EDITOR'S CHOICE

Thinking Locally, Acting Globally?

The motto "Think Global, Act Local" seems to have originated with Patrick Geedes, a Scottish urban planner of the early 20th century, the term "global" invoking environmental inclusiveness rather than the worldwide perspective we understand it to mean today. In the 1970s to 1990s, the rising media and public interest in the human, social and ecological environment gave the term "global" its modern geopolitical dimension: that of the planet earth and the 4 billion people who lived on it. In health, thinking globally encourages a worldwide vision of what is done, not done, and should be done to alleviate equitably the burden of disease and causes of ill health. Acting locally is a call on people to become the active participants, no longer the passive subjects, of what is being done for and by them.

The primary health care (PHC) movement borne out of the Alma-Ata declaration of 1978 (World Health Organization. Declaration of Alma-Ata. Available at: http://www.who.int/publications/almaata_declaration_en.pdf. Accessed August 29, 2013) set the foundation for a global framework that would create a space for local communities to determine their health priorities. Thinking globally in this case implied listening to community aspirations, documenting their needs, promoting community participation, and supporting them in devising appropriate local solutions. As local developmental priorities were most commonly guided by health care providers, to no surprise, the priority agenda formulated by communities fitted most usually within the predetermined eight components of PHC: The "what" had been delineated globally whereas the "how" relied heavily on local needs and capacity. The PHC movement, however, has had mixed success. The attempt to bridge a global goal with local initiatives was constrained by the lukewarm commitment of a number of states, the divergent strategies of leading governmental and intergovernmental health and development agencies, insufficient funding, and the limited role actually played by civil society organizations. Any achievements of the global PHC agenda relied heavily on the financial and human resources of local communities who received little external support.

Meanwhile, in the 1990s, health gains achieved in low and lower-middle income countries were stalling if not receding and new threats to health and development were emerging: a new model of global health was called for. The turn of the 21st century witnessed great trepidation among international health governing bodies, official development assistance agencies and State leadership, about the benefits that narrowly targeted disease-control programs could yield to the world health. The global thinking was that, where the technology existed, massive responses should be brought against threats to impoverished communities and to global health as a whole—the term "global health," inspired by the ongoing economic globalization, received much traction very rapidly. Global health initiatives mushroomed and, as Kayvan Bozorgmehr points out, so did discrepancies between rhetoric and reality:

> In "global health" practice [these discrepancies] include, for example, the massive rise of global public-private partnerships accompanied by lacking accountability; the unequal representation of voices from low- and middle-income countries in decision-making fora; the both democratically and socially unlegitimated dominance of only several players in priority setting; or the discrepancy between moral/ethical discourse and real practice in foreign-policy (Rethinking the "global" in global health: a dialectic approach. *Global Health.* 2010;6:19).

Thinking globally invites local communities to act locally, but priorities remain too often set elsewhere with little allowance for deviations from set agendas. But, luckily, global thinking no longer remains unchallenged: civil society today plays a much more active role in negotiating global health (and development) priorities, and is becoming an unavoidable interlocutor in the determination of priorities and valuable witness of the use—and misuse—of resources. Local thinking can and should inspire global policy through advocacy, social pressure and democratic processes. Global action should be guided by local demands and build on local capabilities. "Think Locally, Act Globally" may well be the motto of future public health. ■

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