COMMENTARY

Global Health Acquires a Meaning Different from International Health

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I always try to remember that words arise from experience and change with it. The phrase “global health” may not have meant anything much different than “international health” at one point, but I think it has acquired meaning through people’s experience, and with use.

For me, there are a couple of moments that, in retrospect, might well be described as an “international” moment, and, as a “global” moment.

The first came in 1987 when I first went to Africa for the Washington Post to write about HIV and AIDS in Kenya, Uganda, and Zambia. The epidemic was near its peak in places; death rates were high. I remember one night in a little hotel in Kampala when the lights failed and gunfire could be heard in bursts throughout the night. That day I had talked to doctors, WHO staffers, church ladies, and a few regular guys: there was anger, disagreement, and denial. The attempt at clear communication amounted to yellow posters saying “Love Carefully,” and the topic of condoms was still suppressed. Though President Museveni later gained credit for breakthroughs in attitude, neither condoms nor open communication were in evidence in 1987. I came away from those weeks of reporting feeling depressed. Not much treatment, not much agreement, not much hope.

On my first trip to Botswana, 14 years later, I went to help out in a journalism workshop on HIV coverage. At the time, the country’s
rate of infection was probably the highest in the world. It was worse than Uganda. And there was still disagreement. But something was quite different: there was hope. It began with the President, Festus Mogae, who was completely open about the peril for his nation. He had just concluded an agreement among his government, the Bill and Melinda Gates Foundation, and Merck, a pharmaceutical company. It would provide an emergency program and $100 million to address HIV and AIDS comprehensively – in the schools, in the bars, on the roadsides, and most particularly, in the clinics. There, the president and the program promised to deliver the new three-drug cocktail to all citizens of Botswana who needed treatment, free, for life. An extraordinary promise indeed; next door, South African leadership was still denying that HIV and AIDS existed. When I left Botswana after that trip, I felt a real uplift, and a determination to come back as soon as possible and report on whether Botswana and its partners could pull it off. What an adventure was ahead!

I did go back, again and again. When I looked up the figures for Botswana the other day, I saw that they are now reporting that more than 90% of Botswana residents who need them do have the drugs. The percentage of infections is down.

What was the difference in the two moments? Local leadership, I think, was most important, and the ability of local leadership to link with global partners that would not be delivering aid in the old-fashioned manner. There were many other differences, of course, but these feelings stand clearly as mountains beside valleys.

ABOUT THE AUTHOR

Philip Hilts, former New York Times correspondent, is the new director of MIT’s Knight Science Journalism Fellowships.