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The role of universities and the ethics of their interventions in International Health

Summary

Even though exchange has always been a part of the University essence, we are now witnessing an important movement towards internationalization, which cannot be indissoluble from the phenomenon of the globalization of culture and exchanges. In the international health field, universities, either in the South or North, have traditionally played an important role which is ever expanding, due to the broadening of the concept of international health. In Canada, academic centers of international health have developed rapidly over the last decade, along with a network linking all universities that are active in the field. The development of this type of center at the University of Montreal is described in this paper. The lessons learned there lead us to insist on the importance of the attachment of international cooperation development programs to the teaching assignments and research programs of universities, and to pay particular attention to research in order to strive for excellence. It is also important to pay attention to the freedom of thought and action which is a fundamental value among university members. Among the universities involved in international health, some have gone adrift: be it the opportunism of some or the inappropriate use of university expertise by international cooperation agencies of others. Universities, in their undertakings, must respect, in addition to their own traditional ethic, the one of development.

The purpose of this paper is to discuss the role of universities in the international cooperation field and

more specifically within the realm of health and, to illustrate it by using examples taken from the situation in Canada.

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International cooperation and universities

Even before the notions of international cooperation or international health became formalized or were

the subject of engrossing debate, universities were doing it, although not naming it as such. Reduced to its simplest expression, the vocation of universities is to produce and spread knowledge. There is cooperation within spread, and universality, or at least humanity, in knowledge. And one must not forget, that science without humanism loses its purpose and thus risks becoming dangerously adrift. So exchanges are part of the university essence. When they are made with the South they are clad with a particular connotation. The scarceness of resources makes their transfer from the North a corollary, or often an indispensable condition to the exchange of knowledge. This notion of aid is not always easily integrated harmoniously into the university communities. For some, intellectual excellence and cooperation with the South are incompatible or, at best, a poor association. For others, where South rhymes with exotic, it is simply a pretext to flee the rigors of winter. But this disregards the fact that the production of knowledge is enriched considerably through comparison and that is the most demanding ordeal is existence. It also overlooks the traditional social role of the universities, which seek to promote the spread of knowledge, mainly

through training, and on the other hand must generate knowledge in order to fuel the process of development of the society of which they are a part. In the present context of globalization, the review of this role can only lead to the internationalization of universities. The differences in wealth and know-how are a generator of dangerous tensions for humanity and even, from the very liberal perspective of this end of century, harmful to international trade.

The internationalization of universities, must it be a voluntary step, or is it simply the logical reward for excellence? That's another debate that regularly feeds discussions on the internationalization of universities.

If we consider the institutional perspective of universities, we must not neglect the repercussions of internationalization. There are at least three kinds:

- create an improved training framework, as it is better adapted to the present globalization. Foreign students, besides being the materialization of the power of attraction and thus the repute of an institution, constitute a source of enrichment through the possibilities of exchange and the opportunities they create;
- bring about a broadening of the scope of studies and research of the faculty and student bodies;
- rather than being a financial burden, they induce direct financial windfalls and open new sources of financing. This argument seems to have much more importance in certain universities where external financing exceeds the statutory and regular budgets.

International Health

In order to better understand the role played by the universities in the international health field, we must

first remember the evolution of the status of health in development theories. At first, development was very often implicitly reduced to the notion of economic growth. The GNP (Gross National Product) was, and still is, the indicator of reference for development, even though it only measures one sort of wealth. Within this paradigm, health is a by-product of development and its improvement is mainly linked to economic growth. For more than a decade we have attached additional values to the notion of development, mainly, the satisfaction of basic human needs. From this perspective, that of development byproducts, health becomes an objective with greater interest given it. This must be seen as one of the trends in the international health movement and is not far from that of human rights.

It is challenging to define specifically what the international health field comprises. Both terms are so vast that the two together create an immeasurable realm. Historically, the concept first came about at the beginning of the century and was mainly concerned with the risks of the transmission of infectious diseases beyond borders. The international health field must be resituated in the context of today's globalization. Presently, international health corresponds to the concerns ensuing from the internationalization of health problems, their causes and solutions¹.

To give two very different examples of what this field comprises, let us look at the examples of: the comparative analysis of health care systems and the AIDS pandemic. The comparison of two health care systems, or certain elements of these systems, allows us to better understand the origin of the differences and, illustrate the changes which could occur from modifications made. The comparison of ways of regulating costs of health care systems in industrialized countries is within this perspective². A

global understanding of transmission of AIDS requires the analysis of different geographic, economic, and socio-economic contexts. The results of a study made in a particular context often has much broader repercussions. Such is the case in a Kenyan study which clearly showed the major role of genital ulcerations as a cofactor in AIDS transmission³.

Universities and international health

It is well-known by the international organizations, and particularly the World Health Organization (their leader in the health field), that universities contribute largely, and in varying ways, to international health. But they are faced with a frequent dilemma: the societies they are answerable to, request that they get involved in pressing problems, even social conflicts, but at the same time, in order to conserve their credibility they must observe neutrality to enable them to reach their scientific objectives⁴. Certain Universities from the South, such as the Aga Khan University in Pakistan, have shown that they can play a very active role in moving the organization of health care systems towards a solution for the entire population rather than confine themselves to the traditional roles of training, research and care, exclusively based on the bio-medical approach (such is the case in most Medical Faculties in the North as well as the South)⁵.

Health and development in Canada

The different forms of commitment of the universities in international health have already been described, be it in Canada⁶ or elsewhere⁷. The main part of their activities are related to public health. This can be explained by

the general nature and by the global approaches it practices. Traditionally, this commitment covers training, research, and technical cooperation activities and even, in certain cases, direct support of interventions in programs or services abroad. The commitment of the Canadian Universities in international health, though modest on a world scale, is characterized by important growth, over the last decade, and by the spreading of ties to the whole Canadian university network, “from coast to coast” as the saying goes.

This situation may seem astonishing in a country without colonial links and where more than two-thirds of its trade is with its southern neighbour, the United States. This is usually explained by a certain number of favorable conditions:

- generally, the fact of being an intermediate world power is more of an asset than an obstacle, as the dimensions and the political stakes of cooperation are less important;
- Canada is an officially bilingual country and even if we often speak about “the two solitudes”, it gives an opening onto two different large cultural spheres;
- Canada possess a very accessible health care system (more precisely systems as health is a provincial matter) which is relatively efficient, with a prevalent public health system whose application is relatively recent and rapid;
- the Canadian International Development Agency (CIDA) recognizes the diverse range of international cooperation channels, and thus provides a program intended for universities which allows the establishment of long term links with similar institutions in the South. The attribution rules for grants are comparable to those used for research grants: competition, review by peers, etc.

The response to these stimuli has been particularly vigorous. In 1988, Canadian universities established a consortium, the Canadian University Consortium for Health in Development (CUCHID), and totalled thirty member institutions in 1992. In addition to that, several of the most active universities in the field of international health created structures in order to manage international health programs (e.g. McMaster, McGill, Laval, and Montreal Universities among others).

After several years of existence, the CUCHID has gone beyond a simple information exchange network and produced some collective achievements such as the preparation of a health and development training module that can be integrated into different types of training programs of institutions from the North and South⁶.

Even though, as was mentioned earlier, the activities of these academic international health units (or programs) essentially cover training and research, the know-how of the universities and its scholars is regularly requested for consulting assignments. In certain cases these activities have taken on such a dimension that private consulting firms have expressed, to financial agencies, their dissatisfaction by arguing that the university was using unfair practices as it receives public statutory financing.

The International Health Unit (IHU) of the University of Montreal

Was created in 1989 as part of the trend which has just been described. The Unit administers research and cooperation programs and teaching activities (at least those taking place in Canada) which are integrated into the regular academic programs. Its role is to promote the development of programs which allow the faculty and student

bodies to extend the scope of their activities and to give them an international perspective. It is a faculty structure, elsewhere there is a university structure, the International Cooperation Office, and two affiliated institutions, the Graduate School of Business and the Engineering School also have structures for developing and managing international programs.

The IHU was created after several years of effort showed that it was possible to set up academic international cooperation programs with sufficient financial support from national and international agencies. The first programs were developed with Tunisia, Senegal and China as part of an institutional twinning program financed by CIDA. These twinings were established between the faculty of Medicine of Montreal and, for the foreign partners: a newly created Medical School (Sousse), a regional graduate school of training and management (Dakar) and a hospital (Norman Behune Peace Hospital, China). These initial partnerships were all of a institutional reinforcement nature allowing the institutions of the South to set up a new program, a new structure or introduce pedagogical innovations or conceptions.

For example, the Tunisian program supported the start up of a community medical department which is responsible for pre- and post-graduate training (basic medical training and specialization in public health). The activities undertaken within this program consisted of: training Tunisian teachers in different public health fields (in the Masters and Doctoral (PhD) programs in Montreal) and organizing seminars and conferences in Tunisia on themes such as the economics of health or research methods. It must be stated that this project constituted the first institutional undertaking of this type for the University of Montreal (which started in 1977) and extended over

a period of more than 15 years and had three schematic phases: help in the establishment of a new School of Medicine, then, the setup of a community health department, and finally, the reinforcement of its teaching faculty in order to focus on research and specialty training. In Senegal, the program supported the creation of a department for the management of health services within an administrative graduate school accepting nationals from eight West African nations. The aim of the program was to set up the first “Masters in Administration of Health Services” in this region. The program also included a research component financed by another Canadian organization, the International Development Research Center which enabled a needs assessment for health care management in several African countries and to make case studies which were subsequently used for training.

The program developed with China enabled Chinese doctors to specialize in several specific fields of clinical medicine. The program corresponded to the need to master and ascertain the latest Western medical technology. It also allowed the introduction of other elements, such as the research in rationalization of diagnostic procedures and treatment, as well as the notion of family medicine (which laid base for further collaboration).

At the root of these programs, it is possible to identify several major factors:

- the geographic confinement of these countries is not due to chance: for Tunisia and Senegal, Canada, or more accurately Quebec, constitutes the North American pole of French-speaking nations and therefore allows access, in French, to approaches and methods which are more specifically North American. In the case of China, one must mention that Norman Bethune

was a Montrealer and acquired a reputation in China⁸ plus, the important opening up of Canada towards Asia in general, and China in particular;

- at the origin of these projects there is always in active promoter, a professor which establishes ties with other foreign colleagues;
- the fields covered by these programs correspond to the areas where the expertise of the University of Montreal is well established.

These first programs had the effect of providing opportunities to several professors and researchers to develop activities in a foreign country. Not all of them intended to follow on that way, but some have become regularly active in these programs or even set them up themselves. The effect was the development of programs and the widening of perspectives (both geographic and thematic). And that is how other programs were set up with Morocco, Guinea, Nicaragua, Brazil and, Eastern and Western Europe.

At the heart of the new directions which we have discussed, research occupies a particularly important position. It covers themes of expertise in the public health sector of the University of Montreal, namely the analysis of health care systems, program evaluation, and the organization of health services. It so happens that currently, mainly due to the pressure of rising health care spending, most countries in the world are rethinking their health care systems. Be it their efficiency, their organizational principles or their management. At this macro-analytic level, international comparisons are particularly relevant and even though the contexts are different there are many similarities in the assessments of the South, East, or North. The presence of a research component in the university cooperation programs is of capital importance from at least

two points of view: it encourages professors/researchers, early in their careers, to get involved in these activities because they are highly valued and, these research programs fit into one of the two key missions of the University and thus avoiding the neglect of those structures, and the persons involved, in the field of international cooperation.

The broadening of the framework of activities allowed the creation of new partnerships, besides those which were the purpose of the programs. Firstly, inside the University, where for example a multi-disciplinary program of family health was set up in collaboration with the departments of demography and communication. Then, with other Northern institutions, the support program to the creation of a training center in health administration in Romania is being realized in collaboration with two universities from Great Britain and the United States.

The growth in volume of international health activities of the University of Montreal increased its visibility and allowed a gain in access to other financial sources and particularly those of the United Nations.

By way of conclusion; lessons learned

The example of Canada illustrates the way universities managed to take advantage of the opportunities in the international health care field and also shows that public health, at a university level, has an imperative international component.

The more specific case of the University of Montreal, which is far from unique, shows that an international outlook has important windfalls. Here are but two examples: more than half the entrants in the Masters program in community health are of foreign origin and,

every year several dozen Canadian students from different sectors of the medical faculty undergo training abroad, most often in the institutions which have well established ties. These are the undeniable marks of renown for an institution and, an important enriching factor for the members of the teaching staff and student body.

International academic health centers must tie their missions, and structure, into the values of the university system. That may seem obvious for many, but experience offers several examples of those gone adrift. Among the most frequent sorts, the examples of: the temptation of the "get-rich-quick" mentality either of the university or, the individual, and, the involvement of the university in programs where teaching and research are not the main aims and, finally, what could be called "the misuse of universities by cooperation agencies". This last group requires the expertise of the universities to execute all kind of contracts, even though university skills should be used, above all, for projects or programs evaluations that are often lacking. To accomplish this type of mandate

requires an independence of judgment and a move towards research. Universities should not be too committed to the execution of projects, as it creates a situation of dependence. Nonetheless, the best possible use of a university consists of encouraging the development of applied research projects aiming to answer questions asked by those in charge, and/or the intervening parties in the international health care field.

The IHU, as was briefly described, tried to integrate, in the most harmonious way possible, into its environment without falling into academicism or taking refuge in an ivory tower (as is often reproached of academics). International cooperation programs encompass almost exclusively teaching and research activities. The teaching activities are close to those administered in Canada in order to take maximum advantage of the Canadian expertise, and in return, the teachings in Canada take on a wider perspective. Research is closely linked to teaching, in that, the same fields of public health overlap with teaching thus allowing it to be fueled and renewed by the contri-

butions of research. It is only from this perspective that quality improves simultaneously in both international cooperation and postgraduate training programs.

To remain well rooted in the values of its environment, the international academic health centers must respect the freedom to act and think of the teachers and researchers who are their essential fundamental values. Instead of enlisting these teachers and researchers in programs, one must capitalize on their initiatives and transform individual actions into institutional programs.

In the international health field, the universities have a double ethic to follow, unfortunately for some, this ethic must be constructed or reconstructed. Foremost, the development ethic imposes that models not be transposed, that there is a willingness to remain open and reinvest the potential contributions of science into the central purpose of development, man. And respect academic values which are, the independence of judgment, freedom of thought and the commitment to the fields of well-established expertise.

Zusammenfassung

Die Rolle der Universitäten und der ethische Wert ihrer Massnahmen in der weltweiten Gesundheitsförderung

In den Nord-Süd-Beziehungen haben die Universitäten stets eine wichtige Rolle gespielt; die Bedeutung dieser Rolle nimmt eher zu. In Kanada sind in den achtziger Jahren akademische Zentren für „Internationale Gesundheit“ errichtet worden. Wir berichten über eines dieser Zentren, über das der Universität Montreal. Die Programme der internationalen Hilfe müssen in die Lehr- und Forschungstätigkeiten der Universitäten integriert sein. So kann Qualität und Unabhängigkeit gesichert werden. Probleme ergeben sich, wenn Universitäten zu kommerziellen Interessen anderer missbraucht werden oder wenn Kompetenzen der Universität auch von anderen Organisationen benützt werden können. Die Universitäten müssen in ihren internationalen Beziehungen zwei ethische Ziele hochhalten: das der Entwicklungshilfe und das des wissenschaftlich-universitären Milieus.

Résumé

Le rôle des universités et éthiques de leurs interventions en santé internationale

Bien que les échanges aient toujours fait partie de l'essence universitaire, on assiste à un mouvement important d'internationalisation dans ce milieu qui ne peut être dissocié du phénomène de mondialisation des échanges et des cultures. Dans le domaine de la santé internationale, les universités qu'elles soient du Sud ou du Nord ont traditionnellement joué un rôle important mais ce dernier s'accroît du fait de l'élargissement du concept. Au Canada, des centres académiques de santé internationale se sont développés rapidement au cours de cette dernière décennie, de même qu'un réseau liant toutes les universités actives dans ce domaine. Le développement d'un centre de ce type à l'Université de Montréal est décrit dans cet article. Les enseignements que l'on en tire amènent à insister sur l'importance d'ancrer les programmes de coopération internationale dans les missions d'enseignement et de recherche des universités, de porter une attention particulière à la recherche afin de viser l'excellence et de respecter la liberté de penser et d'agir des universitaires qui constituent des valeurs fondamentales. Dans l'engagement des universités en santé internationale on enregistre de nombreuses dérives: que ce soit l'affairisme de certains ou l'usage inapproprié qui est fait des compétences universitaires par les agences de coopération internationale. Les universités doivent respecter dans leurs engagements une double éthique: celle du développement et celle des valeurs du milieu universitaire.

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