

**NCS - Health in a Borderless World
Program for the Final Sessions at Airlie House, Virginia
31 October – 5 November 2002**

8 October 2002

Dear New Century Scholars Fellows,

Please find attached the final version of the full Airlie House Program. It includes both the scholars' seminar with received titles, a range of sessions relating to our joint endeavors throughout this past year, and a general calendar.

Aaron Rak (aaron.rak@yale.edu) has co-ordinated the collection of titles and abstracts and is still pursuing the few defaulters...bear with him.... Please note that we want to post the Airlie House program and the abstracts on our website for a wider public.

Your comments and support for the NCS scholars' seminar have been most encouraging. As before, all comments and suggestions are most welcome, so do give us feed back – on all parts of the program.

Warm regards,

Ilona Kickbusch

**NCS Health in a Borderless World
Final Sessions at Airlie House, Virginia
31 October – 5 November 2002**

Focus I: Individual Research in the light of the Joint NCS Endeavor

**GLOBAL TO LOCAL, LOCAL TO GLOBAL AND THE NEW
PUBLIC HEALTH**

At this seminar NCS scholars will present to each other the outcome of individual research efforts as submitted for the participation in the New Century Scholars program. The discussions will aim to move beyond the research projects themselves and explore their potential as a systematic attempt to substantiate and demonstrate with credible evidence the way in which local and global processes are interacting to determine current and future states of population health.

This focus on the nature and implications of linkages between the local and global factors that affect health and welfare in different contexts and environments has emerged as a priority concern in our common debates. As the provision of services and social support occurs at the individual and community level, clearly “health” is a local event. Globalization, however increasingly brings forces beyond the individual, communities and even the nation-state into play in health. An understanding of the nature and force of the processes operating at different levels is a prerequisite for protecting and improving public health everywhere. The papers presented here will explore these processes from the collective strength of the diversity of: the scholars, their academic disciplines, and their national perspectives. We hope that at the end of the seminar we may be able to provide a foundation and direction for policy research and action at both local and global levels. This will be presented at the very final session of our joint work on the 6th of November at PAHO together with some selected presentations of individual research.

The seminar is organized into separate working sessions around selected themes. All papers will be pre-circulated by e-mail, and will be presented in plenary session. Each paper will have two designated discussants – one with a focus on the individual research and the other with a focus on the “larger effort” of the NCS. An open discussion of the paper will follow. An overall concluding discussion session will also occur at the end of each day and the end of the seminar.

The group will collectively decide on the best ways to publish the papers later. Already under discussion is: a Fulbright-sponsored volume of the abstracts and papers as a report of the year's work; an edited volume; a special number of the WHO Bulletin or another journal; or individual and combined journal submissions in the edited volume.

We also intend to post the papers on our NCS website and make them available to a wider public. The timing of this should be discussed at Arlie House since some scholars will want to rework them before they are posted.

The papers should be no more than 15 pages/7500 words in length including references and tables. These should be emailed by **18 October 2002** to Aaron Rak (aaron.rak@yale.edu) so that they can be circulated to all of the scholars, and especially to the discussants.

**Health in a Borderless World
Final Sessions for the New Century Scholars Program
Airlie House, Virginia**

Thursday 31 October:

**NCS Seminar: Focus I:
Individual Research in the light of the Joint NCS Endeavor**

Late afternoon arrival at Airlie House, greetings and catch-up with dinner and organizational meetings.

7 p.m. – Dinner

Friday 1 November:

7:30 a.m. Breakfast

8:30 a.m. - 10:30 a.m.

1) Taking Stock: Health Status and Health Transitions.

The study of changing health status and differentials in population health is well established, often beginning with a strong epidemiological and demographic bias. In the borderless world, however, the relevant risk factors and exposure variables are rarely

those conveniently measured locally at the level of the individuals in the analysis. In this session, the authors will explore the limitations of older bio-medically based approaches to the determinants of good health, discuss how newer concepts such as “wellness promotion” have affected these concepts, and set out some frameworks for a more complete understanding of population health worldwide.

Pim Martens *A Future Without Health? The Health Dimension in Global Scenario Studies*

Freddy Spira *International Epidemiological Surveillance Program on Environment and Human Reproduction*

Jim Riley *The Infant Health Transition*

Subrata Lahiri *A Study of Mortality in the Indian Subcontinent and some selected Developing Countries: Perspectives, Contrasts, and Challenge*

Marcos Cueto *International Health and Latin America During the Second Half of the 20th Century*

10:30 a.m. Break

11:00 a.m. – 1:00 p.m.

2) Lessons From the Field: Case Studies

In this session, the papers illustrate how approaches based on studies within a single discipline or field of study are limited in their utility. The problem-centered approach offers some new opportunities. But what is urgently needed is a more rigorous, theoretically based and integrated understanding of the factors that operate at different levels to determine health. Power is now differently distributed and nation-states are no longer acceptable as useful units of analysis. The authors in this session will move beyond the ethnographic or thick description to the more analytic examination of a single case.

Allan Hill *Whose Health is it anyway? Global/Local Contrasts in Health Assessment and Priority Setting in Accra, Ghana.*

Lori Leonard *Diagnosing the Komé Health Center: Contested Views of the Origins of the Afflictions and the Prescription for Treatment of a Primary Health Care Center in Southern Chad*

Uthaiwan Kanchanakamol

1 p.m. Lunch

2:30 p.m. – 4:30 p.m.

3) Global Governance Shifts: Power, Decision-making, Linkages and Management

The group has recognized that power and decision-making in international health is different than in the past. New structures and organizations have emerged. Institutions nominally interested in trade (e.g. the World Trade Organization) and other economic groupings now have a major impact on the recognition, spread and treatment of infectious diseases worldwide, in addition to the organization of health and public health services. In this session, new work will be presented showing the intersection of these health and non-health issues. The debate will likely focus on ways to manage such a system given the decline of the older power bases such as nation-states.

Ann Marie Kimball *Global Trade and Microbial Traffic: Testing New Methods for Quantitative Description*

David Fidler *Disease and Global Anarchy: Theoretical Perspectives on the Pursuit of Global Health*

Howard Waitzkin *Global Trade and Public Health Policies*

Andrey Demin *Social Aspects of Public Health Challenges in the Period of Globalization: The Case of Russia*

4:30 p.m. – 6:30 p.m. Round Up Session and Discussion of the Scholars' Statement

7 p.m. Dinner East Room

Dinner Speaker, Dr. Thomas Ricks

CIES Board Member, International and Mid East Consultant

Civil War Reenactor, 28th PA Volunteer Infantry

“Life of a Soldier in the Civil War: The Virginia Campaign”

(Dr. Ricks' talk will include a discussion of the famed Irish Brigade of five all-Irish regiments, the Army of the Potomac's 11th Corps (100% German Immigrants under General Sigel) and the Dutch, French, North African Arab/Berber, Turkish and Russian Soldiers who took part in the Civil War.)

Saturday 2 November:

7:30 a.m. Breakfast

8:30 a.m. – 10:30 a.m.

4). Global Connection, Marginalization and Mobility

How do people in spatial transition connect (or fail to connect) with each other, with health-care practitioners, with history, and with the future to make sense of health, illness, and care? What new forms of community and partnership, new approaches, and skills link people in addressing health promotion and illness across countries in a global age? In this session the authors will present examples of how knowledge transmission and transnational skills affect the response of marginalized populations to new health

messages and approaches. Groups considered include African Americans in the US; Africans in Finland; Roma peoples in Hungary; black South African children and others.

Charles Viljoen

Kenny Fox *Healing the 'Hood: An Ethnographic Study of Hip-Hop Culture Among Adolescents in Capetown, South Africa*

Peter Koehn *Transnational Competence and Migrant Marginality: Hidden Perspectives on Satisfaction with Treatment Outcomes, Cultural Health-care Practices, and Mental Health Needs*

Borisz Szegal *The Quality of Life of Roma: Cultural and Social Determinants of Health*

Nelly Salgado *Becoming Old in a Context of Disadvantage: The Interplay of Aging, Poverty and Illness Among Mexican-Origin People*

10:30 a.m. – Break

11:00 a.m. – 1:00 p.m.

5) Forms of Healing and Care

How do ideas and methods about healing, new and old, local and global, co-exist in the global village? With scarce health resources worldwide, it is necessary to investigate new viable solutions to access, education, and improved public health. Technology, communication, and more traditional forms of medicine may emerge as valuable components of health care delivery. It is also important to look at how these forms of healing and care operate amidst complicating factors such as economies in transition, different gender roles, cultural and social sensitivity, and globalization.

Craig Janes *Market Fetishism, Post-Socialist Institutional Culture, and Attenuated Primary Care: Producing Poor Medicine for Poor People in Post-Transition Mongolia*

Lokendra Singh *Integrated health care system: a way out for global welfare*

Richard Scott *Global e-Health Policy – From Synthesis to Strategy*

Pratiwi Sudarmono *Communication for Social Change: A Longitudinal Analysis of Social Networks, Ideation, and Maternal-neonatal Health Behavior in Ethnic Timor, Indonesia*

1 p.m. Lunch

2:30 p.m. – 4:30 p.m.

6) Organization, Structure and New Knowledge

This group session focuses both on the nature of new public health knowledge and on its spread around the world. As health is globalized it is vital to determine standard frameworks, theories, language, and ethics. Comparative studies from Boston, Africa, Edinburgh, the United States, Australia and the Balkans will illustrate the diversity of the innovation process but at the same time bring out some common themes that will serve for the generation of new theory in this area.

Gabriele Bammer *Integrative Applied Research in Public Health*

Richard Mollica *Project ½ Billion: Ministries of Health, Mental Health Policy and the Recovery of Conflict/ Post-Conflict Societies*

Richard Freeman *Public Health in Translation*

Kearsley Stewart *Problems and Solutions Translating the Concepts of Risk and Autonomy for Informed Consent in Biomedical Research in Africa*

Seggane Musisi *Mental Health Problems of Mass- Trauma in Three African Countries that Experienced War Conflict*

4:30 p.m. – 6:30 p.m. Round Up Session and Discussion of the Scholars' Statement

7 p.m. Dinner

After Dinner Volunteer Group to Work on the Scholars' Statement

Sunday 3 November:

7:30 a.m. Breakfast

8:30 a.m. – 10:30 a.m.

7) Policies, Programs, Power and Decision-Making Including the Construction of Risk and the Role of Experts

The response of both individuals and governments to health issues is subject to many external factors. Social, political, economic, cultural, and institutional forces drive public health policy-making and individual decisions and actions. What are the varieties of organized responses to risk, illness, injury and suffering? How do we account for the different ways sub-groups and individuals organize their responses to similar health challenges? What lessons can be learned from international comparisons and evaluations?

Chung Yul Lee *Strategies to Control Smoking : A Comparison of Korea and the United States*

Connie Nathanson *The Politics of Global Health Advocacy: Notes Toward a Comparative Analysis of Canada and the United States*

Peter Ndumbe *Youth, Globalization, and Access to Reproductive Health Care in Cameroon*

Wan Yan Hai

10:30 a.m. Break

11:00 a.m. Final Session and Discussion of Scholars' Statement

1:30 p.m. Wine Tour and Lunch, Oasis Vineyard

Coffee, Desert, and Optional Hike , hosted by Patti McGill Peterson

7p.m. Dinner

After Dinner Volunteer Group to Work on Scholar's Statement

Organizational notes:

Presenter: 15 minutes, discussants (two – names to follow): 5 minutes each

Debate: 10 minutes

Discussants' roles:

a) comment on the written version of the paper, and the individual research;

b) To bring out the relevance of the particular paper to the larger global health theme.

Please note that if we finish one session early, we may begin the next session, so please be prepared to present in the session before as well.

Focus 2: Joint Explorations of Health in a Borderless World: Mutual Learning, Common Products, and Future Plans

Monday 4 November

7:30 a.m. Breakfast

8.30 – 10.00 a.m.

Future Health Scenarios Exercise with Pim Martens

Scenarios are descriptions of journeys to possible futures that reflect different perspectives on past, present and future developments with a view to anticipating the future. They are hypothetical, describing possible future pathways and they consist of states, events, actions and consequences that are causally linked.

Scenario analysis has evolved significantly over the past decades. In their early days, scenarios were used primarily as planning and forecasting tools, displaying a rather mechanistic and deterministic worldview. Later, scenario analysis moved beyond merely fulfilling a decision-support function to one that also supports a more open form of exploration. Nowadays, scenarios have evolved into powerful exploratory tools: they do not predict the future, but rather paint pictures of possible futures and explore the various outcomes that might result if certain basic assumptions are changed. So currently, scenarios are often used to broaden and deepen the mindset of stakeholders involved in a process of exploring possible futures.

Based on this, the relevant question that scenarios can address is not whether any particular development will happen in the future, but rather what might happen and how we act to encourage, discourage, prepare for, and/or respond to such an event or development. In this way we can expand our thinking beyond the conventional paradigm: exploring future possibilities that go beyond our conventional thinking that may result in surprising and innovative insights.

Scenarios have been generated concerning e.g. global climate change, water utilization, availability, distribution and quality, and currently an assessment of ecosystem composition, structure and function is on its way. But to date, a set of global integrated scenarios on future health has not been generated. Still, the integration of the health dimension into global scenario development has the potential to be both instructive and exciting. International agreements and conventions regarding environmental-, energy- and many other issues need to be informed by the most comprehensive information regarding model predictions, data and scenario projections for the future - and health should be an integral part of this information.

In this session, first the use of scenarios in global (health) assessment will be outlined. Next, a short introduction of how to develop scenarios will be given. Finally, the scholars are invited to fill in a questionnaire in order to develop future health scenarios.

10:00 a.m. Break

10.30 a.m. – 12.30 p.m.

Meeting time for small groups on issues such as the journal, possible monograph series, association, global health seminar series etc. (We hope that some of these groups will also have been meeting during the days before in the evening/at meal times etc. and this will serve as a time to finalize less formal discussions) This will also serve as a time to finalize the scholar statement.

1 p.m. Lunch

2 p.m. – 3:30 p.m.

**Exercise with Gabriele Bammer and Richard Freeman:
Challenges of Establishing International Collaborations to Tackle Large Complex Issues**

What are the specific challenges presented by an international research program such as the Fulbright NCS scheme? How do individual projects benefit from and contribute to such programs?

Toward the end of the Airlie House schedule, a session has been set aside for discussion of research collaboration. Its principal purpose is to provide an opportunity for collective reflection on our program, though what we have to say may be relevant to subsequent Fulbright programs as well as to other international collaborations.

Our particular interest here is in the different kinds of cross-national collaboration between projects which is made possible by their being part of a program. Questions

arise as to how collaborations contribute both to individual projects and to the program as a whole.

What we mean by collaboration is simply the many different ways of working together in the expectation of achieving something that couldn't (or wouldn't) otherwise be achieved separately.

Among other things, we expect our discussion might cover:

- the relationship between individual projects and the collective program;
- problems arising from the newness, magnitude and diversity of the field of global health;
- intrinsic issues of collaboration, as well as
- the extent and significance of various kinds of inequality among program participants.

4:00 p.m. –6:00 p.m. Discussion of PAHO plenary session and work on Scholars' Statement

7 p.m. *Farewell Dinner Jefferson Room*

Tuesday 5 November

7:30 a.m. Breakfast

8.30a.m. – 10.00 a.m. Further discussion of Scholars' Statement

10:00 a.m. Break

10.30 – 12.30 Planning of next steps

1 p.m. Lunch

2 p.m. Depart for Washington, DC
Crowne Plaza Hotel
14th& K Street
Washington, DC
Telephone: (202)682.0111

Evening Free

Wednesday 6 November 2002

8:30 a.m. – 4:00 p.m.

Fulbright New Century Scholars Plenary Session

Pan-American Health Organization, with lunch at the United States Department of State.
525 23rd Street NW, Washington DC

7:00 p.m.

Farewell New Century Scholars Program

D.C. Coast Restaurant

The Tower Building

1401 K Street NW

Washington DC

(Across the Street From the Crowne Plaza Hotel)