Global health; understanding, approach and major issues

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Content

• Terminology and understanding
• Main issues
• Research examples
Terminology

• **International health**
  - Health in terms of national borders
  - Bilateral relations between countries, or WHO –country
  - Governing paradigm – quarantine, regulations

• **Transnational health**
  - Socio-political relations between groups of nation states
  - Increasing integration of transnational policies
  - Power blocks like EU, NAFTA, ASEAN, etc...

• **Global health**
  - Health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions (http://www.globalhealth.gov/faq.shtml)
Facts about global health
Koplan et all: Towards a common definition of global health, Lancet 2009

• Is global health mainly interested on infectious diseases, childhood and maternal mortality?
  - NO! it aims to embrace full breadth of health threats
• Does global health relate to globalization only?
  - Plaque in 14th century in Europe and Asia, smallpox and measles to New World by Europeans in 16th century and opium sold in China in 18th and 19th century, so NO! Globalization is influencing only time of distribution of health treats
• Must global health operate only within a context of a goal of social/economic equity?
  - More complex transaction between societies needed! The developed world does not have a monopoly for good solutions!
• Is global health intersectoral?
  - Yes, within (public health, clinical medicine, etc) and outside health sector (law, economy, etc...)
Definition and understanding
Koplan et all: Towards a common definition of global health, Lancet 2009

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 emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care.
Major issues

• Population health metrics
  • Validity of data
  • Population health and determinants of health data
• Human resources?
• Health in all policies?
• Intervention and Implementation research
Population health metrics

New cases of occupational diseases per 100000
Population health metrics

• Validity of data
  • Definitions
  • Data collection systems
  • Vital registration

• Population health and determinants of health data
  • Population health statistics is important but
  • Risk factor data?
  • Determinants of health data?

• “...the growing concern about social determinants of health reflects a broader focus, encompassing health impacts of factors that are the responsibility of-and shaped primarily by decisions in-social sectors such as education...” (Braveman et al, 2011, Am J Prev Med)
Figure 1.2: Distribution of health workers by level of health expenditure and burden of disease, by WHO region.

Data sources: (3, 18, 19).
Human resources

Panel A : Countries with data on number of:

- Physicians 192
- Nurses 191
- Midwives 108
- Dentists 188
- Pharmacists 161
- Laboratory Workers 73
- Environment & Public Health Workers 70
- Community Health Workers 40
- Other Health Workers 84
- Health Management and Support Staff 76

Panel B : Countries with data on *:

- Age distribution of health workers 65
- Gender distribution of health workers 98
- Geographical distribution of health workers 55
- Public-private distribution of health workers 61
- Unemployment 11

Total number of countries 192

Note: *Represents number of countries for which information is available for at least one occupation.
Human resources

• World Health report 2006 data:
  • 70 countries report Public health or environmental health workers out of 192
  • UK, Russian Federation, Estonia, S& C America (Brazil, Costa Rica, Honduras, Panama, Paraguay), Azia, Africa
• Health personnel planning – use – health status?
• “Health care matters to all of us some of the time, public health matters to all of us all of the time” (C. Everett Koop)
Ill health/disease, related to dietary fiber consumption

Determinants
- Gender
- Physical activity
- Dietary fiber consumption
- SES, Education
- Marked access
- Health limitation, Food allergies
- Labelling, Packaging
- Marked supply
- Taxation
- Labelling
- Environment
- Agriculture, CAP
- Trade, WTO
- National policies
- International policies
- Policy
- Risk factor
- Health outcome

General population
- Consumers
- Public health
- Business, marked
- Media "experts"
- Producers, Processing
Health in All Policies

• Where “local” meets “global” – a Danish farmer plants based on global commodity prices...
• Health evidence needs to be transformed to non-health action
• Research-practice-policy
• Impact assessment techniques (HIA)
• Does it work? How do we know?
Health research and/or research for health

<table>
<thead>
<tr>
<th>Activity of FP 7 Health</th>
<th>2007/8 Mil. EURO</th>
<th>2009 Mil. EURO</th>
<th>2010 Mil. EURO</th>
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<td>Biotechnology, generic tools and medical technologies for human health</td>
<td>238</td>
<td>235</td>
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<td>Translating research for human health</td>
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<td>Optimising the delivery of health care to European citizens</td>
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<td>Actions “across the theme” and administration</td>
<td>112</td>
<td>87</td>
<td>92</td>
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<tr>
<td>Estimated total budget</td>
<td>1186</td>
<td>609</td>
<td>658</td>
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</table>
Politics and health

Welfare state regimes (Eikiemo, 2008)

• 23 European countries classified into five welfare state regimes
  • Anglo-Saxon regimes (UK and Ireland)
  • Bismarckian regimes (Germany, France, Austria, Belgium and partially the Netherlands)
  • Scandinavian countries (Denmark, Finland, Norway and Sweden)
  • Southern countries (Italy, Portugal, Greece and Spain)
  • Eastern countries (Czech Republic, Estonia, Hungary, Poland, Slovakia and Slovenia)

Data source: European Social Survey which collected data from about 80 000 respondents in 23 countries of Europe in 2002 and 2004 on self-rated health
Health inequalities based on self-rated health by welfare state regime – results:

- Anglo-Saxon regimes showed higher inequalities
- Bismarckian regimes showed lower inequalities
- Scandinavian countries had an intermediate position
- Education attainment does not change this pattern though in Southern regime it explains the largest part of inequalities
Conclusions

• Global health is more as poverty related issues, as differences in prevalence of diseases in different countries
• More comparative analysis is needed to identify good practices
• Creativity in study design would allow to use “natural experiments” to know more about role of politics (transition in Central-Eastern Europe)
• More work is necessary on data validity, harmonization of definitions
• Cross-sectorality is a “must” but not enough in global health; work across sectors and levels (global policy to local impact) is needed
Thank you!