

Globalisation and health: the role of a new scientific journal in harmonising public health practices

Public health professionals are aware of the global imbalance between the range of factors that affect human health and the inadequate structures in place to address them. Global integration is moving at a rapid pace, fuelled by faster communication and greater movement of people and ideas. Yet the world continues to use nineteenth century structures based on individual nation states. The rapid pace of change requires new solutions, with effective international co-operative action, with devolved decision making that ensures implementation. The international agencies that should be able to tackle these issues have had limited success. There are examples of governments coming together to address some global problems related to health, such as recent conferences on reproductive health, the conference on climate change in Kyoto and the treaty on landmines. However, this is not sufficient, and implementation of agreements remains a barrier to progress. International co-operation in public health issues becomes essential when a response is required to address a threat to health that crosses national boundaries. Effective policies to ameliorate them will require concerted international action. Unfortunately, at present, there are several important areas to address.

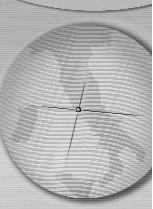
The first is the evaluation of new and complex threats to health. These threats are extremely diverse and they include climate change, enhanced international movement of goods and people, conflict and violence, and international trade policy. Nonetheless, they do have certain common characteristics. For example, their impact on health is typically indirect and often dependent on local context. Exposure is frequently difficult to define and causal pathways are complex. They often call for imaginative linkage of data from unconventional sources, with a diverse range of research methods from different disciplinary perspectives. Despite this, research often challenges strong vested interests. The greenhouse effect is a recent example that demonstrates a range of apparently disparate events with a significant impact on global health.

The second problem is that individual countries frequently have national priorities that conflict with global interests. This can result in some governments holding out against internationally binding solutions. In general, the process is led by non-government organisations (NGOs) rather than by governments. In this setting, networks of committed groups emerge, working across national boundaries, to highlight problems, advocate action, and act collectively in search of a global solution. Public health professionals can contribute to this process in a variety of ways for example, as researchers identifying the health effects of these factors, as advocates for action, and as agents for communicating to the public the nature and scale of threats to health.

In her lecture at the 10th International Congress on Public Health in Brighton last April, Professor Ilona Kickbusch from Yale University said that there were two public health revolutions that have changed the face of health and disease in the 19th and 20th century. These were the result of harsh political and ideological battles spread out over decades accompanied by professional and scientific progress and discoveries.

The two revolutions: the control of infectious disease and the battle against non-communicable disease are both still on going but the results of these revolutions are very different if we compare the situation between developed and developing countries.

In western industrialised countries, the success of public health has in many cases changed the nature of these societies making them "health societies". This has resulted in health becoming a main theme in social and political life, and as



a major individual goal with long life expectancy, ageing populations and an expansive health and medical care system.

This situation is in contrast with the reality of the poorest countries where health is a matter of survival. Health is neglected in the development policies; there is still a lack of access to even the most basic services and life expectancy is decreasing.

In facing these challenges, the developed world is still too lazy and ineffective. A recent analysis of the developed nations commitment to the Millennium Development Goal (set by the richest countries for a collaboration between the developed and the developing world) clearly shows that in order to affect changes overseas, aid is necessary but totally insufficient.

It is not just a question of money but a problem of choosing a new and appropriate model of global public health.

Again, Professor Kickbusch emphasizes that we cannot continue to do public health as we used to. We need a third revolution that prioritises the need to define the global characteristics of our 21st century society.

The key aim of the public health community should be to establish good global public health as a real right of global citizens, together with a strategy of empowerment and community involvement to enable and support individual health behaviours.

With the Italian Journal of Public Health we will try to make a small but significant contribution to this effort.

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