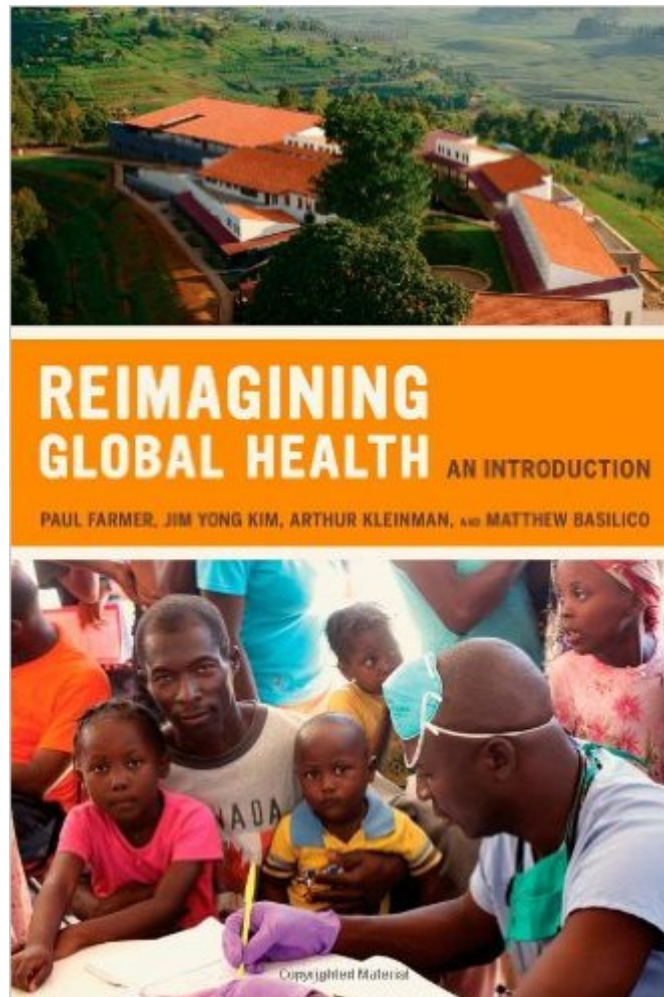


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Reimagining Global Health: An Introduction (California Series In Public Anthropology)



Synopsis

Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, *Reimagining Global Health* provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilico, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems. The case studies presented throughout *Reimagining Global Health* bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

Book Information

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Customer Reviews

As a graduating medical student with a strong interest in global surgery, I've taken to reading just about every book on global health that I can get my hands on. Many of these books approach the subject strictly from a medical point of view, occasionally with some cost-effectiveness research thrown in. Then, there are the international development books that generally treat medicine as an

abstract concept, something that can be addressed as a whole with a yet-to-be-determined singular solution ("Poor Economics" is an exceptional book that does not fall into this trap). However, I felt that I needed a different perspective. I wanted to read a text that went deeper into the theory of global health itself. From whence has this seemingly urgent notion come? What is the rationale behind such a science, when clearly there are enough problems in many of our own countries to occupy us for a lifetime? How can we work with the population and not just on the population? While this book cannot completely answer all of these questions, it attempts to give us an anthropological framework through which to understand the problems and then act on them. In order to do so, the book is made up into roughly three parts. The first part attempts to evaluate the history and underlying philosophy of global health, from its colonial times through the present. In addition to evaluating successful programs (smallpox eradication) and failed programs (malaria eradication), there is particular value in showing how our thoughts of reasonable expectations and limitations have changed. At one point, it was not deemed possible to use anti-retrovirals in sub-Saharan Africa (the people were not sophisticated enough, so the thinking went), but through programs to reduce costs and increase education, this initiative has turned into one of the more successful programs in history. Thus, when evaluating what to do, we cannot be trapped into false limitations. The second part of the book examines some new ways of conducting programs that have been pioneered by Partners in Health and other similar organizations. I thought that this was truly an invaluable part of the book. While the concepts are not staggering, the success is. Simply put, the organizations decided to look not at academic theories, but at what practically was needed to help populations treat HIV, TB, etc. If they needed to provide transportation money and food to entice people, then so be it. Additionally, they did not shy away from training local, community health workers to run these programs and to identify weak points. Most importantly, they continually reevaluated the programs and changed what needed to be changed. Again, nothing amazing in concept, but elements that have not been well-incorporated into many global health programs. The final point is where we go from here, both philosophically and practically. Most importantly, they describe a model of accompaniment, whereby foreign individuals, companies, and NGO's forego both unaccountable grants and paternalistic meddling. Instead, these entities should accompany locals in the process of using the aid to use evidence-based methods to build a better society, whether that means showing them new ways of manufacturing (creating local jobs in the process), helping them to learn principles of finance (so as to run companies locally), or helping to organize better governance. Using this model as a basis, there is a chapter that then focuses on specifics such as HIV, TB, malaria, neglected diseases, chronic diseases, surgery, and so forth. One criticism I have of the

book is that it sometimes comes off as overly-idealistic. At one point, it seems to argue against the use of cost-effectiveness research for programs that should be considered a fundamental right. While I agree with them in theory, that there are certain fundamental rights that the poorest of the poor should have, at some point we simply must meld ideals with practicality. While fighting for these rights, we must also administer funds in the ways in which we can make the greatest difference until such a time as all the necessary funds to achieve these rights are available. I do not see this as caving in to limitations, but rather trying to simultaneously overcome them and do as much good as possible. Overall then, you have a very comprehensive introduction to global health from a new viewpoint. While not everyone will like the anthropological focus, I see it as an essential accompaniment to the books on the global science of medicine or economics. Hopefully, we will see widespread incorporation of these lessons.

"Reimagining Global Health" is the compilation of decades of experience of learning and teaching about the intersection of public health and health care delivery in some of the world's most challenging environments. A full arsenal of perspectives, including medical, anthropological, political, and philosophical, is brought to bear on the problems of identifying need, determining solutions, and bringing them to scale. Everyone involved in improving the health of underserved populations can learn something from this textbook, which modestly calls itself "An Introduction" but delves into deep concepts.

This book provides a thorough framework of evaluating the just and equitable distribution of the risk of suffering and the tools to lessen or prevent it. By framework, I mean the following: 1. One way to contextualize global health is to use the perspective of social theory and its critique. By providing the reader with how to think about the social construction of knowledge, the reader starts to think about and gather how thoughts and processes are institutionalized. Learning how systems and policies came to be will help the reader learn what they can do to change or improve them. 2. A history of colonial medicine and its legacies provides a lens of how ideas and methods were attempted and how they transitioned, had things added to them, or changed over the years. The current state of global health may be extremely complicated, but learning about how each individual and chronologically sequential parts came to be compounded into the modern circumstances will help the reader evaluate what (or more importantly, who) made certain circumstances exist in the first place. 3. By using effective responses to global health emergencies as a case-study, this book helps the reader reimagine what was thought to be impossible as a challenging and worthwhile task. This

is applied to the global AIDS response, building effective rural healthcare delivery, and scaling up effective delivery models worldwide.⁴ Critical perspectives are offered on the metrics of disease, specifically the DALY. By providing a clear history about how a widely used metric was developed, learning about its strengths, and then evaluating it for its limitations, this book will help provide a framework about how to be critical of measurements on difficult quantitative challenges in health, such as mental health and multi-drug resistant tuberculosis (MDRTB).⁵ Values are an important part of this book. Why should one care and what rules constrain what you can do in a global health setting? One chapter is dedicated to the bioethics and a variety of values that aligns those who wish to work with underserved and vulnerable populations.⁶ The book ends with active steps an individual can take to incorporate global health priorities in their daily life and values. By providing data, case studies, and philosophical discussions on important issues in global health, the authors of this book reflect on a movement for global health equity. I give this book 10/10 in providing a comprehensive introduction to the important concepts in global health.

I really appreciated the readability of this book, especially since it goes into a bit of social theory and history that is necessary to understand how the ideas of global health arose. It is most helpful to read this book as the companion to Harvard's online course called "Global Health: A Biosocial Perspective" (found on the EdX website). Among the co-authors of this book are some of the most prominent academic names in social medicine and medical anthropology (Arthur Kleinman, Paul Farmer to name two), so you know you're reading something that is high-quality in terms of its academic rigor. Be prepared to have some of your assumptions picked apart -- read with an open mind. Especially if, like me, you are versed in the biological sciences and haven't delved too much into social theory. I was surprised by many things while reading this book, and am starting to take less for granted as I begin a career in medicine...

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