



# Introduction to Global Health

Public Health in Action (GEH1049/GEC1015)

A/Prof Liow Chee Hsiang



# Session Outline

- Definition of Global Health (brief history)
- Health Equity and Social Determinants of Health
- Example
- Myths and Assumptions in Global Health

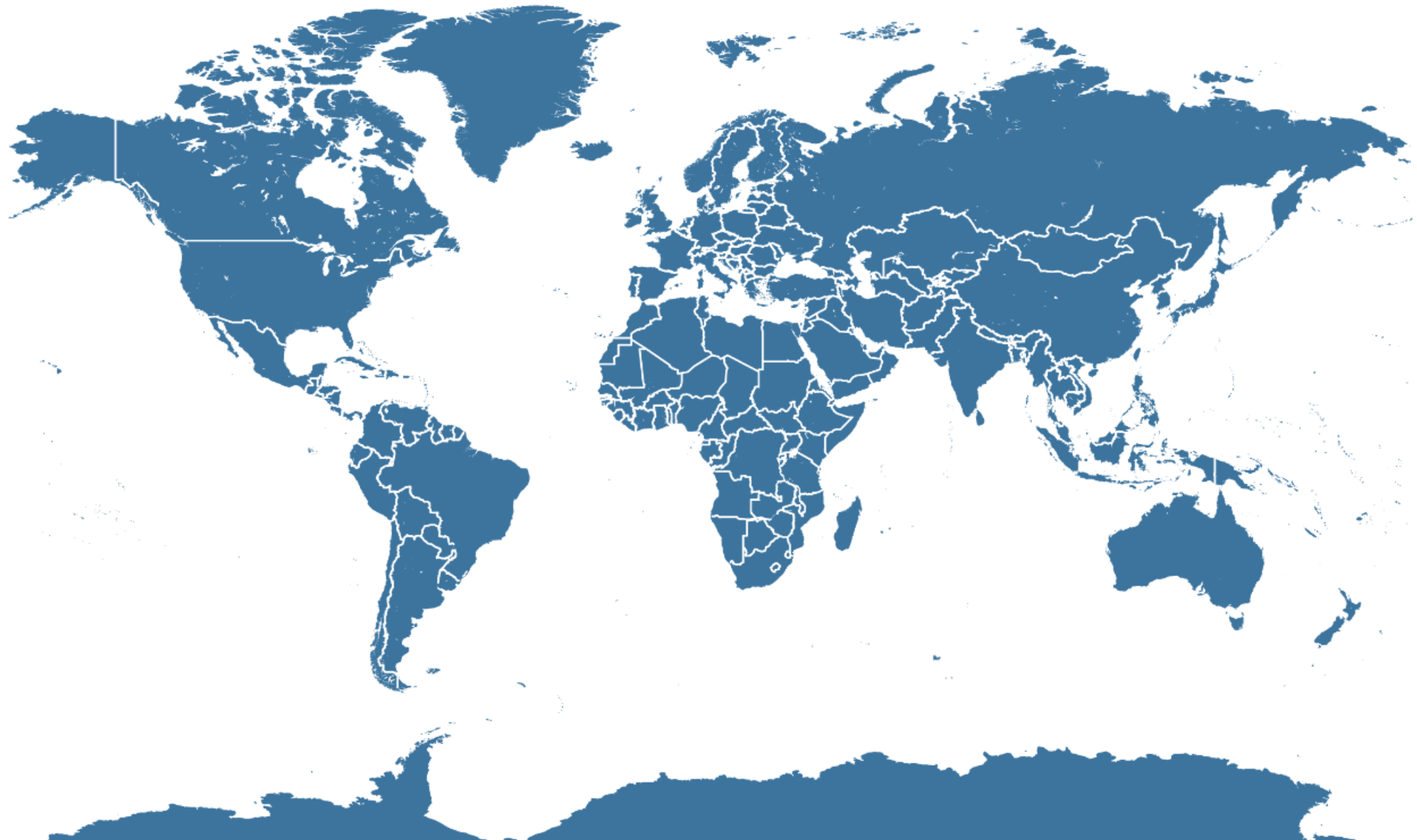


## Black Death (1300-1600)

Estimated 100 million deaths (about 25% of world's population)

Which region did the "Black Death" originate from?

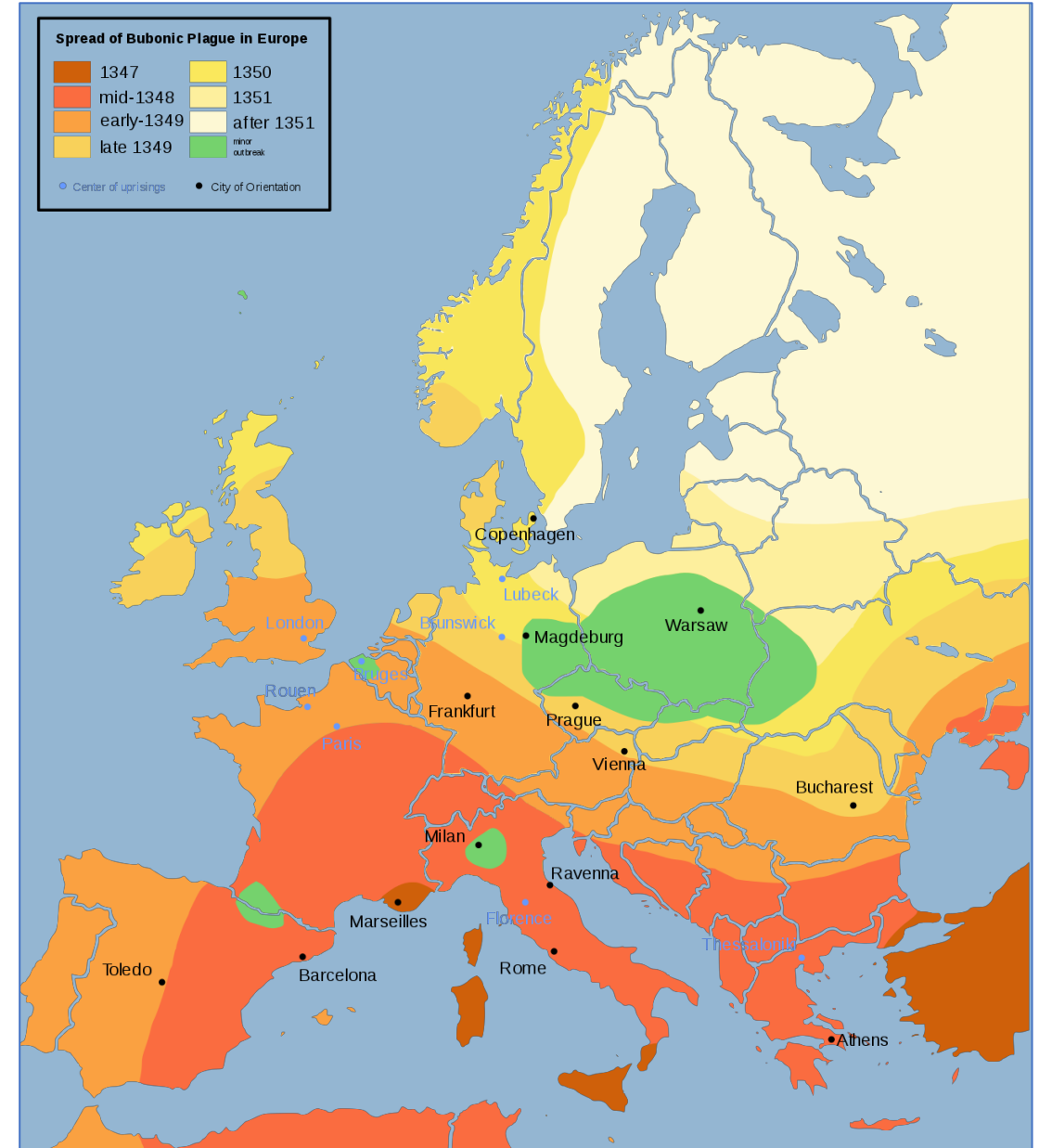
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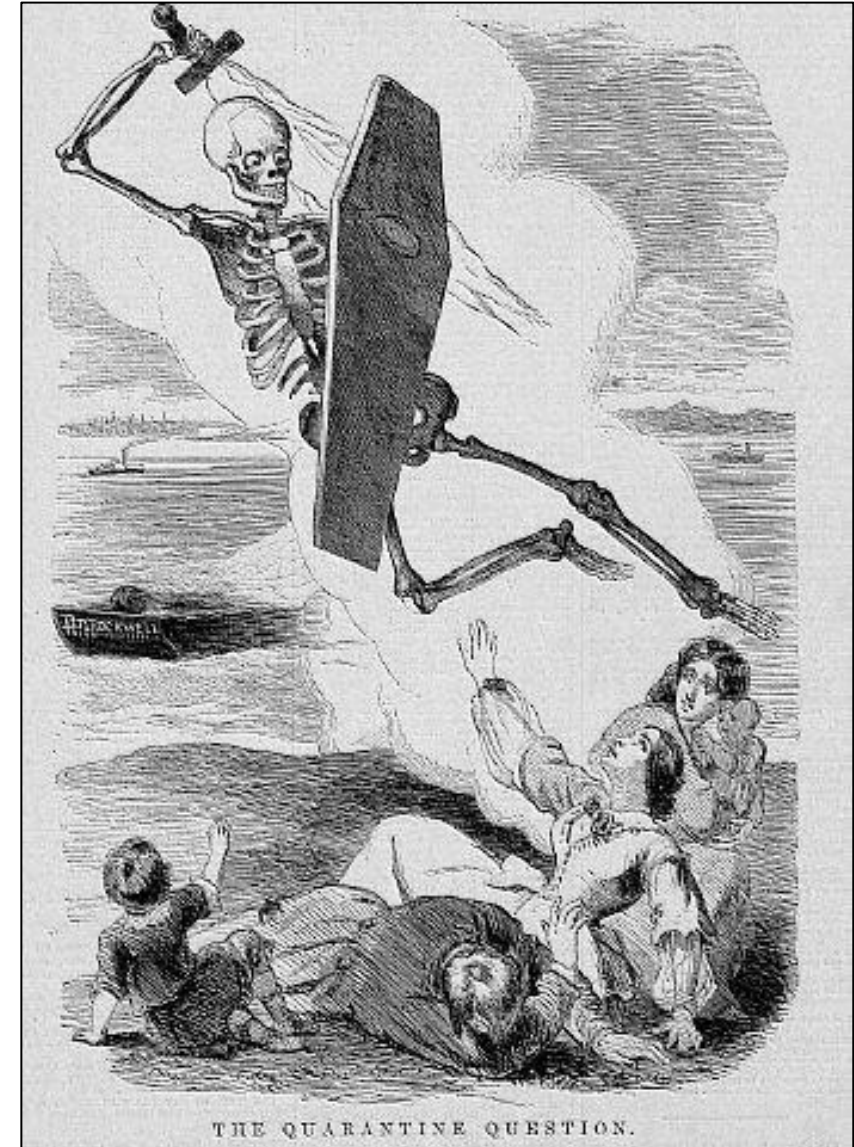
# Black Death (1300-1600)

Started when habitats of wild rodents in Central Asia disrupted by human/farming expansion/new trading patterns



# Black Death (1300-1600)

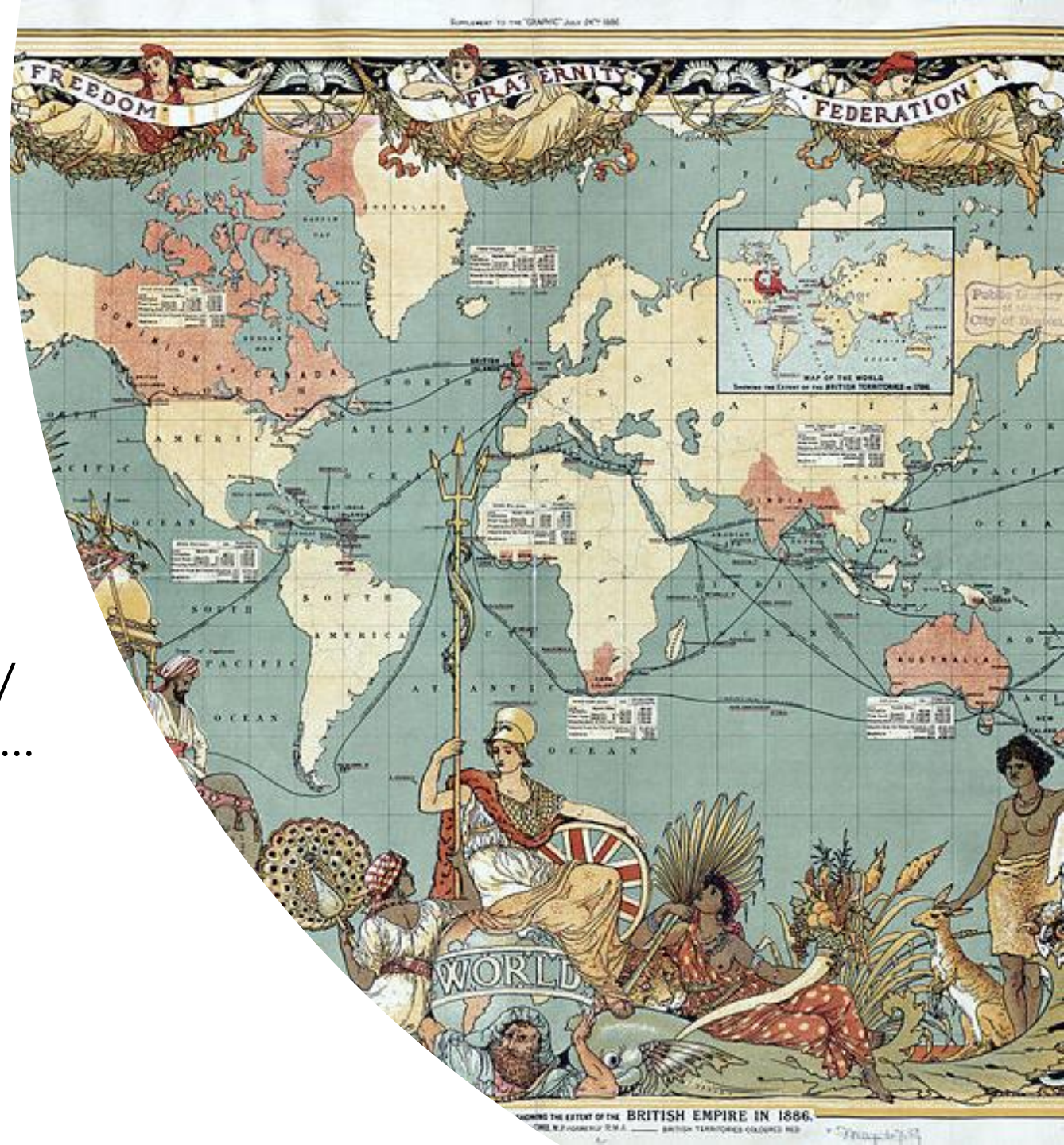
- 1348- (Venice):
  - Believed that plague came by ships
  - Adopted 30-day detention period
  - Expanded to 40-days (ie "*quarantine*")
  - Island as quarantine station (*lazaretto*)
  - Didn't work (spread by fleas on rats)
  - Bar exit of people/goods from cities/regions
- Public health measures are local and unilateral





# Imperialism/ Colonialism (late 1400s)

- Transmission of disease in multiple directions
  - Europeans carried influenza, typhus, smallpox, cholera
  - Falciparum malaria from Africa to Americas via European slave ships
  - Syphilis from Americas (early Spanish/ Portuguese explorers) back to Europe...
- High occupational mortality among displaced indigenous groups, bonded labourers, African slaves





# Imperialism/ Colonialism (late 1400s)

- Decision to counter infectious diseases ("tropical diseases") based on external interests:
  - Protect health of European and American colonial personnel and workers
  - Enhance productivity, safeguarding commerce
  - Top-down, local compliance was achieved through compulsion
  - Narrow focus (on single disease)





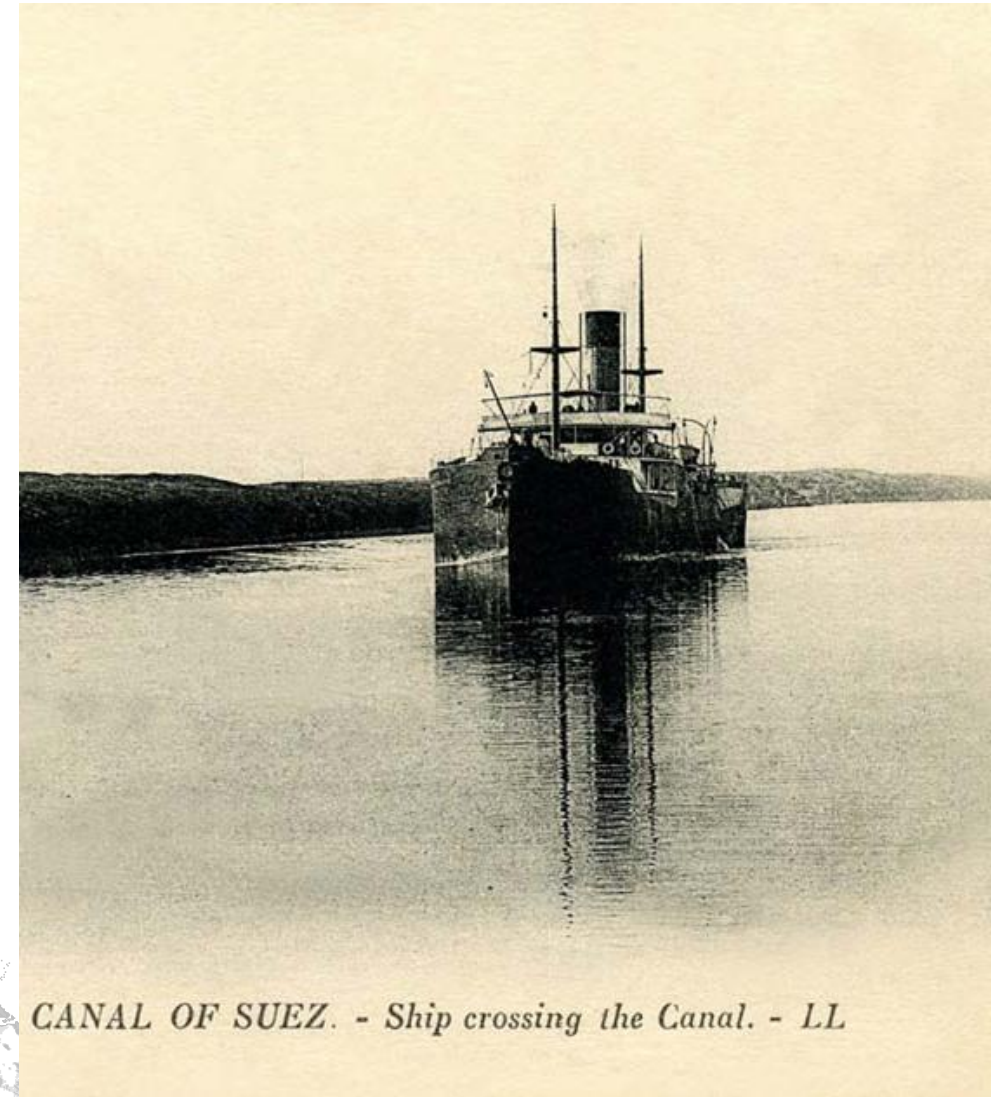
# International Health (1850s)

Fear of epidemic:

- Large-scale immigration from Europe and Asia to the Americas
- Explosion of mineral extraction, manufacturing, trade, marketing of goods + revolution of transportation (steamships, railroads, Suez Canal)
- 6 cholera pandemics between 1816-1899

On-the-ground cooperation deemed as beneficial for:

- Control of outbreaks (of tropical diseases)
- Stabilise colonies and emerging nation states
- Improve diplomatic relations
- Expand consumer markets
- Encourage transfer and internationalising scientific, bureaucratic and cultural values



CANAL OF SUEZ. - Ship crossing the Canal. - LL

# International Health (1900s)

- International Health Organisations (e.g. Rockefeller Foundation – “scientific philanthropy”, Save the Children, League of Nations Health Organisation)

(post-WWII)

- De-colonisation
- UN, World Bank, IMF, WHO



Rockefeller Archive Center



**A  
HISTORY  
OF  
GLOBAL  
HEALTH**



INTERVENTIONS INTO  
THE LIVES OF OTHER PEOPLES

**RANDALL M. PACKARD**

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"...at its core, (global health) history remains predominantly about flows of goods, services, and strategies along well-trod, north-south pathways."

# Global Health today

Focused on “improvement of health **worldwide**, the reduction of **disparities**, and protection of societies against **global threats** that disregard national borders.”



	Public Health	International Health	Global Health
<b>Geographical reach</b>	Focuses on issues that affect the health of the population of a particular community or country	Focuses on health issues of countries other than one's own, esp those of low-income and middle-income	Focuses on issues that directly or indirectly affect health but that can <b>transcend</b> national boundaries
<b>Level of cooperation</b>	Does not usually require global cooperation	Usually requires binational cooperation	Often requires <b>global</b> co-operation
<b>Individuals or populations</b>	Mainly focused on prevention programmes for populations	Embraces both prevention in populations and clinical care of individuals	Embraces both <b>prevention</b> in populations and <b>clinical care</b> of individuals
<b>Access to health</b>	Health equity within a national or community is a major objective	Seeks to help people of other nations	<b>Health</b> equity among nations and for all people is a major objective
<b>Range of disciplines</b>	Encourages multidisciplinary approaches, particularly within health sciences and social sciences	Embraces a few disciplines but has not emphasised multidisciplinary	Highly <b>interdisciplinary</b> and <b>multidisciplinary</b> within and beyond health sciences

# Key Elements of Global Health

1. Transcends
2. Requires global
3. Prevention and clinical care
4. Health *equality* for all
5. Interdisciplinary, multidisciplinary within and



# Why is Global Health relevant to us?

## 1. Health is *interconnected* Globally

- No borders for diseases: Health threats like COVID-19 spread across countries.
- Global health security: Strengthening health systems worldwide protects everyone.

## 2. Shared Health Challenges

- Non-communicable diseases (NCDs): Rising risk factors globally require collaboration and innovation.

## 3. Health *inequalities* Persist

- Even in developed countries, significant disparities in health outcomes exist.

## 4. Climate Change Impacts Everyone's Health

- A global issue affecting the health of all populations, regardless of country.

## 5. *disruptive change* Impacts of Global Health Crises

- Disruptions in trade, increased healthcare costs, and reduced productivity.

*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. (WHO)

*Health inequities* are systematic differences in the health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. (WHO)





Children under five in sub-Saharan 14 times more like to die than rest of the world



Lifetime risk of maternity death:

- Sweden = < 1 in 10,000
- Chad = 1 in 15



Life Expectancy:

- Japan = 84 years
- South Sudan = 55 years



HIV in the US: African American represents 13% of population but 48% of all new infections

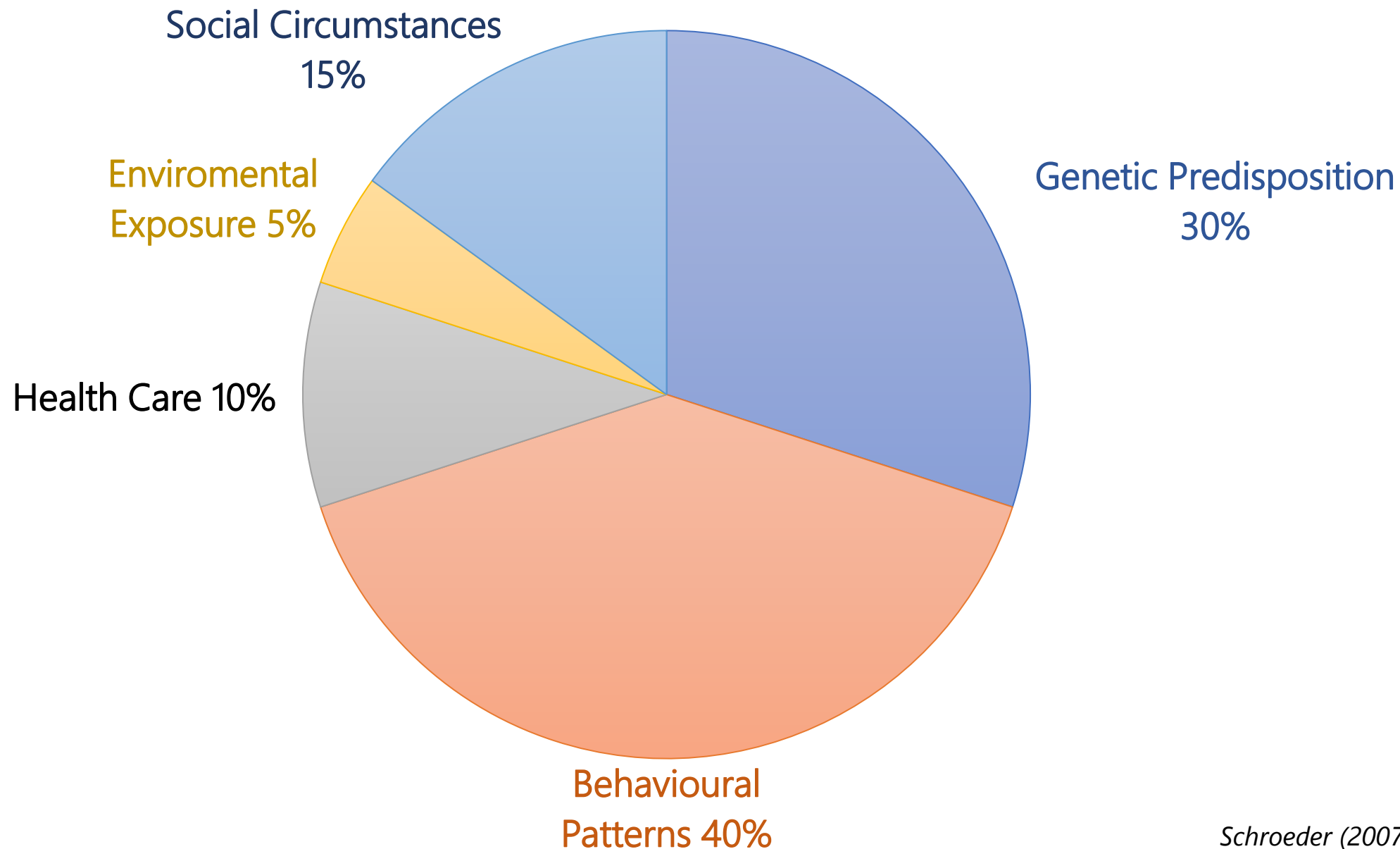
Country	GDP per capita (2023)	Life Expectancy/ years (2023)
Costa Rica	USD 16,942	80.9
United States	USD 82,769	78.4

State	GDP per capita (2023)	Life Expectancy/ years (2023)
Kerala (India)	USD 3,231	74.9
Mississippi (United States)	USD 39,103	71.9

China Provinces	Life Expectancy/ years (2022)
Yunnan	74.4
Shanghai	83.0



# Proportional Contribution to Premature Death in the US





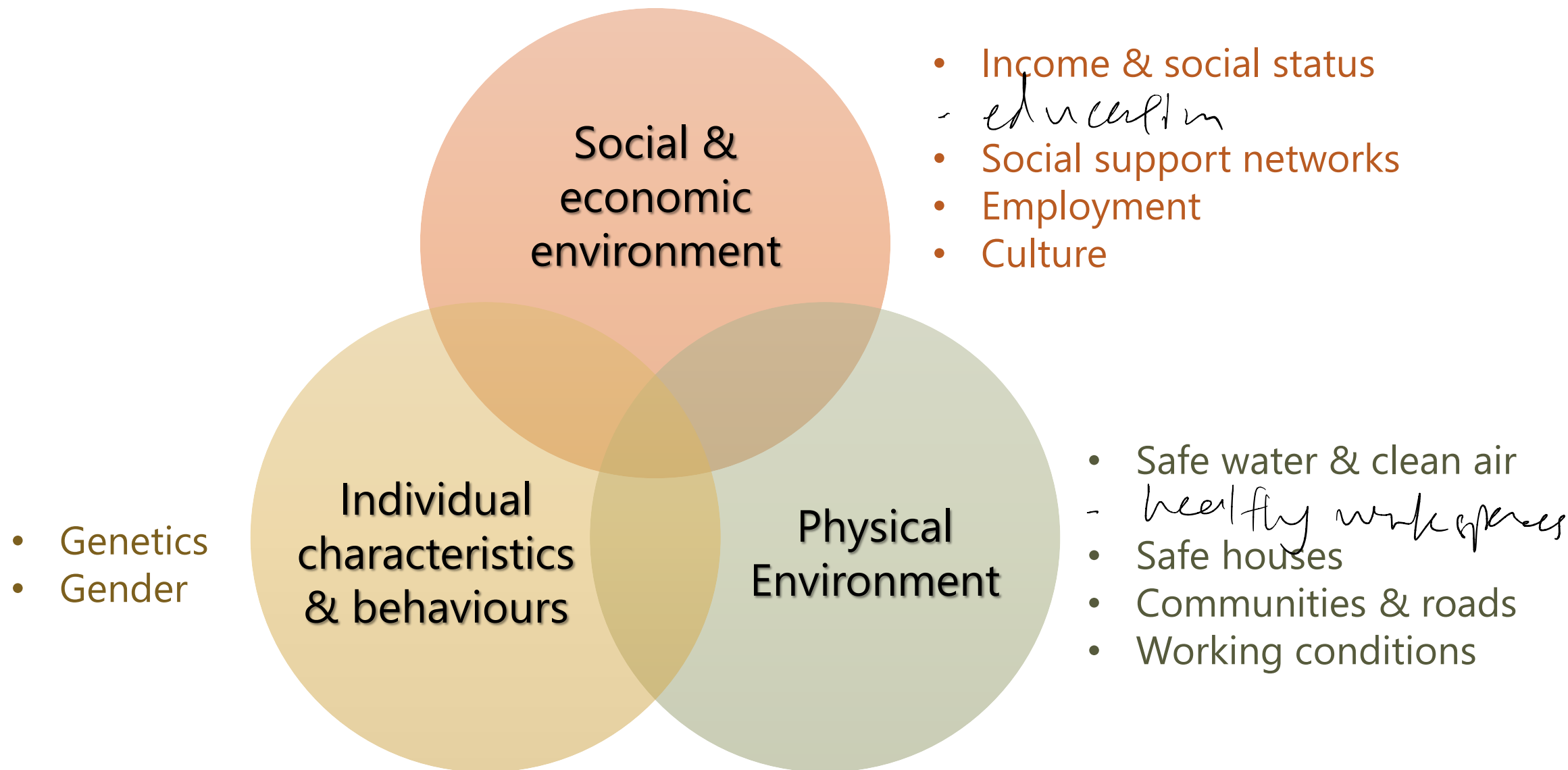
Equality



Equity



# Determinants of Health





# SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

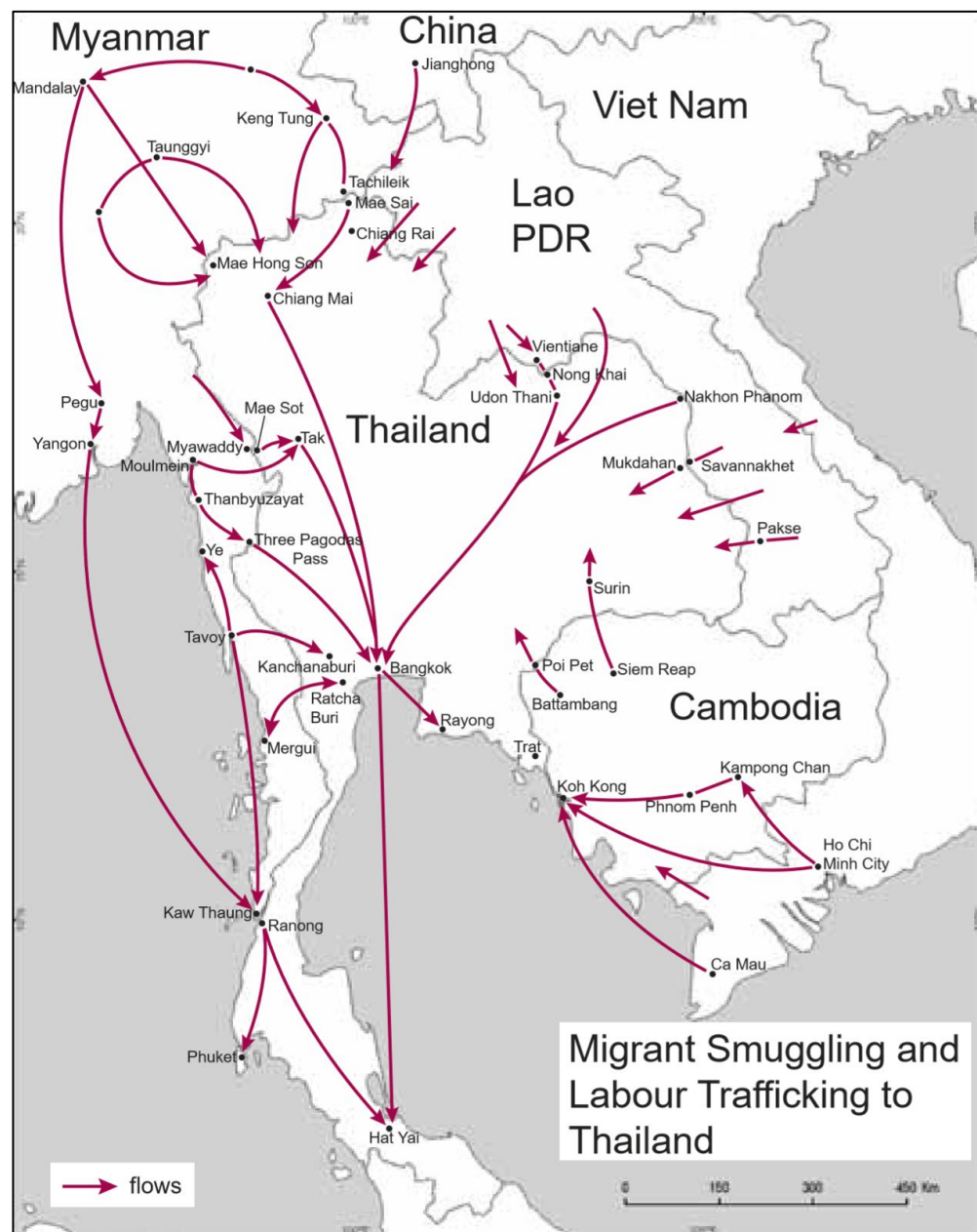


- Established by UN in 2015
- Goals aim to:
  - Create a more sustainable, equitable and prosperous world by 2030
  - Promote peace and justice while ensuring that no one is left behind

# Short Break



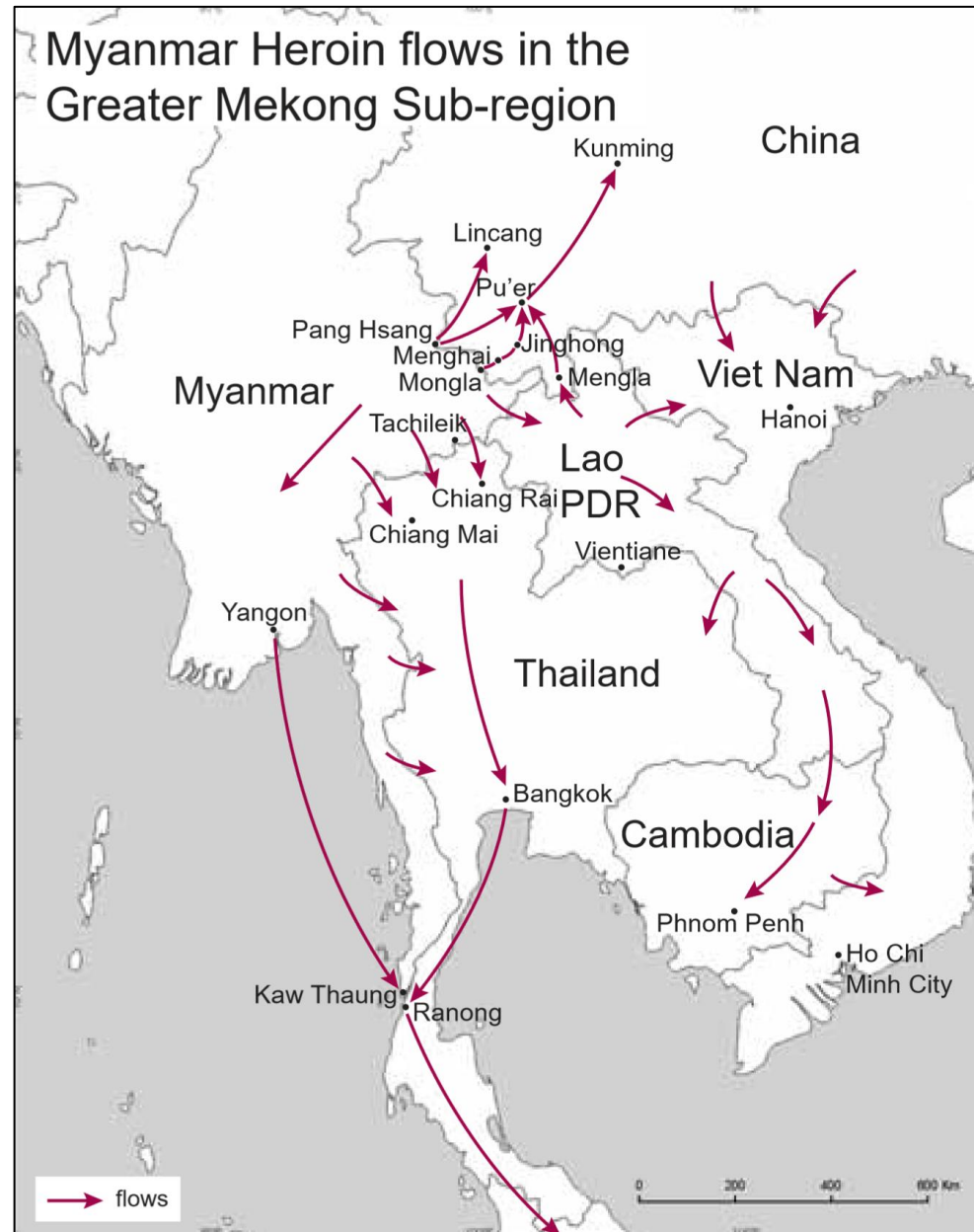
# Example: HIV Prevention



Wong & Rigg 2011; UNODC sources.

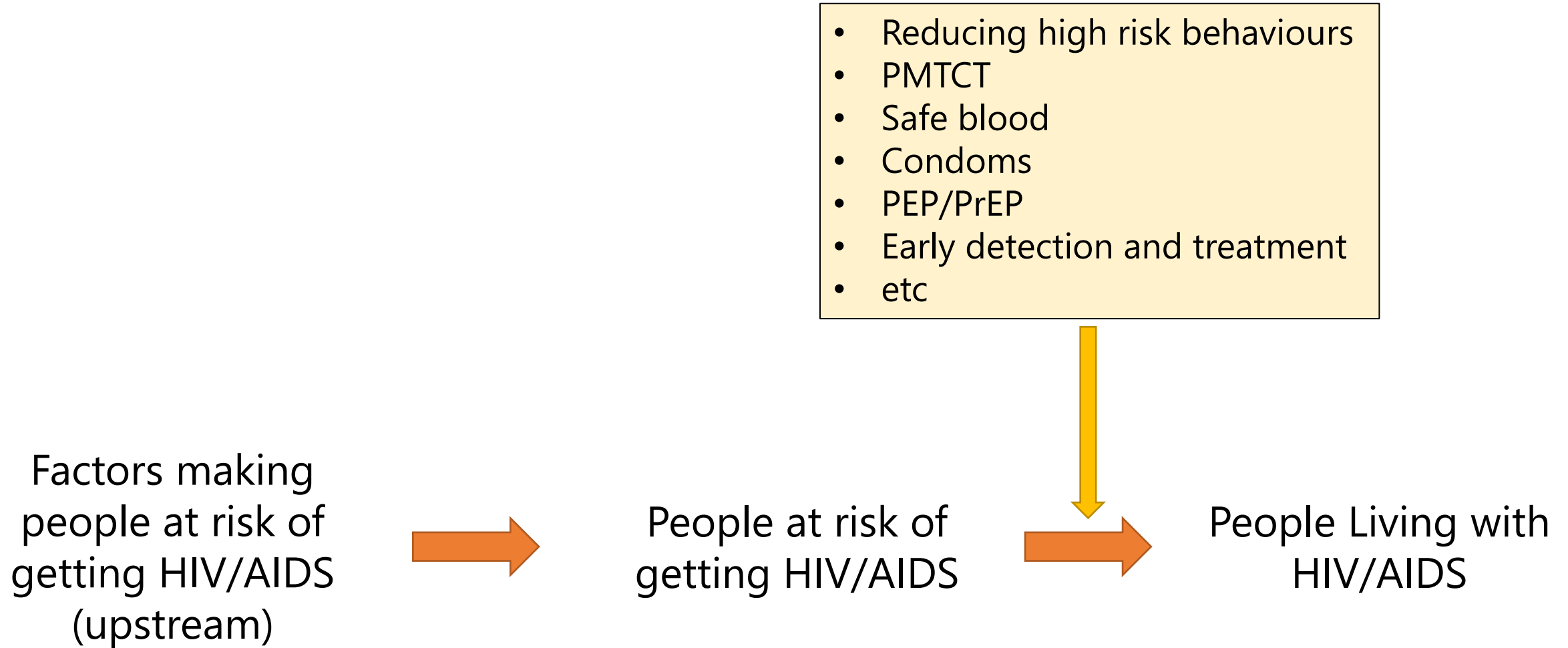


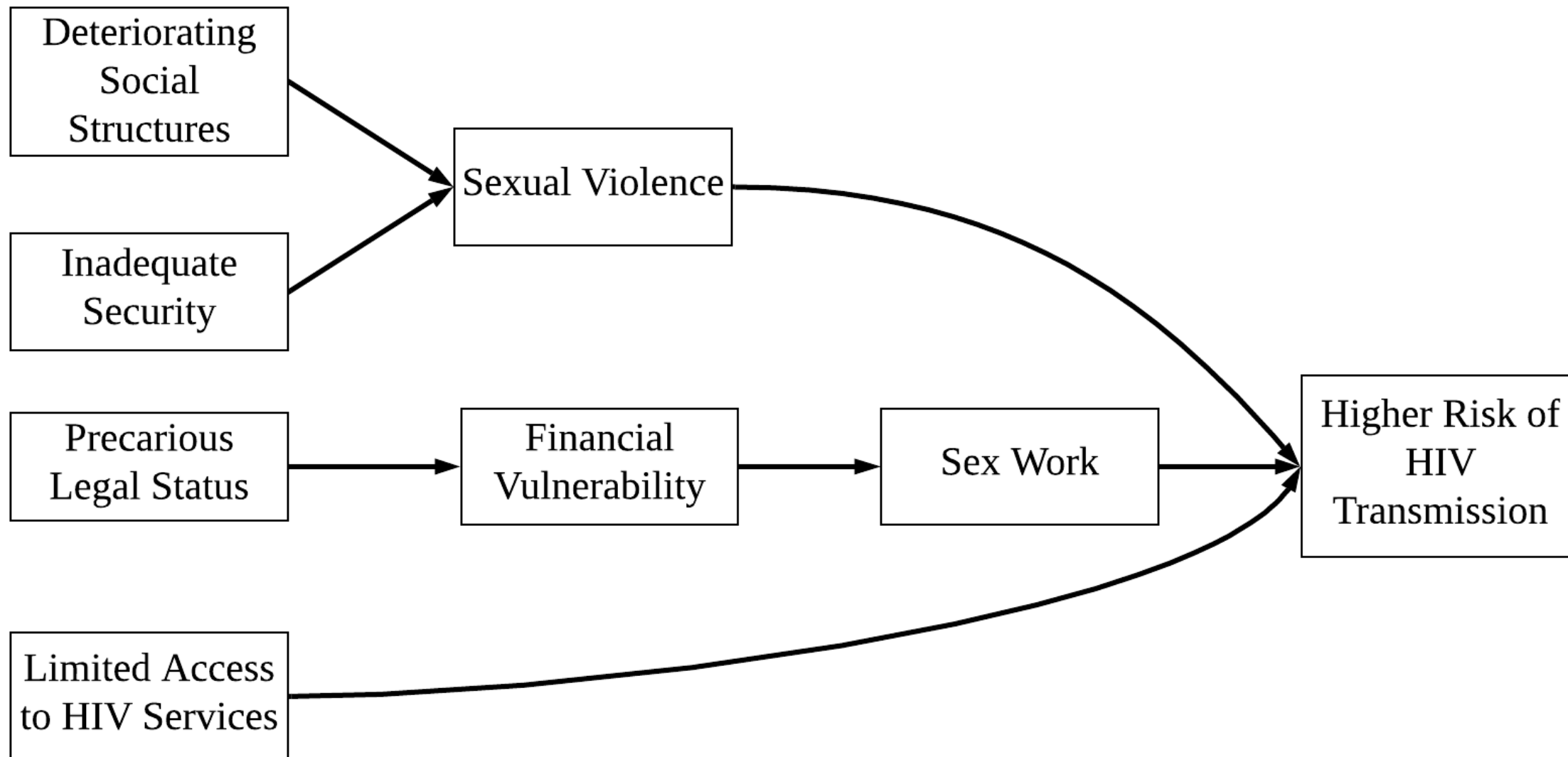
Wong & Rigg 2011; Le Roux 2010; UNIAP 2010; UNODC sources.



UNODC







# Myths and Assumptions of Global Health

## 1. *expertise* gradient

- "We have superior understanding about how best to identify, prioritise and solve pressing health problems somewhere else."
- "Problems elsewhere are simpler than problems at home."

## 2. Accountability

- "As long as the intention is to help – global health interventions need not be vetted by the individuals and communities they are intended to help."

## 3. Equity vs *inefficiency*

- "Interventions and programmes motivated by concerns for equity and solidarity do not need to consider efficiency."



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# Key Elements of Global Health (Review)

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2. Requires global cooperation
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5. Interdisciplinary, multidisciplinary within and beyond health sciences



Equality



Equity





# For those interested in Global Health...

You can consider these 2 courses:

- SPH2401 Introduction to Global Health
- SPH2801 Health of the Poor in Asia