

Global Health: international monographic course

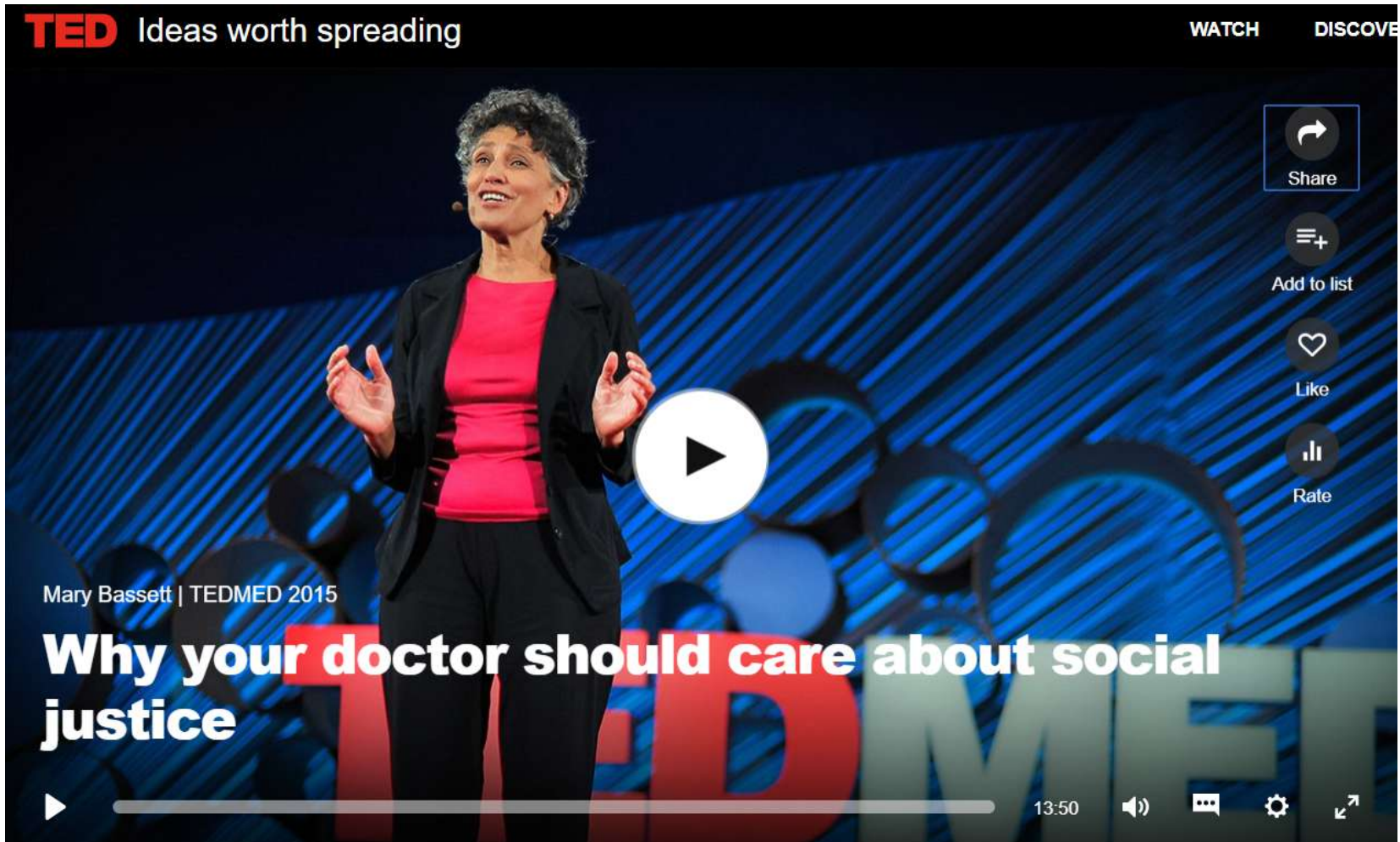
'Issues in Public Health:
a global perspective'

Rome, 29th november 2024

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Mary Travis Bassett - Director of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University (former) New York City's Health Commissioner

https://www.youtube.com/watch?v=E_NiCniw0JE

About Mary Bassett



*New York City Public Health Commissioner (2014-2018 and 2021-2022)
Mary Bassett has been a health activist since her Radcliffe days of volunteering at a Black Panther Clinic.*

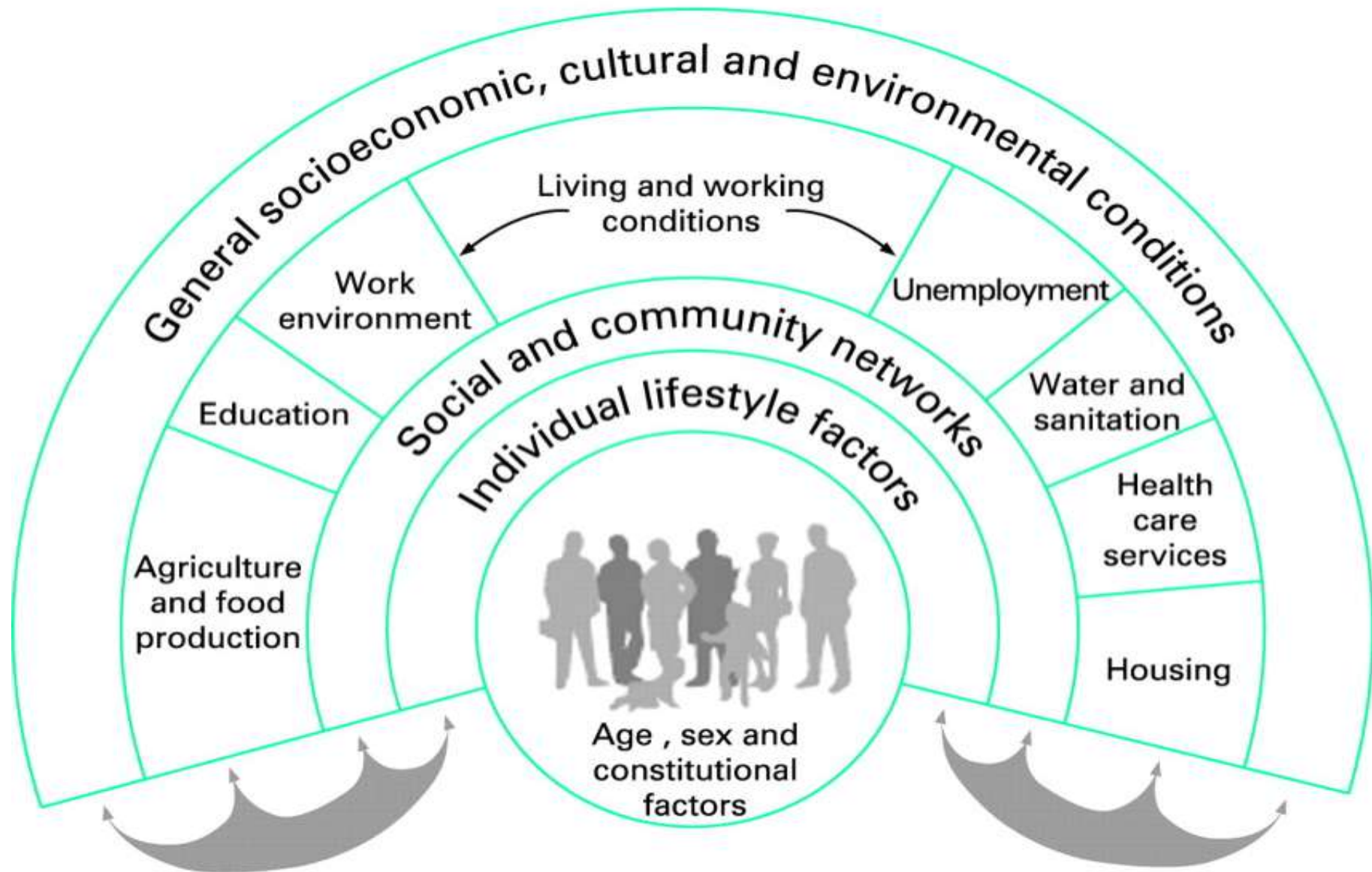
She began her career on the medical faculty at the University of Zimbabwe, a position she held for 17 years. The valuable lessons she learned in Harare, including the development of one of the first HIV awareness programs, gave her a unique perspective in tackling community health challenges for New York City's diverse populations.

She has led the charge to nudge healthier behaviors, including pushing for higher cigarette taxes and banning artificial trans fats in restaurants.

In her recent role, she has called for the medical community's deeper engagement in the #BlackLivesMatter movement and efforts to tackle institutional racism.

She is currently the Director of the FXB Center for Health and Human Rights at Harvard University, as well as the FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health.

SOCIAL DETERMINANTS OF HEALTH



0:13

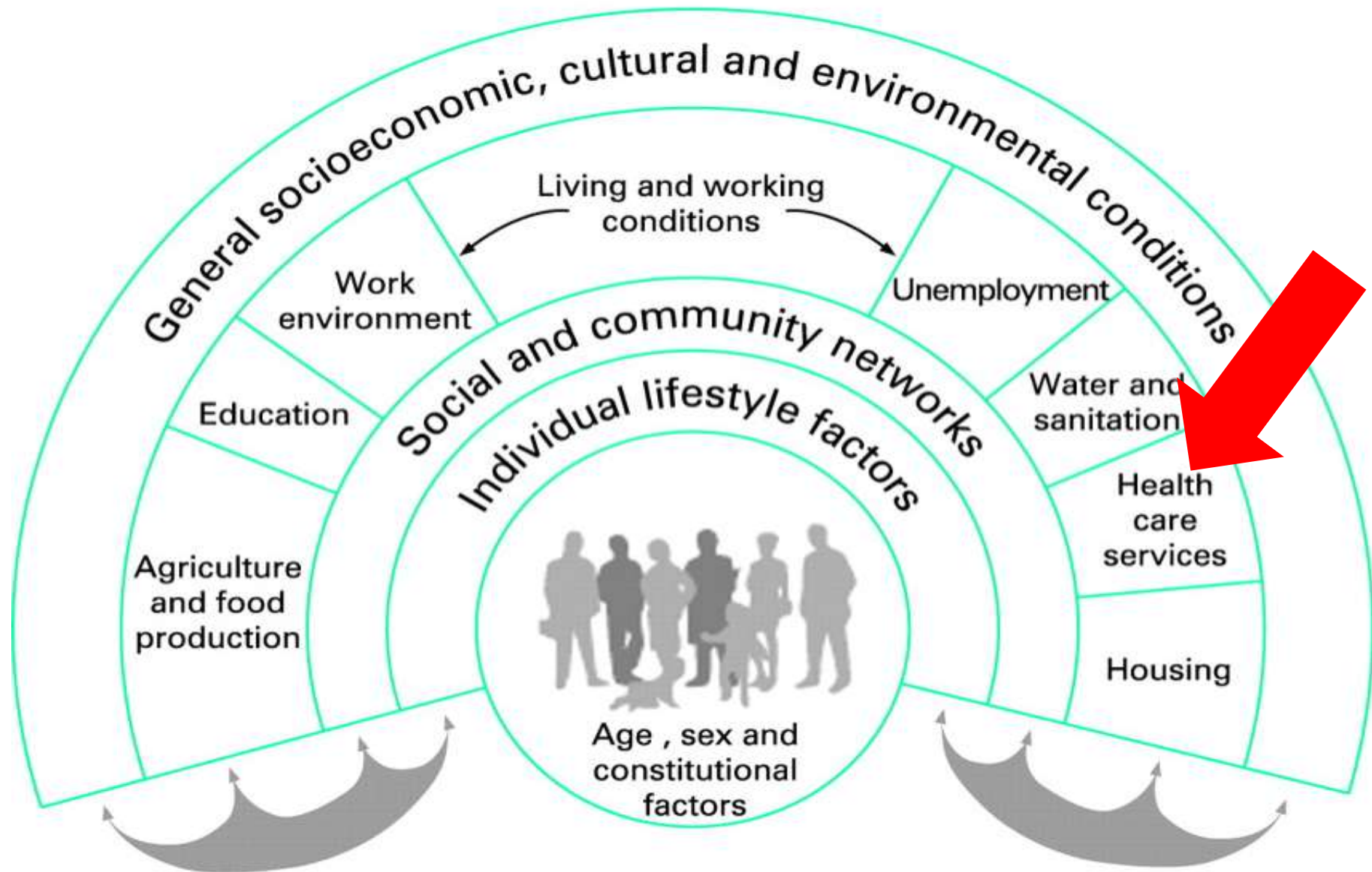
*When I moved to Harare in 1985, social justice was at the core of Zimbabwe's **national health policy**. The new government emerged from a long war of independence and immediately proclaimed a socialist agenda: **health care services**, primary education became essentially free...*

0:45

In 1980, the year of independence, 25 percent of Zimbabwean children were fully immunized. By 1990, a mere decade later, this proportion stood at 80 percent.



SOCIAL DETERMINANTS OF HEALTH



Italy, United Kingdom, Spain, Denmark, Sweden,
Norway, New Zealand...

National Health Insurance Model
Canada, Taiwan, South Korea...

Germany, France, Belgium, the Netherlands,
Japan, Switzerland...

Beveridge model

Bismarck model

**TAX
SYSTEM**

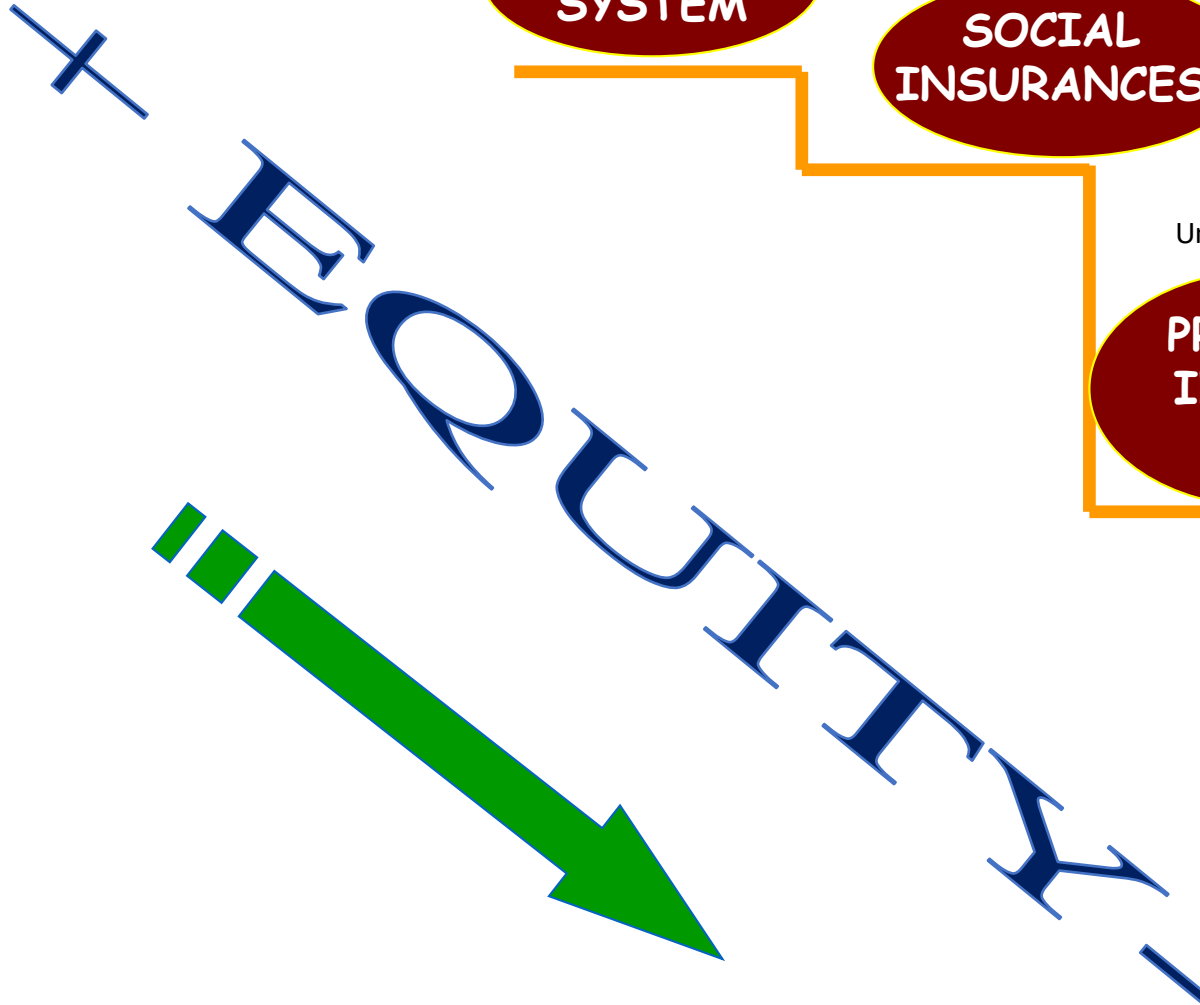
**SOCIAL
INSURANCES**

United States...

**PRIVATE
INSURANCES**

Cambodia, Burkina Faso,
India...

**OUT-
OF-
POCKET**



**THE RIGHT
TO HEALTH**

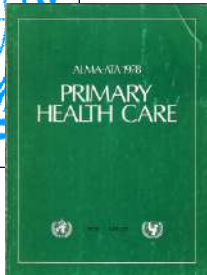
**THE
MARKET
OF HEALTH**

FOR ALL

FOR FEW



1948



1978



2008



Government is not the solution to our problem.
Government is the problem.

1980



Ronald Reagan

Margaret
Thatcher

1979

World Bank

Working for a World Free of Poverty

**“ Financing Health Services
in Developing Countries ”**

1987

- Introduction of user fees
- Promote insurance programmes
- Promote the privatization of health services

1:26

But there were daunting challenges. Zimbabwe reported its first AIDS case in 1985, (...)

2:02

By the mid-1990s, I'd told hundreds of people in the prime of life that they were HIV-positive

2:18

In response, my colleagues and I set up a clinic. We did condom demonstrations. We launched school education and workplace interventions. We did research. We counseled the partners of infected men about how to protect themselves. We worked hard, and at the time, I believed that I was doing my best. I was providing excellent treatment, such as it was.



3:44

*while living in Zimbabwe, I didn't see my role as an **advocacy** or a political one. I was there for my technical skills, both my clinical and my research epidemiology skills.*

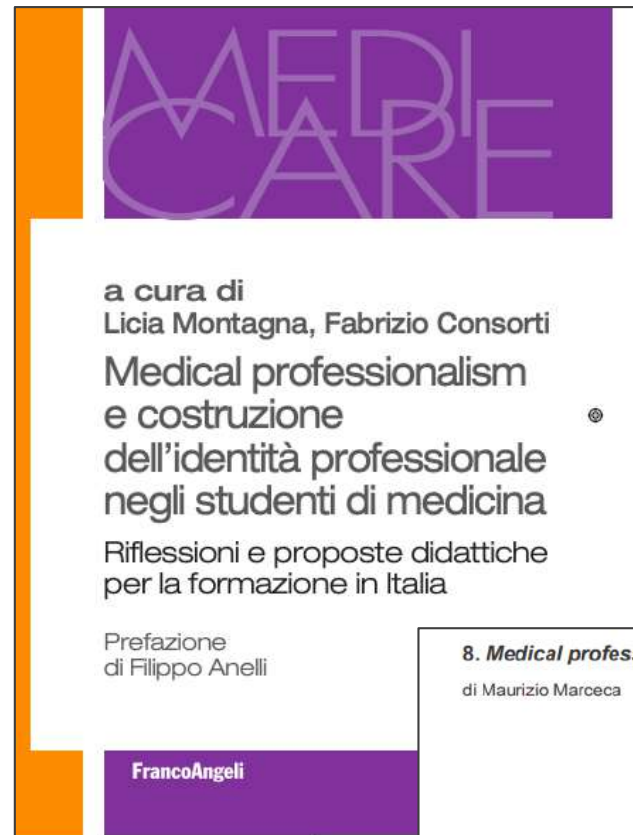


Physician advocacy

"Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise".

Perspective: **Physician Advocacy: What Is It and How Do We Do It?**

Mark A. Earnest, MD, PhD, Shale L. Wong, MD, MSPH, and Steven G. Federico, MD



8. **Medical professionalism e patient advocacy**

di Maurizio Marceca

The good physician treats the disease; the great physician
treats the patient who has the disease.
William Osler (1849-1919)

1. **Medico e società: alla (ri)scoperta di alcune radici**

Immaginiamo di poter (già) prendere la macchina del tempo e viaggiamo all'indietro fino al 1848, destinazione Berlino. Entriamo in un prestigioso quanto austero palazzo del centro città e saliamo al secondo piano: la porta è socchiusa e, benché sia già primavera, la casa si presenta quasi buia; una volta che i nostri occhi si sono abituati alla semioscurità, riusciamo a riconoscere e poi seguire la scia di una luce che, da fioca, diviene sempre più viva mentre ci avviciniamo alla stanza in fondo al corridoio. Seduto dietro a una imponente scrivania lignea carica di volumi e di carte e sovrastato da attestati e riconoscimenti appesi alla parete entro cornici dorate di gusto classico, un giovane uomo dell'apparente età di circa trent'anni ha appena interrotto la preparazione di una lezione universitaria di anatomia per aprire un dispaccio che gli è stato da poco consegnato da un militare. Il mittente è il governo prussiano. Inspiegabilmente egli non si avvede della nostra presenza e, quasi fossimo trasparenti, riusciamo a metterci alle sue spalle spiandone la corrispondenza. Leggiamo che il destinatario della missiva è un certo "esimio professor dottor Rudolf Virchow" (il nome vi dice qualcosa?) e che un cancelliere dalla firma illeggibile lo sta incaricando, per conto del governo in carica, di recarsi quanto prima possibile, in compagnia del pediatra dott. Stephan Friedrich Barez, in Alta Slesia, dove da poche settimane è scoppiata una grave epidemia di cui l'illustre destinatario è chiamato a studiare le origini e i rimedi.

Questo esordio semi-storico (mi sono preso alcune licenze narrative) ci riporta agli albori della medicina moderna, in cui – come tutti sanno – Virchow riveste un ruolo di primissimo piano in quanto figura fondamentale delle discipline della patologia medica e dell'anatomia patologica.

Quello che molti meno colleghi e appassionati probabilmente sanno è che questa esperienza in Alta Slesia (l'epidemia era di tifo petecchiale), seguita da altre esperienze di epidemie sia a Berlino che altrove riconducibili alle stesse cause di contesto, indusse nel giovane ma già affermato – e soprattutto attento osserva-



CODICE DI DEONTOLOGIA MEDICA

18 Maggio 2014

Art. 5

Promozione della salute, ambiente e salute globale

Il medico, nel considerare l'ambiente di vita e di lavoro e i livelli di istruzione e di equità sociale quali determinanti fondamentali della salute individuale e collettiva, collabora all'attuazione di idonee politiche educative, di prevenzione e di contrasto alle disuguaglianze alla salute e promuove l'adozione di stili di vita salubri, informando sui principali fattori di rischio.

Il medico, sulla base delle conoscenze disponibili, si adopera per una pertinente comunicazione sull'esposizione e sulla vulnerabilità a fattori di rischio ambientale e favorisce un utilizzo appropriato delle risorse naturali, per un ecosistema equilibrato e vivibile anche dalle future generazioni.

3:44

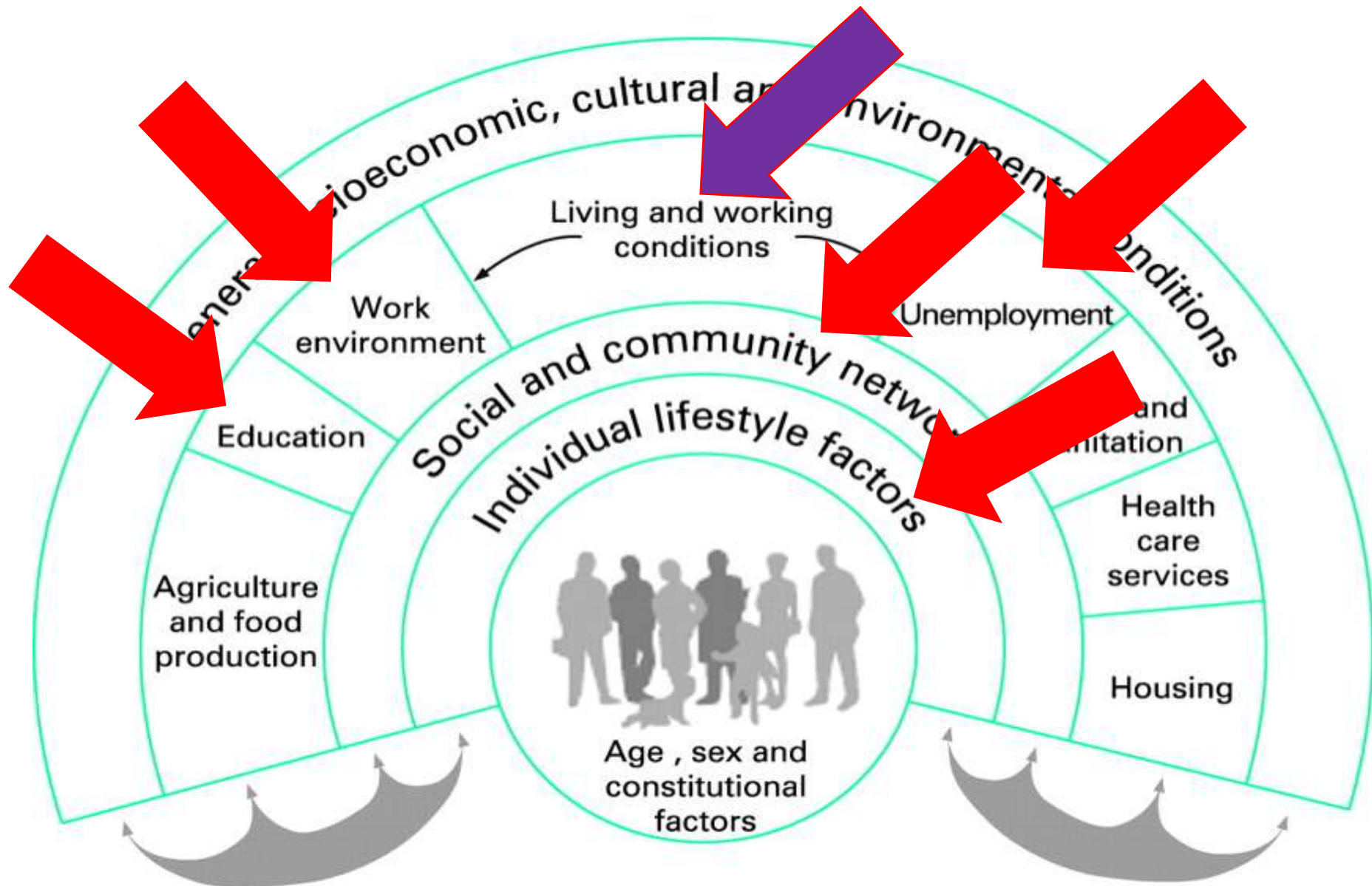
while living in Zimbabwe, I didn't see my role as an advocacy or a political one. I was there for my technical skills, both my clinical and my research epidemiology skills.

4:11

*I was aware that **socially marginalized populations** were at disproportionate risk of getting and dying of AIDS. And on the sugar plantations, which really more closely resembled feudal fiefdoms than any modern enterprise, 60 percent of pregnant women tested HIV-positive.*



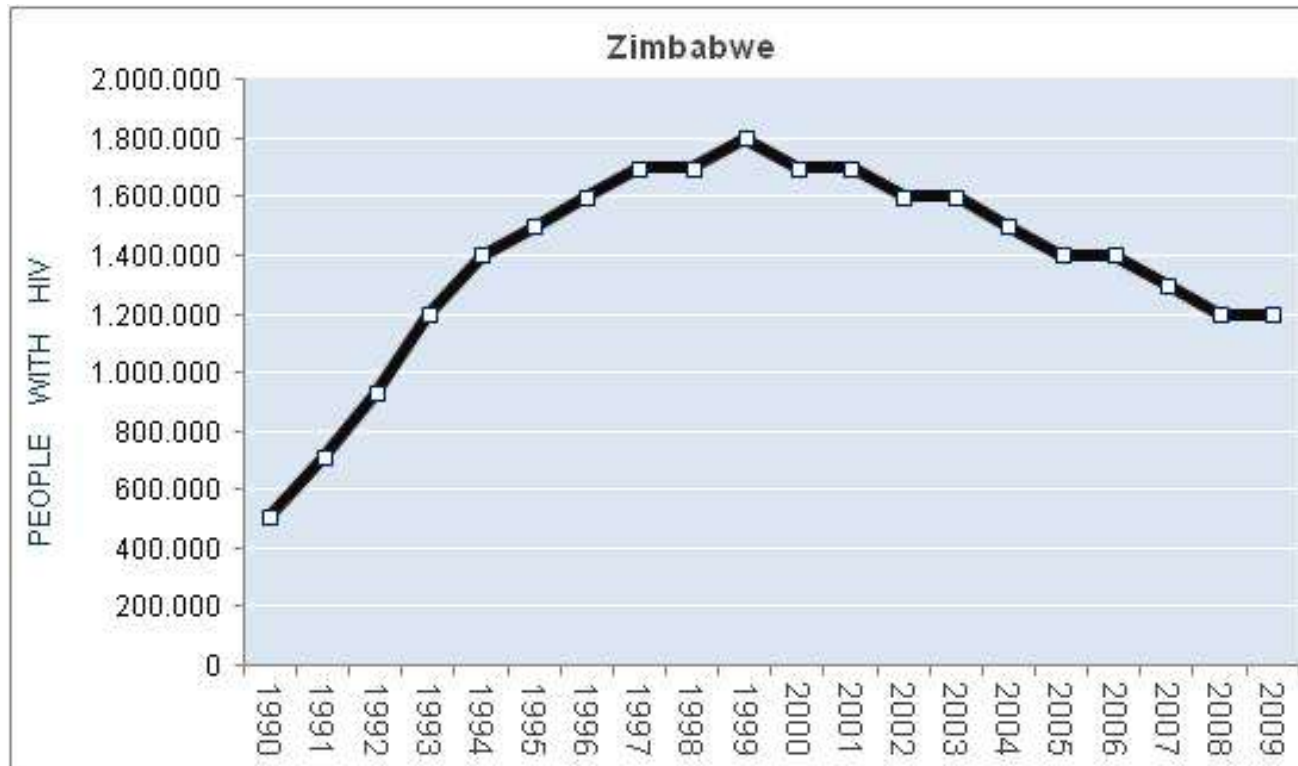
SOCIAL DETERMINANTS OF HEALTH



4:47

As health professionals, our tools were pitifully weak: imploring people to change their individual behaviors, use condoms, reduce number of partners.

Infection rates climbed,



5:57

Many doctors, health professionals, may think I did nothing wrong. Our pact with our patients, the Hippocratic Oath and its variants, is about the sanctity of the patient-doctor relationship. And I did everything I could for each and every patient of mine.

But I knew that epidemics emerge along the fissures of our society, reflecting not only biology, but more importantly patterns of marginalization, exclusion, discrimination related to race, gender, sexuality, class and more.



5:03

*When treatment became available in the West, **treatment** that remains our most potent weapon against this virus, it was **unaffordable to the public sector** across Africa.*

*(In these times)...I didn't speak out about the **unequal access to these life-saving drugs** or about the underlying economic and political systems that were driving infection rates in such huge swaths of the population.*



TRIPs: the globalization of patents

- 1995: WTO TRIPS Agreement (Trade related aspects of intellectual property rights)
- Few standards of protection for intellectual property rights (mainly for more developed countries)
- Length of patent: 20 years
- No differences between medicines and other goods
- No differences between essential medicines and trivial good
- Obligation for countries

Compulsory Licence (art 30 - 31 TRIPs)

In case of national health needs, the government can allow the production of an essential drug without the authorization from the patent holder.

Conditions:

- Only after failure of the negotiation with the patent holder
- Prevailing domestic market use
- Limited use to the emergency situation
- The patent holder receives a compensation fee



Parallel Importation (art. 6 TRIPs)

In case of national health needs, the government can allow the importation of the pharmaceutical product from the country where it costs less (always due to local generic production and price competition)

6:48

Medical anthropologists such as Paul Farmer, who worked on AIDS in Haiti, call this **structural violence**

Structural violence describes social structures — economic, political, legal, religious, and cultural — that stop individuals, groups, and societies from reaching their full potential.

It is often embedded in longstanding "ubiquitous social structures, normalized by stable institutions and regular experience".

P. Farmer



STRUCTURAL VIOLENCE

Because they seem so ordinary in our ways of understanding the world, they appear almost invisible. Disparate access to resources, political power, education, health care, and legal standing are just a few examples. The idea of structural violence is linked very closely to social injustice and the social machinery of oppression

7:43

So these days, I'm not staying quiet. I'm speaking up about a lot of things, even when it makes listeners uncomfortable, even when it makes me uncomfortable.

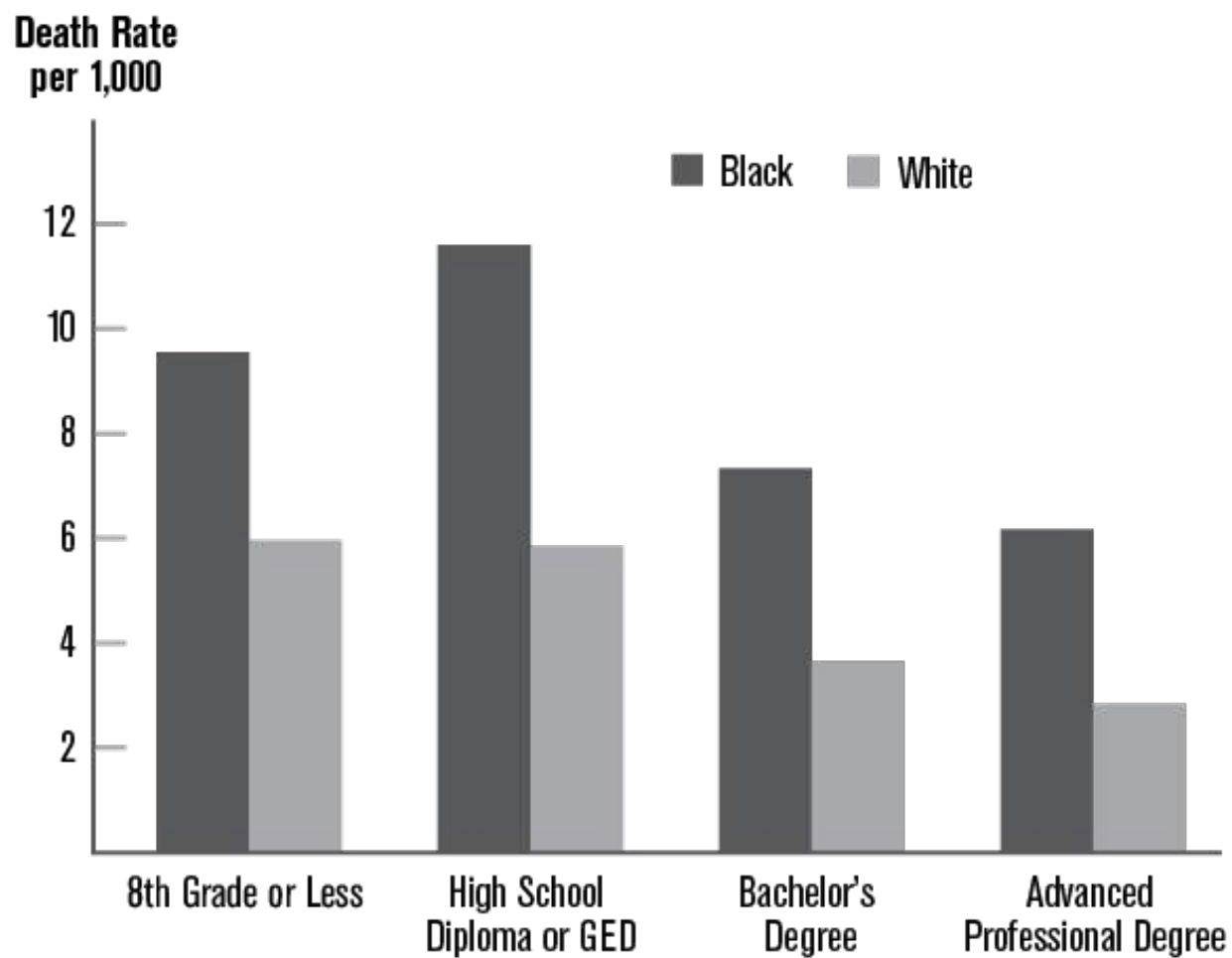
*And a lot of this is about **racial disparities and institutionalized racism...***

8:55

*In New York City, **premature mortality** -- that's death before the age of 65 -- is 50 percent higher for black men than white ones. A black woman in 2012 faced more than 10 times the **risk of dying related to childbirth** as a white woman.*



FIGURE 3.4 INFANT MORTALITY BY MATERNAL RACE AND EDUCATION, 2007-13



Source: Centers for Disease Control and Prevention (Wonder), Linked Birth/Infant Death Records, 2007-13

Health inequalities and health inequities

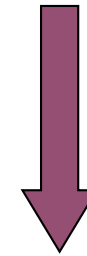


“differenze di salute”

Health inequalities:

generic term for differences

(i.e. random genetic mutation or life stage differences)



Health inequities: serious, unfair, systematic and avoidable differences, stemming from some form of injustice.

Talking about health inequities imply a moral judgement !!!

“ingiustizie nella salute”

INEQUALITIES VS INEQUITIES

"The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust".

M. Whitehead, The concepts and principles of equity and health, WHO, Regional Office for Europe, Copenhagen, 2000

*We do little for our patients if we fail to recognize these **social injustices**.*

12:26

*Our role as health professionals is not just to treat our patients but to sound the alarm and advocate for **change**. Rightfully or not, our societal position gives our voices great credibility, and we shouldn't waste that.*



How doctors can close the gap

Tackling the social determinants of health through culture change, advocacy and education



2011

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Definition

- What is **global health**?

- “Health problems, issues, and concerns that transcend national boundaries, which may be influenced by circumstances or experiences in other countries, and which are best addressed by cooperative actions and solutions”.

(Institute Of Medicine, USA - 1997)

Global Health



“An area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide...emphasizes transnational health issues, determinants and solutions: involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level care.”

(Kaplan et al. *Towards a common definition of global health*, The Lancet, vol. 373, June 6, 2009)

WHAT IS GLOBAL HEALTH ? [1]

*GH is meant to be a **new paradigm for health and health care**, grounded in the **theory of health determinants**. Such an approach, based on the principles stated in the Alma Ata declaration (1978) and backed by broad evidence, can be applied to disease prevention and treatment, as well as to health promotion, for both individuals and populations.*

WHAT IS GLOBAL HEALTH ? [2]

*The main focus of GH concerns the health status of world population and its **socio-economic, political, demographic, juridical and environmental determinants**, as well as the relationship between globalization and health in terms of **equity, human rights, sustainability and international diplomacy**.*

*Adopting a transnational view, GH points out health inequalities both within and among countries, framing them through the lens of **social justice**.*

WHAT IS GLOBAL HEALTH ? [3]

Methodological approach

*Due to the complexity of such issues, the GH approach is necessarily a **trans-disciplinary and multimethod** one, built on the contribution of natural and social sciences and the humanities.*

Disciplines involved in Global Health

- Social sciences
- Behavioural sciences
- Law
- Economics
- History
- Engineering
- Biomedical sciences
- Environmental sciences
- ...

WHAT IS GLOBAL HEALTH ? [4]

Fields of interest

*GH is not merely an academic field: fostering an ethics of social accountability for institutions, professionals and individuals involved, it encompasses the fields of research, practice and education. **Driven by ethics and oriented to the needs of the population, in particular marginalised groups, it aims at producing change in the community and in the whole society, bringing evidence into practice thus reducing the know-do gap.***

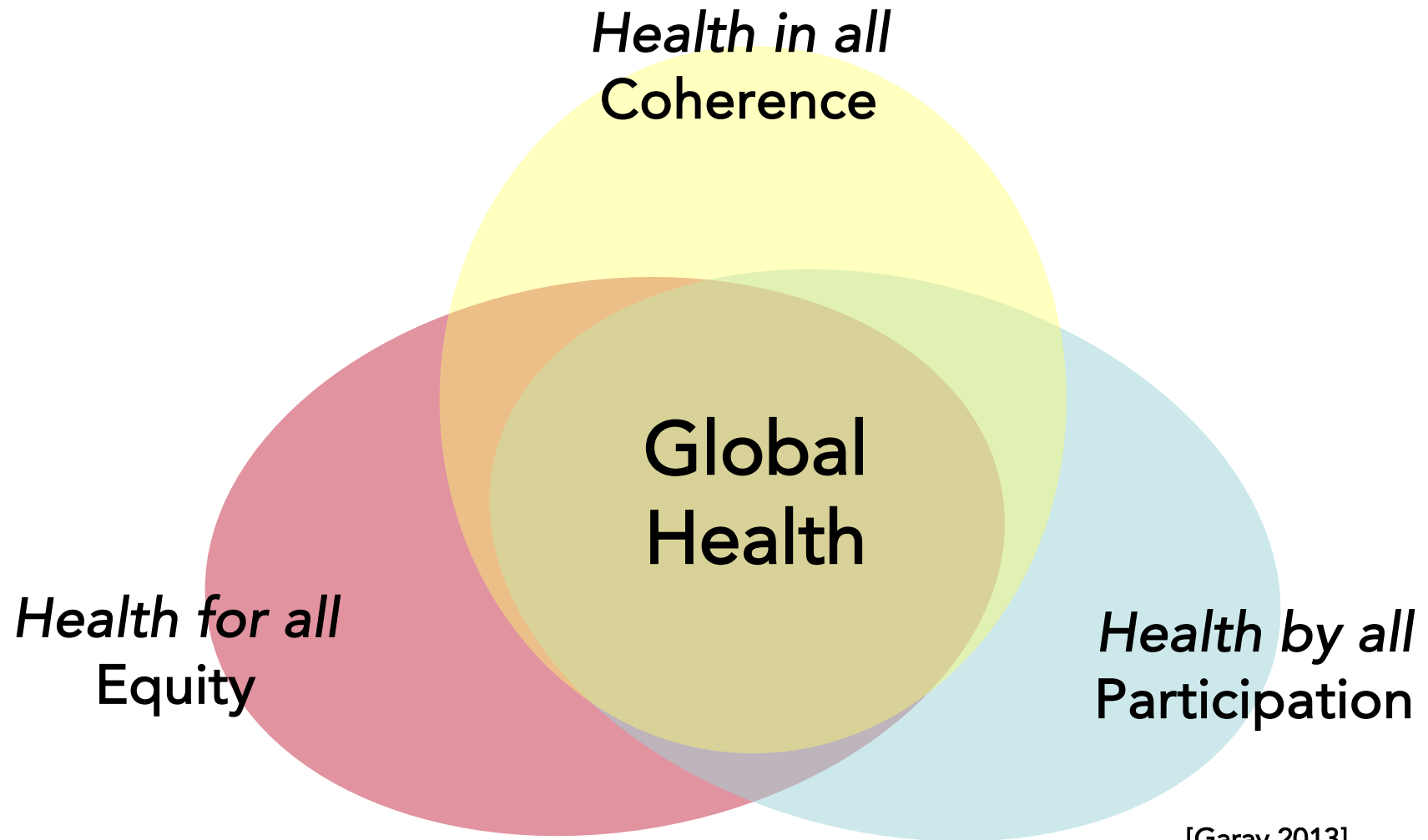
the 3 key elements:

SOCIAL DETERMINANTS OF HEALTH

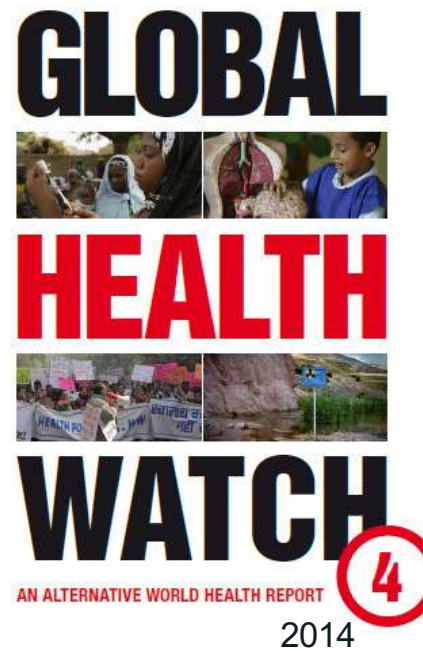
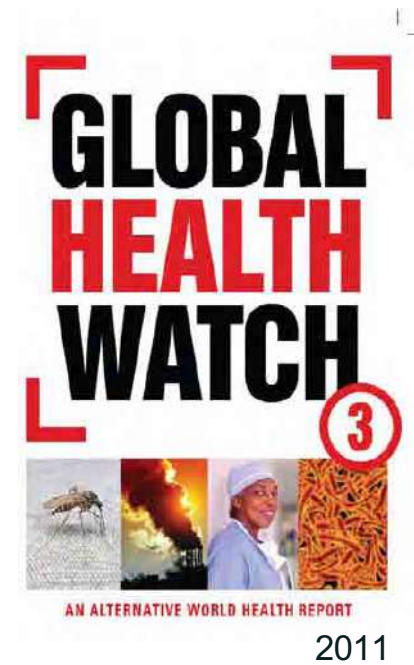
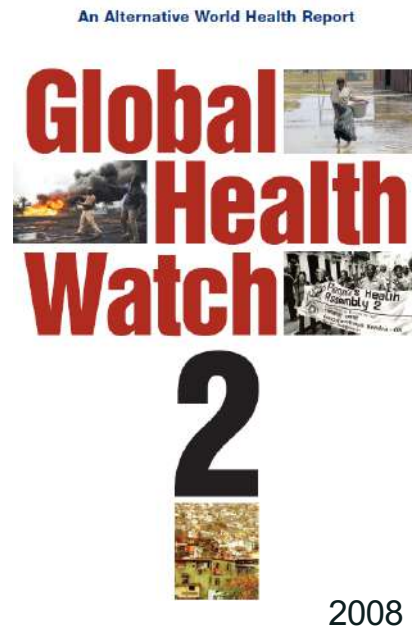
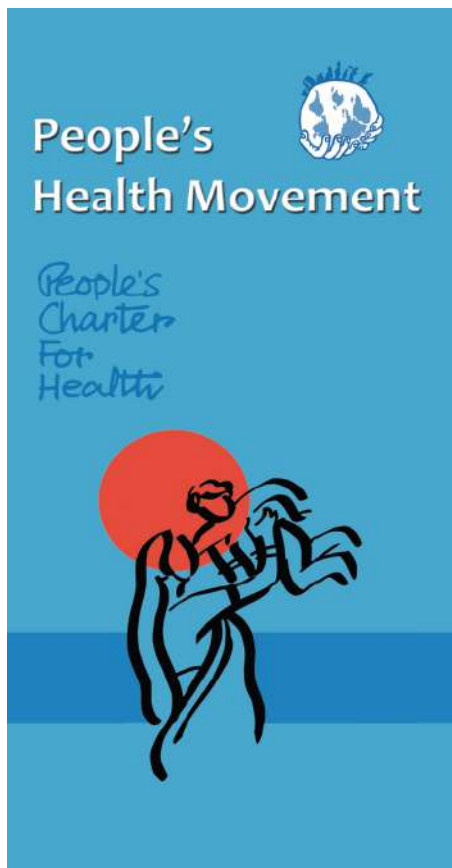
INEQUALITIES IN HEALTH AND HEALTH CARE

HEALTH SYSTEMS

All Health is *Global Health*...



[Garay 2013]



Thank you!

...we just need courage!

