



Global Health Programs and Policies

Objectives:

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)



Color index:

- Main text
- Males slides
- Females slides
- Doctor notes
- Golden notes
- Important
- Extra



Definitions

Policy

- Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.
- Policy decisions are frequently reflected in **resource allocations**.
- **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 ¹.

Health policy

- Health policy refers to decisions, plans, and actions that are undertaken **to achieve specific health care goals** ² (ex.reduce infant mortality) **within a specific society**. Two important component of Health policy

Global health ³

- An area of study, research and practice that places a priority on improving health **achieving equity** in health for all people worldwide.
- Emphasizes **transnational** ⁴ health issues, determinants and solutions.
- Inter and multi disciplinary collaboration **within and beyond** health sciences.
- synthesis of **population based** prevention and individual level clinical care, **population level** indicate the individual clinical care ex. Infant mortality indicate the clinical care.

Global health governance ⁵ (GHG)

- **The formal** ⁶ and **informal** ⁷ institutions, norms and processes which govern or **directly influence** global health policy and outcomes.

1-Ministry of Education is responsible for such policies regarding nutrient content of school meals.

2- All policies must be attached to a goal.

3- Global (different nation) health is a subspecialty of public health.

4- Transnational issues are issues that face many countries (global) not national such as: COVID-19, poverty, environmental health.

5- **حوكمة الصحة العالمية**

6- Formal agencies are governmentally approved such as MHO, WHO red crescents even the private sectors and non-profit agencies.

7- Non-formal agencies such as lobbies (Tobacco industries) (**منظمات خيرية**)

Goals of health policy

Why health policies are needed?

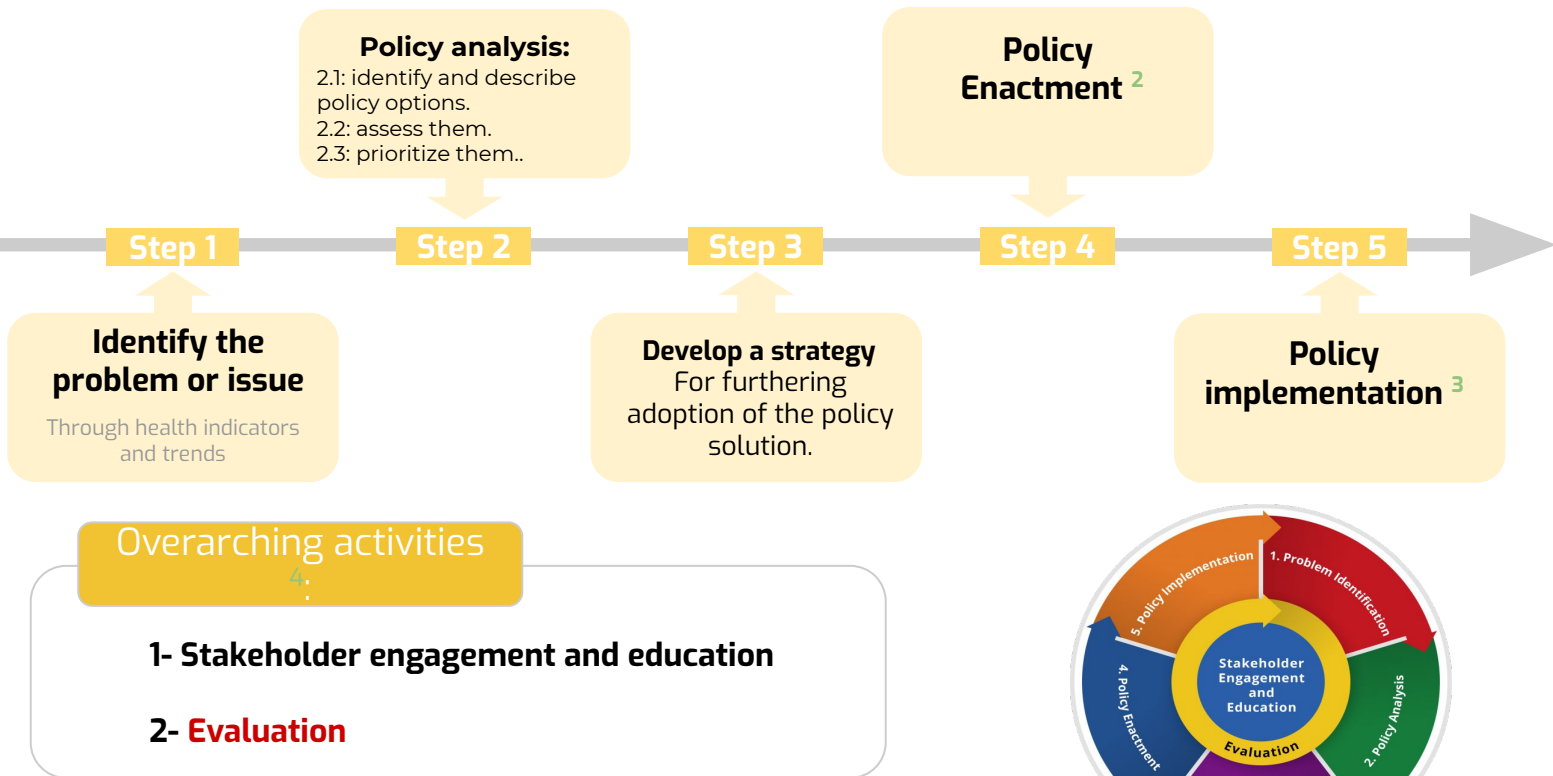
A health policy can achieve several things:

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.

It builds consensus ¹ and informs people.

The policy process



Factors that affect policy decision making:

- Economic factors (limited resources).
- **Cultural/Religious factors** ⁵.
- Behavioral factors (smoking, not wearing mask).
- Physical environment. (walking area)
- Availability of medical services.
- Political situation (Yemen cholera outbreak).
- Technology advances (distance learning).
- Epidemiological structure
 - Disease distribution and disease prevention priorities.
- Public health evidence.

1- اجماع

2- Policy enactment means passing laws and legislations.

3- Policy implementation means applying measures to implement the law.

4- Overarching activities are activities that must be initiated from the beginning and throughout the process.

- For example: you should initiate a dialogue with stakeholders and policy makers from the beginning and tell them how's the process going.

5- Religious factors such as what happened during COVID pandemic and the closing of Mosques. Another example is what happened during the eradication of polio, some countries (Pakistan) refused to take the vaccine believing its a fight against their religion.

Macro- vs. Micro-Health Policy

Macro Health Policies¹

- Broad and expensive health policies that are developed at the **national level**.
- Define the country's vision priorities, budgetary decisions, course of action to sustain health.
- **Affects a large portion of the population** (region or country).
- Developed based on **population-health needs**.

For example:

- Ministry of health policies.
- 2030's vision's health transformation initiatives.

Micro Health Policies

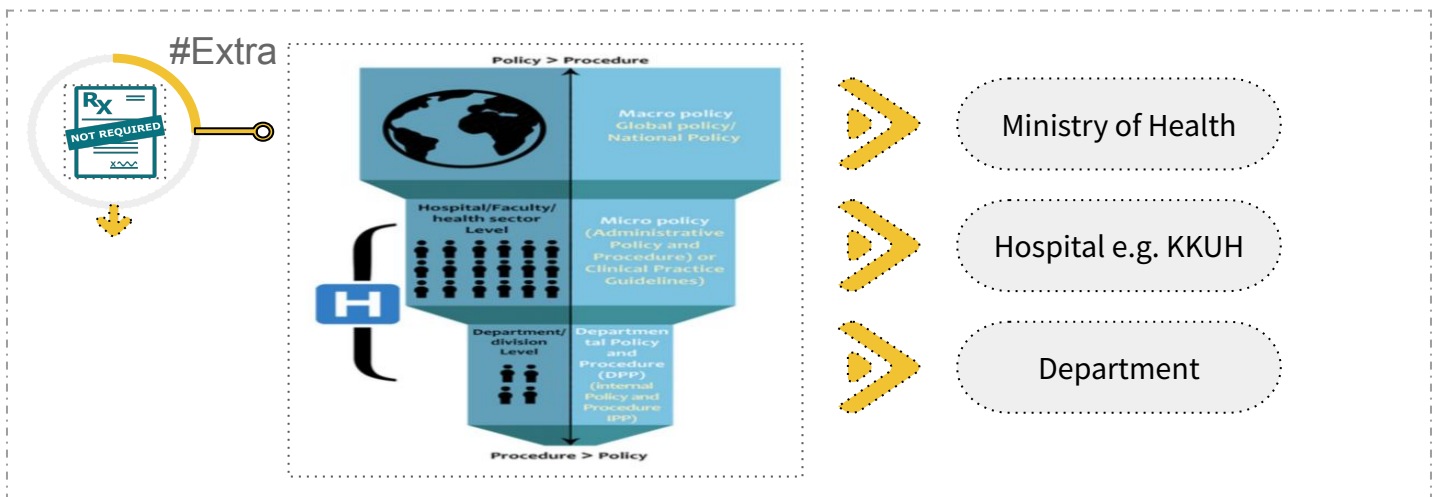
- More specific to the **level of organizations or individuals**.
- Based on the **operational needs of the facility**; which differ by organization (from hospital to another).
- These policies **affects**:
 - Employees.
 - Ethics.
 - Research.
 - Operations.
 - Safety.

For example:

- Hospital administrative policy and procedures.
- Department/internal policy and procedures.
- Clinical practice guidelines.

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)².
 - Different departments of the hospital collaborate for putting in place micro policies.



¹السياسات الصحية الكلية-

² Ministry of Health "MOH", Ministry of Municipal and Rural Affairs "MOMRA", Ministry of Education "MOE", Health in All Policies "HiAP".

Global Health Players and Challenges

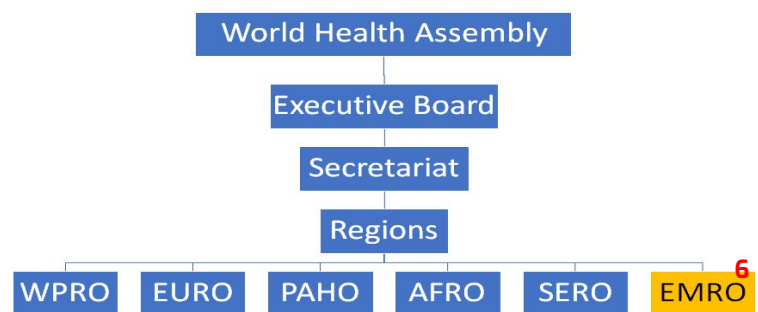


World Health Organization:

- **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
 - Governing bodies
 - Membership
 - Budget
- Its constitution came into force on the **7th of April, 1948** which is celebrated every year as the **"World Health Day"** with a different theme every year focusing in a different public health issue.
- **There are two major policy developments that influenced WHO:**
 - The **Alma-Ata** declaration of 1978 which identified primary health care as the key to the attainment of the goal of health for all
 - Global strategy for health for all in 2000, followed by MDGs² and recently SDGs³ 2030.

-WHO scope of work⁴:

- Prevention and control of disease
- Development of comprehensive health services
- Family health
- Environmental health
- **Health statistics**⁵
- Health research (Biomedical)
- Health literature and information
- Coordination with other agencies



1- the UNICEF services roam around child health, child nutrition, family and child welfare and formal/non-formal education

2- MDG stands for "Millenium Development Goals" which focused on poverty, HIV/AIDS and providing universal primary education by the target date of 2015

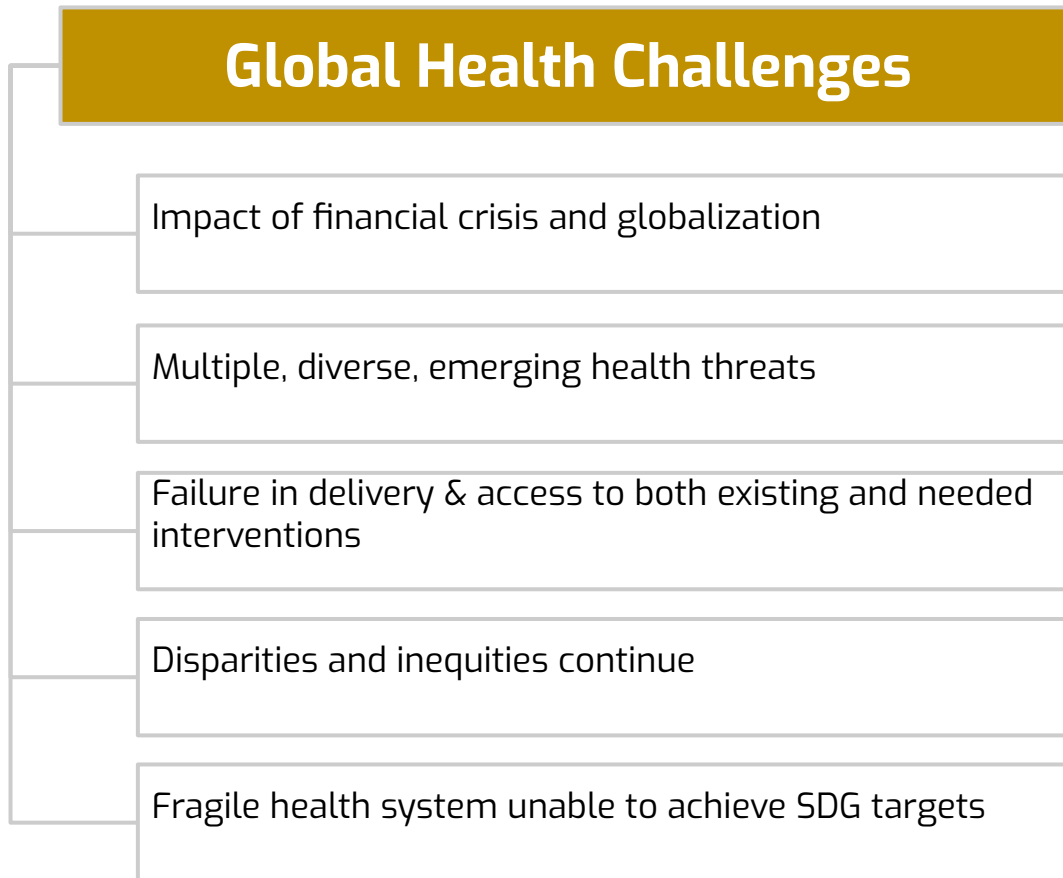
3- SDG stands for "Sustainable Development Goals" with a target date of 2030

4- If you want to further read about the work of WHO from the book, click this link: shorturl.at/mqEWX

5- WHO is concerned with the dissemination of a wide variety of morbidity and mortality statistics relating to health problems.

6-EMRO stands for **Eastern Mediterranean Regional Office**

Global Health Players and Challenges



Sustainable Development Goals^{2,3} (SDGs)

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.



1- The main challenge is that every country has its own health issues that differs from other countries and wants to prioritize them

2- أهداف التنمية المستدامة

3- The goals are highly related to all health indicators thus related to public health

Sustainable Development Goals 2,3 (SDGs)

What are the sustainable development goals?

- 193 countries of the United Nations agreed on a new document about a new sustainable development agenda called “Transforming Our World: The 2030 Agenda for Sustainable Development”.
- It contained 17 goals and 169 targets.
- This agenda focuses on the Millennium Development Goals (MDG), which were adopted in 2000 and helped guide development actions for the last 15 years. The MDGs proved that global goals can lift millions out of poverty
- The UN summit for the adoption of SDGs was held from 25th → 27th of september 2015 in New York and convened as a high-level meeting of the General Assembly.

How are the SDGs different from the MDGs?

- SDGs are **broader in scope** and will dig deeper by addressing the root causes of poverty and the universal need for development that work for all people.
- These goals will cover the three dimensions of sustainable development:
 - Economic growth
 - Social inclusion
 - Environmental protection
- SDGs are **universal** and apply to all countries, unlike MDGs which only apply to **developing countries**.
- A core feature 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 SDGs be measured?

- The 17 goals and 169 targets will be monitored and reviewed using a set of global indicators, 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?

- It started on **1 January 2016** and is expected to finish 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

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

1- These are the sub goals for goal number 3. Notice the words in red are the health indicators

2- This is the report submitted by KSA to the WHO in 2019 regarding the SDGs. HIV and air pollution data are outdated although the kingdom has its own registries about them

Summary

Definitions

Policy	Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of government and other institutions.
Health Policy	Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.
Global Health	An area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide.
Global Health Governance	The formal and informal institutions, norms and processes which govern or directly influence global health policy and outcomes.
Macro Health Policy	Broad and expansive health policies that are developed at the national level - Affect a large portion of the population - Developed based on population-health needs.
Micro Health Policy	More specific to level of organization or individuals and Based on the operational needs of the facility

The Policy Process

Step 1	Step 2	Step 3	Step 4	Step 5
Identify the problem or the issue	Policy Analysis	Develop a strategy	Policy enactment	Policy Implementation

Sustainable Development Goals

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

The **SDGs are universal and apply to all countries**, whereas the **MDGs were intended for action in developing countries only**.

Practice Questions

Q1: Aims to achieve specific health care goals among specific society:

- | | | | |
|------------------|-----------|------------------|-----------------------------|
| A. Global health | B. Policy | C. Health policy | D. Global health governance |
|------------------|-----------|------------------|-----------------------------|

Q2: In health policy process, what's the next step of developing a strategy?

- | | | | |
|--------------------------|---------------------|--------------------|------------------------------|
| A. Policy implementation | B. Policy enactment | C. Policy analysis | D. Setting problem solutions |
|--------------------------|---------------------|--------------------|------------------------------|

Q3: which of the following is NOT true about global health ?

- | | | | |
|---|-------------------------------------|--|---|
| A. Emphasizes transnational health issues | B. Achieves equality between people | C. Synthesis of population based prevention and individual level clinical care | D. Supports multi disciplinary collaboration of health sciences |
|---|-------------------------------------|--|---|

Q4: which of the following is Broad and expensive national policies that are developed at the national level?

- | | | | |
|---------------------|---------------------|---------|---------|
| A. Micro healthcare | B. Macro healthcare | C. SDGs | D. MDGs |
|---------------------|---------------------|---------|---------|

Q5: which of the following is specialized non-political health agency of the United Nations with headquarters in Geneva?

- | | | | |
|--------|---------|-----------|--------|
| A. WHO | B. GAVI | C. PEPFAR | D. G20 |
|--------|---------|-----------|--------|

Q6: which of the following is true about MDGs

- | | | | |
|--------------|---------------------------|---------------------------------|---|
| A. universal | B. apply to all countries | C. in developing countries only | D. broader in scope and will go further than the SDGs |
|--------------|---------------------------|---------------------------------|---|

Answer key:

1 (c) , 2 (b) , 3 (b) , 4 (b) , 5 (a) , 6 (c)

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رم الفضل ما دام الزمان مساعدا
فما كل ما يأتي بما شئت آتيا
ومن لم يجد بنيانه في شبابه
يجد كل ما بينه في الشيب واهيا
وإن ثمار العود ما دام أخضرا
تُرجى ولا تُرجى إذا صار ذاويا
وليس على الإنسان إنجاح سعيه
ولكن عليه أن يجيد المساعيا