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Routledge Handbook in Global Public Health

Edited by Richard Parker and Marni Sommer

Routledge Handbook of Global Public Health

At the beginning of the twenty-first century, key public health issues and challenges have taken centre stage. They range from arsenic in drinking water to asthma among children and adults; from the re-emergence of cholera, to increasing cancer rates and other chronic disease; from AIDS to malaria and hepatitis; from the crises faced by displaced or refugee populations to the new challenges that have emerged for reproductive health and rights.

Like most aspects of contemporary life, these problems have been impacted by globalisation. The issues that confront us are being shaped by evolving processes such as the growth of inequalities between the rich and the poor in countries around the world, the globalisation of trade and commerce, new patterns of travel and migration, as well as a reduction in resources for the development and sustainability of public health infrastructures.

The *Routledge Handbook of Global Public Health* explores this context and addresses both the emerging issues and conceptualisations of the notion of global health, along with expanding upon and highlighting the critical priorities in this rapidly evolving field. It will be organised in ten main sections. The topics covered include:

- The transition from international to global health
- Structural inequalities and global public health
- Ecological transformation and environmental health in the global system
- Population and reproductive health
- Conflict, violence and emergencies in global public health
- Global public health policy and practice
- Global public health and development
- Global mental health
- Global access to essential medicines
- Health systems, health capacity, and the politics of global public health.

This comprehensive handbook will provide an authoritative overview for students, practitioners, researchers, and policy makers working in or concerned with public health around the globe.

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*Edited by Richard Parker
and Marni Sommer*

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Dedicated to the memory of Allan Rosenfield

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Introduction

Richard Parker and Marni Sommer

At the beginning of the twenty-first century, key public health issues and challenges have taken centre stage on the global scene. Ranging from arsenic in drinking water to asthma among children and adults; from the re-emergence of cholera and diphtheria, to increasing rates of various forms of cancer; from HIV and AIDS to MDR-TB, malaria, and hepatitis; from the crises faced by displaced or refugee populations to the new challenges that have emerged for reproductive health and rights; from the experience of public health emergencies as the result of disasters such as tsunamis, earthquakes, and catastrophic storms to the growing spectre of potential global pandemics such as those linked to H5N1. The expansion of serious public health problems, increasingly taking shape on a global scale, has been one of the defining features of recent history.

Like most aspects of contemporary life, the range of key public health problems faced by specific countries has increasingly been affected by a range of factors associated with globalisation. The issues that confront us presently have been, and are being, shaped by evolving processes such as the growth of inequalities between the rich and the poor in countries around the world, the globalisation of trade and commerce, new patterns of travel and migration, as well as a significant reduction in available resources for the development and sustainability of public health infrastructures. The social, cultural, economic, and political transformations associated with globalisation have, in turn, increasingly intersected with the growing range of environmental threats produced by industrialisation, epidemics of newly emerging infectious diseases, and the rapid increase of chronic diseases linked to changing lifestyles.

The new public health challenges of the twenty-first century have taken place within the context of a rapidly changing political and institutional landscape. In recent decades the field that was initially described as *international health* involving sovereign states has increasingly been re-conceptualised as the field of *global health* within the global system. This change represents more than a simple shift in language. It stems from a fundamental transformation in the nature of health threats and in the kinds of solutions that must be posed to them. It recognises that many of the most serious health threats facing the world community today reach beyond the sovereign borders of nation-states and require the attention not only of governments but also of a range of non-state institutions and actors.

Just as we have witnessed remarkable changes in recent decades in the nature of the public health problems that challenge us globally, we have also witnessed an unprecedented period of growth in the field that has come to be known as *global health*. As is reported in a number of the contributions to this volume, there has been a massive increase in development assistance for health over the course of the past two years. A field once largely dominated by the agencies of the UN system and bilateral donor agencies in high-income countries has seen significant reorganisation with the entrance and rising importance of a growing range of new non-state or hybrid public/private agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunisation (GAVI), the Bill & Melinda Gates Foundation, and a wide range of international non-governmental organisations (NGOs). Multilateral institutions, bilateral agencies, private foundations, and universities and research institutes around the world have announced and begun to implement large-scale global health initiatives. These changes have been reflected, as well, on college and university campuses, where epidemiology, public health policy, and, in particular, global health have become among the fastest growing undergraduate and graduate courses of study for what has been described as the global generation.

As in any field undergoing such rapid and transformative change, the pace of events and the implementation of new initiatives often threaten to move more quickly than the capacity of the field to reflect upon its most basic assumptions, and to reorganise itself in order to provide the conceptual and structural foundations for its continued development. In the case of global health, key questions have emerged about the ways in which global transformations have affected the changing patterns of communicable and non-communicable disease (both North and South), about the impact of global inequalities on the social determinants of health and disease, about unresolved conflicts and contradictions in global health governance structures, and about the probable outcome and possible response to major environmental shifts such as global climate change, as well as to major economic events such as the global financial crisis. In turn, these questions have been linked to important, but largely unresolved, debates about both the possibilities and the potential limitations of technological advances aimed at confronting global health challenges and about the need for far-reaching changes to strengthen health systems and reorganise models of development cooperation to more effectively address global health priorities in the future. The very definition of *global health*, and the unique role of *public health* within this rapidly changing field, have both been questions that have been the focus of much recent attention and debate. The challenge of developing a vision for this field that will truly reflect the true extent of global diversity – inclusive as much of the voices and views of experts and policymakers from the global South as it is of those from the global North – continues as one of the key unmet objectives for a field that is still very much in a process of formation and transformation.

Within such a context, there is an increasingly urgent need to respond to these important questions and controversies by opening up new opportunities for meaningful intellectual dialogue, debate, and exchange about the key questions and challenges that currently confront the field of global health, and for critical reflection and increased awareness concerning the kinds of contributions that public health and population sciences can offer in relation to these challenges. This *Handbook* has emerged and taken shape within this context, and seeks to address both the emerging issues and conceptualisations of the notion of global public health, along with expanding upon and highlighting the critical priorities in this rapidly evolving field. While it has been developed with the goal of raising issues that are of importance for the field of global health broadly defined, it also prioritises an understanding of the special contributions that public health and population sciences can make within this field – an emphasis that we

have sought to make explicit in choosing the title of the *Routledge Handbook of Global Public Health*. It seeks to offer in one location a broad introduction to key experts, key material, and key debates. All of the chapters take the form of original contributions, although a small number have been adapted in abridged form from elsewhere. Our goal is to offer readers a rich understanding of the field of global public health, tracing the origins of big debates, describing the current state of play in particular fields, and hinting at where the future might be heading. The *Handbook* thus seeks to provide an authoritative overview for students, practitioners, researchers, and policymakers working in or concerned with public health around the globe. It is organised into ten main sections (Parts I to X), which by no means exhaust the possible topics in such a vast field, but which do seek to map out some of the important areas of analysis and debate that are currently the focus of much of the most important attention in the field. In this Introduction to the volume, we will try to briefly describe the contents of each of these major sections, and to offer a sense of why these discussions are so central to the evolving field of global public health.

Part I of the *Handbook*, 'The Transition from International Health to Global Health', includes chapters about a number of the pioneering institutions and individuals in international health, with a key focus on exploring the conceptual transition to global health. It emphasises early efforts to build the field of international health, as well as more recent critique on the limited nature of conceiving health as international, rather than as operating within the global system. Contributions in this section explore the ways in which institutional structures, policies, and programmes have been shaped by broader social, economic, and political forces, and highlight the changing institutional architecture of the field as a growing range of intergovernmental agencies have become increasingly involved in health-related issues, and as the evolving field of global health has also become populated by private organisations and new hybrid public-private initiatives. They focus on the extent to which the major health issues confronting low-income countries are embedded in the global economic policies and practices that are articulated and controlled by wealthier countries, and describe the ways in which global health challenges have been framed through such policies in relation to health and security, health and development, health and global public goods, health and trade, health and human rights, and health and ethical reasoning.

Part II of the *Handbook*, 'Structural Inequalities and Global Public Health', examines the social patterning of health, including social exclusion, health disparities, and inequalities. Chapters in this section focus on the unequal distribution of power in society and its implications for the social determinants and the social distribution of health. They explore diverse strategies for eliminating inequities and disparities in health based on structural factors, including class, race and ethnicity, and gender, among other axes of inequality. They discuss the shift from public health approaches focused on behaviour change and individual agency, to the importance of utilising a structural approach in exploring public health challenges and devising realistic interventions for improving population health. Contributors emphasise the complex relationship that exists between diverse forms of power and the social distribution of health, highlighting the ways in which social exclusions translate into health disparities. They call our attention to the need for a fundamental re-conceptualisation in public health, in particular through a shift from a focus on what has been described as 'the natural history of disease' to a new emphasis on the 'social dimensions of vulnerability'. They offer key insights into the ways in which social transformations and the empowerment of disenfranchised communities and populations might be able to transform existing health inequalities – while also highlighting the very different conceptual and programmatic approaches that currently exist within global public health for how best to achieve such transformations. In different ways, all the chapters in this

section of the *Handbook* thus call attention to the extent to which the most important challenges in the field of global public health are not merely technical but fundamentally political in nature, and highlight how the transformation of health systems will ultimately be possible only through the transformation of broader social, political, and economic systems that shape and determine health in highly specific ways.

Part III of the *Handbook*, 'Ecological Transformation and Environmental Health in the Global System', focuses on the transformative nature of the interactions occurring around the globe between populations and the environment, with significant ramifications for population health. The chapters in this section discuss the social dimensions of environmental health, including the long-term impact of climate change, the challenges of water and air pollution, and the synergy between environmental devastation and other health issues. The discussions here focus on the human-driven aspects of climate change and its profound implications for population health. Highlighting the ways in which rapid economic growth, if continuing to be driven by the burning of fossil fuels, will contribute to increasingly adverse health consequences, this analysis points to the need for more accelerated policy making linked to the actual rate of climate change occurrences. Climate-related health impacts discussed include those linked to temperature-related illness, extreme weather and sea level rise, air pollution, food security, and social upheaval. A full awareness of these issues highlights the need for public health alongside of responses from national governments, as well as an overdue linkage to be made in climate change advocacy – one that links the important relationship between climate change and health impacts. The chapters in this section also highlight the fragile nature of the world's existing water sources, and the potential responses to be utilised in protecting and managing the limited supply. Noting that as much as one-tenth of the global disease burden could be prevented by improving water supply, sanitation, hygiene, and management of water resources, they call attention to the importance of both quantity and quality of water supply, and the ways in which even water-scarce countries might be able to increase the availability of improved drinking water. They also focus on the interlinked nature of environmental factors and population health, such as the synergy that exists between vulnerable children's exposure to lead and their increased risk of morbidity and mortality from infectious disease, and the dangers of increasing air pollution for human health. Highlighting the challenges that exist in quantifying the health impacts of diverse forms of pollution, the analyses in this section also emphasise the need for increased public health attention to research and advocacy, in both high- and low-income countries.

Part IV of the *Handbook*, 'Population and Reproductive Health', examines the priority global health challenges in population studies, sexual and reproductive health and rights, and the health of young people, as well as the global challenges of ageing. The chapters in this section provide an overview of the important changes that have taken place in the field of population studies in recent decades, particularly through the process that led up to the International Conference on Population and Development (ICPD) held in Cairo in 1994 – and, in particular, the fundamental conceptual shift that took place as a field primarily focused on population control was gradually reinvented and reoriented to focus on reproductive health and reproductive rights. They highlight the impact of this transformation for the delivery of reproductive health services and for the diverse populations of women and men that must have access to these services. Within this broader context, the chapters highlight the importance of key areas that continue to be highly contested politically, such as the urgent priority of reducing death and disability from unsafe abortion, and the struggle to understand and confront challenges and barriers to recognising men and masculinity as important issues within reproductive health and public health more generally, highlighting the health risks that young men suffer in

performing masculinities shaped by societal and cultural forces that make them vulnerable by virtue of their gender. Finally, this section emphasises the special vulnerability not only of children and young people, particularly in low-income countries and communities, but also the rapidly increasing populations of older adults even in resource-poor settings where ageing has not been considered a serious concern in the past. The concluding chapter in particular explores the implications of these major demographic changes for both country-specific and global public health approaches and solutions in the future.

Part V of the *Handbook*, 'Conflict, Violence, and Emergencies in Global Public Health', explores the current realities of conflict and health, including war, torture, civil disturbances, gender-based violence, and the public health challenges of displaced populations. Chapters in this section focus on the global dimensions of population-level violence, and the disproportionate impact that violence has on the poor and disenfranchised within populations affected by conflict and disasters. They include an analysis of the ways in which armed conflict has changed in recent decades, and its implications for population health. Describing the emergence of humanitarian organisations over time, they emphasise that a disciplined public health response to post-conflict settings is a relatively recent development, and focus on the importance of developing public health responses within the often unstable political and social context of many countries. Also discussed is the global pervasiveness of violence against women; this challenge is examined within a human rights framework and an argument is made that such an approach is critical because of interrelated contextual factors (such as poverty and discrimination), which impact on women's lives and compound their vulnerability to violence. Related is an exploration of the need for protection of children as a population facing unique risks in conflict and post-conflict settings, with the presentation of eight fundamental elements of a framework for creating protected environments for vulnerable children, ranging from protective legislation and enforcement, to addressing relevant attitudes, traditions, customs, behaviours, and practices. This section also presents a succinct guide to using nutritional indicators and reference levels in emergency-affected populations, and seeks to clarify a widely held myth that wars over water are imminent around the world, arguing that sub-national disputes over water are more the norm. It highlights challenges of access in relation to both nutrition and water deprivation in situations of conflict or emergency, emphasising the critical importance of addressing these issues, particularly in low-income countries where rapid population growth and urbanisation aggravate shortages caused by emergencies.

Part VI of the *Handbook*, 'Global Public Health Policy and Practice', focuses on the changing priorities in health policy within and between countries around the globe, with chapters addressing the crucial importance of global health diplomacy, and the roles of international agencies, governments, and civil society in fostering improved population health. It begins with an examination of what has come to be described as 'global health diplomacy', and emphasises that precisely because the trans-border health challenges that characterise the recent era of globalisation can only be resolved through joint action on the part of many countries working together, health more than many other fields has moved beyond the technical realm and is becoming a key element in foreign policy, trade relations, and security agreements between countries. The area of global health diplomacy recognises these tendencies and seeks to capture the multi-actor and multi-level negotiation processes that shape the global health policy environment and manage it through global governance systems. There is also an overview of the politics of global aid for development and health that examines the historical evolution of international aid efforts, particularly in relation to health and development. Chapters explore important trends and distinctions in relation to current patterns of international giving that are directly relevant for global public health policy and practice, as well as many of

the key critiques that have been directed at dominant approaches to humanitarian assistance and development aid (and their impact, or lack of it, in relation to key global public health challenges). They also provide detailed case studies of two important areas of global public health policy: tobacco control and nutrition. They describe the process through which the WHO's Framework Convention on Tobacco Control (FCTC), a global public health treaty that seeks to incorporate best practices in terms of tobacco control, was developed and put into place, highlighting the extent to which the ongoing battle to control tobacco and the health impacts of smoking might provide a key case study offering insights that are relevant to global health diplomacy and global public health policy more broadly. The discussion of global nutrition includes a focus on the linkages between both undernutrition and overnutrition to poverty and economic exclusion, and signals the potential limitations of narrow technical solutions to the complex social, economic, and environmental challenges of global nutritional deprivation. This section also includes discussion of global health practice as well as policy, calling attention to the importance of health communication as a key to behaviour change aimed at reducing risk and vulnerability at both individual and population levels.

Part VII of the *Handbook*, 'Global Public Health and Development', examines the health effects of major economic development trends and the impact of key interventions aimed at responding to both long-term and emerging global health problems. It begins with a broad overview of the dramatic increase that has taken place in development assistance for health from 1990 to 2007. Following this overview, chapters provide detailed case studies of a number of key areas of intervention in global public health. The first focuses on addressing preventable blindness and visual impairment, and the strides that have been taken globally in combating cataract, trachoma, vitamin A deficiency, onchocerciasis, and other chronic causes of blindness, highlighting the ways in which visual impairment and economic development (or the lack of it) are intertwined globally. The next examines the importance of maternal and child survival for global health, highlighting the role of socio-economic inequalities in shaping both death rates and the success of interventions, providing an overview of the types of interventions that have been introduced to improve maternal and newborn survival, and giving attention to the importance of community-based interventions. The third case study outlines the emerging global crisis of chronic disease, highlighting the urgent need for action on what was once perceived to be a relatively low priority in resource-poor settings. This section also explores the challenges of creating access to health technologies in poor countries, emphasising that people's ability to obtain and use good-quality health technologies is far more than simply a technical issue involving the logistics of technology delivery. It focuses on the social values, economic interests, and political processes that influence access to technologies, and conceptualises access not as a single event but as a continuous process that involves a series of activities and actors over time.

Part VIII of the *Handbook*, 'Global Mental Health', explores the growing recognition of mental health as a significant health burden for populations in the global South as well as the global North. This section sounds a call for closing the global treatment gap in mental disorders. Chapters focus on the realities of populations living in low- and middle-income countries without adequate access to care and treatment for mental-health-related disorders. They highlight increasing evidence on the cost-effectiveness of many mental health interventions, and argue that increased investment in bringing such quality treatments to resource-poor settings is long overdue. Drawing on key case studies of the gap in mental health programmes in low- and middle-income countries, and emphasising the particular challenge of the human resources for health crisis, chapters in this section call attention to the fact that morbidity and mortality are not the only measures of relevance for a decision to increase investment in mental health

services. They examine the ways in which mental disorders hinder individual and societal productivity, providing recommendations for integrating mental health into primary health care services, and the particular challenges to be addressed in conflict-affected settings, among others. They also highlight the unique importance of responding to sexual violence as a priority research area for global mental health, emphasising that the availability of quality health service interventions for women experiencing sexual violence remains inadequate, and underscoring the need for increased attention to this often overlooked contributor to women's poor mental health status globally.

Part IX of the *Handbook*, 'Global Access to Essential Medicines', focuses on the enormous challenge of ensuring that essential medicines are reaching populations around the globe, through improved pharmaceutical management systems, attention to counterfeit and poor quality drugs that are widespread within global and local markets, and the role of global powers in impacting the price and availability of medicines to populations in need. This section provides an introduction and overview to the field of global access to essential medicines. It reviews the early beginnings of pharmaceuticals, and the rise of the 'essential medicines' concept within the global health community, highlights the role of advocacy in widening access to essential medicines across the world, and emphasises the engagement of politicians, practitioners, international organisations, celebrities, and, most importantly, activists, in increasing access to AIDS medicines. While noting the enormous achievements in the provision of pharmaceuticals in the last 70 years, the analysis emphasises the significant challenges that remain, including a dearth of research and development for tropical diseases, unreliable supply systems in much of the world, and anti-microbial resistance. The chapters in this section take on different aspects of access to medicines, exploring the possibilities for local production of pharmaceuticals in improving access to medicines in low-income countries, and analysing current challenges in assuring medicine safety. They also focus on the unique essential medicine needs of children, highlighting the joint WHO and UNICEF approach to providing medicines to children, and emphasising the existing tools that public health has to improve childhood morbidity and mortality outcomes. This section of the *Handbook* also includes an analysis of the important impact of HIV treatment access campaigns, and the transformation of antiretroviral (ARV) medicines from 'private goods' – limited to the high-income world – into 'merit goods', thus stimulating action for universal access to treatment and transforming broader policy debates about access to essential medicines in resource-poor contexts.

Part X of the *Handbook*, 'Health Systems, Health Capacity, and the Politics of Global Public Health', examines the ongoing challenge of health system strengthening as well as the complicated politics of international development assistance in the changing context of the twenty-first century. It includes an historical overview, outlines current debates, looks at future challenges for health system strengthening in resource-poor settings, and highlights the ways in which dramatic increases in disease-specific funding, especially for HIV and AIDS, has placed huge pressures on weak health systems that in turn have made it impossible to reach the most ambitious goals of such initiatives. While the need for health system strengthening has increasingly become the focus of widespread agreement, there has been more disagreement about the means to achieve this objective, and about the most important challenges that will need to be addressed in the future as the existing problems of health systems in low-income countries are compounded by a range of issues such as globalisation, changes in technology, and the rise of chronic disease. This section also focuses on the increasing politicisation of aid for health and development. It argues that the field of global health is characterised by multiple inputs and agents – each with their own perspective and motivations. Ideological divisions in development discourse are typically played out in global public health policies, often resulting

in major shifts in the health policies of large donors, just as non-state actors now have increasing power and influence, opening new possibilities for cooperation for the potential good of global public health. Some of these possibilities, such as public/private partnerships for drug development or other similar initiatives, offer an especially important set of opportunities with the potential to transform the field of global public health in profound ways. Yet significant hurdles also exist, and the chapters in this section of the *Handbook* also emphasise the difficulties of ensuring necessary financial resources and of sustaining commitment over time, as well as the complexities of building capacity, whether of researchers, health system personnel, policymakers, or advocates within a global public health system that continues to be characterised by serious inequities. They highlight dangers of unequal and unjust collaborative relations that accentuate the risks of 'brain drain' from the global South to the global North, and the continued inadequacy of resources, attention, and prioritisation of building strong health systems and cadres of effective health workers in the global South – as well as the role of long-term academic partnerships for building capacity and transferring technical expertise in resource-poor settings.

In bringing together the contributions that make up this *Handbook*, we have worked hard to ensure a text that will offer a scholarly yet accessible overview of the diverse and rapidly developing field of global public health today. In doing so, we have sought not to privilege any one particular perspective but rather to offer an up-to-date overview of the field. By describing past origins, present trends, and future possibilities, we want to offer readers insight into an area of work which has captured our own attention and imagination for many years now. We hope that you find this book helpful, and that it will be a useful source of reference for many years to come. We have selected the various contributions with a diverse readership in mind. Fundamentally, they aim to both describe and inform about the changing nature of global public health, along with advocating for new approaches to researching and addressing population health within the global system. Our hope is that the *Routledge Handbook of Global Public Health* will therefore appeal to a wide range of people working in health, human rights, and development, and that its potential readers will include trainee health professionals (including students in all fields of global public health), and graduates and undergraduates in the health-related social sciences, as well as public health educators, researchers, and policy-makers. But we also hope that the book will appeal to activists, advocates, and practitioners around the globe who are working in the diverse fields of health policy, gender and health, sexual and reproductive health, infectious disease, environmental health, social work, and globalisation.

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