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WHO: Past, Present and Future

Worldly approaches to global health: 1851 to the present



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ABSTRACT

The tension between managing episodic, acute, and deadly pandemics and the arduous path to ameliorating the chronic maladies and social conditions that kill many more people, but in far less dramatic ways, has always shaped the agenda and work of the World Health Organization. Yet the historical record amply demonstrates how international efforts to control infectious disease, beginning in the mid-nineteenth century and extending to the present, have dominated global health policies, regulations, agendas and budgets: often at the expense of addressing more chronic health and environmental concerns. How these challenges have affected present circumstances and created demands for an entirely new conception and execution of 21st century global health efforts is the focus of this paper.

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Introduction

Rarely celebrated, if even acknowledged, July 22, 1946 was a landmark day in the history of public health. It was on this date that representatives from the countries comprising the nascent United Nations met to endorse the constitution of what became the World Health Organization (WHO). While delivering the closing address of this international health conference, the U.S. Surgeon General, Thomas Parran, M.D., a primary architect in establishing the WHO, observed: ‘The World Health Organization is a collective instrument which will promote physical and mental vigour, prevent and control disease, expand scientific health knowledge, and contribute to the harmony of human relations. In short, it is a powerful instrument forged for peace’.¹ Equally important, the new agency’s charter ambitiously declared that ‘health is a state of

complete physical, mental and social well-being and not merely the absence of disease or infirmity’.² Today, this gold standard of health outcomes seems obvious but in 1946 it was a relatively new concept in the long history of medicine and public health. Inspired by the devastation of both world wars, along with the social and political maelstroms that led to them, the proto-WHO insisted that an international health agency signified far more than traditional bulwarks against contagion; it was a vehicle to facilitate the basic and fundamental right of health for every human inhabitant on the planet.

Two years intervened before the formal launch of the World Health Organization in Geneva on July 24, 1948, an interregnum that represented the time needed to develop a host of protocols and international agreements that would promote and support the agency. In addition to formalizing its

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administrative and staffing functions, the founding officers of WHO again emphasized a desire to expand the concepts of disease by including mental health, maternal and child health, nutrition and environmental hygiene in its mission. Despite these lofty goals, however, the primary function of WHO during its early decades more closely resembled earlier international attempts to patrol borders against the incursion of epidemic disease. Indeed, the WHO's most celebrated work during much of its history was directed at the control and spread of infectious disease.^{3,4}

The palpable tension, between managing episodic, acute, frightening, deadly and dramatic pandemics and the arduous path to ameliorating the chronic maladies and social conditions that kill many more people but in far less dramatic ways, has always shaped the agenda of the World Health Organization. Yet the historical record amply demonstrates how international efforts to control infectious disease, beginning in the mid-nineteenth century and extending to the present, have dominated global health policies, regulations, agendas and budgets, often at the expense of addressing more chronic health and environmental concerns.^{5,6} How these challenges have affected present circumstances and created demands for an entirely new conception and execution of 21st century global health efforts will be the focus of this paper.

International approaches to health crises during the 19th century

The distinguished medical historian Charles E. Rosenberg described cholera as the 'classic epidemic disease of the 19th century'.⁷ Cholera garnered wide attention and action because it was so rapid and deadly in its spread. Between 1816 and 1899, there were six global cholera pandemics, which originated in Asia, the Middle East and the sub-continent and, thus, spread rapidly along established routes of travel and commerce into Russia, Poland, Austria and eventually the rest of Europe (1816–1826, 1829–1851, 1852–1860, 1863–1875, 1881–1896, 1899–1923). With each passing decade, as human migration and commerce increased from the Old World to the New, immigrants, tourists, and sailors helped spread the cholera even further.⁸

It was these cholera pandemics, as well as travelling threats of yellow fever, bubonic plague, smallpox, and typhus, that inspired the development of the modern, international health regulations. In 1851, delegations consisting of a distinguished physician and a diplomat from 12 European governments (Austria, France, Great Britain, Portugal, Russia, Spain, Turkey—which was then officially known as 'the Sublime Port—and four sovereign states that eventually became Italy—the Kingdoms of Sardinia and the Two Sicilies, the Papal states, and Tuscany) met in Paris to convene the first international sanitary convention. The principal task was to create a code of quarantine between these nations that served two masters; placating and maintaining the commercial interests of each nation while, containing and preventing the spread of an impending pandemic. What followed were nine more international sanitary conventions, each one boasting an increasing number of national delegations. These meetings were held in 1859 (Paris), 1866 (Constantinople), 1874 (Vienna),

1881 (Washington, the first conference in which the United States participated), 1885 (Rome), 1892 (Venice), 1893 (Dresden), 1894 (Paris) and 1897 (Venice). Despite major advances in disease aetiology and transmission, especially with respect to cholera, and improvements in public health and sanitary measures, the sanitary conventions minutes produced during these years reveal a Tower of Babel of competing theories and explanations. In such an environment, it was impossible to find an accord.^{9–12} Not surprisingly, economic interests, politics, and bad behaviour trumped all such debates and little substantive policy was accomplished in terms of regulatory control. But as historian and former WHO official Norman Howard-Jones has noted it would be rash to write off the International Sanitary Conventions as a failure. Their gargantuan historical achievement was the establishment of an international forum for the discussion and adjudication of health matters that would only grow in importance over time.⁹

Approaches to international health crises during the first half of the 20th century

Three more international sanitary conventions were held during the early decades of the 20th century (1911–12, 1928, and 1938) but both world wars put a damper on international health cooperation for large portions of this period. During the conventions that did occur, however, experts and officials representing the participating nations elaborated several mechanisms of public health administration that would be recognizable to any public health official practicing in the 21st century including modern disease surveillance and reporting, rapid dissemination of new scientific information and therapeutic agents between investigators and nations, the development of universal quarantine and isolation regulations, and environmental approaches to cleaning up unsanitary or deleterious influences associated with various diseases.¹³

As the germ theory of disease gained wider and wider acceptance during the late 19th and early 20th centuries, several nations, including the United States, realized that only international approaches would serve to keep 'travelling', infectious diseases in check. Yet in a politicized world marred by political, economic and social divisiveness, the establishment of international bureaus of health proved to be a slow and arduous task.^{14,15} To be sure, there was some movement in this direction with the establishment of the Pan-American Sanitary Bureau (now called the Pan-American Health Organization or PAHO). Initially developed in 1902 in response to yellow fever epidemics that travelled along trade routes from South America into North America, the Pan-American Sanitary Bureau and, later PAHO, emerged as a leading innovator in how to cross-cultural, social, intellectual, and national borders in the name of international health.^{16–21}

Five years later, in 1907, the Office International d'Hygiène Publique (OIHP), based in Paris, was founded. Applying modern techniques of epidemiological surveillance, disease reporting, and communications technologies, the OIHP helped inform the international public health community in refining quarantine policies that better matched new innovations in locomotive train, automobile, and steamship travel. During

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