

Implicit in the phrase ‘global health’ is the health of all nations. It could be argued that each nation should be responsible for the delivery of its health services, protecting and treating its citizens. However, increasing travels and migration of people between nations has meant that it is easy to transmit diseases and for health services to take on board the chronic diseases of migrants who settle within the host countries. The outbreak of COVID-19 in 2019 made it apparent that disease spread is not restricted by borders and highlighted the complexity of health care. The pandemic exposed the unpreparedness of nations for containing and managing such outbreaks with a resultant global spread of the virus. It further showed the need to strengthen global health systems through collaboration between nations, pharmaceutical companies, the third sector and the populace. A clear understanding of what global health means will ensure that the concept fulfils its objectives. Koplan et al. [1], put forward the following working definition, ‘an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide’. Global health emphasises transnational health issues, determinants and solutions, involves many disciplines within and beyond the health sciences and promotes inter-disciplinary collaboration, and is a synthesis of population-based prevention with individual-level clinical care [1].

Beyond the COVID-19 pandemic there are many complex health challenges that affect populations worldwide and these include infections, chronic diseases, environmental health problems, and health inequity, and these require concerted efforts from all sectors of society to achieve global health equity and improve health outcomes for all people. Previous attempts to achieve a semblance of this was through the millennium development goals (MDGs) that were designed to reduce extreme poverty and its many manifestations of hunger, disease, gender inequality, a lack of education and access to basic infrastructure, and environmental degradation between 2002 and 2015. The nations of the world failed to achieve the goals and the fallout of the failure was reflected in the poor health indices of many nations. At the end of the time frame for the MDGs in 2015, the United Nations put forward a universal call to action to protect the planet and improve people’s lives through the 17 Sustainable Development

Goals (SDGs) [2]. Most of the goals also have some direct health targets. Health inequality and social determinants of health (SDH) remain a significant barrier to global health equity and a wide range of social factors impact global health. These include poverty, gender inequality, ethnicity, race, political instability, environmental factors, health systems, infrastructure, and globalization. The SDGs and global health are closely intertwined, with numerous factors playing a crucial role in achieving multiple goals. Among the most prominent factors are those that contribute to ending poverty (SDG 1), attaining good health and well-being (SDG 3), reducing inequalities (SDG 10), addressing climate change (SDG 13), and promoting sustainable development. SDG 3, which lies at the center of sustainable development, is thus cross-cutting, and progress in its implementation will contribute towards attaining the other goals, and action on the other goals will in turn contribute to attaining Goal 3 [2].

Addressing the social factors that impact global health requires a comprehensive, interdisciplinary approach that involves collaboration between various sectors and stakeholders, including health care professionals, policy makers, community leaders and citizens. It requires a shared responsibility among nations, multilateral organizations, and stakeholders to tackle health threats that can affect all nations of the world. The failure of the MDGs was in part due to failure in the implementation process or method. Implementation science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services [3]. Implementation science thus plays a vital role in global health strategy by improving the implementation of interventions and policies and ensuring the success of global health interventions. Strengthening the capacity for implementation science research and promoting collaboration between global actors can help to develop effective, evidence-based strategies that can improve global health outcomes. Drawing on a global sustainability science and practice perspective, there are seven recommendations to improve these interlinkages at both global and national levels, in relation to the UN’s categories of means of implementation: finance, technology, capacity building, trade, policy coherence, partnerships, and, finally, data, monitoring and accountability [4].

Apart from social factors, disease patterns and prevalence affect global health and they differ between high-income countries and low-medium income countries (LMICs). While high-income countries (HICs) often face non-communicable diseases (NCDs) such as cardiac disease, cancer, and diabetes, LMICs contend with communicable diseases such as malaria, tuberculosis, HIV/AIDS, malnutrition and maternal and child health problems. Though different, these diseases have a great impact on the health of the people in LMICs and this has led to the call for strengthening disease-specific control programs such as malaria control programs, maternal and child health, tuberculosis control programs, and infectious disease control programs in LMICs while the priority in HICs are improved and accessible cancer, diabetes, obesity and cardiac disease services. Problems faced by HICs include health inequalities, delayed response to NCDs, aging populations, mental health challenges, high health care costs, antibiotic overuse, and substance abuse. On the other hand, LMICs experience insufficient funding, poor health outcomes, health inequities, brain drain of health care workers, inadequate disease surveillance and response systems, and limited access to essential medicines. While overuse of antibiotics leading to antibiotic resistance and misuse of prescription drugs, opioids, and alcohol are problems of HICs, the absence of reliable data in LMICs does not imply that these issues that lead to increased rates of disability, morbidity, and mortality do not exist and place strains on health care systems and families in LMICs too. Common to both health systems is that addressing these diseases is hindered by the weaknesses that exist in the health systems of HIC and LMIC.

The European Commission in July 2022 identified antimicrobial resistance (AMR) as one of the top priority health threats. Bacteria resistant to antibiotics cause more than 670,000 infections and about 33,000 people die as a direct consequence in the European Union/European Economic Area [5]. It is commendable that antimicrobial stewardship is receiving attention through global collaboration with the UK government announcing a £39 million cash injection for AMR research through the Global AMR Innovation Fund (GAMRIF) [6]. The same attention should be extended to opioid and substance misuse with the introduction of government and health organization policies to regulate the availability and use of antibiotics and opioid analgesics. The challenges posed will require increased investment, collaboration, and innovative solutions among stakeholders and strategies, such as health system strengthening, research and innovation, education, and investment in SDH to ensure equitable health outcomes for all, irrespective of where they reside.

It is paramount to promote equity in global health and every person should have access to adequate health care, no matter their economic or social status. Interventions toward achieving this will include universal health

coverage through health insurance schemes, increasing funding for health research, building health infrastructure, and increasing health care workforce numbers. The disproportionate availability of vaccines during the COVID-19 pandemic is a glaring example of inequality and inequity that exists between nations. Governments, working with civil society organizations, should play a significant role in developing and implementing public health policies that can reduce the incidence of chronic diseases and improve health outcomes through education and awareness programs, preventive interventions such as screening programs and research and development of new medical technologies. Data collection and analysis is said to be the next, if not the current gold standard underpinning strong health information systems that are the foundation for building effective health systems. Investing in data collection and analysis would provide insight on disease trends, prevalent health issues, early detection of emerging diseases and the efficacy of health interventions.

While access to health care services is critical, patient safety is a subject matter that does not seem to feature in global health discussions. The pandemic exposed the impact of global health issues on patient safety and patient experience, and the lack of resilience throughout our health care structures. The absence of fit-for-purpose infection control facilities and measures put both health workers and patients at risk, and poor supply chain systems of oxygen, ventilators and drugs were a global phenomenon. The patchy transitions of care programs and facilities affected elderly patients, leading to the virus spreading through nursing homes and the death of many. It is important that attention is drawn to focussing on quality and safety as a means of improving global health. This can be achieved through identifying gaps in health services and taking appropriate actions using effective health information systems to capture, analyze and disseminate health data in a timely manner. The gaps emanating from these can be addressed through quality improvement initiatives that measure the effectiveness and efficiency of the systems and putting the necessary adjustment and interventions to ensure safety in global health initiatives.

The COVID-19 pandemic highlighted the significance of global health and the need for nations to work together to tackle health challenges that transcend national borders and the urgent need for pandemic preparedness. The importance of developing sustainable, equitable, and innovative global health care practices cannot be over emphasised. We must work together to promote a shared global health agenda and collaborate to innovate and develop health solutions. This will require building trust, developing mutual respect, and creating partnerships that prioritise health systems strengthening, cross-border collaboration, and sustainable development. Accordingly, we must work to support policies

that ensure equity in access to health care and SDH. The strengthening of health systems from primary to tertiary care requires funding and it is important that there must be the political will and action to ensure a healthier population through investing and improving health systems globally. This goes beyond service delivery alone and includes investing in infrastructure, training, advanced technologies, investing in research and innovation to lead to the development of better treatments and innovative approaches and improving access to essential commodities and technologies to strengthen health systems at all levels. Application of implementation science methodologies will play a crucial role in ensuring the success of global health policies and interventions, including maximizing the benefits of interventions by ensuring their efficient delivery and uptake.

Global health is a complex and multifaceted issue that requires a concerted international effort to address effectively. Global health challenges such as infectious diseases, environmental health problems, health equity, and the impact of climate change cannot be solved by one sector or nation alone. Collaboration, coordination, and partnership between governments, international organizations, civil societies and the private sector are essential to improving global health outcomes. Efforts to improve global health will require a focus on evidence-based strategies, addressing health inequalities and SDH, supporting innovation and technology advancements, and fostering partnerships and collaborations. The UK government has come up with the Global Health Framework, a policy that primarily aims to improve global health outcomes and building resilience to future threats through collaborations with other nations [6]. Now is the time for all nations of the world to act to realise the importance of health for all by treating it as a global priority. We must commit to advancing global health through sustained collaboration, innovation, and investing in health systems

and continuing to work towards creating a more equitable, sustainable, and healthier future, where all people have access to affordable and high-quality health care services. The world cannot afford to be caught unprepared for another pandemic or unable to address the inequalities and inequalities in health care. Here lies the importance of global health initiatives and with collaborative efforts, these interventions will improve global health outcomes and achieve health equity.

## References

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