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## Viewpoint

# Global Health – Hope or Hype?

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**Abstract**

Global health is a complex umbrella term that has grown in importance over the past two decades, particularly during and after the COVID-19 pandemic. Nonetheless, the term „global health“ still lacks a universally agreed definition and is applied to a rather broad range of subjects and topics. Ultimately, global health can be seen as the evolution of public health in the face of diverse and pervasive global challenges and the growing number of international actors. The term goes beyond the territorial meaning of "global", linking the local and the global, and refers to an explicitly political concept that takes into account social inequalities, power asymmetries, unequal distribution of resources and governance structures. Global health views health as a universal, rights-based good. Global health must overcome inherited structures and the dominant biomedical reductionism in order to contribute, through health-in-all policies at global level, to meeting essential needs for improving and safeguarding the health people worldwide.

**Keywords:** Global health, social determination, governance, biomedical reductionism, health-in-all policies, inequality

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**Introduction**

Global health is currently high on the international political agenda and plays an important role at summits of international fora such as the Group of 7 (G7) and the Group of 20 (G20). From the perspective of health science and health policy, the growing political importance of global health and its consideration on the international stage is long overdue. However, the current understanding of global health suffers from a number of conceptual limitations, as the scope and content of the debate is often not commensurate with the complexity of the challenges. The dominant global health discourse often fails to live up to the claim to universalism implicit in the term 'global'. It also tends to neglect the need for a comprehensive transdisciplinary and interdisciplinary understanding of health policy. Indeed, there is a wide gap between the current state of knowledge and the practice of global health policy (1).

In most countries around the world, health policy is primarily concerned with the challenges inherent in national health systems, focusing on health financing reforms, universal health coverage, access to care in rural areas and other local or regional challenges. However, public awareness of how global health has now become is regularly raised when a threat in the form of a potentially dangerous infectious disease emerges (2). When deadly infections hit the headlines, people in the Global North tend to focus on cross-border, international and, increasingly, global health problems. But the succession of life-threatening scenarios caused by "killer viruses" and other epidemics long thought to have been conquered or at least controlled in high-income countries has become denser in recent years. What began with the spread of the AIDS pandemic has developed in ever closer chronological sequence with the emergence of dangerous infectious diseases such as SARS (Severe Acute Respiratory Syndrome) in Southeast Asia in 2002, swine flu in the northern hemisphere winter of 2009-2010, MERS (Middle East Respiratory Syndrome) in 2012, and avian influenza from 2013 onwards. Particular attention has been paid to the 2014 Ebola outbreak in West Africa, which claimed more than 11,000 lives, followed by the Zika virus in Brazil, more recent Ebola outbreaks in eastern Democratic Republic of Congo and, of course, the COVID-19 pandemic that began in early 2020.

In Europe and North America in particular, but also in Latin America and other emerging regions of the world, a series of events that are perceived as 'health crises' continue to cause alarm and hit the headlines. But public interest in the health challenges of other countries and continents tends to be short-lived and transient. The situation is very different in the low- and middle-income countries of the Global South, and particularly in sub-Saharan Africa. There, certain health hazards persist, infectious diseases are a constant and relevant health threat, and the risk of endemic diseases or even epidemics is part of everyday life in low-income countries around the world.

Infectious diseases are not the only challenge facing people and health systems in developing countries. The epidemiological transition is broadening the disease spectrum from infectious to non-communicable health problems. This double burden of disease, caused by bacterial, viral or other pathogens on the one hand, and health problems commonly referred to as chronic or lifestyle diseases on the other, has been a burden for developing and transition countries for more than 20 years (3). The situation is aggravated by the co-existence of undernourishment and malnutrition on one hand, and diet-related overweight on the other (4).

**Motives and Origin of Global Health**

Notwithstanding the little influence on the national health-policy debates within countries, global health has become one of the most important areas of foreign, development and security policy over the past 15 years (5). Security is frequently encountered as contextual framework in political health and foreign policy documents, and the securitisation of health meanwhile considered a key feature of public health governance (6). The rapid succession of endemic and epidemic outbreaks perceived as health crises has ultimately contributed to shaping the securitisation of global health promoted by multiple actors at national and international levels interact to target cross-border health threats (7). Indeed, acute epidemic outbreaks are often seen to be a symptom of globalisation, while global health tends to ignore and obscure long-term diseases such as tuberculosis and the structural causes of poor health and health inequalities (8). The increasing international and political relevance of global health calls for more comprehensive governance strategies for institutions and processes, with an explicit health mandate (global health governance), for institutions and processes of global governance that have a direct and indirect impact on health (global governance for health), and for national and regional institutions and mechanisms which are established to contribute to governing global health (governance for global health) (9).

Irrespective of these ancillary aspects, the concept of "global health" itself encompasses a wide range of subjects, including politicy, research, education and clinical practice, and aims to improve not only health care and the necessary access, but also the health of people worldwide. Global health ranges from individual clinical care and prevention at the level of the population or specific groups of people in the sense of public health. Despite the diversity and heterogeneity of the definitions and actors involved, the concept also implies the examination of transnational contexts, as well as the social, political and economic determination of health, and the search of solutions to existing health problems. Understandings of global health range from health as an instrument of internal security and foreign policy to charitable, philanthropic approaches, public-private partnerships, universal human rights and solidarity (10).

From the outset, global health has been inextricably linked to both the protection of national populations and to commercial interests and aspirations. The Institute of Medicine, for example, emphasised the protection of US citizens; it bluntly pointed out that four of the world's ten leading pharmaceutical manufacturers controlled 40 percent of the world market, and that the introduction of new drugs and vaccines in developing countries offered good market opportunities for the pharmaceutical and vaccine industries in high-income countries (11). In its first Global Health Strategy (12), the German government placed a strong emphasis on protecting the population of the Federal Republic of Germany and the economic interests of Germany’s export-oriented economy (13). The German Ministry of Education and Research (BMBF) has so far concentrated its research funding on neglected and poverty-related diseases and is only gradually expanding the range of topics in the context of global health sciences (14).

The comparatively short history of the term "global health", first in the scientific community and later also in the political debate, is revealed in an analysis of relevant publications. The use of the term “global health” in the English literature began in the 1990s, increased sharply from 2000, and at the beginning of the millennium overtook the previously dominant use of the term "international

health". The trend in French and Spanish publications was similar, although the alternative terms "mondial" and "mundial" had already been used earlier in relation to health (15).

However, the concept of global health did not appear out of nowhere, but evolved from various predecessors, beginning with 'colonial medicine' in the 19th and early 20th centuries, which evolved into 'tropical medicine' and then 'international health'. Since then, high-income countries have driven the development of an international regime for infectious disease control, mostly because of their own security interests. The International Sanitary Conference of 1851 is generally regarded as the starting point for international health cooperation (16,17). The primary focus on harmonising quarantine requirements in the European colonial powers also makes it a crucial step towards international health security concerns. To this day, global health is often seen in the context of foreign policy and closely linked to international and health security.

In recent decades, there have been some paradigm shifts regarding the international aspects and characteristics of health (18). Initially, the focus was on measures to maintain the health of European colonial rulers and to protect them from the health hazards of tropical diseases. In close connection with the fields of "hygiene" and "public health", the predominantly clinical field of "tropical medicine" developed (19). At the beginning of the twentieth century, terms such as "tropical medicine" and "tropical hygiene" came to the fore. In this context, tropical institutes were set up on the European continent, mainly in major port cities such as Antwerp, Hamburg and London, to care for seafarers landing on the coast and to perform epidemiological and hygienic tasks in the interior, some of which later became the responsibility of the public health services.

The prevailing view at the time, which is still valid today, at least for powerful approaches to global health, was aptly described 80 years ago by the British pathologist and bacteriologist Harold Scott in his analysis of the historical development of tropical medicine: "We can then trace how improvements were made, usually first with a view to safeguarding the health of officials and European traders, and later also to the treatment of natives, by which two purposes would be served simultaneously - the benefit of the health and well-being of the native, and the further protection of the white man from native infections." (20).

**The development of Global Health**

In the second half of the 20th century, and especially during the Cold War, the concept of international health, a comparatively straightforward evolution of traditional tropical medicine, became increasingly accepted (21). International health deals mainly with health problems and challenges in low-income countries. It focuses on preventing and treating infectious diseases, improving sanitation and water supply, and promoting child and maternal health (22). Many universities and other scientific institutions still use this term until today, but with a broader understanding that also includes topics such as non-communicable diseases, injuries and the strengthening of health systems beyond tropical diseases.

In addition to the health challenges in developing countries, international health also refers to the commitment of high-income industrialised countries and the international organisations they predominantly support (23). The emergence of development assistance, the more paternalistic forerunner of later overseas development aid and today's international cooperation, also included helping low-income countries to overcome their health problems.

At about the same time, the concept of public health, which had been further developed in the Anglo-Saxon countries after the Second World War, became increasingly important. Public health evolved from social hygiene or social epidemiology and differs in important aspects from the conventional individual medical treatment of disease and risk factors. In contrast to the so-called disease sciences with their focus on individual problems, public health and health sciences are explicitly population-centred approaches. Public health is primarily concerned with the social determinants of health and disease, and with health inequalities resulting from unequal social, political and economic opportunities.

**Global or planetary health**

Over the last two decades, the expanded and broader concept of "global health" has emerged (24). In the highly globalised world of the 21st century, the health of populations is affected by many factors that transcend national boundaries, from pandemics to drug patents to climate change. With the shift in the global health burden from infectious to non-communicable diseases (NCDs), the impact of lifestyles and other environmental factors on people's health has also come to the fore. Global health is not limited to cross-border health problems in the strict sense. Rather, "global" in this context refers to any health challenge or transnational determinant, from global disease eradication (e.g. polio) to antimicrobial resistance, food security, urbanisation and migration, and climate change.

Even broader and more comprehensive is the concept of planetary health, which has only recently come to the attention of the scientific community but has been discussed since the 1970s, and which explicitly considers the health impacts of human activities on life in the biosphere (25). "Planetary health" corresponds to an attitude and philosophy of life that focuses on people, not diseases, and addresses the reduction of health inequalities due to income, education, gender and living environment with the aim of enabling all people on the planet to have the right to health and well-being (26,27). The focus is on the impact of environmental change on human health. Planetary health focuses on human health in the Anthropocene and the threats posed to the human species by pandemics or climate change, the natural spaces in which these species develop, and the health and diversity of the biosphere (28).

More recently, One Health has begun to complement the other health-related approaches without being a new concept or set of principles. It focuses on the interactions between humans, animals and ecosystems and involves many disciplines and sciences. One Health addresses the threats and consequences arising from the interface between ecosystems, animal populations and human populations (29). Particularly since the COVID-19 pandemic, One Health seems to focus primarily on zoonoses and the prevention of the spread of diseases from animals to humans. This approach risks to disregard the social, political and commercial determination of health threats to human, animal and ecosystem health and being subordinated to the general trend towards the biomedicalization and securitising health (30).

**Global Health as part of globalisation**

Towards the end of the last century, the dynamic trend towards increasing international interdependence in important areas of life such as politics, the economy, culture and the environment, generally referred to as globalisation, clearly gained momentum. The main drivers

of globalisation have been technological progress through product and process innovation, especially in communications and transport through the spread of the Internet and the significant increase in global air travel, as well as flexible and more efficient means of transporting goods and services. The internationalisation and liberalisation of production and trade, increasing digitalisation, new means of communication, growing migratory pressures due to population growth, protracted conflicts and environmental challenges have further fostered and accelerated globalisation.

The resulting complex situation, characterised by power asymmetries, unequal distribution of opportunities and resources, and inadequate governance structures, has led to a growing demand for health security as a key feature of global governance. The strategy of securitising global health is predominantly based on a concept that neglects the prevailing burden of disease, which is determined by non-communicable rather than infectious diseases. This perception leads to the currently dominant preference for biomedical solutions and the neglect of the root causes of global health crises. While health security is undoubtedly necessary and important, the trend towards biomedical and technocratic reductionism falls alarmingly short because it largely ignores the social, economic, political, commercial and environmental determinants of health. In addition to ensuring universal access to quality health care and prevention, health-in-all policies are ultimately needed to ensure health security and reduce one of its major challenges: health inequalities within and between countries and their underlying causes. Global health security must first and foremost seek to guarantee the universal right to health, and therefore emphasise the social, economic, commercial and political determinants of health (30).

**Growing global health burden**

The often profound changes in daily life associated with globalisation have had tangible health consequences in virtually every country in the world. For example, the acceleration of everyday life increases the pressure on many people to perform, creates stress and exposes many working people to major direct and indirect risks. Changes in working and living habits and their impact on physical, mental and social health are contributing to the global harmonisation of the disease burden, which in many developing and emerging countries is a double burden of infectious and non-communicable diseases (31,32).

It is true that the increasing global importance of health issues and challenges becomes most evident when highly contagious, dramatic infectious diseases tend to spread across the globe and threaten the Global North. However, the public perception and anxiety regularly generated by such threatening outbreaks should not obscure the fact that the so-called non-communicable chronic diseases, which are usually associated with permanent or lifelong use of health services and the respective costs to individuals and systems, are far more significant from an epidemiological point of view (33).

In this context, it is important to emphasize that the unprecedented levels of global prosperity are not preventing inequalities in access to health services from increasing rather than decreasing. The extremely unequal distribution of health problems and the global burden of disease, on the one hand, and of financial and other resources, on the other, poses particular challenges for global health (34). As a logical and consistent development and continuation of public health at the international level, global health addresses national, regional and international health issues,

determinants and solutions in the various sectors directly or indirectly relevant to health, and at their interfaces. This requires interdisciplinary cooperation between politics, science and society as well as an analytical understanding of the complex interrelationships and transdisciplinary action. The concept of global health takes a comprehensive, holistic, multi- or transdisciplinary and human rights-based approach. As a synthesis of public health, which lacks an international orientation, and international health, which has a transnational approach but focuses more on health care and health systems, tropical medicine and development cooperation, the concept of global health explicitly includes health problems beyond the influence of individual states and pursues an explicitly political approach. Particular attention is paid to governance issues and challenges, i.e. the politically responsible leadership and rulemaking by governments or other relevant decision-makers in order to ensure the effective performance of the various actors in the health system and other relevant sectors in the public interest.

**Health for all**

Global health also includes the goal of "health for all", for all people worldwide, agreed upon by the 134 Member States of the World Health Organization forty years ago in Alma-Ata, Kazakhstan (35). However, this goal has remained utopian to this day, not least because self-styled pragmatists were able to limit the concept of primary health care, which was then adopted as a strategy at the time and focused on social justice and democratic participation, in part to profitable medical interventions. ‘Selective Primary Health Care’ seemed to promise the solution to poverty-related diseases without having to address poverty as a structural condition for disease (36).

This mindset is also driving the actions of some of today's most influential global health players. Bill Gates, former Microsoft mogul and now the world's largest funder of health projects in poor countries through the Bill & Melinda Gates Foundation, which he runs with his wife, has his own vision of what is needed to achieve global health. As a prominent guest speaker at the 2005 World Health Assembly, the highest decision-making body of the World Health Organization (WHO), he told the ministers and heads of government in attendance: "But the world did not need to eradicate poverty to eradicate smallpox - and we do not need to eradicate poverty before we eradicate malaria. We need to produce and deliver a vaccine - and the vaccine will save lives, improve health and reduce poverty" (37).

This statement illustrates the unwavering belief in the unlimited healing power of biomedicine. At the same time, it is also a matter of course for one of the world’s richest people. Redistribution is the magic word that interested circles like to denigrate with the term "envy debate". Poverty reduction strategies do not have to be aimed at "the poor", as was treacherously said in development cooperation at the beginning of the century (38), but for the richest of the rich, i.e. the one per cent of the world’s population who own more than half of the world's disposable income and wealth. This, of course, cannot be of interest to Bill Gates. But it is precisely socio-economic inequality that is increasing global poverty (39) and has a negative impact on the public health of societies (40).

**Overcoming global inequality**

Global justice is, and must be, a central element of global health. Health as a human right and a public good is increasingly relegated to the background, while economic interests and marketability gain in importance. At present, social movements in many places play a stronger

role in the fight for health rights than the state, although the latter is ultimately responsible for enforcing the right to health (41). Reducing or even eliminating global inequalities must therefore be the core objective of global health policy. This is closely linked to the Sustainable Development Goals (SDGs) agreed by the international community in 2015 (42) as well as measures to implement Agenda 2030 (43). Developed by governments with the participation of civil society around the world, the agenda aims to achieve global economic progress in harmony with social justice and within the Earth's ecological limits. It is noteworthy that the 2030 Agenda, and thus the Sustainable Development Goals, claim to apply equally to all countries of the world - at least apart from such fundamental problems as hunger, poverty and mother-child mortality (44). In contrast to the previous Millennium Development Goals (MDGs), it is no longer only the developing and transition countries that are called upon to take action, but also the industrialised countries of the global North.

**Less biomedicine, more public health**

Common definitions reduce global health to a mere updated reprint of earlier concepts. To this day, medical, biotechnological and political actors in particular see global health primarily as an extension of international health. This understanding is clearly shaped by the legacy of colonialism and Western-dominated expertise on the 'tropical' world and its challenges (45). In particular, the official part of global health policy focuses on cross-border health problems and cooperation to avert dangers and often lacks political understanding.

As important as good medical care is, it has less influence on people's health than their living, working, environmental and other conditions. Without adequate attention to the social determinants of health - income and wealth, education, the environment and other social factors - the health of the world's population cannot be improved in a sustainable way. This vision is lacking in many medical and health science publications where technological measures prevail over strategies to eliminate and address underlying causes (46) or is incomplete in others (47); and it has not yet found its place in the broader debate on global health. The German Platform for Global Health, an association of trade unions, non-governmental organisations and academics, repeatedly highlights the importance of the social determination of health and the need to bring non-medical determinants more into the national and international health debate (48,49). In today's globalised world, the main factors influencing people's well-being and health are less and less controllable and influenceable at the national level alone. However, it is also true that Global health is closely linked to national and local health issues (34).

Developing and implementing an appropriate and effective global health policy requires much more than biomedical, clinical or genetic approaches. Vertical programmes or the development of new drugs and vaccines may be helpful, but they do not change the underlying conditions and prevailing health problems of the world. Global health policy needs to bring about a fundamental change in the way health is understood and to take into account the complexity of health in all its breadth and diversity; it can only be effective if it is recognised as a cross-cutting issue in all policy areas and if health-in-all policies are established. Focusing on security issues and viewing global health policy as a means of preserving privileges and vested interests in an unequal world will not solve the challenges we face. Global health needs more health promotion than disease management, good working and income conditions for all, equal opportunities, the reduction of

socio-economic and health inequalities, food sovereignty, responsible environmental policies, social security, peace, democracy and participation (50).

**Hegemony in global health**

The historical roots of the dominant concept of global health go back to the period of European colonialism and are closely linked to the efforts of the colonial powers to secure their supremacy and interests in formerly dependent countries and regions. This hegemonic approach and claim to "global health" from the outset is still more or less evident today (51). The unequal balance of power in times of politically and militarily enforced colonialism was more bluntly visible and ideologically masked by racial superiority, but global health continues to reproduce the unequal relations and global inequalities to this day (52). The scientific debate on global health is dominated by North American and European universities, which play a major role in this field. The political debate is also strongly influenced by the meetings of heads of state and government in the G7 and G20, which are not international organisations and have no politically legitimate mandate beyond existing power relations. The same is true of philanthropic foundations, which withhold taxes from public budgets in the North and, because of their sheer financial power, play a decisive role in setting the global health agenda in chronically underfunded public budgets, and tend to push through the privatisation of basic health and education services (53).

Global health policy is also increasingly driven by foreign policy priorities and security concerns. In 2014, more than 60 governments, international organisations and non-governmental stakeholders launched the Global Health Security Agenda (GHSA) as an approach to managing infectious disease outbreaks and reducing their spread to other countries (54). Global health security is often used to justify restrictive immigration policies and practices that limit the movement of people across international borders by framing human migration as a risk. Rather than strengthening the capacity of local health systems, public policies in the name of global health security tend to focus on protecting national borders in the global North against perceived health threats from countries in the global South (55). However, it has to be pointed out that the fear-based focus on the prevention of and protection from infectious diseases is a clearly hegemonic approach that is far from adequately reflecting the global burden of disease, which is largely determined by non-communicable diseases (56). In addition, the focus on health security often prevents or, at least, postpones the necessary debate about social, economic, and political determinants of health.

**Decolonising Global Health**

There is growing criticism that 'global health' is itself an unequal project that continues the tradition of colonialism (51). This is reflected in the analysis of the many global partnerships in research and health care that have developed in recent years, particularly between institutions in the North and those in the South. Such cooperation primarily benefits rich partners from high-income countries, as there is usually no appropriate political and social embedding of the results and successes in the systems of developing and emerging countries (57). Often, funding from richer partners bypasses national health systems, or projects even require additional funding that is then unavailable for rural or country-wide patient care (58). Ultimately, many such partnerships reproduce global inequalities in access to and use of resource (59).

This has not been changed by ongoing globalisation or the paradigm shift in development and international cooperation sought by the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action (60). Cooperation between institutions in high-income countries and those in poor and middle-income countries is generally and almost inevitably hierarchical (61). Researchers from low-income countries are only gradually developing their own needs and adapting their profiles for meaningful exchange with the Global North (62). The relationship between institutions in North America, Europe and Australia, on the one hand, and research and care institutions in former colonial low-income countries, on the other, is often reflected in a collaboration that is seen as ahistorical, apolitical and uncritical (63).

The link between hegemony and inequality in global health is also reflected in the fact that most funding for global health projects comes from former colonial powers or philanthropic foundations. Given the global distribution, this is not surprising and can be well justified. The problem, however, is that the global health strategies, supported and dominated by the rich part of the world, reproduce the very processes that have led its wealth and thus to the extremely unequal global distribution of resources.

It has to be emphasised that symbolic actions are also unlikely to help overcome inherited colonial thinking and structures in global health. This applies, among other things, to the Virchow Prize for Global Health that is being awarded at the World Health Summit in the German capital of Berlin from 2022 onwards. Rather than being a global health complement to the Nobel Prize, it further legitimises the biomedical dominance and epistemic injustice in global health, while cementing the power of the financial aristocracy and its philanthropic organisations (64). In today's world, decolonising global health ultimately requires naming and blaming coloniality as the historical starting point and foundation of the currently dominant neoliberal ideology and practice in all spheres of human and social life (65).

**Conclusion**

Global health policy has become an important and complex cross-cutting issue and task. It is encouraging that in recent years the global context of health has increasingly come to the fore. However, this requires a human rights approach that sees health not as a profitable "business model", but as an aspiration of every human being. Global health must also address the root causes of the impoverishment of the global South, namely colonialism, an economic order geared to short-term profit maximisation and in particular the ecological exploitation of natural resources. Responsible global health policy must address the root causes of existing problems and not be limited itself to restoring the conditions that led to the global and planetary health crisis.

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