Why Should We Invest in Global Health?

Health Equity

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Twenty years ago, a friend lost her child to a preventable disease while working abroad. This year, another friend working in the same country gave birth to her second child in a safe and modern birth facility.

The difference demonstrates the progress made in improving health care in many low- and middle-income countries, but global health remains difficult to fund despite its many successes. In the past 20 years alone, early childhood deaths have been reduced by half through sustained investment in health and public health systems in low and middle-income countries. The broader impact of global health investment was recently illustrated by the Ebola outbreak. This highly contagious and often fatal viral infection was quickly contained in countries like Uganda, where the health and public health systems are relatively strong. In contrast, Ebola initially ran rampant in Liberia, which had struggled to rebuild core health and public health systems after a long civil war.

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Despite these high-profile examples, we risk losing sight of the importance and impact of global health not just for children and families “over there” but also for children and families in the United States. It’s easy to underestimate how global public health impacts our day-to-day lives in the U.S. For example, we rarely think of the safety of the U.S. food supply—much of it imported—until an anomalous food-borne disease hits the news. We seldom discuss the 4 million to 6 million American citizens living and working abroad who benefit directly from improving maternal-child health systems, as do millions of American tourists. And while the question of public health as a national security issue stokes lively debate among a subset of academics and policy wonks,

most of us do not devote much attention to the way public health programs, including HIV/AIDS initiatives, have stabilized societies around the world.

For me, one of the most remarkable achievements in global health has been the resilience of these systems. In Guatemala, I had the opportunity to observe a public health nurse at work. She carried a specially-designed cooler stocked with vaccines to a small, rural, open-air health post in the mountains of Central Guatemala. She politely guarded her cargo, refusing to let anyone else handle it even as she climbed in and out of our small vehicle. This nurse and her cohorts are the frontline in a battle that has eliminated rubella, measles, neonatal tetanus, and polio from Guatemala, even as the country continues to fight deep rural poverty and worsening narco-trafficking violence.

Further evidence of the reach of early childhood vaccination programs and of the resilience of these systems is found among my own patients. As a doctor for refugee children who have just arrived in Philadelphia, I see patients from nearly every part of the world. Most of these children were born in refugee camps or in urban areas where their parents had sought refuge from civil war or ethnic persecution. Despite this adversity, many children come to the U.S. with their vaccine cards intact. Others may not have records, but when we test their blood we find evidence of prior vaccination. This is part of a broader national trend, evidenced by our recently published research in the *American Journal of Public Health*, showing that early childhood vaccination against hepatitis has steadily increased among refugee children, in concert with expanded early childhood immunization programs in refugee countries of origin.

What do we need to do to continue building a better, safer world for all children? When speaking out for children's health, we need to remember to support the U.S. investment in global health programs. For example, the proposed federal "Reach Every Mother and Child Act" supports sustained attention and the implementation of well-established maternal-child health interventions around the world. These programs play a critical role in saving children's lives abroad. And in our interconnected world, this means children will remain healthier within our own communities.

Disclosures: Dr. Yun is a member of the Executive Committee of the American Academy of Pediatrics' Section on International Child Health. The AAP advocates for global maternal-child health. She also collaborates with the Bhutanese American Organization-Philadelphia and is a pediatrician with the CHOP Refugee Health Program.

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