

# **GLOBAL HEALTH AND HEALTH PROGRAMS, IMPLICATION IN PRACTICE - A REVIEW**

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## **ABSTRACT**

Health is gaining greater attention on the global scenario. There has been an overall change that has seen a shift from global nation-based health-policy-making structures towards more diversity and greater emphasis on private sector actors. The not for profit civil society and non-governmental organization are now seen as a vital health partner especially for health campaigns. Funding for global health is also changing as pressure mounts against vertical disease focused funding in favor of horizontal funding aimed at strengthening health systems. Players in the global health scene are also changing to include public private partnerships as well as a greater appreciation and inclusion of civil society.

For global health to be effective worldwide and especially in Africa, the focus must be towards a broader system of funding that is not disease specific but also has an emphasis on strengthening the health system. Building and maintaining capacity for healthcare provision is also critical for effective action against health threats. Focus must also be on enabling partnerships while taking care that the broader public sector agenda is not overridden by vested interests especially in public- private partnerships

Global health must also widen its focus from communicable disease to address threats posed by widespread increase in risk factors for non- communicable disease and broader social and economic factors that impact health in this era of rapid globalization. The trend must be towards using an evidence base to employ strategies that will in the long run provide cost effective interventions while ensuring appropriate and sustainable technologies are utilized to address health concerns.

## **INTRODUCTION**

The world is becoming increasingly interconnected and globalization now impacts virtually all aspects of every person's life. Increases in the flow of people, products, services, and information between and among countries and continents are having a dramatic influence on the world's health and how health care is delivered (Lee, 2004).

This review focuses on the changing face of health care delivery in an era of rapid change and interaction among the various regions of the world as the forces of globalization grow stronger. Global health is gaining more attention in the Political and economic arena as the world comes to terms with realization the health threats in one region can adversely impact the whole globe within a short time span. It is thus becoming more apparent that concerted change must be orchestrated to ensure that such threats of increase in communicable diseases worldwide and well as risks for non-communicable diseases (Olilla, 2005). She argues that players in the global health are changing as the transition from international health to global health change. Even

so, initiatives to tackle the health problems are increasingly being influenced by trade and industrial interests with the emphasis on technological solutions.

### **New players in global policy**

Global health policy has become increasingly fragmented and verticalized. Infectious diseases have gained ground as global health priorities, while non-communicable diseases and the broader issues of health systems development have been neglected (Buse, 2002). Approaches to tackling the health problems are increasingly influenced by trade and industrial interests with the emphasis on technological solutions, such as those encouraging essential drugs, breast milk substitutes, and weaning foods in the last four decades. In recent times, the public health NGOs have been important, for example, in shaping pharmaceutical related policies and advocating for the needs and rights of HIV-infected people.

### **Global health priorities**

Global health are derived from mortality and burden-of-disease calculations, they are related to the causes of the majority of deaths and ill-health in sub-Saharan Africa (Global Fund, 2007) but do not represent the majority of ill-health in any other region. They cover less than a third of the global illhealth (Godal, 2007). In the world today, non-communicable diseases are a cause of the majority of ill-health in developing countries, and their importance is increasing rapidly. They affect all socioeconomic groups and in many cases the risks are a big burden in the poorest sections of the populations (Global Fund, 2007). Global health priorities are now being defined through several processes and by several actors and at various forums. In 2000 and 2001, HIV/AIDS, tuberculosis and malaria came to be discussed in a variety of forums at the UN as well as outside the UN, and commitments to address the three diseases were made, for example, by the G8, the World Bank, the World Economic Forum and the European Commission (UNAIDS, 2007, England, 2007).

Millennium Development Goals (MDGs) according to Bosman (2000) are a product of consultations between international agencies, but were eventually adopted by the United Nations (UN) General Assembly in September 2001 as part of the road map for implementing the substantially broader Millennium Declaration, which it had adopted in September 2000 (IMF, 2007). Out of the 8 goals for the MDGs, three of them are health focused, namely those on child mortality, maternal health, and HIV/AIDS, malaria and other diseases. The UN-led Millennium Project has the objective of ensuring that all developing countries meet the MDGs. The whole UN system is charged with ensuring that the MDGs are addressed, and secondly report to the Secretary General on their achievements in that direction. In terms of health policies, this has meant, for example, pressures from some of the member states, such as the UK, has made the WHO to refocus its work on the MDGs, most notably to the goal concerning HIV/AIDS, malaria and tuberculosis, while giving less attention its wider mandate as the normative health organization that sets norms and standards and promotes the building up a wider health systems (de Renzio, 2007). It is rather critical that the MDGs have become an important tool to steer both the UN system towards a narrower agenda with more emphasis on selected interventions and country presences, however more recently increased attention has been placed on the need for addressing development, specifically health policy issues and systems more comprehensively (

European commission, 2007; IMF, 2007; Rivers, 2003) In the same light, development aid for health is also largely steered towards tackling communicable infectious ( Global fund, 2007). This evidently must change to address broader global health issues and to eradicate health inequities.

### **Funding Transition for Global health**

Funding for global health needs reorientation to address broader issues in health other than the fixation on HIV, Tuberculosis and Malaria especially by the Global fund and President's Emergency Plan For AIDS Relief -PEPFAR (Ooms et al, 2008). Even these funding systems are increasingly focusing on expanding human resources and improving procurement and supply chains, patient information, and laboratory systems (Moore et al, 2007). Moore et al further argue that pressure is on for a more broad approach to global health issues and especially a focus on strengthening health systems. Ooms et al (2008) further state that there is a need to move away from the vertical approach (disease specific) that results in fragile, isolated islands of sufficiency and eventually generalized insufficiency: the move should be towards the diagonal approach that aims to build islands with a broad and solid base, and to gradually connect those islands. Buse and Waxman (2001) warned that the vertical approach adopted by Public-Private Partnerships might create "islands of excellence in seas of under provision."

Buse et al 2001 also note that AIDS treatment services in low-income countries do not deserve the label 'excellence', as they often serve less than a third of the people needing treatment; they are merely islands of sufficiency. Furthermore, 'seas of under provision' sound like depths that will never be filled, while in fact it would take relatively modest resources (on a global scale) to fill them; 'swamps' might be a more appropriate image.

It is becoming increasingly evident that AIDS treatment cannot be provided in isolation from health systems. A vertical approach works for a while, and then it hits the ceiling of insufficient health workers and dysfunctional health systems, particularly in countries with high HIV prevalence ( Medecins sans Frontieres, 2007) . AIDS treatment alone, will require expanded health education systems, in-service training systems, human resource management, skills and task shifting, and improved supervision and referral systems. Wages and working conditions must therefore be improved across the board to retain health workers and to stop external and internal brain drains (Ooms et al, 2008).

### **Research approaches for global health**

Craig et al (2010) assert that Research plays a critical role in health and especially in directing health action and priorities. They further argue that developing acceptable and meaningful ways to evaluate the short-term contributions for global health research (GHR) and forecast its long-term impacts is a strategic priority needed to defend decisions being made in GHR development. Planning and investing to support the underlying GHR elements and competencies that allow for adaptive, innovative, and supportive research partnerships to achieve 'health for all' are more likely to have long-term impacts than building research strategies around specific diseases of interest ( Lee, 1999). Tijssen (2003) implies that it is therefore important that donors support programs that allow adaptation and flexibility for ongoing learning while working in 'messy' socio-ecological systems. Researchers and their partners need to have the latitude to be dynamic, innovative, and opportunistic to identify and target underpinnings of health that can be manipulated to achieve wider prevention of undesired health outcomes and create resilience and health equity. Most donors tend to require a more narrow focus for their investments. GHR

priorities are usually selected based on burden of disease measurements superimposed on resource limitations affecting the coping capacity of a nation (Ollila, 2005). This trend needs to change if we are aiming to have broad and long term changes that impact Global health. GHR should also be encouraged not only in health practice but also in training programs where funding can be solicited for interested students, as an incentive to enhance the profile of GHR.

### **Remedial approaches for Global health**

It has been noted that approaches for improved global health policy-making has become increasingly fragmented and verticalized, with the increasing emphases on selected interventions, the increasing number of partnerships and especially because of the founding of new entities for various health issues. This has to change to ensure a focus on strengthening health systems to achieve global goals e.g. MDGs. Greater emphasis needs to be put on comprehensive infrastructure building. The current trends are in contrast to the stated aims of integrating health policy making with the broader development agenda or with comprehensive health sector planning.

There is a general emphasis on innovations and innovative approaches which encourages the use of new technologies and the building of new structures (Ollila, 2004). However problems of unsustainability and inequity have arisen with the high levels of funding required, an emphasis on fast results, and the construction of new structures both at global and national levels (Hardon, 2000). Such approaches need to be carefully thought and carefully implemented in resource limited settings of developing nations to ensure sustainability (Poore, 2004).

In many instances national priorities often differ from the global priorities, and the thinking around global public goods recognizes this as a starting point. Yamey (2002), has argued that the increased emphasis on global programmes and global priority setting is problematic from the point of view of undermining national sovereignty and empowerment. He furthermore states that partnership activities are often not in sync with emerging processes within countries aimed at developing their national health systems. (Starling et al, 2002). Partnership must therefore be carefully forged and executed to ensure effective global health action at a global as well as local level.

Partnerships are an important approach to achieving global health. Partnerships can be referred to as voluntary and collaborative relationships between state and non-state participants who are in agreement to work together to achieve a common purpose, undertake a specific task, and to share risks, responsibilities, resources, competencies and benefits (UN, 2003). Richter (2004) however argues that one of the most substantive losses resulting from the shift towards the partnership paradigm is the loss of distinction between different actors in the global health arena. UN agencies, governments, transnational corporations, their business associations and public interest NGOs are all called 'partner'. The realization that these actors have different and possibly conflicting mandates, goals and roles have been lost.

The inclusion of business as an integral part of public policy is often seems to weaken the vital role of the public sector especially in norm- and standard setting and monitoring, as the implement market-building activities, often as a result of vested interests. It would be vital that the governments and the donors could improve the policy environment for private sector investment and security, and in essence facilitate the building of an extensive distribution system so as to reduce the costs for the private sector (IMF, 2004)

### **CONCLUSION**

“Global health is a discipline of practice, research and education focused on health. It is concerned with the social, economic, political and cultural forces that shape it across the world. This discipline has been historically associated with the distinct needs of developing countries but lately is also concerned with health-related issues that go beyond national boundaries and the differential impacts of globalization (Rowson et al, 2012). Global health is a cross-disciplinary field, blending perspectives from the natural and social sciences to understand the social relationships, biological processes and technologies that contribute to the improvement of health worldwide.” To adequately address contemporary health threats, partnerships in health programs can be useful. However they must be carefully executed to be effective and also not undermine the public sector. Effort must also be directed to strengthening health systems and education of health care professionals. Technology can be embraced selectively and in context where they are sustainable. Efforts in collaborative research must also be encouraged to generate an evidence for global health practice. No one approach can exclusively address global health; it is an inter-play of interventions coupled with the inclusion of a broad range of partners locally and internationally.

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