COMM 311

Global Health Programs and Policies

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Objectives

By the end of this lecture, students should be able to:

1. Define "Policy", "Health Policy", "Global Health", "Global Health Governance"
2. Identify the goals of health policy
3. Describe the policy process
4. Differentiate between health policies (Macro- vs. Micro-policy)
5. Discuss Global Health major players and challenges
6. Discuss Sustainable Development Goals (SDGs)

{ 1 } Definitions

Definition: <u>Policy</u>

- Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

- Policy decisions are frequently reflected in <u>resource allocations</u>. Health can be influenced by policies in many different sectors.

- For example, transportation policies can encourage physical activity (pedestrian- and bicycle-friendly community design); policies in schools can improve nutritional content of school meals.

Definition: <u>Health Policy</u>

- Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.

Definition: <u>Global Health</u>

- An area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide

- Emphasizes trans-national health issues, determinants and solutions

- Inter- and multi-disciplinary collaboration within and beyond health sciences

- A synthesis of population-based prevention and individual-level clinical care

Definition: <u>Global Health Governance (GHG)</u>

- The formal and informal institutions, norms and processes which govern or directly influence global health policy and outcomes

{2} Goals of Health Policy

Why health policies are needed

A health policy can achieve several things:

- It defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term.

- It outlines priorities and the expected roles of different groups; and

- It builds consensus and informs people.

{ 3 } **The Policy Process**

The key steps include:

Step 1: Identify the Problem or Issue

Step 2: Policy Analysis

    2.1 Identify and Describe Policy Options

    2.2 Assess Policy Options

    2.3 Prioritize Policy Options

Step 3: Develop a Strategy for Furthering Adoption of the Policy Solution

Step 4: Policy Enactment

Step 5: Policy Implementation

Overarching activities: Stakeholder engagement & education AND Evaluation

Factors that affect health policy decision making

- Economic factors
- Cultural/religious factors
- Behavioral factors
- Physical environment
- Availability of medical services
- Technology advances
- Epidemiological structure (disease distribution and disease prevention priorities)
- Public health evidence
- Political situation

{4} **Macro- vs. Micro- Health Policy**

Macro Health Policy

- Broad and expansive health policies that are developed at the national level

- Affect a large portion of the population (region or country)

- Define the country's vision priorities, budgetary decisions, course of action to sustain health

- Developed based on population-health needs

- For example, MOH policies; Vision 2030 health transformation initiatives

Micro Health Policy

- More specific to level of organization or individuals, examples:
  - Hospital administrative policy and procedures
  - Departmental/Internal policy and procedures
  - Clinical practice guidelines

- Based on the operational needs of the facility; differ by organization (from hospital to another)

- Policies that apply to:
  - Employees
  - Operations
  - Ethics
  - Safety
  - Research

Inter-relationship between micro- and macro- policies

- Micro-policies at organizations are developed in line with macro-policies put in place by the MOH

- The development and implementation of such policies require a multi-disciplinary approach

- For example:
  - Many ministries work together on development of some macro-policies; MOH + MOMRA + MOE etc (HiAP)
  - Different departments of the hospital collaborate for putting in place micro-policies

# {5} Global Health Players and Challenges

Global Health Major Players

- International organizations (e.g. WHO, UNICEF, World Bank)
- Multilateral entities (e.g. G8, G20)
- Multilateral initiatives (e.g. GAVI)
- Bilateral initiatives (e.g. PEPFAR)
- Philanthropies (e.g. Gates Foundation)
- Global public-private partnerships
- Private sector-industry
- Civil society

- The **World Health Organization (WHO)** is a specialized non-political health agency of the United Nations with headquarters in Geneva.

- **WHO is unique among the specialized UN agencies as it:**
  - has its own constitution: came into force on April 7th, 1948 which is celebrated every year as "World Health Day" with a different theme each year to focus attention on a specific public health issue.
  - own governing bodies
  - own membership
  - own budget

- **Two major policy developments influenced WHO**:
  1. The **Alma-Ata** Declaration of 1978 that identified primary health care as the key to the attainment of the goal of Health for All.
  2. Global strategy for Health for all by 2000, followed by MDGs, and recently SDGs 2030.

- **WHO Scope of Work:**
  - Prevention and control of disease
  - Development of comprehensive health services
  - Family Health
  - Environmental Health
  - Health Statistics
  - Health Research
  - Health Literature and Information
  - Coordination with other agencies
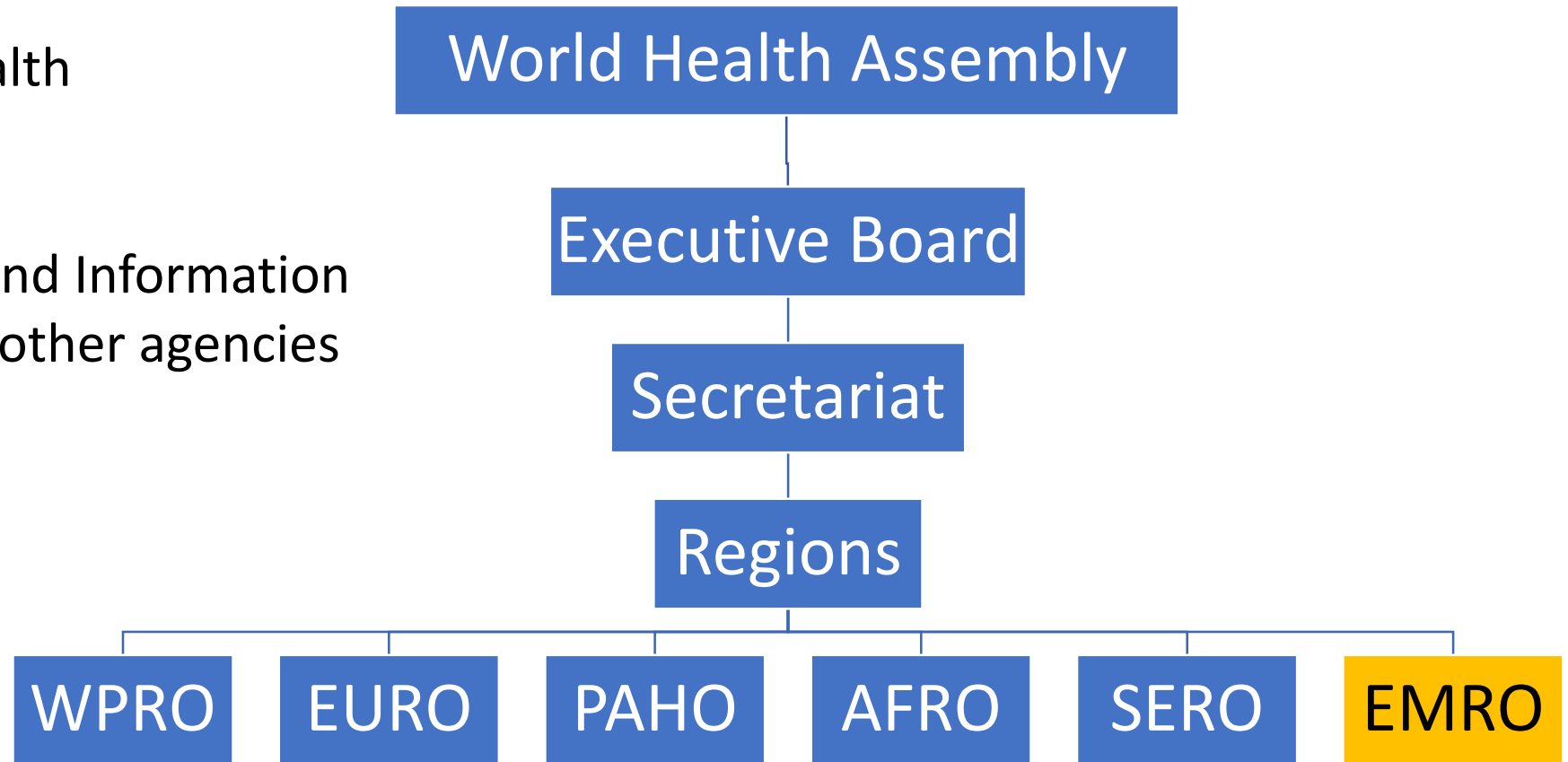
Global Health Challenges

- Impact of financial crisis & globalization
- Multiple, diverse, emerging health threats
- Failures in delivery & access to both existing and needed interventions
- Disparities and inequities continue
- Fragile health systems unable to achieve SDGs targets

{6 Sustainable Development Goals (SDGs)

SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY	**2 ZERO HUNGER**	**3 GOOD HEALTH AND WELL-BEING**
4 QUALITY EDUCATION	**5 GENDER EQUALITY**	**6 CLEAN WATER AND SANITATION**
7 AFFORDABLE AND CLEAN ENERGY	**8 DECENT WORK AND ECONOMIC GROWTH**	**9 INDUSTRY, INNOVATION AND INFRASTRUCTURE**
10 REDUCED INEQUALITIES	**11 SUSTAINABLE CITIES AND COMMUNITIES**	**12 RESPONSIBLE CONSUMPTION AND PRODUCTION**
13 CLIMATE ACTION	**14 LIFE BELOW WATER**	**15 LIFE ON LAND**
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	**17 PARTNERSHIPS FOR THE GOALS**	SUSTAINABLE DEVELOPMENT GOALS

What is sustainable development?

Sustainable development has been defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

What are the Sustainable Development Goals?

- The 193 Member States of the United Nations reached consensus on the outcome document of a new sustainable development agenda entitled, "Transforming Our World: The 2030 Agenda for Sustainable Development".

- This agenda contains 17 goals and 169 targets

- This agenda builds on the achievements of the Millennium Development Goals (MDGs), which were adopted in 2000 and guided development action for the last 15 years. The MDGs have proven that global goals can lift millions out of poverty.

- UN summit for the adoption of SDGs with its 17 goals was held from 25 to 27 September 2015, in New York and convened as a high–level meeting of the General Assembly.

How are the SDGs different from the MDGs?

- The 17 Sustainable Development Goals with 169 targets are broader in scope and will go further than the MDGs by addressing the root causes of poverty and the universal need for development that works for all people. These goals will cover the three dimensions of sustainable development: <u>economic growth</u>, <u>social Inclusion and environmental protection.</u>

- The <u>SDGs are universal</u> and apply to all countries, whereas the <u>MDGs</u> were intended for action in <u>developing countries only</u>.

- A <u>core feature</u> of the SDGs has been the means of implementation - the mobilization of financial resources, as well as capacity building and the transfer of environmentally sound technologies.

How will progress of the SDGs be measured?

- The 17 goals and 169 targets will be monitored and reviewed using a set of global indicators. These will be complemented by indicators at the regional and national levels, which will be developed by Member States.

When are the SDGs expected to start and end?

The SDGs started on 1 January 2016 and to be achieved by 31 December 2030.

3 GOOD HEALTH AND WELL-BEING

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

SDG3 – Good Health and Well-Being

Indicator	Value		
Maternal mortality rate (per 100,000 live births)	12	🟢	⬆
Neonatal mortality rate (per 1,000 live births)	3.9	🟢	⬆
Mortality rate, under-5 (per 1,000 live births)	7.4	🟢	⬆
Incidence of tuberculosis (per 100,000 population)	10.0	🟢	⬆
New HIV infections (per 1,000) *	0.0	🟢	••
Age-standardised death rate due to cardiovascular disease, cancer, diabetes, and chronic respiratory disease in populations age 30-70 years (per 100,000 population)	16.4	🟡	⬆
Age-standardised death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	84	🟡	••
Traffic deaths rate (per 100,000 population)	27.5	🔴	⬇
Life Expectancy at birth (years)	74.8	🟠	➡
Adolescent fertility rate (births per 1,000 women ages 15-19)	8.3	🟢	⬆
Births attended by skilled health personnel (%)	98.0	🟢	••
Percentage of surviving infants who received 2 WHO-recommended vaccines (%)	96	🟢	⬆
Universal Health Coverage Tracer Index (0-100)	77.8	🟡	⬆
Subjective Wellbeing (average ladder score, 0-10)	6.3	🟢	⬆

Sustainable Development Report 2019 Transformations to achieve the SDGs

Thank you!

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