Globalisation and the need for a strong public health response

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The shift in thinking from international to global health is proceeding rapidly. New initiatives include reports by the US Institute of Medicine1 and New York Academy of Sciences,2 a roundtable jointly held by the World Health Organisation (WHO), Rockefeller Foundation and Society for International Development;3 development of a new programme on globalisation by WHO; an initiative by The Nuffield Trust in the UK; and the development of initiatives by leading public health schools. Underlying these initiatives is the premise that countries require new ways of dealing with common challenges arising from globalising forces. These forces can be categorised as economic (e.g. trade and finance), political (e.g. global governance), technological (e.g. communications, transport), sociocultural (e.g. changing lifestyles, demographic trends) and environmental (e.g. climate change). Together, they have varied and as yet inadequately understood impacts on health.

While there has been growing consensus on the importance of global health issues, development of a clear public health response has been slow, for two main reasons. The first is definition. The subject of globalisation produces a daunting mass of multidisciplinary literature and a bewildering array of perspectives. Clear differences persist in how globalisation is defined and the precise nature of the challenges and opportunities it poses. In part, this is because of the vagueness of the term globalisation which is in danger of becoming meaningless. But largely the confusion arises from the often unspoken underlying values that underpin much of the discussion. It has become a useful term to berate or praise particular causes. A second, related, reason for the muted public health response thus far lies in the ‘crossroads’ that public health faces, between ‘a narrow focus on health service issues or a refocus on the major causes of health’.4 The traditional focus on the former has been accompanied by the marginalisation of public health. Globalisation offers public health both an important opportunity and challenge to refocus on broader determinants of health.5 Achievement of such a perspective, including effective public health responses to globalisation, will require a renewed and sustained commitment to a multidisciplinary approach to multisectoral issues.

A DEFINITION OF GLOBALISATION FOR PUBLIC HEALTH

Public health can be understood broadly as 'the collective action taken by society to protect and promote the health of entire populations'.4 Such activities are concerned with change at individual and population level.5 Globalisation, in turn, can be defined as a process that is changing the nature of human interaction across a wide range of spheres. This process can be described as globalising, in the sense that boundaries, whether spatial (territorial), temporal (time) and cognitive (thought processes), are being redefined.6 In these ways, globalisation has particular relevance to public health.

Recent efforts to define more precisely the linkages between globalisation and public health have sometimes fallen into the trap of allowing parochial self-interest to be repackaged as a global perspective. A good example is the Institute of Medicine's report, America’s Vital Interest in Global Health, subtitled ‘Protecting Our People, Enhancing Our Economy, and Advancing our International Interests’. While recognising the need for a ‘new concept of “global health”’ ... to deal with health problems that transcend national boundaries, that may be influenced by circumstances or experiences in other countries, and that are best addressed by cooperative actions and solutions’, the report focuses on ‘the areas of US global health engagement that are most likely to benefit the health of the US population and ... changes in policy and implementation that can enhance the health of Americans and other peoples of the world, provide economic benefit, and advance US global leadership’. This is strongly reflected in the ‘global health’ agenda put forth by the report – infectious (including emerging and re-emerging) diseases; the threat of biological and chemical weapons; spiralling health care costs; violence; and ‘unfulfilled markets’ for American health care. Passing mention is given to the impact of world-wide marketing by US companies, notably on smoking and alcohol-related diseases. Its policy recommendations primarily focus on strengthening American leadership in international organisations.

The development of a strong public health-oriented agenda on globalisation needs to go beyond such parochialism, to a deeper understanding of the many ways that globalisation is manifesting itself and the diversity of consequences that it is creating throughout the world. Foremost, this requires a fundamental change in perspective that embraces the inextricable link between the

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local and the global. Returning to the Institute of Medicine report, the issues raised by the report may be important for the US, and the overt appeal to national interests may be necessary to attract continued support for domestic institutions such as the Centers for Disease Control (CDC). However, the issues identified are not necessarily priorities for other countries nor for global health per se. Indeed, their pursuit may even lie contrary to interests of others. Global markets are not just about 'unfulfilled potential' but about the transborder effects they may be creating with widespread consequences for human health – the hypermobility of populations, unsustainable use of natural resources, the 'race to the bottom' in social welfare policies, and erosion of environmental, health and safety standards. National health systems will struggle to address all these issues within individual countries. The globalisation of infectious disease is not only about controlling imported threats, but also about their export (e.g. bovine spongiform encephalopathy) to the rest of the world. It is also about the contribution to global patterns of disease by growing inequalities within and across countries, as well as the impact of environmental change (e.g. land use patterns, climate change, population insecurity and displacement).

This brings us back to the tricky question of defining 'global public health'. The Institute of Medicine sees the global health agenda as being defined by American priorities. One course would be to encourage other countries to do the same and identify threats to and opportunities for their domestic populations from outside of their borders. However, would the sum of national health interests somehow add up to a global health agenda? It would not and would fail to recognise the distinct nature of globalisation, namely that global and local interests are increasingly inseparable. This complex interconnectedness is only beginning to be understood. For example, the predicted extinction of Pan troglodytes troglodytes, a subspecies of the chimpanzee believed to be the source of the human immunodeficiency virus (HIV), could have profound implications for understanding adaptation to a disease now afflicting millions of people globally. Similarly, human-induced changes to coastal ecologies in the Indian subcontinent are believed to be a contributory cause of a new variant of Vibrio cholerae that has led to an eighth pandemic. Mass consumption of fossil fuels, primarily by the industrialised world, is leading to climate change world-wide, with long-term implications for the future of human health. The nuclear accident at Chernobyl in the Ukraine, growing transborder incidence of foodborne diseases, growing antimicrobial resistance, insufficiently regulated dumping of toxic or polluting materials, and the globalised marketing of health threatening substances and products (e.g. tobacco, illicit drugs), all offer clear lessons on the shortsightedness of seeking to separate local and global health. Opportunities also abound – the capacity to prevent infectious disease through global control programmes; using global telecommunications for health education and service delivery; creation of a global health watchdog to draw attention to threats to global health; and perhaps most overarching, the strengthening of global health governance to optimise new forms of cooperation among the diverse actors concerned with global health. In short, the linkages between globalisation and health are far too complex, and the long-term consequences of many of the issues concerned still so unknown, to focus on local health separately from the health of others on a global scale.

Defining a truly global health perspective and agenda will require more urgent engagement by the public health community. On the one hand, public health has the opportunity to make a special contribution to rebalancing a policy debate that has so far been dominated by selected concerns within higher-income countries. Public health research and practice, that recognises globalisation as a process affecting the broad determinants of health at many levels, would offer much towards a fuller understanding and response to globalisation.

On the other hand, public health is undergoing its own soul searching, faced with the choice of remaining focused on traditional (largely local) spheres of interest, or actively exploring broader (including global) determinants of health. The latter requires recognition of the complex nature of globalisation, with its potential to both threats and opportunities to health, to create both winners and losers, and to have local and global health consequences. The recent launch of several initiatives on global health makes it important to encourage such a perspective. In this respect, public health has a critical role to play in defining the emerging global health agenda.