

# Globalization and its Impact on Health

**Dr. Ankita Dixit** - Lecturer, Department of Home Science,  
Leela Devi Parasmal Sancheti Kanya Mahavidyalaya,  
Vidyawadi (Rani, Rajasthan)  
E-mail: dixit22ankita@gmail.com

**Abstract:** For the health community, globalization offers opportunities but also poses important challenges. Dramatic progress has been made in the area of health over the past forty years; however, improvements have been unequally distributed across regions. Developing countries share a disproportionate burden of avoidable mortality and disability, primarily attributable to preventable infectious diseases, malnutrition, and complications of childbirth. Globalization affects global health, which in turn may improve or worsen the health of the poor in developing countries. In conclusion, this paper presents some policy and institutional responses that seek to reduce the negative and enhance the positive effects of globalization on health in developing countries.

**Keywords :** Globalization, Health, Global health, Nutrition, effects of globalization on health.

## Introduction:

### Globalization

- The term “globalization” tends to be misused and overused. We need greater clarity in our understanding of the globalization process, including the distinct changes involved and their relation to human health.
- The health impacts of globalization are *simultaneously* positive and negative, varying according to factors such as geographical location, sex, age, ethnic origin, education level, and socioeconomic status.
- Globalization is not an unstoppable force. Our key challenge is to create socially and environmentally sustainable forms of globalization that provide the greatest benefits and least costs, shared more equitably than is currently the case.
- The health community must engage more directly in current research and policy debates on globalization and encourage values that promote human health. At the same time, those at the helm of globalization processes must recognize that attending to health impacts will strengthen the long-term sustainability of globalization. (MJA 2004).

The channels through which globalization may affect health outcomes are multiple:

- Socioeconomic factors, which affect the distribution of the global burden of diseases;
- Governments. resources and policy options to confront health problems;
- The distinction between national and international health, which affect the governments. ability to prevent and control diseases;

- The effects of expanded trade in health commodities and services, and the implementation of patents for medicines and other changes in Intellectual Property Rights as agreed in the WTO;
- The relationship between poverty, health, food security and nutrition;
- The transnational movements of health risks.

### **How does globalization affect health outcomes?**

Globalization affects the various dimensions of the health system such as access, coverage, and quality of public and private health. It also affects health-related goods and services, and related infrastructure, including the policy, regulatory, and institutional aspects affecting the provision of those health services. The globalization of health means expanded trade and foreign direct investment in health products and services, internationalization of health insurance, migration of health workers, the implementation of patents for medicines and other changes in Intellectual Property Rights as agreed in the WTO, and other WTO related agreements such as the General Agreement on Trade in Services (GATS) and government procurement\*.

**(Those developments, which are transforming health care systems in developing countries, are addressed in greater detail in WHO, 2001b)**

### **Globalization and Health Systems:**

At a general level, globalization may influence policy, regulatory, and institutional issues that affect the health inputs, services, and outputs. It is important to also consider the impact of globalization on the quantity and quality of human endowments, health-related capital, infrastructure and equipment, medicines, and other inputs that may be available by the health services. Another crucial aspect is the link between globalization and the financing and organization of the public and private health services, and related infrastructure, which together define the quantity, quality, and coverage (distribution) of their outputs. Health-related infrastructure, including sanitation, potable water, quality of housing, roads and communications, are important contributors to the overall health status of a population, both directly (as in the case of sanitation) or indirectly (by facilitating access to health services such as roads and telephones).

### **Globalization, Food Security, and Nutrition:**

Globally, nutrition has improved in recent decades, but a malnutrition including deficiency in micronutrients is still widespread. Of the world's six billion people, about 800 million do not have enough to eat. Poorer populations usually consume few animal products, so their intakes of vitamin A, iron, zinc, riboflavin, vitamin B-12, vitamin B-6, and calcium are inadequate **(Flores and Gillespie, 2001)**.

Poor diets may also contain few fruits and a limited variety of vegetables and, therefore, low amounts of B-carotene, folic acid, and vitamin C. While the global extent of these micronutrient deficiencies remains unknown, it has been estimated that about two billion people suffer from anemia, mainly due to iron deficiency, and nine out of ten anemia sufferers live in developing countries. For pregnant women, anemia contributes to 20% of all maternal deaths. In many developing countries, iron deficiency anemia is aggravated by worm infections and malaria. For children, health consequences include premature birth, low birth weight, infections and elevated risk of death. Poor nutrition during fetal life impairs growth, and physical and cognitive developments, resulting in lowered school performance. Low birth weight at term affects 21 percent

of the newborns in South Central Asia, and is also common in Middle and Western Africa, where 15 percent and 11 percent of infants are born undernourished. Research shows that about 33 percent of preschool children in the developing world, or 182 million children under the age of five, are stunted (**Pinstrup-Andersen, Pandya-Lorch, and Rosegrant 1999**).

Food security and nutrition issues can be analyzed at different levels: global, national, regional, household, and individual. Since the World Food Conference of 1974, the focus has moved from the global and national perspectives to the household and individual levels, where food deficiencies emerge in a concrete way. At the same time it was recognized that the main problem of food security is lack of access due to poverty rather than any aggregate shortage of food supplies (**Sen, 1981**).

Globalization can interact with food security and nutrition at any of those different levels and can play either a positive or a negative role in reducing malnutrition and hunger. For developing countries and the poor, their food intake hinges increasingly on the ebb and flow of the world economy and on the response of their own local economies to it (**Timmer, Falcon, and Pearson, 1983**).

### **Food security and globalization:**

Food security, on average, appears to have improved over the past four decades. Total food availability for all developing countries, measured in daily calories and grams of proteins per capita, was more than 30 percent higher in the second half of the 1990s compared to the 1960s, even though the population in the developing countries more than doubled from 2.6 billion to 5.7 billion persons during that time (**Diaz-Bonilla and Thomas, 2001**). The number of malnourished children under five (a better indicator of food problems than average food availability, because it captures directly income distribution effects) declined between 1970 and 1997 by about 37 million, and the incidence of malnutrition dropped from 46 percent to 31 percent in the same period (**Smith and Haddad, 2000**). However, although food security has improved in general, some regions and countries are at risk, and some have become more food insecure.

### **Globalization and shifts in diets:**

The globalization of information technology provides several opportunities for accelerating the reduction in malnutrition. A vast amount of food and nutrition information and data is already available to anyone via access to the Internet. Such information can be fairly easily accessed to find out about new nutrition initiatives, determine the latest thinking on existing nutrition problems, obtain best practices, and map food production and under nutrition by country and region within country. The Internet also provides a forum for debate on issues that require discussion (**ACC/SCN 2000a**).

Despite its numerous benefits, improved access to information can likewise have negative effects on efforts to eliminate malnutrition. Misleading information from advertising or poor training about breastfeeding or HIV prevention, for example, could prove fatal. The information would be imbalanced if the only people generating it are removed from direct experience with poverty and malnutrition.

### **Globalization and Other Health-Related Developments:**

#### **Gender and health**

Gender issues are at the core of health problems, particularly among the poor. Maternal and prenatal conditions represent about 13 percent of total DALY (Disability-adjusted life year) losses for the poorest 20 percent of the world population and only about 3 percent for the 20 percent richest of the world population (**Gwatkin and Guillot, 1999**). The good health of women is key to the health status of families, as women are generally the main care providers for children and the elderly. Health problems may occur at different stages of the life cycle of individuals but they usually begin at the mother/child level and then persist throughout life.

Using two country case studies, **Fontana et al. (1998)** concluded that trade liberalization had different effects on women and men as well as across different groups of women, depending on several factors and preconditions. Some of these factors included gendered patterns of rights over resources, female labor force participation rates, education levels and gaps by gender, patterns of labor market discrimination and segregation, and in general, the socio-cultural environments. They found differentiated results in industry, agriculture, and services.

In general, it seems that, as is the case with other components and dimensions of globalization, much depends on the interaction between external factors and domestic conditions. In this respect, it may be more important to ensure that all discriminations against women in property rights, family law, employment opportunities, access to education and health services, political participation, and, in general societal status, are eliminated.

### **International spread of diseases**

Increases in international travel, tourism, and food trade mean that toxic products, both legal and illegal, reach wider markets and that new and resurgent disease-producing organism can be transported rapidly from one continent to another. During the 1990s, emerging and re-emerging infectious diseases have become a major public health concern. Some 30 new and highly infectious diseases have been recorded in the last 20 years (**WHO, 1997**). Through contact in airports and air travel, which has skyrocketed in the last forty years, from two million a year in 1950 to over 1.4 billion today, airborne diseases such as pneumonic plague, influenza and TB can easily be spread (**Heyman, 2001**). HIV/AIDS has also spread by sexual tourism and, in Sub-Saharan Africa, by migrant workers and truck drivers.

### **Global environment**

Environmental threats to human health are numerous. Some of them are more localized, such as lack of access to safe drinking water, inadequate basic sanitation in the household and the community, and indoor air pollution from cooking and heating using inadequate fuels and inadequate solid waste disposal. Others have intermediate reach, including water pollution from populated areas, industry and intensive agriculture; and urban air pollution from motorcars, coal power stations, and industry. Most environmental threats have global implications (.spillover.) and can create climate change, stratospheric ozone depletion and transboundary pollution air and water pollution, acid rain, loss of biodiversity, desertification, and deforestation. Poor environmental quality has been calculated to be directly responsible for around 25% of all preventable ill-health in the world today, mostly in the form of diarrhea diseases, acute respiratory infections, malaria, other vector-borne diseases, chronic respiratory diseases and childhood infections.

## Conclusion:

### Shaping Globalization to Improve Health

Every 3 seconds, a child dies in the developing world, mostly from diseases that can be prevented. In these countries poverty is the precondition for high child mortality from communicable diseases such as HIV/AIDS, TB, malaria, and other illnesses, which are themselves major causes of poverty. The cost of controlling or reducing the incidence of the most prevalent diseases is far less than the economic toll they take (WHO, 1999a and 2000a).

The health, environmental, and humanitarian problems of developing countries affect rich countries through multiple channels, with potential negative consequences for the economic and physical security of developed nations. For instance, failure to confront looming HIV/AIDS epidemics in China, India, many former Soviet Republics, and Eastern Europe will result in a global health disaster on a scale far beyond the current epidemic that plagues Africa. Tuberculosis and other diseases that thrive in people with immune systems compromised by malnutrition and AIDS are becoming drug resistant to drug making treatment more difficult and more expensive (Heymann, 2001).

### International health issues

Global surveillance and prevention of infectious diseases must also continue, which requires strengthening the global outbreak alert and response network established by WHO in April 2000 to build national capacity. To track and map food-related diseases industrialized and developing countries must join efforts to help improve data collection efforts and improve the collaboration between ministries of agriculture and ministries of health. They must; establish a comprehensive preventive approach to making the food system safe.

However, better international conditions will not be enough without a framework of solid policies and institutions in developing countries. On the contrary, to fully benefit from trade liberalization, new technology, and other potential benefits of globalization, it is of paramount importance that developing countries have appropriate national policies (WHO, 2000a).

These should include stable macroeconomic policies; open, efficient, and competitive markets; good governance and the rule of law; a vibrant civil society; and programs and investments that eliminate discrimination and expand opportunities for women and disadvantaged groups.

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