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Globalisation and health: action now!

There is a growing concern about the effects of globalisation on health. Different positions for and against globalisation are arising in the public health community world wide as they are in the different political persuasions in our societies. The *JECH* offers to its readers a debate on this topic with participation of Frances Baum, Ron Labonte, Douglas Bettcher, Heather Wipfli, and Kelley Lee. Irrespective of the positions of the different persuasions for and against globalisation, there is a growing body of knowledge showing how globalisation does affect the health of human populations especially in the poor countries. The academic debate on how globalisation affects health and how institutions could cope with the problems in the future is a crucial one, but in the meantime we cannot forget that globalisation is already affecting in a negative way the health expectation of millions of inhabitants in the poorer countries of the world. Public health has a long tradition of acting without having a complete picture of all the subtle determinants in a particular issue. Perhaps it is time for action as well.

In her paper Baum highlights the first meeting of the People's Health Assembly, and its People's Charter, which is considered by her as potentially relevant as was the WHO Alma Ata declaration. This document, although accepting the heritage of Health for All values and principles asks for a radical change in global trading patterns and

relationships, and clearly fingers the practices of multinational companies as a threat to health.

Baum's paper shows how global inequalities are maintained and points out some directions to cope with their causes. On the other hand, Douglas Bettcher and Heather Wipfli argue on the positive effects of globalisation and how we could take advantage of them to improve the public's health. Lee advocates for a pragmatic consensus using suggestions taken from both sides of the debate. Ron Labonte makes a critical revision of the part played by the World Trade Organisation and suggests simple contributions that health researchers and practitioners can make to deal with the effects of globalisation.

The coincidence in this issue of two papers by Virginia Berridge and Enrique Perdiguero and colleagues on the role of history in public health is timely. Perhaps the critical distance of historical methodology and analysis is not only appropriate for many public health topics as they propose, but particularly relevant in giving innovative insights into the globalisation process.

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