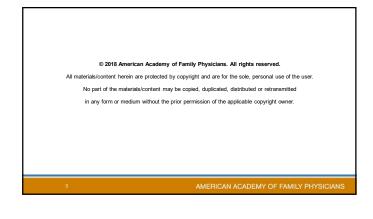


GMS: Introduction

Barry Bacon MD Gatbel Chamjock PA Yohanes Tot PA Yien Duoth M Sc & Eng Andrew Dolfie PA Gatluak (Gabe) Wakow PharmD

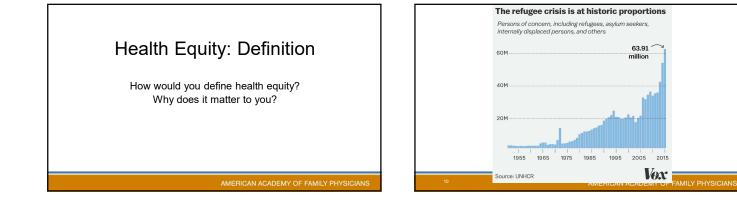
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Health Equity through Medical Education

Teaching objectives: At the end of this session the learner will be able to: Personally define health equity Describe what each is committed to doing in their practice and life to improve health equity for the world Advocate for locally accessible medical education in health disparate regions of the world.

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Health Equity: Numbers that matter

Refugee crisis Refugee education access

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GMS: Refugees continued

We are now witnessing the highest levels of displacement on record.

An unprecedented **70.8 million** people around the world have been forced from home. Among them are nearly **25.9 million refugees**, over half of whom are **under the age of 18**. There are also millions of stateless people who have been

denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. UNHCR

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GMS: The State of Refugee Health and Education

As of 2017, 65.6 million individuals have been forcibly displaced worldwide because of persecution, conflict, violence, or human rights violations, per the UN High Commissioner for **Refuges** (UNHCR). Of these, 5.4 million were Palestinian **refugees**, which are not under UNHCR but under UNRWA's mandate. **Middle East and North Africa**: 2.739 million **Africa**: 4.413 million **Asia and the Pacific**: 3.830 million **Europe**: 4.391 million **Refugee crisis** – Wikipedia GMS: Refugee Camps 97% of refugees never make it out

Average length of stay in refugee camp is 17 years (UNHCR 2004) 1% of refugees have access to higher education vs 32% of non refugees UNHCR's goal is 15% access by 2030 (UNHCR) Higher education opportunities exist for refugees in host

countries (Idaho/Germany) Higher education opportunities for refugees in origin countries are rare and limited (Kakuma camp 47/150,000)

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GMS: Background

2013 trip to Gambella: An encounter with one patient

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Health Equity: The Region

Numbers that matter: the reality of health equity *Brain drain Gambella as a hardship area Education access inequity Refugee crisis *South Sudan crisis

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Health Equity and Medical Education

What does health equity look like in Gambella? What if we could change the health outcomes for an entire region? What does it feel like to live where the population to physician ratio is 100,000 to 1? What if we invited refugees to be part of their solution?

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Health Equity: Gambella Site Visit

We met with local, regional and national leadership We visited local university, hospital and health center We traveled to remote rural health center and school We identified like minded partners

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Gambella Site Visit: Findings

Turnover of staff at hospital is dramatic MSF has expanded their services at the hospital Tribal conflicts common in region Significant population shifts across the border Ethiopian leadership supportive of refugee inclusion Local leadership willing to provide site for teaching hospital

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Gambella Med School: Challenges US partnerships Infrastructure

Infrastructure Distractions Regional instability

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Gambella Med School: Strengths

US Med School Partnership GMTC Core Faculty Development Curriculum development

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Gambella Site Visit: Summary

Findings: Hospital Health Center University Leadership support MSF and other potential partners Community health Infrastructure Need

Gambella Med School: Next Steps

Faculty development Partnership development Supplemental faculty identification Conversations with Campbell leadership Launch the medical school

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Gambella Med School:

Summary

Unique med school Inclusion of local students and refugees Healing process Peace initiative Partnership with service minded US med school Core faculty are diaspora

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Gambella Med School: Discussion/questions

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