

GLOBAL HEALTH DIPLOMACY BRIEFING



DISCUSSING A DEFINITION OF GLOBAL HEALTH*

To date, there is no widely agreed definition of the term global health and it is often used interchangeably with other terms such as public health and international health. In the absence of a consensus about the scope of the field, there is also potential for confusion about the scope and purpose of relevant practice and research. It is therefore important to set out what we consider to be distinctive about the field of global health in the present context.

‘Public health’: The definition given by Winslow¹ in 1920 has been widely accepted:² *“Public health is the science and art of preventing disease, prolonging life and promoting physical health and efficacy through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure every individual in the community a standard of living adequate for the maintenance of health; so organizing these benefits in such a fashion as to enable every citizen to realize his birth right and longevity.”*

The **‘new public health’**³ has since emerged and been enshrined in the Ottawa Charter for Health Promotion (1986).⁴ This definition sees new public health efforts as being the sum of activities undertaken by societies, occurring both within and beyond the health system and health sector, to promote health and prevent disease. This includes healthy public legislation and policy, intersectoral action, community participation and promotion of physical, economic and social environments conducive to health. Subsequently, it recognises the **social determinants of health**⁵ and the need to change conditions in order to promote health equity. The 1988 US Institute of Medicine has defined the mission public of health as: “fulfilling society’s interest in assuring conditions in which people can be healthy”.⁶

‘International health’ also extends public health concerns to citizens and society – essentially a national context – by addressing health issues that cross national boundaries. International health developed particularly in response to concerns about the

movements of infectious diseases across borders and the establishment of the International Health Regulations is a particular milestone in this field.⁷ Some further broadening of the scope of international health has been proposed, and particularly suggestions that it has a major focus on issues affecting low- and middle-income countries (LMICs), such as infectious diseases, and maternal and child health and the complex array of global and local forces that influence them. The term international health is also often used to refer to the work of those departments within government ministries that are responsible for dealing with the work of international organizations such as WHO.^{8,9}

A working definition of **‘global health’** was proposed by Koplan et al¹⁰: *“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes inter- disciplinary collaboration; and is a synthesis of population- based prevention with individual-level clinical care.”*

However, this view has been criticised by Fried et al,¹¹ who consider that it *“conflicts with the key tenets of a global public health strategy [that offers] the foundation of a redesigned global health system that could accomplish the optimum level of health for populations. This approach has profound implications for training, scholarship, and practice necessary to improve human health.... Global health and public health are indistinguishable. Both view health in terms of physical, mental, and social wellbeing, rather than merely the absence of disease. Both emphasise population-level policies, as well as individual approaches to health promotion. And both address the root causes of ill-health through a broad array of scientific, social, cultural, and economic strategies.”*

This assertion that *“global health and public health are indistinguishable”* has been contradicted by others, who consider that global health does have some special characteristics and requirements, encompassing a broader perspective on the

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determinants of health (including political, social and economic as well as biomedical factors); a concern with all countries, including high-income countries (HICs) as well as LMICs; an integration of population-based health and individual medicine; and a primary emphasis on collective global rather than national good (while recognizing that local context and action are intimately connected with the global scale).

Beaglehole and Bonita¹² consider that while “in many countries public health is equated primarily with population-wide interventions, global health is concerned with all strategies for health improvement, whether population-wide or individually based health care actions, and across all sectors, not just the health sector”. Conceptualized beyond a ‘global burden of disease’ approach, global health “emphasises the social, environmental, and economic contexts in which health, disease, and healthcare interventions are embedded”.¹³ This definition is similar to the ‘new public health’ approach.¹⁴

In addition, global health recognizes the interdependent relationship between health status within and across countries and policy and legal instruments across diverse sectors, so constituting a distinct field requiring special attention. Kickbusch^{15,16} defines global health as: “those health issues that transcend national boundaries and governments and call for actions to influence the global forces that determine the health of people. It requires new forms of governance at national and international level which seek to include a wide range of actors.” She considers¹⁷ that:

→ the term “stands for a new context, a new awareness and a new strategic approach in matters of international health. Its focus is the impact of global interdependence on the determinants of health, the transfer of health risks and the policy response of countries, international organizations and the many other actors in the global health arena. Its goal is the equitable access to health in all regions of the globe.”

→ The term international health has mainly been used to encompass approaches to health problems in developing countries and the flow of resources and knowledge from the developed to the developing world. Global health in contrast focuses on relationships of interdependence that transcend this division as well as national frontiers and policy sectors, in particular

- the global distribution of health and disease and their determinants
- the impact of globalization on health and
- the changing nature of global health governance.

Rowson *et al.*,¹⁸ consider that global health goes beyond public health because it is not only a technical process, but one intimately connected to the political and social context within which it operates. Evidence for the relationship between social and economic inequities and health inequity is clearly established.^{19,20} Given such evidence, including the reduction of inequity as an explicit goal of global health is not simply ideological – improving health entails tackling the social and economic inequities upon which poorer health is based.

However, Rowson *et al.* consider that the inclusion in the definition of value-based concepts such as an explicit aim of enhancing equity in health is inappropriate. They argue that the term ‘equity’ itself does not have a universally acknowledged meaning, but that it carries with it significant ideological baggage and implies that only people sharing a certain set of values may be seen as ‘doing’ global health. While they accept that discussion of values should be a key part of global health education, Rowson *et al.* agree with Bozorgmehr²¹ that “definitions should abstain from attaching normative objectives a priori and factually describe what the field is, not what it ideally should be”.

While the issue of whether health equity should be explicitly defined as a goal of global health or new public health remains contested, current global health programmes do recognize improved health equity as a desirable outcome, both for practice and research.²²

1 CEA Winslow, The untilled field of public health. *Modern Medicine*, 1920, 2:183-191.
2 The Relationship between Public Health and Health Education. Salt Lake City: Association of Accredited Public Health Programs 2013. www.mphprograms.org/publichealthresources.html
3 Baum, F. The new public health. 3rd edition. 2008. Oxford University Press.
4 <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
5 http://www.who.int/social_determinants/en/
6 Institute of Medicine, The Future of Public Health. Washington DC: National Academy Press 1988, www.nap.edu/openbook.php?record_id=1091&page=1
7 International Health Regulations (2005). Geneva: World Health Organization, 2005. www.who.int/ihr/en/
8 JP Koplan TC Bond, MH Merson, KS Reddy MH, Rodriguez, NK Sewankambo *et al.* Towards a common definition of global health. *Lancet* 2009; 373: 1993-5. www.globalbrigades.org/media/Global_Health_Towards_a_Common_Definition.pdf
9 R Beaglehole, R Bonita What is global health? *Global Health Action* 2010, 3, 5142 - DOI: 10.3402/gha.v3i0.5142. <http://globalhealthcenter.umn.edu/documents/whatisglobalhealth.pdf>
10 Koplan *et al.*, 2009, op cit.
11 LP Fried, ME Bentley, P Buakens, DS Burke, JJ Frenk, MJ Klag, HC Spenser. Global health is public health. *Lancet* 2010, 375 535 - 537, doi:10.1016/S0140-6736(10)60203-6 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60203-6/fulltext#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60203-6/fulltext#article_upsell)
12 Beaglehole & Bonita, op cit.
13 R. Labonte, J. Spiegel, Setting global health research priorities - Burden of disease and inherently global health issues should both be considered. *British Medical Journal*, 2003, 326(7392): 722.

14 Baum, F, op cit.
15 I Kickbusch, G Lister. European Perspectives on global health - a policy glossary. Brussels: European Foundation Centre 2006, 72pp. www.ilonakickbusch.com/kickbusch-wAssets/docs/EFC_EPGH.pdf
16 I Kickbusch. The need for a European strategy on global health. *Scand J Public Health* 2006; 34: 561-5.
17 I Kickbusch. Global Health - A definition. Yale University 2002. www.ilonakickbusch.com/kickbusch-wAssets/docs/globalhealth.pdf
18 M Rowson, C Willott, R Hughes, A Maini, S Martin, JJ Miranda, V Pollit, A Smith, R Wake, JS Yudkin. Conceptualising global health: theoretical issues and their relevance for teaching. *Globalization and Health* 2012, 8:36. doi:10.1186/1744-8603-8-36. www.globalizationandhealth.com/content/pdf/1744-8603-8-36.pdf
19 Whitehall studies, e.g. see Chandola, T., Bartley, M., Sacker, A., Jenkinson, C., & Marmot, M. (2003). Health selection in the Whitehall II study, *UK. Social Science & Medicine*, 56(10), 2059 - 2072.
20 WHO Commission on the Social Determinants of Health, Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report (2008) http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
21 K Bozorgmehr. Rethinking the “global” in global health: a dialectic approach. *Global Health* 2010, 6, 1-19. doi:10.1186/1744-8603-6-19. www.globalizationandhealth.com/content/pdf/1744-8603-6-19.pdf
22 P Östlin, T Schrecker, R Sadana, *et al.* Priorities for Research on Equity and Health: Towards an Equity-Focused Health Research Agenda. *PLoS Med* 2011, 8(11): e1001115. doi:10.1371/journal.pmed.1001115. www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001115