“Travel Medicine” and its future: time for a review?

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The **International Society of Travel Medicine** (ISTM) was founded in 1991, the **British Travel Health Association** (BTHA) in 1995 and the **Faculty of Travel Medicine** (FTM RCP&S Glas.) in 2006. Also ‘**Global Health**’ has been developing recently into a well-recognized discipline responding to a clear demand at both undergraduate and postgraduate levels. In this context, the BTHA decided in 2011 to change its name to the **British Global and Travel Health Association** (BGTHA).

This presentation explains why Global and Travel Health must work together and be seen to be doing so – they are interdependent.

Global Health

Considering health from a global perspective

- Aims for a level playing field – shared responsibility.
- Focuses on sharing knowledge and expertise while respecting historical and cultural differences.
- Includes epidemiological, environmental and clinical considerations.
- More than distribution of resources which risks a ‘you and us’ relationship between donor and recipient countries which can encourage dependency and unsustainability.

REF ‘Towards a Common Definition of Global Health’ in *Lancet* **Vol 373** June 6, 2009

What is health?

- Health is not the opposite of, or absence of disease
  REF *Definition of Health* World Health Organization 1946
- More to do with how we adapt to and manage illness and distress
  REF ‘Health: how should we define it’: *BMJ* 30 Jul 2011: **543**;235-7
- ‘Happiness related to health’

  Happiness may be more related to ‘wanting what we have than having what we want’ REF *ScienceDaily* (Apr 28 2008)
- Core religious beliefs usually focus on ‘peace’ or ‘calm’ e.g. through salutations, prayer, meditation, reconciliation, living ‘in the moment’, yoga, caring and sharing.

The relationship between Global and Travel Health

Two recently established disciplines

- They focus on similar, often the same, issues and are interdependent.
- Both arose from the recent ‘communications age’ starting with the exponential increase in international travel (1970s) and then the Internet (1980s).

Wide range of health care disciplines and individuals are involved

- Overseas health workers
  - Medical and other staff working or training abroad and elective students
  - Often volunteers: may be undertaking projects or leading expeditions
- Pre-travel health advisors – doctors, nurses and pharmacists providing consultations for very large numbers of travellers.
- Doctors caring for returned travellers with health problems.
- Occupational and public health staff concerned with:
  - Control of imported infectious disease
  - Migrants and asylum seekers
  - Emerging and re-emerging infections
- Many government, non-government (NGO) organisations and charities

Also involved are the travelling public – especially the more adventurous and expatriates.

Some examples of this interdependence

- **Malaria (everyone benefits)** No need for prophylaxis for travellers if malaria is uncommon or eradicated in the countries being visited.
- **HIV/AIDS (cause and effect)** Some primates appear to be immune from HIV disease and in the past occasional human cases probably occurred unrecognised in the jungle setting. The pandemic followed the rapid increase in overland migration and air travel in the 1970s.
- **Influenza (changing epidemiological patterns)** Air travel means pandemics now develop very much more rapidly – over months not years.
- **Other examples** Migration and displacement due to war, floods, earthquakes and famine.

Experience of those providing information resources for travellers

e.g. (1) Health Protection Scotland (HPS) provides TRAVAX (2) The National Travel Health Network and Centre (NaTHNaC)

Information is dependent upon epidemiological data gained from host countries

- The complexity of collecting this data is frequently not appreciated.
- Information has to be continually updated – risks continually changing.
- Not just about vaccines and prophylaxis (a very common perception) – environmental and lifestyle issues are very important.

Advice on avoiding illness is usually the same for those living in the host countries as it is for travellers e.g.

- Food and water hygiene.
- Prevention of HIV infection – safe blood and sexual practices.
- Prevention of rabies– e.g. avoid close contact with animals especially stray and sick dogs and respond promptly to any bites.
- Etc etc etc etc etc etc……..

Importance of the global environment on health resources/lifestyle

- Exploiting world resources without taking into account the environmental impact is unsustainable e.g. finite resources, pollution, and climate change.
- National and multinational businesses focusing on maximizing profit can seriously compromise previously stable and sustainable local environments and communities e.g. in terms of agriculture, employment and social cohesion REF e.g. *The Economics of Happiness* [on DVD: an ISCE production see www.economicsofhappiness.org]
- Another example: Deforestation > soil infertility > failure of food production > deserts > malnutrition and starvation > social unrest > migration. REF ‘I Planted Trees’. Richard Baker (1943) Butterworth Press

Suggested ways of responding to these challenges…

- Acknowledge the importance of thinking globally and acting locally.
- Recognise Global and Travel Health are already partners
- Consider whether travel medicine is sustainable as a specialty if it continues to be seen as mainly confining its role to prophylaxis and personal travel health advice.
- Appreciate that ‘health’ (however we define it) is heavily dependent upon our relationship with other people, the global environment and our own lifestyles.
- Encourage closer collaboration between organisations such as the BGTHA, HPS, NaTHNaC, ISTM, the Travel Medicine Faculty and all those involved in Global Health
- Support the inclusion of Global and Travel Health topics into undergraduate and postgraduate medical, nursing and pharmacy curricula. e.g. as core subjects, student selected modules, intercalated courses, MScs, general practitioner and other specialist training programmes.

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