Conceptualising Global Health and Its Need

Seema Kumari Yadav*

Motive behind choosing this topic is to show the importance of health and the formation of global concept of health and its need to us.

According to WHO, Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The World Health Organization is a specialized agency of the United Nations that is concerned with international public health. It was established on 7th April 1948, headquartered in Geneva, Switzerland.

Some aspects of health are as follows:

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

- **Community health –** field of public health is a discipline which concerns itself with the study and improvement of the health characteristics of biological communities. While the term community can be broadly defined, community health tends to focus on geographical areas rather than people with shared characteristics.
- **Reproductive health -** Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.
- **Environmental health (gender perspective)** - The environmental degradation and pollution due to industrialization and automobiles are a matter of urgent global concern for the communities at large but more specifically for vulnerable groups like very young, very old, disabled and pregnant women. Some aspects of environmental pollution are of special relevance to women's health.
    1. **Indoor air pollution including passive smoking (ETS)**
    2. **Environmental endocrine disrupters**

Indoor air pollution: There are four principal sources of indoor air pollution viz. **Combustion, building materials; ground under the building and biological agents** such as moulds, fungi mites etc. Of all these, domestic cooking and passive smoking (Environmental Tobacco Smoke or ETS)are most important from women's health point of virtue. More than half of world's house-holds cook daily with unprocessed (Biomass) solid fuels that release 50 times more

* **Research Scholar at Ranchi University (Sociology Department)**

noxious pollutants that cooking gas. **Biomass smoke** is a complex mixture of aerosols which contain significant amounts of several important pollutants such as carbon monoxide, suspended particulate matter (SPM), hydrocarbons and oxides of nitrogen. **Domestic cooking** is one of the major occupations of an average Indian housewife who spends around 6 hours in the kitchen every day. Therefore, she is most likely to be affected by indoor air-pollution which can cause both respiratory and non-respiratory effects.

Women's Health: Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. women health is also a very crucial area of health study .

Health, or lack of health, was once merely attributed to biological or natural conditions. Sociologists have demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors. Where medical research might gather statistics on a disease, a sociological perspective of an illness would provide insight on what external factors caused the demographics who contracted the disease to become ill. Therefore, health should be considered from sociological point of view also.

The origins of recent debates about the meaning of global health can be traced through the history of public health and medicine. Co-operation between nations on health issues dates back at least to the attempts to control the epidemics of disease such as plague that swept Europe during the Renaissance. However, the field that came to be described as 'international health' had its roots in the period of colonization, war and increasing migration and trade at the end of the nineteenth century. Intensified international health activity sought to guard the people of Europe and North America against cross-border infections and to protect their colonial interests.

The twentieth century saw the gradual establishment of the major institutions of international health, culminating in 1948 with the foundation of the World Health Organization (WHO). The accent of WHO's work in its first 30 years was on combating infectious disease, notably through its global and country-level campaigns towards eradication of smallpox and malaria. In the same vein, 'international health' work at leading academic centers of public health in the developed world – where they were concerned with overseas health issues – was also largely focused on disease control.

Changes which were to reshape both understanding and practice of international health came from two directions in the 1970s. Firstly, in developed countries there was a shift away from the focus on individual prevention to an approach that recognized the need to build 'healthy public policy'. Policy documents – notably the famous 1974 Lalonde report in Canada, began to promote the idea that a person's health was the result of many different influences, including genes, behavior, the social environment and health services. This legitimated a focus on these broader determinants of health in policy and research, both nationally and internationally. Simultaneously the WHO, inspired by its charismatic Director-General Dr. Halfdan Mahler, formulated the Alma-Ata Declaration on Primary Health Care in 1978. With its focus on the underlying causes of ill-heath, its recommendations for inter-sectoral action and its promotion of widespread political and economic change, the Declaration was both of its time politically, and ahead of it in its radical recommendations for the re-organization of public health and health services.

These developments helped to shift understanding of the scope of international health from its historic emphasis on tropical disease and cross-border infection control. During the 1980s and 1990s, the emerging interest in health economics in the wake of welfare state crises in the rich nations, and the application of this discipline to the health services of developing

countries, also contributed to a further broadening of the field's perspective. These decades also saw the growth of vertical programmes to tackle key diseases, spurred in part by the emerging HIV/AIDS epidemic. This development encouraged greater discussion amongst global health practitioners on ways to prevent vertical programmes from having a detrimental effect on the clamour for comprehensive primary health care that arose at Alma-Ata.

Since the 1990s, parts of public health academia, as well as campaigners and concerned policymakers, have continued to engage with the social factors that constrain the ability of individuals to maintain healthy lifestyles. The focus on the regulation of the marketing practices of the tobacco and food industries by national and international health bodies are two notable examples of this. The report of the recent WHO Commission on Social Determinants of Health has strengthened this emphasis on the 'upstream' factors that determine health worldwide. As a result, academics, policymakers and practitioners from all kinds of disciplinary backgrounds have made contributions to health debates.

This broadening of perspective has been further encouraged by deepening globalization, leading to some academics and practitioners proposing a new field of 'global health', a process that took place alongside WHO's effort to reposition itself as leader in global health in the early 1990s. The former head of health promotion at WHO, Ilona Kickbusch, has suggested that global health has three primary concerns: the global distribution of health and disease and their determinants; the impact of globalization on health; and the changing nature of global health governance. Kickbusch differentiates these concerns from those of international health which, she argues, is more focused on the 'health problems in developing countries and the flow of resources and knowledge from the developed to the developing world'.

The term 'global' thus refers to any health issue that concerns many countries or is affected by transnational determinants such as climate change or urbanization, or transnational solutions such as polio eradication, such that the 'global in global health refers to the scope of the problems, not their location'.

In the 21st century, it is vital that global health, as a field of research, practice and education, does not make the mistake of viewing technical interventions as magic bullets to improve the lives of people across the world. For this reason, the disciplines of sociology, economics, political science, anthropology and others must be brought to bear on global health, so that it becomes a field that challenges preconceived norms and expectations on the value of different types of knowledge, rather than reinforcing them.

The need for interdisciplinarity is as important in the teaching of global health in medical curricula as it is in research and practice: understanding the multitude of interrelated factors that underpin individual and population-level health outcomes is impossible without reference to disciplines outside of biomedicine and public health. It is encouraging that public health too is moving towards this more reflexive and broader approach. In recent decades the concept of health has been considered more comprehensively, and therefore, more attention has been paid to the integration of the different aspects of health quality in health assessment. Currently, the assessment of health-related quality of life (QoL) is used widely as an outcome of health care system and health care interventions. The World Health Organization Quality of Life Group defines quality of life as 'individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'. Therefore, quality of life might mean different things to different people and might also be influenced by many factors including age, culture, gender, education, social class, social environment, diseases, and disabilities.

Objectively determined deficiencies in health that require health care, from promotion to palliation. Perceived health needs: the need for health services as experienced by the

individual and which he/she is prepared to acknowledge; perceived need may or may not coincide with professionally defined or scientifically confirmed need. Professionally defined health needs: the need for health services as recognized by health professionals from the point of view of the benefit obtainable from advice, preventive measures, management or specific therapy; Professionally defined need may or may not coincide with perceived or scientifically confirmed need. Scientifically confirmed health needs: the need confirmed by objective measures of biological, anthropometric or psychological factors, expert opinion or the passage of time; it is generally considered to correspond to those conditions that can be classified in accordance with the International Classification of Diseases.

CONCLUSION:

It can be concluded that health is an important aspect of life if neglected can cause mammoth problem at world level. It has been observed that since early 19th century tremendous efforts have been made to combat health problems altogether. so it is clear that its importance can't be denied .Health has a vast area to cover , physical health, mental health, social health ,reproductive health, Environmental health etc. that has to be studied by various discipline. There is a misconception that health can't be studied by a sociologist but the reality is that a sociologist will see health from social perspective and consider social factors that affect social well being. As far as its need is considered, cannot be neglected or mitigated .It is an evergreen topic to discus and work.

References :

- A glossary of technical terms on the economics and finance of health services. World Health Organization, Regional Office for Europe. 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf
- *Bennet, Sara; Irene Akua Agyepong; Kabir Sheikh; Kara Hanson; Freddie Ssengooba; Lucy Gilson (2011). "Building the Field of Health Policy and Systems Research: An Agenda for Action". PLoS Medicine **8** (8): e1001081. doi:10.1371/journal.pmed.1001081.*
- Expert Committee on Health Statistics. Fourteenth Report. Geneva, World Health Organization, 1971 (WHO Technical Report Series No. 472, pp 21-22).
- Framework for national health policies, strategies and plans. Technical briefing. Regional Committee for Europe Sixtieth session, Moscow, 13-16 September 2010. (EUR/RC60/TD.2). Available at: http://www.euro.who.int/__data/assets/pdf_file/0008/120995/RC60_etechdoc2.pdf
- *Gilson, Lucy; Kara Hanson; Kabir Sheikh; Irene Akua Agyepong; Freddie Ssengooba; Sara Bennet (2011). "Building the Field of Health Policy and Systems Research: Social Science Matters". PLoS Medicine **8** (8): e1001079. doi:10.1371/journal.pmed.1001079. PMC 3160340. PMID 21886488.*
- Guide to producing national health accounts. Geneva, World Health Organization, 2003. Available at: http://www.who.int/nha/docs/English_PG.pdf
- Hogarth J. Glossary of health care terminology. Copenhagen, World Health Organization, Regional Office for Europe, 1975. http://whqlibdoc.who.int/publications/9290201231.pdf
- Micovic P. Health planning and management glossary. New Delhi, World Health Organization, Regional Office for South-East Asia, 1984.
- The world health report 2008: primary health care - now more than ever. Geneva, World Health Organization, 2008. Available at: http://www.who.int/whr/2008/whr08_en.pdf
- World Health Organization. (2000) *World Health Report 2000 – Health systems: improving performance*. Geneva, WHO Press.
- *World Health Organization's Quality of Life Group: Measuring Quality of Life; Development of the World Health Organization Quality of Life Instrument (WHOQOL). 1992, Geneva: WHOGoogle Scholar*
- World Health Organization. *Health Systems Performance: Overall Framework.* Accessed 15 March 2011.

●