

## Changing Strategies in Global Health: Past Lessons, Future Directions

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## What is Global Health?

Global health has involved the efforts of governments, institutions, and groups located in wealthier northern areas of the globe, (primarily North America and Europe) to improve the health of peoples living in poorer southern areas of the globe (primarily in Africa, Asian and Latin America)

## Stages of Global Health

1. Colonialism and Tropical Medicine
2. The Interwar Period and the Origins of International Health Institutions
3. Postwar Organizations and the Rise of International Health Campaigns
4. The Rise and Fall of Primary Health
5. The New Global Health

## Trends in Global Health

1. Strategies developed outside of countries where health problems exist.
2. Selective rather than comprehensive
  - Health for some
  - Targeted interventions
3. Strategies focus on application of medical technologies to prevent or eliminate disease

## Trends in Global Health

4. Health programs linked to economic development
  - Links rhetorical rather than operational
  - Health programs have been isolated
  - Health → Development
  - Development → Health

## Colonial Medicine



## Policies Made in Metropolises

- Shaped by Science and Colonial Finances
- Limited local authority over policy
- Few efforts to incorporate indigenous perspectives or participation



## Health for Some

- Early focus on European Health
- Post W.W.I attention to Workers Health
- Rural Health left to Missionaries and occasional medical campaigns
  - Maternal and child health



## Disease Focused Approach to Health

- Yaws and Syphilis in East Africa
- Bilharzia campaigns Egypt, China
- Plague measures in India
- Cholera campaign in Philippines
- Hookworm & yellow fever in Americas

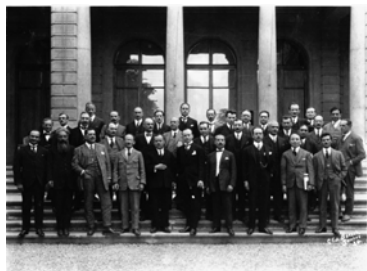


## Health and Colonial Development

*"A medical officer is confronted with an almost insuperable difficulty when he sets out to request the expenditure of good money for the purpose of improving the general health...unless he can show that the measures he is putting forward will yield a profit for the individual, and that at no distant future."* Balfour and Scott Health Problems of the Empire, 1924

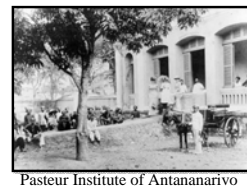
- Largely ignored impact of Colonial Development on health

## The Interwar Period: New Institutions and Approaches



## New International Health Institutions and Organizations

- Overseas Pasteur Institutes
- Pan American Sanitary Bureau
- League of Nations Health Organization
- Rockefeller International Health Board



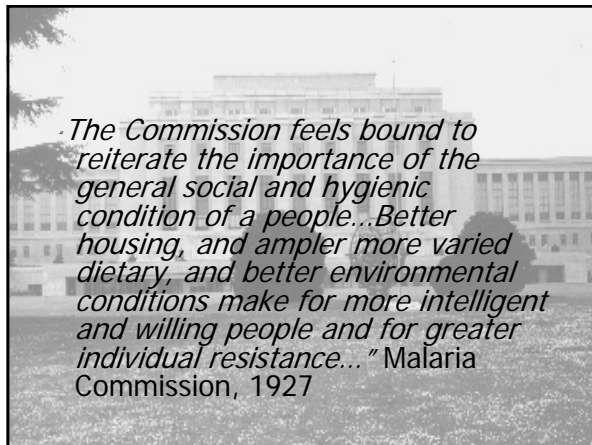
Pasteur Institute of Antananarivo

## The Origins of International Health Institutions

- Scientific Hygiene: 1910s and 20s
  - "Whatever the poverty, never will it breed disease" (Pasteur)
  - "medicine could command poverty..."
  - LNHO Tuberculosis Commission and BCG
  - RF support for schools of hygiene
  - International training programs

## Social Medicine and Rural Reconstruction

- The rise of social medicine
  - Ludwik Rajchman redirects LNHO, 1921-1939
  - ILO Partnerships
- Great Depression
  - "Economic Depression and Public Health, 1932"
  - The TB Committee, 1932



## League of Nations in China

- Rural Rehabilitation Program, Kaingsi Province, 1933-36
- Berislav Borčić, Andrija Štampar from Zagreb



*"After working nearly three years in China, I am especially impressed by one fact. Successful health work is not possible where the standard of living falls below the level of tolerable existence. Public health policy must be intimately connected with a programme for general social improvement..." (Štampar, 1936)*

## Rockefeller Foundation

- Program for North China, 1935
  - Integrated Program
    - The Institute of Rural Administration
    - Mass Education Program
    - Institute of Economics
    - College of Agriculture
    - Department of preventive Medicine (PUMC)
    - North China Industrial Institute
  - RF provided \$1 million for 3-years (\$15 million)

## Bandoeng Conference on Rural Hygiene, 1937

• *"One thing is certain...unless the economic and cultural level of the rural populations can be raised, there can be no hope of employing curative or preventive measures with any degree of success."* (Selskar Gunn)

- Role of women in rural betterment
- *"Work through the people, and avoid, as far as possible, imposing systems from above"*

## End of an Era

- Effort to hold rural hygiene conference in Americas thwarted by US
- Purge of LNHO leadership
- Japanese invasion of China ends rural hygiene programs
- War puts International health programs on hold



Hugh Cumming

## Postwar Organizations and International Health Campaigns



## Postwar Visions of Health and Development

- Needs of European Rehabilitation
  - Postwar colonial health and welfare programs
- US vision of global economy
  - Need for healthy producers and consumers
  - Technical assistance programs
- Decolonization increases demand



*"... Little imagination is required to visualize the great increase in the production of food and raw materials, the stimulus to world trade, and above all the improvement in living conditions, with consequent social and cultural advances, that would result from the conquest of tropical diseases"* (Marshall, 1948.)



## Winning Hearts and Minds

*"In these days of mounting international crisis, this conference takes on a significance far beyond the mere improvement of the health of industrial workers as a means to increase production. The health and manpower of the free nations of the world are now the most vital resources in our fight against Communism."* James S. Simmons, Dean of the HSPH. 1954

## Decolonization of International Health?



- Shift from Metropolitan Capitols: London, Paris, Brussels
- to New Centers of International Health: New York, Geneva, Atlanta
- Creation of WHO, USAID, UNICEF, CDC shaped development of post colonial health systems

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



## Return to the War on Disease

- Disease Eradication Campaigns (*Yaws, Malaria, Leprosy, Smallpox*)
- Ignored health systems or underlying determinants of health



*"Overpopulation is a malady of society that produces wasted bodies, minds and spirits just as have other scourges-- leprosy, tuberculosis, cancer [The] problem in India [is] of epidemic proportions. "[The Khanna Study, 1953]*



## Why Return to War on Disease?

- Growing faith in technology
- Need for dramatic results
  - "Impact Programs"
  - WHO's leadership role



## Culture of Development

*"The most dramatic results from the employment of a very small number of skilled men and very small quantities of scientifically designed materials have been achieved in the field of medicine. In many areas of the world one trained public-health doctor or a group of two or three working with local people able to follow their guidance have been able to rout one of man's oldest and deadliest." - US Dept. of State, Report on Point Four Program, 1950)*

## Political Climate

- Cold war politics
  - Rajchman's and Stampar's fate
  - The separation of health from development (e.g. FAO/WHO/ILO/UNICEF/UNDP)



## The Rise and Fall of Primary Health Care



## The Road to Primary Health Care

- Critique of Development from center and periphery (WB and ECLA)
- Failure of malaria eradication
- Soviet Union's push for health services
- Appreciation of grassroots initiatives in China, Cuba, Tanzania
- Role of Halfdan Mahler at WHO



## "Health for All": Alma Ata Conference, 1978

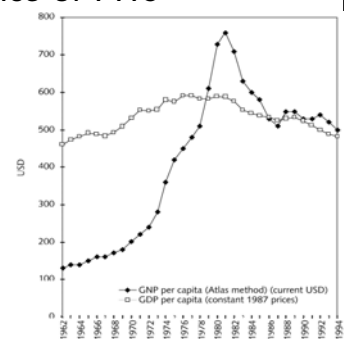


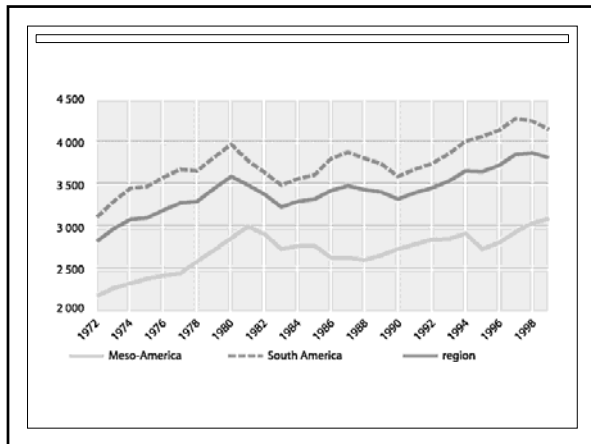
## Goals of Primary Health Care

- Eliminate existing disparities in access to health care— "Health for All".
- Broad-based rather than selective health care
- Popular participation in health planning and implementation
- Incorporation of indigenous medicine
- Recognition of the social and economic determinants of health

## The Economics of PHC

- Recession of the 1980s
- Decline in Commodity Prices
- Increase in Debt





## Rise of Neoliberalism

- Reductions in state spending
- Reliance on markets
- Emphasis on private sector
- Individual responsibility and self-financing

## Neoliberal Solutions



- SAP and Health Sector reform 1990s
  - 1992 Forced reduction in wages
  - 1993: 1/3 nurses applied to work abroad
  - 50% of health facilities closed by 2005
- User Fees
  - 60% drop in health attendance, 20% in deliveries following imposition in Lusaka

## Obstacles to Health Reform

- Biases of western trained physicians
  - Role of Private Sector
  - Resistance to devolving authority
  - Opposition to reorienting medical training
- Class interests of local elites
  - Desire for tertiary care
  - Resisted efforts to address social determinants of health
- Limits of popular participation

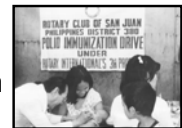
## Return to Selective Health Care

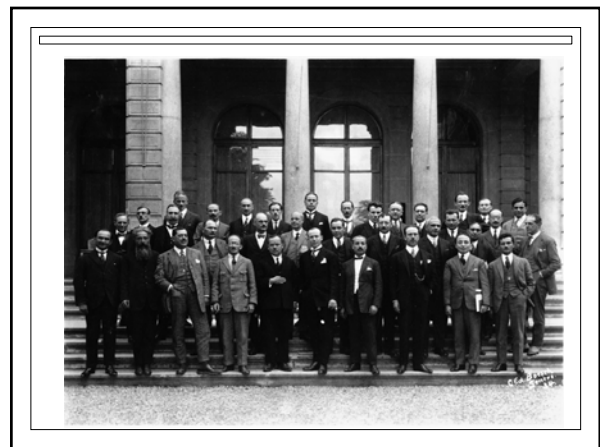
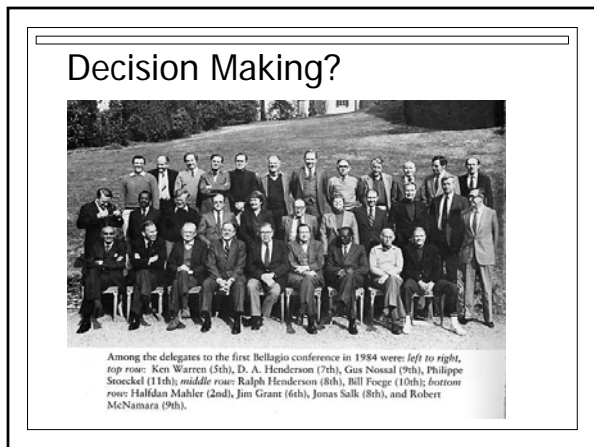
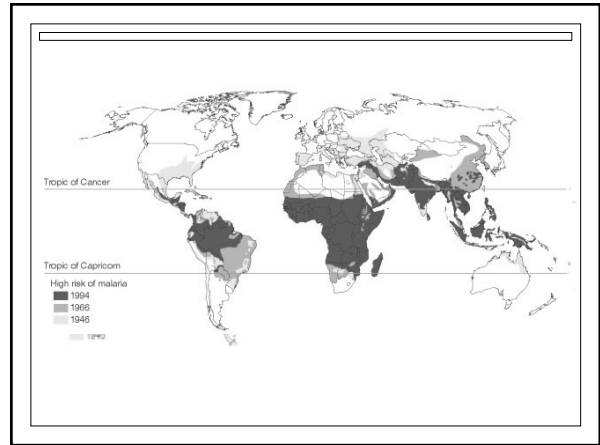
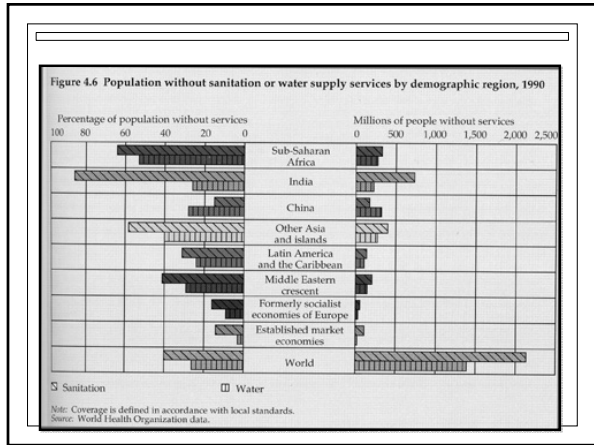
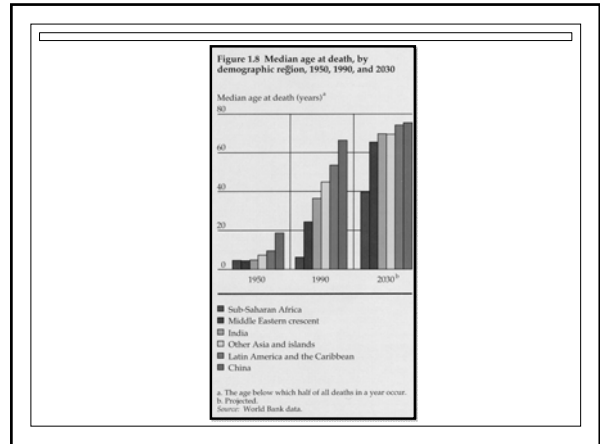
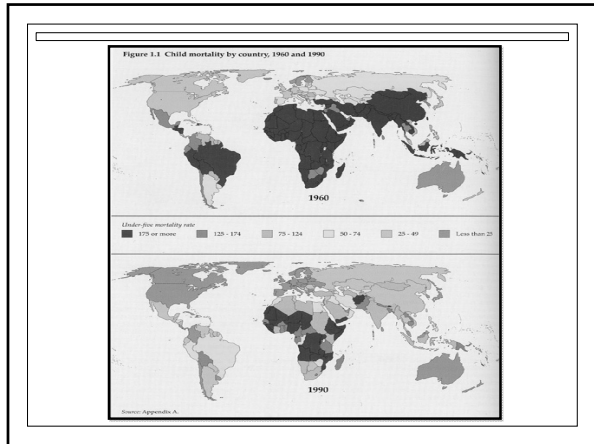
- U.N.I.C.E.F. and Jim Grant vs. WHO and Mahler
- Selective PHC
  - GOBI, African Child Survival Initiative, family planning, EPI, Global Immunization Campaign



## Achievements of Selective PHC

- Success in Reducing Infant and child mortality
- Family planning and antenatal care
- Reduction in micronutrient malnutrition
- Elimination and Eradication of Diseases?
  - Polio, Guinea Worm, Measles?

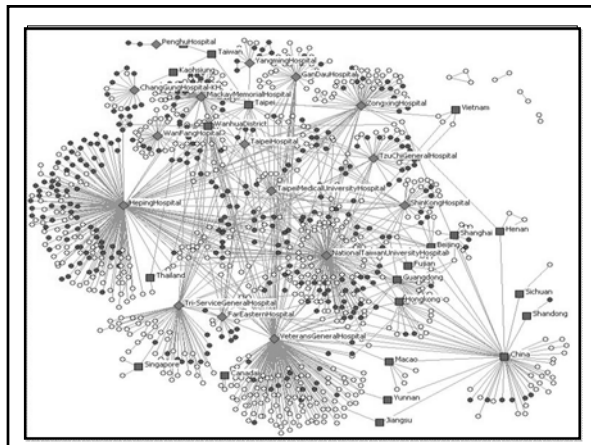




## The New Global Health

### From International to Global

- Growing perception of global health threats
  - AIDS, Ebola, TB, SARS
  - Environmental health and global warming
  - IOM, *America's Vital Interest in Global Health: Protecting Our People, Enhancing Our Economy, and Advancing Our International Interests*, 1997

### New Global Health

- New global players
  - World Bank, Global Fund, Gates, PEPFAR, PMI, GAVI, RBM
  - Growth of NGOs
  - Declining role of WHO
- Growth in funding

### Old wine in new bottles?

- Externality of decision making
- Selective approaches
- War against disease
- Health → Development

- Enter the World Bank
  - World Development Report. Investments in Health, 1993
  - "Good health, as people know from their own experience, is a critical part of well being, but spending on health can also be justified on purely economic grounds."



## Impact of the Bank



- Increases funding
- Selective (measurable) health packages
- Limited investment in health infrastructure
- Econometric view of health (DALYs)

## Enter Bill Gates



- Global Health Program
  - Over 6 Billion dollars in Grants between 1994-2005
  - *"The foundation's Global Health Program is focused on reducing global health inequities by accelerating the development, deployment and sustainability of health interventions that will save lives and dramatically reduce the disease burden in developing countries."*

## Supports broad array of programs

- Emphasis on new biomedical technologies
- Malaria: in 2005 gave \$258 million
  - \$105 million to the Malaria Vaccine Initiative
  - \$100 million to the Medicines for Malaria Venture
  - \$50.7 million to the Innovative Vector Control Consortium



BILL & MELINDA  
GATES foundation BETA

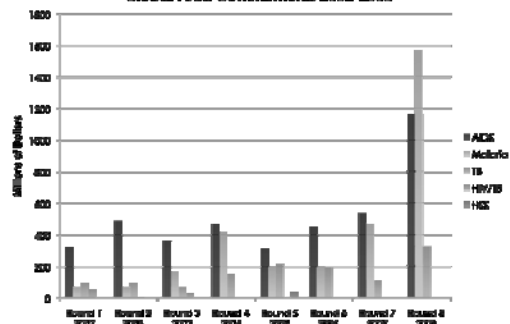
- Change in leadership:
  - Bill Foege (CDC), Richard Klausner (NCI), Tachi Yamada (GSK)
- Performance Based Lending
- Bypasses states
- Independent of WHO



Investing in our future  
**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria

- Massive increase in Funding
  - \$8 Billion from 2002 to 2008
- Stakeholders, CCMs
- Performance based
- Disease versus health services

Global Fund Commitments 2002-2008

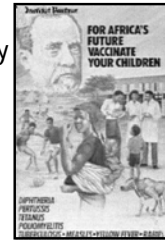


## Growth of NGOs

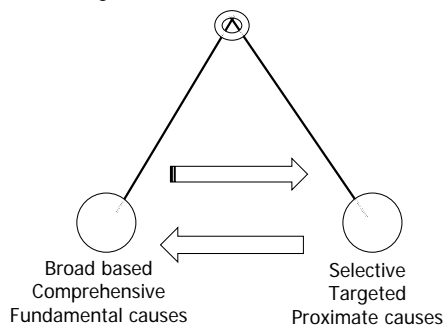
- 1988 8-9000 NGOs in Africa
- By 2007 100,000 NGOs in South Africa
- 1980-2001 NGOs in Ghana grew from 80-1300
- By 2005 one million NGO's in India and 300,000 in Brazil

## The more things change...

- Externality of decision making: Money talks
- The hegemony of technology and targeted approaches to Health
- Health for some: the failure to address inequalities in health care
- The continued separation of health from development

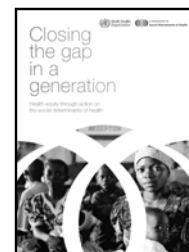


## Cycles of Global Health



## The Future of Global?

- Global recession and Political Change
- WHO, Commission on the Social Determinants of Health. 2008
- Pendulum Swing?



## Challenges Ahead

1. Maintaining global aid in face of growing recession
2. Helping countries acquire the ability to maintain the health of their own populations
3. Finding a balance between need to develop new tools and need to build up health services
4. Addressing underlying determinants of health is critical to attaining and sustaining global health