

Doing Global Health Work: Approaches That Really Make a Difference

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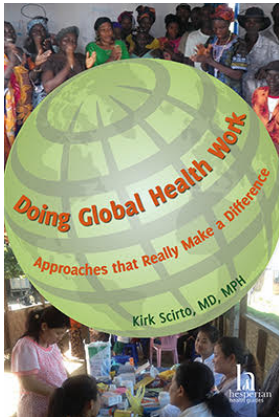
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HOW TO CITE: Malhotra S. Doing Global Health Work: Approaches That Really Make a Difference. *Fam Med*. 2025;57(X):1–2.

doi: [10.22454/FamMed.2025.213347](https://doi.org/10.22454/FamMed.2025.213347)

PUBLISHED: 4 April 2025

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Book Title: Doing Global Health Work: Approaches That Really Make a Difference

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Publication Details: Hesperian Health Guides, 2022, 244 pp., \$19.95 paperback

“Charity should be abolished and be replaced by justice” (p. xiv).

In the words of Lilla Watson, an Aboriginal activist and artist from Australia, “If you have come here to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together” (p. xv).

Throughout his book *Doing Global Health Work: Approaches That Really Make a Difference*, Dr Kirk Scirto beautifully unfolds thoughts such as these within a global health context, which may ignite self-reflection in all health care practitioners to engage in global health work that actually makes a difference.

The author begins Part I by comparing seven important evidence-based approaches to global health care work. Interestingly, he considers suitcase medicine and health facility building medicine—the most common traditional approaches—to be the least helpful in empowering local people and leading to sustainable health improvements. On the other hand, local clinical capacity building, strengthening local health systems, local public health capacity building, and facilitating community-based programs are bidirectional ways to sustain health improvements. These approaches make the local community feel both valued and empowered, and community members reciprocate by using what they have learned to contribute. Part I next focuses on analyzing the seven approaches through the perspectives of the agendas that influence them. Agendas include tourism, education of others, charity service, charity construction, education of local people, local service improvement, and empowerment. The outcome discussed offers the big picture of the potential impact on local people. Three of these agenda items—the education of local people, local service improvement, and empowerment—are shown as serving positive agendas. This section invites contemplation on the need for global health care professionals to shift from pursuing negative work agendas to fostering positive ones.

Part II delves deeper into the agendas that hold particular importance for social justice and public health boards, which the author calls organizational and sweeping health agendas. The organizational agendas of religion, government /military, corporations, and other donors determine which approach to global health work is used, largely ignoring any self-expressed priorities and needs of local people. These agendas limit, sometimes explicitly and by design, the amount of local empowerment that can be achieved, and they create an obstacle to the sustainability of locally led programs. Sweeping health agendas, on the other hand, describe the type of global health work being done—clinical versus public health versus social justice—and can in turn have a positive or negative impact on local people. After describing in more detail the sweeping health agenda of social justice and social determinants of health, the author focuses on strategies to help empower the local community and emphasizes the fact that global health is public health. These concepts are further expanded through a fresh look at poverty as a state of disempowerment. Empowerment efforts such as abolishing unfair loans, limiting large foreign trade, and discouraging corporate abuse of health care create opportunities for a local community

and external allies to jointly foster poverty alleviation, health enhancement, and social justice. In *Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa*, author Dambisa Moyo echoes a similar view by critiquing the efficacy of large-scale foreign aid and suggesting alternative empowerment strategies.¹

As Part II continues, the author summarizes how less is more regarding resource contributions and how using local resources is not only more empowering but also more sustainable. Compared to imported resources, local ones tend to be more dependable, economical, and easier to access long-term. In resource-limited health facilities, a short list of medicines can be used. This list can be adapted from the country's essential drug list, which in turn is rooted in the World Health Organization's model list of essential drugs. Micro loans, described as low-interest small loans that are best offered by local banking systems, offer another suitable alternative to avoid dependence on external loans and donations.

More engaging than a traditional textbook, *Doing Global Health Work* offers a refreshing and empowering perspective on global health interventions. This book emphasizes sustainable approaches such as building local clinical capacity, strengthening local health systems, and facilitating community-based health programs. These strategies are designed to make global health work more meaningful and impactful by moving away from traditional, less effective methods like suitcase medicine wherein volunteers arrive briefly, offer short-term care, and fail to ensure lasting improvements. While incredibly insightful, this book could benefit readers further by providing more concrete evidence of the effectiveness of these strategies and offering a clearer roadmap for applying them in their work. Nevertheless, Dr Scrito's overriding point, that effective global health efforts require a deep understanding of local needs and cultures, is well-supported and particularly relevant for health professionals looking to maximize their positive impact but who may feel uncertain how to do so without overstepping cultural boundaries or causing unintended harm. The author emphasizes that by advocating for a more educated and culturally sensitive approach, we can help to bridge the gap between well-intentioned volunteers and the complex realities of global health, ultimately contributing to more effective global health practices.

REFERENCES

1. Dambisa M. *Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa*. Farrar, Straus and Giroux; 2009.