are important for the credibility and rigor of your research, practice, and advocacy.

The Gray Literature

The term **gray (or grey) literature** was defined at the Twelfth International Conference on Grey Literature in Prague in 2010 as “the manifold document types produced on all levels of government, academics, business and industry in print and electronic formats that are protected by intellectual property rights, of sufficient quality to be collected and preserved by libraries and institutional repositories, but not controlled by commercial publishers; i.e. where publishing is not the primary activity of the producing body.”

The volume, quality, availability, and breadth of the gray literature have changed dramatically in recent years. With the growth of the Internet, the digitization of most documents, and the dramatically increased literature search capability around the world, the challenges relating to accessing gray literature materials have been drastically reduced.

Examples of gray literature sources that could inform your global health engagement include working papers and technical reports prepared by governments or global health organizations, conference proceedings, annual reports, instructional materials, doctoral theses, blogs, websites, and newsletters. The gray literature is a great source for specific place-based information that may not be in the peer-reviewed literature. It is also a good source for instructional materials or for more in-depth discussion of topics that do not fit into an academic journal format. The gray literature is also more open, creating a space for a broad range of voices and perspectives. Although this is an asset, it is important to know how to evaluate the quality and reliability of gray literature sources and to be aware that these sources may have a positional slant, so it is important to explore a range of perspectives as you form your own views.

**Place-Based Information: Going to Ethiopia? Chile? Thailand? Portugal?** There are a number of gray literature sources that profile countries around the world so that you can prepare for your trip. Each of these sources has a slightly different focus. Whether you are planning to do field research, travel for cultural exchange, or partner with a local group for service-learning, reviewing a combination of these sources can enable you to quickly gain the contextual understanding that you need to get the most out of your experience.
For a quick overview, key facts, information about leaders, and a timeline of key historical events, consult the BBC News Country Profiles (http://news.bbc.co.uk/2/hi/country_profiles/default.stm).

The CIA World Factbook (https://www.cia.gov/library/publications/the-world-factbook/) provides a more detailed overview that includes geography, people, and society (basic health statistics are included here); an economic overview; description of key government sectors; and a summary of current transnational issues and challenges.

The UNDP Millennium Development Goal (MDG) Country Reports (http://www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports/) focus on the Millennium Development Goals and note progress over time. Regional information for comparison is also available.

World Health Organization (WHO) Country Reports (http://www.who.int/countries/en/) focus on health status, providing key statistics along with regional and global comparison data and useful graphs and charts. The site also includes information about the health workforce, service utilization, and risk factors, and special reports on alcohol and tobacco use.

The World Bank’s Countries at a Glance (http://www.worldbank.org/en/country) features current news and overview articles, as well as links to world development indicators related to a broad range of health and development topics, ranging from school enrollment, water and sanitation statistics, and income, to climate change profiles that summarize changes in rainfall patterns. This source also provides regional summaries by geographic region and income level, and other groupings.

The Global Burden of Disease Study (http://www.healthmetricsandevaluation.org/gbd/country-profiles), covered extensively in chapter 5, is available in a highly interactive form that allows you to compare disease profiles by region, subregion, and sex and age groups. Country-specific summary profiles of the disease burden are also available.

The Food and Agriculture Organization (FAO; http://www.fao.org/countryprofiles/selectcountry/en/) provides thematic country summaries that review issues related to agriculture and nutrition for a given country, such as overall land and agricultural areas, rates of malnutrition, and Human Development and Global Hunger Indices.

Together these gray literature sources can provide you with an excellent country overview as well as a comparative understanding of that country within its geographic region and among other countries with similar characteristics.
**Instructional Materials: Interested in Constructing a Biogas Latrine?**

The gray literature is also a great source of instructional materials, how-to manuals, and practical field guides that can enhance your global health work. Many global assistance programs include as a program goal the sharing of tools and lessons learned. This allows them to have a broader impact and enhance their institutional reputations. Perhaps you are planning to do service-learning and would like to share information with partners about basic community development activities, such as planting a garden, making soap, planning health education activities, or building pit latrines. Although it is always essential to consider how to adapt project materials to the local context, you can find helpful resources that will provide a great deal of guidance on how to get started.

For example, to prepare for a latrine construction project, you could consult resources available through Engineering for Change (E4C, https://www.engineeringforchange.org/), an organization committed to developing affordable and sustainable solutions to humanitarian challenges. Participating members include the American Mechanical Engineering Society and Engineers without Borders. The E4C Solutions Library includes a technical brief titled “Using Biogas Technology to Solve Pit Latrine Waste Disposal Problems.” Written by Daniel Buxton of Practical Action, a UK-based organization devoted to using technology to address poverty, the brief includes design options, a discussion of application to different contexts, diagrams and flow charts, as well as attention to cultural and educational aspects and management for sustainability. This information is openly accessible and can facilitate the expansion and update of this technology in a range of settings.

**Identifying and Evaluating Gray Literature Sources** Although the gray literature is a rich source of detailed information, it is important to learn how to access the material and also to evaluate its quality. Some of the gray literature is balanced, with the goal of informing, whereas other material may be more oriented toward persuading or advocating a point of view. Both kinds of material can be valuable; however, it is important to evaluate the accuracy and sources of the information you are reading and to be sure that you explore multiple perspectives as you define your own views.

Reviewing the affiliations and credentials of the authors and institutional sponsors can be helpful in determining the credibility of gray literature sources. It is also important to assess the quality of the writing and references. Your university likely has a librarian with expertise in health sciences, public health, or global health. It is wise to take advantage of this resource to learn to navigate the gray literature, both to learn new search skills and to ensure that your research for a specific project is thorough.
Newspapers, Magazines, Books, and Films

What are your current daily sources of news and information? Are they adequate to support and inform your interest in global health? As you prepare for global health engagement, it is important to be intentional and aware of how you monitor news and access general information. To be effective in global health work, you will need the contextual understanding and framework that familiarity with current events provides. With this preparation, you will be better able to share and discuss ideas with partners, develop contextually appropriate projects, and avoid social blunders, which, though often forgiven because you are a foreigner, are best avoided.

Newspapers, Magazines, and General Information Sources Although our first impulse may be to look for specialized sources of news related to global health, that strategy overlooks the very important fact that health and well-being, defined broadly, are central matters of concern for society. Whether you read them online or through news aggregators, or read them in print each morning, the headlines of your local and national newspapers are full of information related to global public health. Here you will find news stories about disease outbreaks, politics, war, peace, rights, and economic ups and downs. Beyond the front-page news of the day, in stories about food, water, and even the weather report, you will find information that informs global issues related to healthy diet, sustainable resource use, and climate change. Reading your local headlines through the lens of global public health concepts is a first important step toward developing a global worldview. If you are from a smaller town, you might also add to your reading a newspaper that has regional or national prominence, such as the New York Times, the Washington Post, the LA Times, the Chicago Tribune, or the Miami Herald.

If you have a specific country or geographic region of interest, you can identify a newspaper that is a good source of news coverage for the location where you will work or study. The BBC News country profiles mentioned earlier also list local newspapers. If you do not speak the language of the country, you can often find an online daily newspaper in English. You will also find useful material in leading news magazines, as well as magazines with more in-depth coverage of such topics as health, economics, science, nature, food, travel, and culture. Further, most established global health organizations are actively engaged in providing information to their members and the public. Including these sources in your regular reading is another effective way to stay informed about trends and new discoveries in global health. Last but not least, travel guides and maps, often thought of as tools to use during travel, can also help you answer basic and practical questions about people, places, and events, and will make your travel more efficient, effective, and safe.

With the many information sources available, it can be time consuming to find and read relevant articles from many sources. News aggregators, or news readers, allow you
to choose the sources that you want to review and will feed them to your email or phone. By combining news sources from local, national, and international sources, you will be well positioned to stay abreast of key global health issues and to make connections between local issues and global trends. You may want to form an in-person or online discussion group or interest group to monitor global health news together and discuss the issues that arise.

**Nonfiction Books and Documentary Films** These sources allow for more depth and coverage than feature-length articles that you might see in other sources. Although some are purely factual, these sources often represent a point of view or experience, and are valued for their depth and comprehensiveness and for their effectiveness in communicating different perspectives on topics related to health and well-being.

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**BOX 1.4**

**SELECTED NONFICTION BOOKS ABOUT GLOBAL HEALTH**


Fauziya Kassinja, *Do They Hear You When You Cry* (Delta, 1999)

Emily Mendenhall and Adam Koon (Eds.), *Environmental Health Narratives: A Reader for Youth* (University of New Mexico Press, 2012)


Ian Smillie, *Freedom from Want: The Remarkable Success Story of BRAC, the Global Grassroots Organization That’s Winning the Fight against Poverty* (Kumarian Press, 2009)
Documentary films are a powerful way of getting informed and informing others. They possess an unparalleled capability to take the viewer into another world by using images, giving voice, and portraying real-life settings. Although there are many excellent, informative, and well-researched global health documentaries, you must be judicious about interpreting global health films and videos. Like text documents, they can be biased and inaccurate. They can inadvertently or intentionally leave out key information, and in some cases they can be exploitive of the people and places they are featuring. Thus, in evaluating these materials, it is important to consider whether credible fact-finding methods were used and whether the rights and dignity of the film’s subjects were respected.

**BOX 1.5**

**SELECTED FILMS RELATED TO GLOBAL HEALTH**

**Feature-Length Films**
- Contagion
- Dirty Pretty Things
- The Insider
- The Kingdom
- The Motorcycle Diaries
- Traffic
- Waltz with Bashir

**Documentary Films**
- Big Sugar
- The Body Beautiful
**Literature and the Arts**

In addition to gathering factual and contextual information from a variety of sources to inform your global health work, you can also learn a great deal about the meaning of health and life and the aspirations of the people you are working with by learning about their stories, song, and art. This kind of study is enriching and enjoyable, and will enable you to gain understandings that will help you with your work. Further, learning about the local culture is an important way to express respect for that culture. This is especially true when working with populations that have experienced poverty, war, injustice, or social marginalization. Just as it is important to understand health data, economics, and political history, so it is important to be familiar with the great novels, poems, and works of art that are part of the story and identity of the people you hope to work with.

**Fiction**

Although current trends slightly favor nonfiction sources, seen as “true,” over fiction as ways to learn about people and places, it is sometime the case that the creative arts—
fiction, poetry, music, and the visual arts—can express truths and nuances in ways that nonfiction cannot. It is a wonderfully rich and enjoyable way to explore the human experience from a variety of perspectives.

One example of a fictional work that is informative about global health is Abraham Verghese’s acclaimed novel, Cutting for Stone. Set in a hospital in Ethiopia, it is the story of twin boys, with two fathers, two mothers, two countries, and one woman they both love. The boys are attached at birth, share a bed during their boyhood, and then, through life events that are shaped by many forces—global migration, revolution, love, human weakness, and chance—they are separated by miles, oceans, time, and their own differences. The story unfolds through the eyes of one of the twins, Marion, as he tries to understand and reconstruct the truth of his past. In addition to telling a rich human story of a family over several generations, the book is full of observations about health, illness, and what it means to provide medical care in a resource-limited setting.

The excerpt included here illustrates how a brief passage of fiction can have many layers, conveying subtle truth and foreshadowing events in ways that scientific description cannot. It portrays Sister Mary Joseph Praise, the boys’ birthmother, an Indian nun and nurse, as she ministers to Dr. Thomas Stone, who is stricken with dysentery on a boat that is traveling from Madras to Ethiopia. During this scene, he is a stranger to her, but later she will work tirelessly with him and for him, as he performs fistula surgery in Ethiopia, and she will bear his sons. As the scene opens, the sister is confronted with the severity of the doctor’s condition; she is afraid that she does not know enough about medicine.

But she knew how to nurse. And she knew how to pray. So, praying, she eased off his shirt which was stiff with bile and spit, and she slid down his shorts. As she gave him a bed bath, she was self-conscious, for she’d never ministered to a white man before. . . . The sinewy muscles of his arms bunched together fiercely at his shoulder. Only now did she notice that his left chest was smaller than his right; the hollow above his collarbone on the left could have held a half cup of water, what that on the right was only a teaspoon. And just beyond and below his left nipple, extending into the armpit, she saw a deep depression. . . . She touched there and gasped as her fingers fell in, not meeting the bony resistance. . . . Within that depression his heart tapped firmly against her fingers with only a thick layer of hide intervening. (p.19)

Excerpt from CUTTING FOR STONE: A NOVEL by Abraham Verghese, copyright © 2009 by Abraham Verghese. Used by permission of Alfred A. Knopf, an imprint of the Knopf Doubleday Publishing Group, a division of Penguin Random House LLC. All rights reserved.
In addition to portraying what it must have been like to care for seriously ill patients on a boat, this scene reveals a trace of the colonial context in which it takes place, and uses bodily description to foreshadow the future intimacy between the nun and the doctor. In describing Dr. Stone’s physical asymmetry, the writer begins to expose his complex and contradictory persona—that of a doctor who is completely engaged and devoted to saving human lives, yet unable or unwilling to form emotional relationships. Thus novels like Cutting for Stone can tell an important story that conveys human truths and at the same time be an important source for learning about health and disease, history and social context.

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<td><strong>SELECTED WORKS OF FICTION RELATED TO GLOBAL HEALTH</strong></td>
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Unity Dow, *Far and Beyond*
Unity Dow, *Saturday Is for Funerals*
Helen Dunmore, *The Betrayal*
Amitav Ghosh, *The Calcutta Chromosome*
John Le Carré, *The Constant Gardener*
Ian McEwen, *Solar*
Zakes Mda, *The Heart of Redness*
Gregory David Roberts, *Shantaram*
Bob Shacochis *The Woman Who Lost Her Soul*
Abraham Verghese, *Cutting for Stone*
Nick Wood, *Azanian Bridges*
A. B. Yehoshua, *Open Heart*

**Visual Arts, Poetry, and Music**

Works of art that address human suffering and well-being can both help you explore and understand specific cultural contexts and lead you toward more transcendent ideas and truths about human reality and possibility.

One example of art that engages with these issues is *La Serie de las Manos*, 12 large paintings of hands that hang together at the Guayasamin Foundation. (See images
The artist, internationally acclaimed Oswaldo Guayasamin of Ecuador, felt that people express a great deal with their hands, and in *La Serie de las Manos* he gave expression to suffering he had seen around the world, and especially to the experiences of the disenfranchised indigenous population in his own country. Each pair of hands embodies a different aspect of suffering, and is titled accordingly. The titles express a sort of anatomy of suffering: insatiable hunger, then begging, then the kind of suffering that leaves you silent, then fear, sorrow, anger, terror, and screams. Perhaps most profoundly moving is the turn the series takes at that point. After presenting suffering in these raw, painful forms, Guayasamin introduces tenderness as the key turning point, then follows with prayer, mediation, hope, and finally solidarity and protest. This suggests dimensions of protest that are often overlooked: the just rage that is at the foundation of protest as deep, mindful, loving resistance to injustice. One can contemplate the images in relation to what a mother experiences in the death of a child, or to the experience of an entire people subjected to famine, drought, floods, or war.

Stories, images, poetry, and art provide powerful ways to understand the world. What are the most important novels, poems, movies, and works of art in the country that you will be visiting? How do those stories inform local conceptions of health and well-being? What can you learn about health and well-being from music, food traditions, community celebrations, and other cultural practices? Exploring these questions will enrich your global experience and help you to be a more effective partner for change.

**Chapter Summary**

For global health education to be effective, you must be an active and contributing partner in the teaching and learning that occurs in your global health course. The academic global health literature is a necessary but not sufficient source for acquiring broad contextual knowledge about global cultures and society. You should master use of health data, the academic literature, primary sources, and the gray literature to learn more about the regions and health topics that you hope to study. You should also monitor the news media and engage with literature and the arts to develop breadth and depth of understanding in relation to the culture, geography, history, and politics of the settings where you hope to work. You should be prepared to share perspectives and life experiences and learn from the perspectives and life experiences of others. This chapter outlines various sources of information that can help you form a global worldview, and gives examples of how they can be valuable for global health study. Before proceeding with further study, take the time to develop a personalized plan to seek out global health information with the hope that, over time, this will become a lifetime habit. Taking an active role in your global health education in this way is the first step on a path toward global civic engagement.
Review Questions

1. What would you like the members of your learning community to know about your global health interests, perspectives, and life experiences? How will you prepare to listen and learn from others?
2. Why are you studying global health? How will it inform your future as a person, professional, and citizen?
3. List three to five information sources you will use to prepare yourself to make contributions to the group. Please include at least three different kinds of information sources.
4. Select one global health resource to share with your class or discussion group. What did you learn from it? What type of source is it? Why is it important?

Key Terms

Active listening
Gray literature
Health statistics
Peer-reviewed journal
Perspective taking
Primary source
Secondary source

References


