GLOBAL HEALTH

With health issues associated with globalisation, and high rates of ill-health in low and middle-income countries, global health organisations are often called upon to support efforts to strengthen health systems and improve health across the world.

Global health refers to the "strategies developed and implemented for health improvement across national boundaries" (Beaglehole & Bonita 2010, cited in Keleher and MacDougall 2016, p. 78).

General Knowledge Questions:

1. **What do you think has happened to global average life expectancy between 2000 and 2015? Has it increased, decreased, or stayed the same?**
   Global average life expectancy increased by 5 years between 2000 and 2015, the fastest increase since the 1960s.
2. **Globally, how many children under 5 years old died EVERY DAY in 2015?**
   In 2015, more than 16000 children under age 5 died every day.
3. **When do 45% of all deaths of children under 5 years old occur?**
   45% of deaths among children under the age of five occur during the first four weeks of life.
4. **What percentage of deaths globally are due to non-communicable diseases?**
   Non-communicable diseases caused 37% of deaths in low-income countries in 2015, up from 23% in 2000.
5. **Heart disease and stroke killed how many people in 2015?**
   Ischaemic heart disease and stroke killed 15 million people in 2015.

GLOBAL HEALTH ORGANISATIONS:

A global or international organisation has "membership, finance and field of operation that involves three or more member countries" (Wait 1996).

International organisations may be global (part of the United Nations System) or regional (such as the European Union, the African Union, the League of Arab States). There are also transnational organisations, where membership is not based on territory (e.g. the Commonwealth of Nations); multinational corporations, which are businesses established by agreement between a number of nation states which operate according to prescribed agreements (such as drug and mining companies); and transnational corporations: enterprises operated from a home base and work across national borders (such as global banks).

THE UNITED NATIONS SYSTEM:

The United Nations was formally established in October 1945 with 51 member states, and has since expanded to include new member states. The United Nations Charter was developed to 'coordinate and increase cooperation between countries'. The top two UN agencies involved in Global Health are the WHO and the World Bank.

Agencies in the United Nations:

There are six principal bodies established in the UN Charter:

- General Assembly
- Security Council
- Secretariat
- International Court of Justice
- Trustee Council
- Economic and Social Council

Each of these bodies are independent, have their own budget and constitutions and are supposed to cooperate with the UN and one another. There are also fifteen specialised UN agencies. Many of these have an interest in, and affect health such as:

- FAO's focus is on food and agriculture
- International Labour Organisation (ILO) has an interest in occupational health and safety.
- UNHCR has a focus on refugees.
- UNICEF focuses on mother and child health (WHO and UNICEF often partner in health policies and planning).

WORLD HEALTH ORGANISATION:

The WHO is the lead international organisation responsible for global health. It has its own constitution, assembly, executive body and secretary, and universal membership - any country can join. There is a membership fee, however - the amount is related to the country's population size and Gross National Product (GNP). Its Annual World Health Assembly meets in May each year and this is when health policies are decided; these policies are then implemented by member states. This year's World Health Day on April 7 focused on the WHO's campaign for Universal Health Coverage for all.

CHALLENGES FOR THE WHO:

There can be difficulties in working cross-sectorally in some health and development environments, and the WHO can often conflict with the position of national governments as well as multinational organisations and advocacy groups (for example on policies relating to pharmaceuticals, infant formula, or reproductive technologies).

WORLD BANK:

The World Bank, established in 1946, is part of the UN system but has different mandates and status from other UN bodies. Since the 1980s, the World Bank has focused on lending money to less developed countries for long-term development. With the International Monetary Fund, the IMF, the World Bank works on imposing policy conditions for loans or interest repayments on debt. World Bank loans provide direct support to public sector projects (government).

Their mission is to end extreme poverty and to promote shared prosperity in a sustainable way. Until the 1990s, the World Bank focused on poverty reduction through family planning programs and improving nutrition for the poor. However, expenditure on health increased steadily from the 1970s to the 2000s - now the World Bank receives more money for health than any other UN agency, and compliments to the work of the WHO as a major actor in global health. Countries experiencing economic hardship are encouraged to develop

packages of interventions that are cost-effective in terms of gains in health e.g. selective primary health care, immunisation programs, antenatal care, TB, HIV/AIDs etc.

Each year the World Bank produces a World Development Report, focusing on a topic of 'central importance to global development' (World Bank, 2018). The focus of the report in 2018 was on education.

The World Bank was a partner in the Millennium Development Goals Project and now the SDGs. The World Bank influences health policy by:

- Providing valuable analytical skills and programme experience in country-level policy development and program planning
- Developing international health sector policy papers
- Giving family planning a high priority because of the interaction between health and the population
- Lending money to health services
- Sponsoring health projects and health policy analysis.

THE MILLENIUM DEVELOPMENT GOALS (MDGs):

The MDGs were proposed in 2000 and were to be achieved by 2015. These goals were set in response to widespread global concern about poverty, hunger, disease, unmet schooling, gender inequality, and environmental degradation. These priorities were packaged into an easily understandable set of eight goals with measurable and time-bound objectives.

They aimed to promote global awareness, political accountability, and social and public pressure to achieve targets, and included financial and human incentives to improve performance. The MDGs were incorporated into the work of non-governmental organisations (NGOs) as well as civil society.

However, by 2015 there had been relatively poor progress towards the MDGs. This may have been because the MDGs were sector-specific and often had quite narrowly focused targets. They weren't derived from inclusive analysis and prioritisation of development needs, i.e. an absence of environmental sustainability. They had a tendency to focus on goals and targets that were proven to be easier to implement and monitor, or which had stronger ownership by international or national institutions, or both. There was a complexity and a lack of ownership. To address these issues, a new set of goals were designed to improve global health and wellbeing; the Sustainable Development Goals (SDGs).

SUSTAINABLE DEVELOPMENT GOALS:

The UN's SDGs were proposed in 2015 and aim to be achieved by 2030.

CHAPTER SIX NOTES

- Global health --> strategies developed and implemented for health improvement across national boundaries.
- Global public health --> a term used to describe the impacts on health that result from globalisation.

- Global health is marked by the high rates of sickness and poverty particularly in low- and middle-income countries, which create and reinforce inequities and perpetuate under-investment in development because funding is directed towards treating sickness rather than towards development. Socio-economic inequalities within countries create vulnerabilities to disease, and once people become sick, the vulnerabilities they face act as barriers to treatment, care and support (Hanefeld et al., 2007, p. 7).
- Global public health organisations have the common aims: to control disease outbreaks, limit the death toll from diseases, and to improve the health of individuals, communities and society. They are concerned with the impacts of travel, migration, poverty and illiteracy.
- Globalisation refers to the economic and financial integration of economies of countries around the world mainly for trade. To enable this integration, national boundaries are being dissolved by the global market place, cross-country financing, and the production, sale and distribution of goods and services.
- Globalisation affects health and social determinants of health through changes in social stratification, differential exposure or vulnerability, health system characteristics and differential consequences. These changes arise through globalisation's effects on power, resources, labour markets, policy space, trade, financial flows (including aid and debt servicing/cancellation), health systems (including human resources and health services), water and sanitation, food security and access to essential medicines (Labonte et al., 2007, p. 9).
- Global health describes what had shifted from a 'narrow view of ecologically and geographically restricted health challenges to a broad and comprehensive approach to health in the world as a whole' (De Cock 2011).
- The UN was established in 1945 with the mission to maintain world peace, develop good relations between countries, promote cooperation in solving the world's problems, and encourage a respect for human rights. It has many specialised agencies that focus on health including the UNICEF, which has saved and enriched the lives of the world's children through immunisation programs for polio, tetanus, measles, whooping cough, diphtheria and TB.
- The WHO is responsible for directing and coordinating global health matters such as disease prevention and control, progress towards health for all, health system development particularly for primary health care, and public health including health promotion.
- Disease prevention is an action that usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours (WHO 1998, p. 14).

SEMINAR

UNIVERSITY SETTING ACTIVITY:

Develop a strategy/intervention to improve health in the university setting. Keeping in mind that setting approaches to health promotion means addressing the contexts (physical, organisational & social) in which people live, work, grow and play and making these contexts the object of the intervention. Settings approaches also aim to target interventions at the needs and capacities of the people found in these settings.

- **What are the needs of the students and staff here? Are they being met?**

- **If not, what is impacting your health or causing you stress in this setting? (i.e. parking, affordable food, assignments etc.)**

Our strategy is promoting healthier and more affordable eating facilities and food for all students and staff at Deakin. The needs of the staff and students are not being met in terms of being able to buy lunch at work/uni and being unable to do this nutritionally and affordably while on campus, having to leave campus to reach these requirements which can promote stress if there isn't a long period of time between lectures/seminars and could cause the student or staff member frustration impacting their health negatively. It can also be stressful in the mornings or time before leaving for uni, preparing your own lunch from home. This can take up a lot of time and can cause the person to be late to a class and therefore falling behind and impacting their uni work which is never ideal.

What determinants of health (within the university setting) are impacting your experiences of this health issue? (i.e. low income influences students ability to purchase healthy food on campus - this has implications for students health - how could we change this?

We have noticed that these are limited on campus and due to students having low income, they are unable to afford a healthy and nutritious meal to keep them positively motivated and energised while learning on campus.