Conclusion: An Agenda for Global Health

6.1 Introduction

This book attempts to provide a wide-ranging tour de force for understanding the impacts of globalization on human health. The conceptual framework developed in Chapter 1, and applied in Chapters 3–5, is intended to structure more clearly what is oftentimes a rather fluid and ill-defined subject. It is around this framework that copious examples have been provided to illustrate the diversity and complexity of this emerging subject area. This is an introductory text to encourage interest in, and provoke debate about, an emerging field of research, policy and practice.

Despite the varied content of the previous chapters, a number of crosscutting themes can be distilled from them that help to define an agenda for taking forward the challenges posed. This chapter takes us through these themes with the purpose of focusing some next steps that will help us better understand the changes occurring around us, and to strengthen the practical responses to them.

6.2 The importance of definition: from international to global health

What’s in a name? That which we call a rose
By any other name would smell as sweet.
William Shakespeare, Romeo and Juliet (1591)

You’ve got to name it before you can claim it.
Phil McGraw, Life Strategies (2001)
The frequent agonizing that academics engage in over definition and terminology is admittedly off-putting for those more inclined to concrete action. Seemingly esoteric debates, often within the confines of specialized disciplinary boundaries, about whether to use this term or that can seem mind-numbingly irrelevant to those who have the difficult responsibility of making decisions that affect people’s lives. Whether one calls a phenomenon ‘globalization’ or something else understandably matters less than pursuing actions that harm the least, and bring the greatest good, to the most people. Hence, detailed discussion of the distinction between international and global health has a danger of succumbing to pedantic word games while the world succumbs to deadly pandemics, irreversible environmental degradation and deteriorating health systems. Surely the priority is to do something about what is happening rather than committing further intellectual energy to naming and renaming what we already know. Or is it?

One of the major hurdles for policy makers and practitioners seeking to take more decisive action on many of the issues described in this book is that of definition. If one of the first lessons in combat is to know one’s enemy, the public health community is a muddled force for action. While some remain sceptical that globalization is anything new, others convinced of its newness cannot rigorously define what new quality it has. A varied collection of definitions has been offered, giving further ammunition to sceptics, or leading to people speaking at cross purposes. It then becomes impossible to know what we need to do to effectively manage what is happening. What actions do we need to take to promote and protect health? How do we know when we have successfully achieved this? What do we want and not want to change? What different state of affairs are we trying to achieve?

The starting point for this book has been that something distinct is happening in terms of health determinants and outcomes as a consequence of globalization. Globalization is historically located, as described in Chapter 2, but its contemporary phase is also particular to societies in the late twentieth and early twenty-first century. As a reminder, the definition used in this book is that globalization is a set of processes that is changing the nature of human interaction by the crossing of certain boundaries that have hitherto separated individuals and population groups from each other. These three types of boundary (spatial, temporal and cognitive) have become redefined, resulting in new forms of social organization and interaction across them.