

A Case for the Future of Global Health

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A child today is more likely to live past infancy than at any other point in history. Her mother is less likely to have died during childbirth and her father is less likely to be murdered or to go to war. In her early years, she is more likely to be vaccinated than malnourished and as she grows up she will have a better chance than ever of spending her nights under a mosquito net and her days at a primary school. More girls like her will have an opportunity to lead healthy lives free from poverty than ever before in our time as humans on this earth.

This is not to be complacent or triumphalist, there is still much work to do, but it is an acknowledgement that the world is changing. For the first time, most of the world's fastest growing economies are in sub-Saharan Africa, an economic revolution that has led the Gates Foundation to predict "by 2035, there will be almost no poor countries left in the world." Even as income inequalities widen within societies, the gap *between* rich and poor nations is narrowing every year.

These extraordinary changes give global health the opportunity to live up to its name. When the term 'global health' supplanted 'international health,' the hope was that we would leave behind the Cold War-mentality of rich nations imposing interventions on the developing nations and move towards the

global study of health issues that transcend geopolitical boundaries. Yet more than a decade into this new era, global health does not seem to have been much more than a symbolic rebranding. Global health programs are still overwhelmingly based in the world's wealthiest nations and directed at the world's poorest.

This is unsurprising, because we still live in a world with vast health inequalities between developed and developing countries. It is out of necessity and a moral imperative that experts in global health find themselves working in sub-Saharan Africa, Latin America and South Asia. But as important as this focus is, it inadvertently reinforces the idea of these regions as a homogenous mass of disease and desperation. While the subjects of global health programs remain geographically constrained, this focus will appear increasingly patronising to educated people living under strong governments with robust economies and active civil societies.

Even amongst the chaos of the Ebola epidemic there is evidence that the current approach to global health is becoming untenable. While much of the focus has rightly been on the havoc wreaked in those countries that were so vulnerable to such a catastrophe, there has been insufficient recognition of the calm and efficient handling

of outbreaks by Nigeria, Senegal and Mali. There is a granular complexity to the world that we are only now starting to acknowledge.

As the last remnants of international health fade into irrelevance, a truly global approach to public health has never been more important. We know about the humanitarian crises in Syria, Northern Nigeria and Eastern Ukraine. We understand how the burning of fossil fuels threatens the health of every organism on the planet. We recognise the enormous hardships borne by people across the globe simply because of their gender, race or sexual orientation.

The health impacts of extremism, climate change or discrimination will not be limited to one group of people living in one corner of the world. They will affect the poor and marginalised in San Diego and Kinshasa, Paris and Jakarta. These global challenges demand a truly global approach to health, one that isn't focussed on a particular city, country or continent but on those who are disenfranchised and powerless no matter where they live. As we move further into the 21st century global health has an opportunity to be more than a paragraph on a prospectus; it has an opportunity to become a field where experts from Africa, Europe, Asia and the Americas work together on diabetes in New Mexico as well as lung cancer in Bangladesh.

We are not there yet. Geography today still matters too much. Geography still determines how likely a child is to die in infancy or to lose her mother to childbirth or her father to war. It is her place of birth that best predicts her access to food and water, hospitals and schools. To see just how far we have to go we need only think about the thousands of dead

and dying in Sierra Leone, Guinea and Liberia.

But the world is changing. And if global health is to ever realize its full potential it must be ready to embrace this change.