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Andrew T Price-Smith

ISBN 0 262 66123 3
Rating: ★★★

Health matters have increasingly been discussed in recent years within the higher echelons of
international policy making, largely as a result of rapidly emerging concerns about health security. Health security is a post cold war concept that recognises the need to address non-military threats to national security. Other non-military threats, such as environmental degradation, population movements, economic instability, and terrorism, are now among the concerns that keep strategic planners awake at night.

The growing literature on health security has encouraged non-health specialists to enter the health field and offer the perspectives of other disciplines. *The Health of Nations* represents such a trend. Price-Smith is trained in international relations and extends a traditional focus of that field—strategic studies—to understand current policy agendas. In many respects, this is a positive development for health policy and research because it rightfully moves foreign policy agendas beyond narrow “bombs and bullets” scenarios. For decades, realist policy makers have relegated health to “low politics” as a social welfare issue, and ministries of health continue to rank far below defence and foreign policy in the political pecking order.

Since the late 1990s, the discussion of health issues at G8 summits, the World Economic Forum, and other high level meetings signals that health is increasingly on the minds of those at the top tables. Price-Smith supports this shift, arguing that there is a causal relationship between infectious disease and state capacity. Using infant mortality and life expectancy data as proxies, he correlates them with variables such as gross national product (GNP), military spending, and secondary school enrolment. He finds negative correlations for each, and time lags that suggest that higher burdens of infectious disease have an adverse impact on state capacity downstream. Weak capacity, in turn, contributes to greater insecurity nationally and internationally.

However, there are limitations to this kind of work and to the concept of health security as presently defined. There has so far been an overwhelming focus on disease and, in particular, emerging and re-emerging infectious disease. An alternative approach to health security would recognise that the broader determinants of health does not simply mean replacing “bombs and bullets” with nasty pathogens. It begins with an understanding of how human health is intimately connected with the health of the planet, and then with the health of the social environments in which we live. Invariably, this requires us to take a global perspective because so many health determinants are not confined to state boundaries.

Despite presenting his data as “global correlations,” therefore, Price-Smith is missing the non-state dynamic of health from which the true threats to our collective security lie. However skilfully compiled and analysed, comparative national and international data do not go far enough in capturing these global dimensions of health or the vital importance of equity, poverty, and environmental sustainability. It is in this way that the concepts of health security and global security become intertwined. Now that the health community has the attention of world leaders, can it take advantage of this opportunity to put global health on the agenda?