



[Global health](#) is defined as the study, research, and practices related to improving health and achieving health equity on a global scale. Global health focuses on health issues that are cross-cultural, cross-regional, or global in scope and local health issues that have transnational significance. It includes both population-based preventative measures along with individual-based clinical interventions. The major components of global health include disease monitoring, data gathering, direct medical interventions, addressing social and economic factors that impact health outcomes, and the coordination between international actors and implementors to fund and execute health solutions.

Global Health can be broken down into [three functions](#).

- 1) The generation of knowledge regarding global health issues to develop global solutions.
- 2) The distribution of knowledge through education, training, and publication of research.
- 3) The application of global health knowledge and interventions to solve global health problems.

The historical roots of global health can be traced back to the European colonial era. During the 16th and 17th centuries, as European powers started to explore and colonize new regions, they encountered new infectious diseases. As settlers and native populations suffered from contact with new diseases, colonial powers sought to study and negate the impact of infectious disease upon their settler population and military personnel. These international health measures taken by colonial nations and their colonies were referred to as [tropical medicine](#).

As the world became more interconnected over the course of the 18th century and international trade expanded, nations began to take greater notice of disease and its relationship with their global trade interests. This led to [The International Sanitary Conference](#) which was held between 11 European powers and Turkey in 1851 with the goal of standardizing quarantine regulations and preventing the importation of cholera, plague, and yellow fever through foreign trade. A total of 10 conferences would be held between 1851 and 1897 with little in the form of international agreements to show for them until the 1890's, but a norm of international dialogue concerning international health was born. These conferences led to the [International Sanitary Regulations \(ISR\) of 1903](#) which established a requirement for international disease reporting, initially only for cholera and plague outbreaks, to mitigate the impact of disease outbreaks on the commercial interests of industrialized countries while preventing the importation of diseases from developing countries. In 1907, the Office International d'Hygiene Publique was formed in Paris and began to monitor disease outbreaks throughout the world.

Following the First World War, the League of Nations established a [Health Committee](#) with the aim of cooperating with new regional organizations, international organizations, and foundations. However, developments in global health were stalled by World War II and global health would not return to the forefront until the late 1940's with the rise of the new liberal world order. In 1948, the World Health Organization (WHO) was created as a UN specialized agency and institutionalized the concept of global health. U.S. support for the UN was crucial, and the U.S. has [historically provided more funds](#) to the WHO than any other country.

The WHO sought to bring disease outbreak monitoring and technical assistance to developing countries to mitigate infectious disease outbreaks. In addition, [WHO guidelines and statistics](#) are used by countries from across the income spectrum to make informed decisions on health policy. [The WHO Constitution](#) defined health as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", thus providing a robust definition for the global health agenda that did not limit health to clinical parameters but expanded it to include social determinants and healthcare access too.

Following the end of the Cold War, leading nations in global health, like the United States and United Kingdom, grew concerned that direct aid to developing countries contributed to corruption by local governments. Additionally,

many believed the WHO was focusing too much on preventing infectious diseases to the detriment of basic healthcare. This presented an opportunity for [NGOs and other philanthropic organizations](#) to play a role in global health as implementers who specialized in addressing specific regions, diseases, or health challenges in partnership with donors (Governments, Development Banks, etc.). NGOs filled the gaps which the WHO was not addressing while reducing corruption as they were more accountable to donors than sovereign states. NGOs now play a significant role in implementing global health initiatives for the U.S. In 2014, [USAID disbursed 41% of its global health activities budget](#) to NGOs.

During the 1990's, the HIV/AIDS crisis spurred an increased interest in international cooperation on global health between governments, inter-governmental organizations (IGOs), and NGOs. In addition, a growing recognition formed that the vast growth in human contact facilitated by increased trade and travel could lead to the increased transmission of infectious diseases between countries. In short, [diseases do not respect national borders](#).

In 2000, the WHO released eight [Millennium Development Goals \(MDGs\)](#) to establish a global health agenda for the 21st century.

1. Eradicate extreme poverty and hunger
2. Provide universal primary education
3. Improve gender equity and empowerment of women
4. Reduce childhood mortality
5. Improve maternal health
6. Combat HIV / AIDS, malaria, and other diseases
7. Promote environmental sustainability
8. Develop global partnerships for development

These goals highlight the evolution of global health from its initial focus on infectious disease intervention to also address socio-economic factors that limit healthcare delivery. This modern vision of global health has corresponded to increased investments in global health development. [Spending on development assistance for health](#) (DAH) increased from \$7.1 billion USD in 1990 to \$37.6 billion USD in 2016.

Traditionally, the U.S. has been a leader in global health efforts as [the largest funder in the world](#). The U.S. motivations for funding global health initiatives coincide with its larger international development goals. These goals include the promotion of democratic stability, fostering diplomatic relations, promoting economic development, and preventing disease outbreaks that could threaten U.S. citizens. Under the Trump administration, this leadership role was called into question as [plans were made to withdraw from the WHO](#) and [reduce global health funding for FY 2020](#). However, the U.S. seems poised to rebound in its leadership role as Dr. Anthony Fauci, Chief Medical Advisor to President Biden, [advised the WHO in January 2021](#). The meeting pledged a recommitment to U.S. leadership on global health security, HIV/AIDS, malaria, women's health, and epidemic preparedness initiatives.

Global health faces enormous challenges due to the COVID-19 pandemic. Not only does the COVID-19 pandemic constitute a serious global health crisis in its own right, but it also [threatens to set back decades of progress](#) as COVID-19 takes precedence over other global health initiatives such as measles and polio vaccine campaigns. In addition, experts are worried about increased malnutrition in children and increased infectious disease rates due to resource diversion to COVID-19 activities. Global health faces one of its greatest challenges yet and rebuilding the capacity of global health systems in a post-pandemic world will be just the beginning.