# 1.1 A History of Global Health

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## Introduction

*Those who do not remember the past are condemned to repeat it.*

George Santayana

Global health as a discipline for academic study emerged as a distinct entity in the 21st century. It evolved from the study of public health, tropical medicine and international health. More recently, the process of globalisation has shaped the economic environment, national health systems and the health of individuals and nations.

### The discipline of public health

The health of a population is determined by the physical and social environment. Much of the study of health has focused on efforts to improve the health of individuals. As the academic discipline of public health emerged, the importance of social and environmental factors on people’s health began to be appreciated, and epidemiological tools were used to evaluate these factors.

An early example of a clinical trial related to scurvy, a common illness affecting seafarers. For many years nobody could understand why sailors developed bleeding gums and became unwell whilst at sea. In 1762, in one of the first ever randomised clinical trials, James Lind, a Scottish surgeon, decided to try and identify a treatment for the disease. He divided sailors into separate groups, providing each with different therapies, whilst a control group continued with their usual diet. He discovered that supplying citrus fruits (a source of vitamin C) would prevent scurvy. This method of experimental enquiry, the randomised controlled trial (RCT; see Chapter 4.5), remains a gold standard in the evaluation of therapy.

### Early epidemiology

In 1854 hundreds of people died during a raging cholera epidemic of unknown aetiology in Soho, London. An inquisitive physician, John Snow, was sceptical about the prevailing theories regarding the causation of cholera. He noted that most affected patients lived near a water pump in Broad Street ([Fig. 1.1.1](#)), and that when a padlock was placed on this pump, the number of cholera cases was greatly reduced. This discovery showed the connection between cholera and water supplies. It was one of the first documented uses of ‘observational and spatial’ epidemiology. Today, in the field of global health, we still look for patterns of disease to better understand the underlying causes and thereby identify potential interventions.

### The birth of social medicine

In 1848 a German doctor, Rudolf Virchow, was troubled by what he observed in the coalfields of Silesia. He wrote a long treatise on the theory of social medicine which concluded that the
The greatest determinant of occupational illness was inequality. Much of global health research involves the study of inequality, both local and global. At the peak of the Industrial Revolution, many physicians conflated the ideas of health and well-being with concepts of social justice. The physician Thomas Hodgkin (famous for the discovery of Hodgkin lymphoma) was an early campaigner for public health. At personal detriment, he criticised the Hudson Bay Company for the harm it was causing to the health of Canadian indigenous populations through the supply of alcohol as well as exploitative labour conditions.

**Trade versus health—the Opium Wars**

The Opium Wars of the 19th century were an early case study of problems posed by the trade of harmful substances which result in conflicting public health and financial imperatives. The lucrative opium trade in Southeast Asia had resulted in widespread drug addiction in China, as a result of which the Chinese administration demanded that British merchants destroy their opium supplies and agree to a 'no opium trade bond'. When the British refused to agree to these demands, a war between the two countries broke out and, following a British victory in this conflict, control of Hong Kong was ceded to Great Britain.

By 1906 approximately 27% of the adult male population in China was regularly using opium. Today, the forces of trade and globalisation limit potential improvements in health. Legislation restricting the sale of unhealthy products such as alcohol, tobacco and sugar is often opposed by multinational companies (see Chapter 5.2).

**Tropical medicine**

The movement of people creates exposure to new pathogens and risk behaviours. The discovery of the New World and the Americas by early European settlers exposed local populations to the previously unknown pathogen of smallpox. Malaria and yellow fever killed thousands of European settlers, and control of these and other tropical diseases became an imperative as infections limited
the potential for the economic exploitation of newly acquired territories. As a result, new institutions for the study of tropical medicine were established. Today, in the era of jet travel, pathogens have the potential to spread rapidly around the world, and the importance of institutions of tropical health remains undiminished.

**Discussion of health on a global stage**

The first international negotiations on public health took place in 1851. In response to an ongoing cholera epidemic, the first international sanitary conference was held in Paris to debate how the international community should respond to this public health emergency. Twelve countries participated, each represented by a two-person team of a physician and a diplomat. This conference marked a turning point in the history of global health as it was the first occasion on which pressing health issues were addressed through international cooperation. Later, sanitary conferences throughout the late 19th century and early 20th century were convened on an ad hoc basis up until the birth of the World Health Organization (WHO).

**The birth of the World Health Organization**

‘7 April 1948 is the day WHO was born, and is observed as World Health Day. In an interesting tryst with history, the idea of WHO was conceived over a chance lunch encounter of three medical men at the conference where the United Nations was formalized’.


In July 1946 all members of the United Nations (UN) signed the constitution of the newly envisioned WHO, and, in doing so, created the first specialised agency of the UN. In 1948 the first World Health Assembly took place, and the agency came into existence. This was the beginning of a new chapter in global health. By the naming of the agency the World Health Organization (as opposed to its predecessor under the League of Nations), a more global scope was envisioned for this new body.

Throughout its history, the WHO has been at the forefront of many key global health initiatives. The WHO spearheaded the eradication of smallpox (declared eradicated in 1979), the first time that any disease had been entirely eliminated. The WHO has been a key convening body in drawing the world together to tackle health challenges. It led to the creation of the second-ever legally binding treaty on a global health issue, the Framework Convention on Tobacco Control. WHO guidelines and statistics are used to inform decision making in both high-income countries and low- and middle-income countries. The World Health Assembly is still the only health decision-making space with universal membership where all countries can contribute to collective decision making on measures to improve health (see Chapter 3.1).

**Declaration of Alma-Ata and health for all by the year 2000**

In 1978 the first-ever international conference on primary care, convened by the World Health Organization and UNICEF, took place in the city of Almaty in Kazakhstan. The meeting was attended by more than 100 national ministers of health, and produced the Declaration of Alma-Ata. This is still seen as a landmark moment in the history of global health. It endorsed the primary care approach to improving health, with a strong emphasis on the need to tackle the social, political and economic determinants of health. It also endorsed a vision of health for all by the year 2000. This was one of the first attempts at setting an ambitious international goal for health.
The Millennium Development Goals

Although discussions around health have traditionally taken place in the WHO, the 21st century has seen the emergence of new and a wider range of organisations with a focus on global health issues. In 2000 heads of government convened at the headquarters of the UN in New York to agree on the Millennium Declaration. The subsequent eight Millennium Development Goals (MDGs; see Table 6.1.2) had a strong focus on health issues. For the first time, health was linked with global security as with the UN Security Council resolution on HIV (2000). Subsequently, discussions about global health and poverty became central issues at political forums such as the G8 and G20. Increased financial resources from governments and philanthropists were directed towards challenges in global health by organisations such as Gavi and the Bill & Melinda Gates Foundation. These organisations largely favoured disease-specific interventions to the potential detriment of health system investment and development.

The rise of noncommunicable diseases

Much of the discussion surrounding global health and development until the early 21st century focused on infectious diseases, nutrition and maternal health. Noncommunicable diseases (NCDs) such as heart disease, diabetes and cancer were regarded as diseases of affluence, a problem thought to affect the developed world rather than developing countries. It is now appreciated that many developing countries face a double burden of disease, both communicable and noncommunicable (see Chapters 6.1, 6.3). In 2018 the UN General Assembly will hold its third high-level meeting on NCDs.

Civil society raises its voice

Following the foundation of the International Federation of the Red Cross (IFRC) in 1919, nongovernmental organisations (NGOs) began playing an active role in the health of populations. The IFRC was created to serve the victims of war and conflict, and it advocated successfully for the creation of the Geneva Conventions. These remain the current standards of international law which must be observed during conflict.

In 1970 a group of French doctors serving with the Red Cross in Biafra spoke out against the murder of civilians and attacks on health care personnel by the Nigerian military forces. These experiences led to the creation of Médecins Sans Frontières (MSF, 1971), an NGO which prioritised advocacy for the rights of victims of war over the need for neutrality. Subsequently, MSF came to highlight injustices such as the neglect of women’s health by the Taliban in Afghanistan and the lack of research for medicines to treat neglected tropical diseases. Another organisation, International Physicians for the Prevention of Nuclear War, framed nuclear weapons as a public health threat, and was awarded the Nobel Peace Prize for its work on nuclear disarmament. There are now hundreds of NGOs and civil society organisations that seek to hold governments to account whilst working on health issues at the global level (see Chapter 3.4).
Global health in the era of sustainable development

In 2012 the UN Conference on Sustainable Development, known as Rio+20, took place. A follow-up to the original Earth Summit held in 1992, it was meant to examine how to work simultaneously on protecting the environment, whilst ensuring economic and social development. Subsequently, 17 Sustainable Development Goals covering the period 2015–30 were agreed at a summit in September 2015 (see Chapters 3.1, 6.7, 7.4). These aim to build upon the achievements of the MDGs and provide more equitable solutions for both health care and associated societal challenges.

Conclusion

The discipline of global health has evolved from that of tropical medicine, and now encompasses efforts by governments and NGOs to address global health needs and inequalities.

KEY POINTS

- Many conferences preceded the emergence of the discipline of tropical medicine.
- The history of the World Health Organization, the Declaration of Alma-Ata and the Millennium Development Goals defines the emergence of global health as an area for study.
- Civil society and nongovernmental organisations have a major role in global health discourse.

Further reading


