The World Health Organization and the Transition from “International” to “Global” Health

Elizabeth Fee
History of Medicine Division
National Library of Medicine
“Global” and “Globalization” are everywhere

- Yale: Division of Global Health
- Harvard: Center for Health and the Global Environment
- London SHTM: Center on Global Change and Health
Table 1
PubMed Entries;
Keyword Search done: January 2005

<table>
<thead>
<tr>
<th>Periode</th>
<th>International</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950s</td>
<td>1688</td>
<td>61</td>
</tr>
<tr>
<td>1960s</td>
<td>3,333</td>
<td>155</td>
</tr>
<tr>
<td>1970s</td>
<td>8,506</td>
<td>1,138</td>
</tr>
<tr>
<td>1980s</td>
<td>17,651</td>
<td>7,193</td>
</tr>
<tr>
<td>1990s</td>
<td>51,778</td>
<td>27,925</td>
</tr>
<tr>
<td>2000 – 2004*</td>
<td>44,479*</td>
<td>33,702*</td>
</tr>
</tbody>
</table>

* NB 60 months only
• International
  – across national boundaries

• Intergovernmental
  – relationships between governments of sovereign nations

• Global health
  – health needs of people across the planet
• A new paradigm?

• Is this shift in terminology trendy, trivial, or trenchant?
Bunyavanitch and Walkup interview with 29 international health leaders in 1999: half thought the new vocabulary was meaningless jargon; half thought a major shift was underway but seemed unable to clearly articulate what it was.

AJPH 2001: 1556-1558
Yach and Bettcher:
The globalization of public health is both promising and threatening.

Upside:

• Diffusion of useful technologies

• Diffusion of ideas and values - human rights
Downside:

- Diminished social safety nets
- Facilitated marketing of tobacco, alcohol
- Easier worldwide spread of infectious diseases
- Pollution and global warming

The World Health Organization would provide the solutions:

- Global intersectoral action through transnational partnerships
- Global vigilance, research, and monitoring
- Linking disease surveillance systems across countries
- Global early warning systems
George Silver:

The WHO’s leadership role has passed to the far wealthier and more influential World Bank, and the WHO’s mission has been dispersed among other UN agencies. The UN and its agencies are “in disarray, hamstrung by financial constraints and internal incompetencies, frustrated by turf wars and cross-national policies.”

1902  International Sanitary Office  
(Pan American Health Organization)

1907  Office Internationale d’Hygiène Publique

1920  League of Nations Health Organization

1948  Ratification of WHO Constitution by World Health Assembly
WHO

1946-1953

• Early beginnings of WHO involved prominent advocates of social medicine: Stampar, Sand, Parran, Chisholm

• Then soon, in Cold War context, Soviet Union and other Communist countries walked out of UN, and UN agencies shifted closer to US interests
1950s

- DDT and the Global Program of Malaria Eradication: a vertical disease eradication program, centered on a promised technological solution to a major disease problem

- Winning hearts and minds

- Failure of malaria eradication
1960s-1970s

- Emergence of decolonized independent African nations
- Spread of nationalist and left movements
- Non-aligned movement
- United Nations Conference on Trade and Development
- New International Economic Order
• China’s reentry into UN in 1973
  Within WHO, great interest in the “barefoot doctors”

• Emergence of Primary Health Care movement

• Halfdan Mahler becomes Director-General of WHO, 1973-1988

• Alma Ata, 1978

• “Health for All by the Year 2000”
• Bellagio conference, 1979
• World Bank
• Rockefeller Foundation
• Ford Foundation
• USAID
• UNICEF
• Selective Primary Health Care
• Low cost technical interventions
• Limited in scope
• Easy to monitor and evaluate
• Pragmatism, as opposed to WHO’s idealism
1980s

- US withholds its contribution to WHO’s regular budget in protest against WHO’s Essential Drug Program
- WHO’s budget is frozen
- Hiroshi Nakajima replaces Mahler, 1988
• Growth of “extra-budgetary funding”

• By 1991, extra-budgetary funds were 54% of WHO’s total

• World Health Assembly only controls regular budget

• Wealthy donor nations control extra-budgetary funds
World Bank takes leadership in the new context of neo-liberal policies in economics, trade, and politics

World Bank relatively isolated from populations of developing countries; sensitive to the concerns of Wall Street
• Private sector has to be involved in service delivery

• Management reforms—decentralization

• Cost-effectiveness calculations decide services

• Structural adjustment policies to cut public spending
Bank loans for health projects surpass WHO total budget, 1990

1996: $13.5 billion
1998-2002

WHO embraces “global health”; elects Gro Harlem Brundtland, former Prime Minister of Norway

• Chair of U.N. World Commission on Environment and Development
• A “department of consequence”

• Commission on Macroeconomics and Health

• Organized “global partnerships” and “global funds”: strengthening finances
  – Roll Back Malaria
  – GAVI
  – Stop TB
• Bill and Melinda Gates Foundation, $1.7 billion, 1998-2000

• Drugs and vaccines

• “Priority diseases”