

Global Health: Evolving Meanings

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- New (transitional) international health • Global health
- What is global health? • Definition(s) of global health
- Global health human rights • Global health ethics

HISTORICAL ROOTS OF GLOBAL HEALTH

Over the past six to seven decades there has been dramatic progress globally in ideas, ideals, and values about how health is viewed beyond healthy lifestyles to well-being and a clear moral commitment to equity and rights in provision of health care. The World Health Organization's (WHO's) goal of Health for All (HFA) by the year 2000, announced in 1978,¹ was a truly remarkable and unprecedented effort to harness technologic capacities and political forces to social purpose on a global scale. This was a radical break with the past, introducing values, structure, and function different from those that previously governed health and the health care sector and applying them not only to health services but also to the workforce and education at universities and schools of public health.² These changes included rights and social reforms pertaining specifically to health. The future of public health would never be the same, and the authors believe that these dramatic forces mark the beginning of global health. The HFA movement acquired considerable legitimacy and support when it was ratified by 160 member countries of the WHO that supported its values and principles. These were later translated into health policies by member states. The three identified components—health service, workforce, and higher education—continue to underpin major global health policies.³

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HFA was not simply an extension of previous values, structures, and function. The roots of HFA were in the social, technical, and political trends that had affected thinking about health care in both less developed and more developed countries. These trends set the stage for HFA, the Millennium Development Goals (MDGs), and global health. These powerful trends are briefly outlined.

Justice and Equity

Justice and equity acquired a prominent and insistent role beyond lip service and thus became embedded in social systems, including health. This meant delivery of effective services must be continually paired with access.⁴

Changing Ideas on the Nature of Development

New styles of development were sought that were rooted in human values and that connected social and economic aspects of development. Overdependency on donor countries began to be transformed into self-sufficiency.

Roles of Communities and the Society

Members of the community, and for that matter the larger society, now had an insistent voice and could effectively express their concerns and be active participants in decision making over passive participation. Trends in the health sector were developing in parallel to social changes. There was an increased awareness that overemphasis on curative medicine (the biologic model) not only was detrimental but also had a distorting effect on health services; an increasing realization of the importance of disease prevention and health promotion; evolution of the concept of primary health care (PHC), including community-oriented PHC; and changing views on the health workforce, including the emergence of various alternatives to physician-centered care.

These trends initially emerged slowly but rapidly gathered intensity and are now at hurricane strength with the arrival on the world stage of global health, which encompasses and draws together many of the concepts of social, technical, political, and ethical thought.⁵ The major components of HFA—health services, health workforce, and higher education—continue to be stressed in the MDGs and in global health (discussed by Bryant and Velji elsewhere in this issue).^{6,7}

The first and foremost elements of PHC, as defined in WHO's Health For All Meeting at Alma Ata, now known as Almaty, Kazakhsatan,⁸ are education concerning prevailing health problems and methods of prevention and control; promotion and provision of adequate food supply and appropriate nutrition; adequate supply of safe water and basic sanitation; maternal and child health, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs. Thus, it is intended that PHC should be developed so as to ensure that there is universal coverage. The services provided under this coverage should be relevant, effective, acceptable, and affordable and should cover the full range of preventive, curative, and rehabilitative activities. The services should further involve communities so as to promote self-reliance and lessen dependencies and should integrate health and development generally.⁹

EVOLUTION TO GLOBAL HEALTH

The authors have identified four periods of time that mark major changes in the ways the three components of the health sector have been defined in their objectives,

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