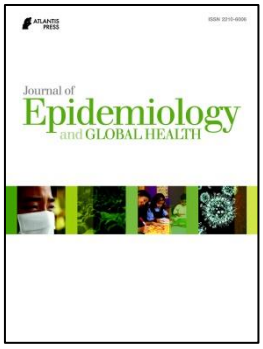

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Bringing global health to center stage: The launch of a new journal

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In the mid-fourteenth century, disease came out of the east and spread to all corners of the known world, traveling first on the Silk Road and infecting Asia, then entering Europe through seaports, and spreading through the Middle East likely through a combination of Mongol invaders and Hajj pilgrims in 1349. Known to most as Black Death, also simply as ''the plague'', it is believed that approximately one-third of the affected populations were decimated.

Islamic philosopher and historian, Ibn Khaldoun, gave his account of the devastation caused by the plague stating:

> ''*Civilization both in the East and the West was visited by a destructive plague which devastated nations and caused populations to vanish. It swallowed up many of the good things of civilization and wiped them out. It overtook the dynasties at the time of their senility, when they had reached the limit of their duration. It lessened their power and curtailed their influence. It weakened their authority. Their situation approached the point of annihilation and dissolution. Civilization decreased with the decrease of mankind. Cities and buildings were laid waste, roads and way signs were obliterated, settlements and mansions became empty, dynasties and tribes grew weak. The entire inhabited world changed. The East, it seems, was similarly visited, though in accordance with and in proportion to [the East's more affluent] civilization. It was as if the voice of existence in the world had called out for oblivion and restriction, and the world responded to its call. God inherits the earth and whomever is upon it.*''

The Black Death returned time and again through the 19th century and beyond the obvious depopulation due to the loss of millions of lives, there were wide-reaching social and economic effects as well. Labor shortages caused grain shortages and crop failures which resulted in malnutrition thus making the people even more susceptible to disease. The same labor shortages also put the European economy into recession and the pressure on the peasant laborers likely led to the peasant revolts of the 14th century. Even linguistics were affected as the plague is widely believed to have led to what is popularly known as Great Vowel Shift (14th–16th century) due to the population migrations, forever changing the English language. (The German and Dutch languages were also affected to some extent.)

Of course, there have been multiple other pandemics during human history. The Plague of Justinian is the first known pandemic (6th to 8th century), wiping out 50–60% of Europe's population. Civilization has also faced smallpox, typhus and tuberculosis pandemics, and in our most recent memory, the 1918 Influenza Pandemic.

But the world has changed. We live in a global society. Pandemics that historically took weeks, months or years to spread could spread throughout today's societies in days or even hours. Infection and disease transcend national borders, politics and language. The 2003 SARS outbreak in China and the initial reaction by the Chinese government illustrates this principle.

For many infectious diseases come to mind first when discussing Global Health as a topic. Diseases caused by infectious agents are particularly compelling as vaccines and other preventive measures are not available to counter all that threaten. Containment is imperfect as witnessed for the HIV epidemic and SARS outbreaks. Individuals are vulnerable, as well as governments and populations. Infectious agents readily capture the public's imagination; witness the success of movies and novels featuring killer micro-organisms.

Reality has a very different face however; at this point in history we have more to fear from diseases

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we can control: obesity-related conditions such as diabetes, heart and lung problems caused by tobacco. This is not a trend boosted by high non-communicable disease (NCD) rates in developed economies; it is a significant trend in low to middle income countries as rising prosperity has resulted in NCD rates approximating those of high-income countries. Non-communicable diseases now account for two-thirds of all deaths worldwide. Unlike communicable disease, NCDs exact devastating costs in terms of lost productivity and treatment expenses. The World Economic Forum estimates a global price tag of more $30 trillion over the next 20 years.

In drawing attention to this shift, global health authorities point out that most NCDs have modifiable risk factors. For example, tobacco is the leading cause of preventable death worldwide. Further, 40% of the deaths from non-communicable diseases are due to foods heavy in fats, salt and sugar; heavy consumption of salt leads to 30% of the cases of hypertension.

Obesity compounded with high rates of tobacco usage has affected Gulf Cooperation Council populations and is responsible for a myriad of other health conditions, including very high rates of coronary artery disease. Type 2 diabetes mellitus has reached epidemic proportions in the Gulf, affecting perhaps at least 25—30% of just the Saudi population.

Prior to this year's UN General Assembly's Summit on Non-Communicable Disease, September 19—20, the WHO had suggested a goal of reducing NCD mortality rates by 25% by 2025. NGOs organized around inexpensive interventions such as higher taxes to reduce alcohol and tobacco use, mandated reductions in salt and fat content for processed food, cancer screening, public information programs that encourage physical activity. Although this, the second ever global health meeting, did not achieve the same urgency, hard funding targets nor a coordinated global response as did the UN AIDS conference in 2001, NCDs are at last in the spotlight. The closing Declaration acknowledges the looming economic threat posed by cancer, cardiovascular disease, diabetes, chronic heart and lung conditions. If actionable targets with specific deadlines were not included in the final Declaration, hard targets for NCD control will surely evolve as costs continue to escalate.

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