

## # Reconciling Internalist and Externalist Perspectives in Global Health

### ## The Core Tension

The documents reveal a fundamental tension between two perspectives on global health:

#### ### Internalist (Medical) Perspective

- Focused on clinical practice and medical interventions
- Emphasizes individual patient care and disease-specific approaches
- Rooted in tropical medicine and colonial health practices
- Primarily concerned with direct healthcare delivery

#### ### Externalist (Public Health/Policy) Perspective

- Emphasizes structural and social determinants of health
- Focuses on population-level interventions and prevention
- Considers broader economic, political and social factors
- Prioritizes health systems and policy approaches

### ## Path to Reconciliation

The documents suggest several key ways to bridge these perspectives:

#### ### 1. Redefining "Global" in Global Health

Rather than seeing global health as simply worldwide or international health, the field should be understood as addressing "supraterritorial" links between social determinants of health anywhere in the world (Bozorgmehr, 2010). This means:

- Moving beyond pure geography to examine interconnected social, economic and political forces
- Recognizing that health challenges transcend borders while remaining grounded in local contexts
- Understanding global health as a social space shaped by power relations and structural forces

#### ### 2. Integration of Clinical and Systemic Approaches

The definition proposed by Koplan et al. (2009) suggests global health should be:

- An area integrating both population-based prevention and individual clinical care
- Interdisciplinary, involving health sciences and other fields
- Focused on health equity and improving health for all people worldwide

#### ### 3. Building on Shared Elements

Both perspectives share important common ground:

- Emphasis on vulnerable populations
- Recognition of health as a public good
- Value of multidisciplinary approaches
- Goal of health equity
- Importance of prevention

#### ### 4. Practical Integration Strategies

To move forward, global health should:

- Expand medical education to include social determinants and policy
- Create interdisciplinary teams combining clinical and public health expertise
- Develop metrics capturing both individual and population health outcomes
- Design interventions addressing both immediate needs and systemic causes

### ## Key Principles for Moving Forward

1. **\*\*Complementarity Not Competition\*\***

- Recognize internalist and externalist approaches as complementary rather than contradictory
- Maintain clinical excellence while addressing systemic issues
- Connect individual care to population health

2. **\*\*Context Sensitivity\*\***

- Adapt approaches to local conditions and needs
- Consider both medical and social determinants
- Balance standardization with flexibility

3. **\*\*Capacity Building\*\***

- Focus on sustainable development of health systems
- Build both clinical and public health infrastructure
- Develop local expertise across domains

4. **\*\*Collaborative Governance\*\***

- Create inclusive decision-making structures
- Ensure representation from medical and public health sectors
- Facilitate dialogue between practitioners and policymakers

## Conclusion

The future of global health lies not in choosing between internalist and externalist perspectives, but in creating an integrated approach that leverages the strengths of both. This requires:

- Moving beyond traditional boundaries of medicine and public health
- Addressing both immediate health needs and systemic determinants
- Building sustainable, equitable health systems
- Fostering genuine collaboration across disciplines and sectors

Success in global health requires synthesizing clinical excellence with systemic change while maintaining focus on health equity and social justice.