

**An Introduction to Global Health and Global Health Ethics:  
Global Health: The Current State of Affairs**

By M. A. Palilonis

**Learning Objectives:**

1. Consider different features of global health and how they relate to international aid
2. Explain the role of Governmental, Inter-Governmental and Non-Governmental Agents in Global Health
3. Compare different concepts of Global Health

## ***Global Health Survey***

The following questions were developed by Hans Rosling and the team from GapMinder.com to test people's general knowledge of Global Health. These questions were part of a survey given to adults in the United States in 2013. Take a moment to mark your response. Answers to the questions will be included in the section "Products of a New Global Health".

What do you think is the life expectancy in the world as a whole in 2012?

- A. 50 years
- B. 60 years
- C. 70 years

What percentage of the world's one-year old children is vaccinated against measles?

- A. 20%
- B. 50%
- C. 80%

In the last 20 years the proportion of the world living in extreme poverty has...

- A. Almost doubled
- B. Remained more or less the same
- C. Almost halved

1

## ***Global Health***

The start of the 21<sup>st</sup> century has marked a new period in global health. The past few decades have seen global health aid go from US\$ 2.5 billion in 1990 to US\$ 14 billion in 2005,<sup>2</sup> to almost US\$30 billion by 2013.<sup>3</sup> This growth is accompanied by a growing diversity in the participants of global health and a broad range of health concerns being addressed. The bottom line is that Global Health is complex. With so many different participants, the definition of Global Health can change depending on your perspective. The following are three different perspectives on the definition of Global Health.

Security Perspective: This is a limited view of global health and refers to containment of health threats that cross international borders, such as infectious disease and bio-weapons. The work of global health in this sense is the effort to identify, track and respond to international health threats.

Development Perspective: This view of global health is recognition of the disparities that exist in the distribution of death and disease. Global health aims to raise standards of living by addressing issues such as poverty, access to water, food security and access to healthcare. This

component generally refers to the transfer of resources and aid from wealthy nations to poorer nations.<sup>4</sup>

Globalized Health Perspective: This is a view of health issues that transcend national borders. An example would be outcomes due to tobacco use.<sup>5</sup> Lung cancer and chronic respiratory diseases are health issues that affect people all over the world as a result of tobacco. Addressing these health problems involves individuals, communities, governments and multinational corporations; a reflection of the current trend of globalization.<sup>6</sup>

### *Inequalities vs. Inequities*

Health Inequalities – “the uneven distribution of health in or between populations.” This can include differences like older adults tend to require more medications than younger adults, or the health needs of women are different than men, due to pregnancy.

Health Inequities – “the presence of systematic disparities in health between more and less advantaged social groups.” For example, populations in poor countries tend to have higher rates of childhood mortality than populations in wealthy countries.

The important distinction between inequalities and inequities is that inequity reflects an unfair distribution. While health inequalities may be due to biological and unavoidable differences, health inequities are a result of environmental and social conditions which can be altered.

7

### *Participants in Global Health*<sup>8</sup>

The field of global health contains a number of different participants that add to the complexity. Some raise funds, others manage and deliver health care while others are the recipients of aid, and many times groups are doing more than one of those things. In an effort to organize these many groups they are split into governmental actors, and non-governmental actors.

#### *Governmental Actors*

Nation-States: Health systems are organized at the national level, with health ministries or departments supplying health services to citizens. Nations also participate in global health through membership in international organizations like the World Health Organization (WHO) and the United Nations (UN), which work to set international standards.

*Providers*: In addition, many high-income countries (HIC), such as the United States, provide a significant portion of international aid funding. In addition, national agencies, such as the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Health Initiative, act to manage and distribute global health aid.

*Recipients:* Many low- and middle-income countries (LMICs) receive direct international aid through grants and support for their health sectors.

Inter-Governmental Organizations (IGOs): These organizations are made up of member states which provide funding and influence policymaking. The World Health Organization (WHO), founded in 1948, has long been the major IGO in global health. However, in the past several decades, organizations like the World Bank and the United Nations have formed branches devoted to global health (e.g. UNICEF, UNAIDS).

#### *Non-Governmental Actors*

In addition, there are many organizations that make significant contributions to global health outside of the nation-state structure.

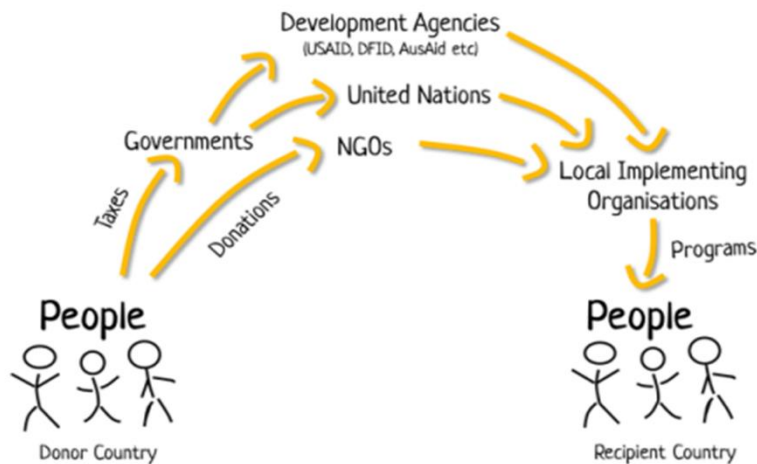
Non-Governmental Organizations (NGOs): This is an enormously diverse category of actors in global health. It can range from organizations that operate in countries all over the world, such as Doctors without Borders (MSF), to small organizations that operate in a single community. NGOs gain funds from individuals, foundations as well as grants from wealthy nations and IGOs. They address a broad range of health issues through a wide variety of mechanisms.

Private Foundations/Philanthropies: The Bill and Melinda Gates Foundation is an example of a private trust which operates in global health. Through contributions to other organizations and their own operations these trusts also address a wide variety of health issues.

Multi-National Corporations: Companies, such as pharmaceutical companies, play an important role in global health. In addition to donating products to other organizations they can also run their own programs in developing nations.

Individuals: People participate in global health both as contributors and recipients. Individuals can contribute through monetary donations, their taxes, and their time. In addition in democratic societies, individuals participate in political activities that influence policymaking decisions. The populations that receive aid and healthcare as a result of global health funding are the ultimate recipients of the system.

In addition to these many actors, there is also a rising trend of Public-Private Partnerships (PPPs), where NGOs, corporations and private foundations are partnering with IGOs, and national governments to coordinated efforts in addressing a health issue. Organizations such as, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunizations (GAVI) are led by representatives from the private and public sectors.

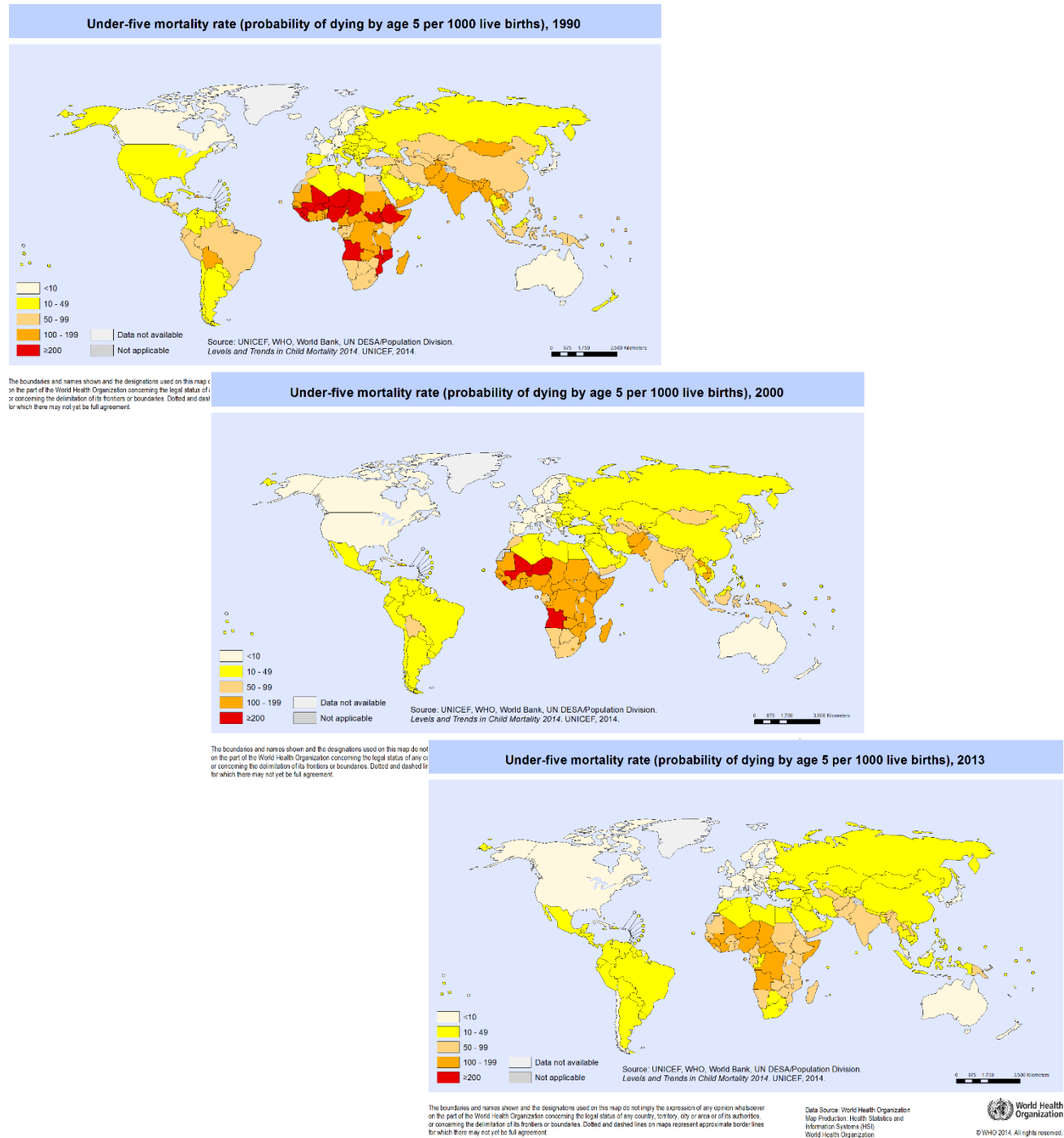


### ***Products of the New Global Health***

What is certain is that in amidst the increasing funds for global health and the growing numbers of participants, health needs are being addressed. Global health indicators show that life expectancy from birth has increased from 64 years in 1990 to 70 years in 2012. In addition, mortality in children under 5 years has undergone an accelerated decline from 90 deaths per 1,000 in 1990 to 48 per 1,000 in 2012. Contributing to these improvements are measures like childhood vaccinations which are increasing in coverage. In 2012, 84% of the world’s children (12-23mos) received measles vaccinations; a health measure that has contributed to the 78% drop in total measles deaths between 2000 and 2012. In addition, the number of new cases per year of both tuberculosis and HIV has been falling since 2001.<sup>9</sup> Though these are just some of the improvements made in global health in the past few decades, they reveal significant advancements.

However, that is not to say that significant health disparities have gone away. Though the number of people living in extreme poverty (living on <US\$ 1 per day) has gone from 47% in 1990 to 22% in 2010,<sup>10</sup> the economic gap between the world’s richest and poorest people has been widening. In 2015, the richest 1% controlled 83% of resources, while the poorest 50% controlled 2% of resources.<sup>11</sup> While overall gains have been made, there is still inequitable distribution of health burdens. Life expectancy from birth has a gap of 18.9 years between high-income counties (82.0 years) and low-income countries (63.1 years). Furthermore, mortality in children under 5 years in thirteen times higher in low-income countries (82 deaths per 1,000), than in high-income countries.<sup>12</sup> Much of the difference has to do with the social determinants

of disease, such as poverty, malnutrition and lack of access to health care which can increase the burden of disease and worsen outcomes.



## Conceptions of Health

Amidst all the effort and funding going towards global health, it is good to take a step back and examine what it is all for. What is the ultimate end for individuals and nations that participate in the field of global health? In order to start answering that question, we need to

consider what “health” means to different groups. The following are three different conceptions of health.

Health as Security: As was discussed above, one reason for global health might be for nations to protect their citizens from the threat of epidemics or bio-weapons. In this view, governments owe citizens protection from health threats, and their obligations at the international level do not go beyond the mechanisms to identify, track and respond to health threats.<sup>13</sup>

Health as a Public Good: This view borrows from the moral theory of *utilitarianism*, or the principle of “the greatest good for the greatest number.” In this case, health or well-being is the good that should be maximized. Often in global health, policymakers will talk about the “cost-effectiveness” of a health intervention. Cost-effectiveness is seen as a virtue in global health because it maximizes the amount of health or lives saved or healthcare distributed per dollars spent.<sup>14</sup>

Health as a Human Right: Historically, philosophers introduced rights as freedoms which the state could not violate, such as free speech, privacy and property. Overtime, others argued that rights were due to individuals, not by virtue of citizenship, but by virtue of being human. In addition to the traditional civil rights, some have added social and economic rights, among which is the right to healthcare. For each right there is a corresponding duty. In the case of free speech or privacy, others have a duty not to interfere with an individual’s right, a negative duty. For other rights there may be a corresponding positive duty, such as the right to education, others must help provide resources for the individual. This view, in essence, is because we are human we have a right to be cared for when we are in ill-health, and because of this right, others have a duty to provide healthcare.<sup>15</sup>

### ***Question to Consider:***

Revisit the Quiz at the beginning of the article: What knowledge did you use to choose your answers? How did you do on the global health survey? Were you surprised by the answers given in “Products of the New Global Health”?

Those questions were from an “Ignorance Survey” conducted by Has Rosling, creator of GapMinder.org. A series of questions were given to people in the US to test their knowledge of global health. If you did poorly, don’t feel bad most people did.<sup>16</sup>

Consider the different accounts of health given at the end of the article and what each definition might require.

*Health as security*: In this view countries can and must act to protect the health of their citizens. However, public health measures such as travel restrictions and quarantines can infringe on individual rights. Take for example the military quarantines in Liberia and Sierra Leone during the 2014-15 Ebola Crisis in West Africa. Troops stationed on the perimeter of towns prevented people from leaving, not just those who were infected with Ebola but the entire town. Is it right

for governments to effectively imprison people in order to prevent the spread of disease? What about those in the village, who were not infected with the virus, shouldn't they be able to leave in order to protect themselves from exposure?

*Health as a public good:* Let us compare health to another public good, such as clean water. Supplying water takes machinery and pipes and sanitation facilities, all of which cost money. Should people have to pay for water? Should the government provide it for free? Who should own the water facilities? Who owns the actual water?

*Health as a human right:* As discussed above, each right comes with a corresponding duty. The right to life means that others are required not to kill you. The right of free speech means that others must not prevent you from expression.

If health is a human right, what then is the corresponding duty? Is it just that others don't cause you illness (they can't poison you or break your legs) or is it that they must actively support your health? (Bring you to the emergency room when you're poisoned or have a broken leg)

***Additional Information:***

The website [www.GapMinder.org](http://www.GapMinder.org) contains interactive maps, the results of the ignorance survey and up-to-date statistics on the state of Global Health.

Geoff Manaugh and Nicola Twilley, "Ebola and the Fiction of Quarantine," *The New Yorker* (New York, August 2014).

<http://www.newyorker.com/tech/elements/ebola-fiction-quarantine>

This article discusses controversies surrounding enforced quarantines. It gives a good example of how security concerns in health can be at odds with individual rights.

Michael Spector, "The Last Drop" *The New Yorker Magazine*, Oct 23, 2006

<http://www.newyorker.com/magazine/2006/10/23/the-last-drop-2>

This article gives an account of the global concerns in the provision of clean water. Much of the discussion about water as a public good has a lot of relevance for considering health as a public good.



- 
- <sup>1</sup> Mats Elzen and Per Fernstrom, *The Ignorance Survey: United States*, 2014.
- <sup>2</sup> David McCoy, Sudeep Chand, and Devi Sridhar, "Global Health Funding: How Much, Where It Comes from and Where It Goes," *Health Policy and Planning* 24, no. July (2009): 407–17, doi:10.1093/heapol/czp026.
- <sup>3</sup> Kevin M De Cock et al., "The New Global Health," *Emerging Infectious Diseases* 19, no. 8 (2013).
- <sup>4</sup> Ibid.
- <sup>5</sup> Khaliq and Smego Jr, "Global Health: Past, Present, and Future."
- <sup>6</sup> Ibid.; Nora Y Ng and Jennifer Prah Ruger, "Global Health Governance at a Crossroads.," *Global Health Governance : The Scholarly Journal for the New Health Security Paradigm* 3, no. 2 (June 21, 2011): 1–37.
- <sup>7</sup> Daniel D Reidpath and Pascale Allotey, "Measuring Global Health Inequity," *International Journal for Equity in Health* 6 (2007): 16, doi:10.1186/1475-9276-6-16.
- <sup>8</sup> Julio Frenk and Suerie Moon, "Governance Challenges in Global Health," *New England Journal of Medicine* 368 (2013): 936–42, doi:10.1056/NEJMra1109339; Ibid.; De Cock et al., "The New Global Health.,"; McCoy, Chand, and Sridhar, "Global Health Funding: How Much, Where It Comes from and Where It Goes.,"; Ng and Ruger, "Global Health Governance at a Crossroads."
- <sup>9</sup> World Health Organisation, *World Health Statistics 2014*, 2014.
- <sup>10</sup> United Nations, "End Poverty: Millenium Development Goals and Beyond" (UN Department of Public Information, 2015).
- <sup>11</sup> Arjun Suri et al., "Values and Global Health," in *Reimagining Global Health*, ed. Paul Farmer, Arthur Kleinman, and Jim Yong Kim (Berkeley, CA: University of California Press, 2015), 245–78.
- <sup>12</sup> World Health Organisation, *World Health Statistics 2014*.
- <sup>13</sup> Frenk and Moon, "Governance Challenges in Global Health"; De Cock et al., "The New Global Health"; Ng and Ruger, "Global Health Governance at a Crossroads."
- <sup>14</sup> Suri et al., "Values and Global Health"; Ng and Ruger, "Global Health Governance at a Crossroads."
- <sup>15</sup> Suri et al., "Values and Global Health.,"; Ng and Ruger, "Global Health Governance at a Crossroads."
- <sup>16</sup> Elzen and Fernstrom, *The Ignorance Survey: United States*.