

EDITORIAL

An Inquiry in the Name of “Global Health”

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We often find ourselves wondering how colleagues from developing countries, especially those working in remote settings, make sense of new activities called *global health*. The popularity of the *global health* label has come with an unprecedented increase in financial resources. But for what? It depends on who is defining the term. Yet because of all the money, the definition may not be a trivial detail.

Many are hopeful that today's *global health* expenditures mean that population health will improve ever faster and health disparities will recede more quickly. Some see the infusion of billions of *global health* dollars as public diplomacy, others see it as self-protection – dispatched by governments and a long list of private donors topped by Bill and Melinda Gates and Warren Buffet. Laurie Garret argues cogently that, “...because the efforts this money is paying for are largely uncoordinated and directed mostly at specific high-profile diseases – rather than at public health in general – there is a grave danger that the current age of generosity could not only fall short of expectations but actually make things worse on the ground (1).” Some are attempting to grapple with this (2,3). How effective are the efforts, and how will we learn this?

We, as Editors, worry about how those “on the ground” can help the world see what they see and learn from it to counter well-intentioned *global health* programs that may go awry. Will the huge amounts of money engender thoughtful evaluation, or a perverse inattention or arrogance, such that activities are inadequately monitored, experience poorly analyzed, and lessons rarely attended to?

What does *global health* mean to and for those far away from where costly initiatives are shaped and sponsored? Keeping up with debates about the origin, definitions, and implications of the term

and the activities is challenging, even for those of us within easy reach of international media and organizations. We are nearly always connected to the internet and can spend hours reading analyses and proposals from popular and scholarly sources; blogs filled with endorsements and/or critiques.

What about those who have precious few moments of internet connectivity to search? *Wikipedia* offers a bit of history, describes methods used to measure *global health* gains or losses, and, at least so far, posts remarkably short lists of associated conditions, and references and links to *global health* activities (4). The first few *Google* screens in an English language search of results for “global” + “health” reveal an agglomeration of the world’s most ambitious initiatives for improving population health worldwide, intermingled with advertising for fitness programs with personal trainers, medical insurance for globe-trotting ex-patriots, and health products – from oxygen enhancers to blends of essential vegetables and fruits in easy to swallow capsules. Neither *Wikipedia* nor *Google* readily offers perspectives from within developing countries.

What are the primary sources of information for our colleagues in low-resource settings about *global health*? What do they “on the ground” see? How can discussions about practice and policy include their voices and perspectives?

In this issue, *JPHP* begins to explore the phenomenon of naming problems, programs, and policies as *global health*. Sarah Macfarlane (UK/USA), Marian Jacobs (South Africa), and Ephata Kaaya (Tanzania) have contributed “In the Name of Global Health: Trends in Academic Institutions”.

The first article focuses on academia – the short history of naming or renaming educational programs “global health” – and compares these activities to those academic traditions previously called *tropical medicine* and *international health*. The authors observe a palpable surge of enthusiasm to participate in “global health” accompanied by little agreement about how to define the term, the curricular content, or what it means to conduct *global health* research. They worry whether the new academic *global health* will preserve the one-way flow from rich countries (many in North America) “...ostensibly for the benefit of poor countries, but without the key ingredients of a mutually agreed, collaborative endeavor”. Why are low-income

country health professionals who supervise *global health* program students visiting from prosperous settings not described as working in *global health* – when the faculty who sent the students are so designated, so too those students?

In her commentary, Linda Harrar, Senior Content Director for the Emmy Award winning 2005 US Public Broadcasting Service series “Rx for Survival – A Global Health Challenge,” reports that in focus groups conducted while shaping the program’s segments, many Americans thought that the most serious global health threats were those prominent in US news headlines in the post-“9/11” period, and related to concerns about bio-terrorism. In a second commentary, Phil Hiltz, author of *Rx for Survival: Why We Must Rise to the Global Health Challenge* (reviewed in *JPHP* in 2006; 27:105–111) distinguishes between “international” and “global” health by drawing on poignant memories from when he reported from Kenya, Uganda, Zambia, and Botswana for major US newspapers.

We invite readers who wish to raise or answer questions about *global health* and its implications around the world to submit to the *Journal of Public Health Policy*. (<http://jphp.msubmit.net/cgi-bin/main.plex?form_type=display_auth_instructions>) We welcome communications as *Letters to the Editors*, as well as commentaries and research articles. What does the term mean to you? What do *global health* activities mean for you – and for the populations around you? What would you like “global health” to mean in practice and problem solving, teaching, and research? How can it acquire a clearer definition shared among those who hear, read, or use the term worldwide? And does it matter much if it does, or does not? In subsequent issues, *JPHP* will continue to publish research articles, commentaries, and letters on this theme. We welcome contributions especially from those who can help correct the geopolitical and perspective imbalances described by MacFarlane, Jacobs, and Kaaya below.

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