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Public Health in a Global Context For the Bibliographic Database see the Headquarters of the World Health Organization in Switzerland. Open Global Health at OpenCon 2015 Global Health is Public Health in a Global Context: It has been defined as an area of research, research and practice that prioritizes improving health and achieving health equality for all people around the world. Issues that transcend national borders or have a global political and economic impact are often highlighted. Global health is thus linked to improved global health (including mental health), reducing inequality and protecting against global threats that ignore national boundaries. Global health should not be confused with international health, which is defined as a public health industry targeting developing countries and the efforts of industrialized countries to provide foreign aid. Global health can be measured as a function of various global diseases and their prevalence in the world and the threat of declining life expectancy today. The world Health Organization (WHO) is the predominant agency associated with global health (and international health). Other important institutions that have an impact on global health include the United Nations Children's Fund and the World Food Programme. The United Nations system has also played a role in inter-1or action to address the challenges of global health and the underlying socio-economic determinants with the Millennium Development Goals declaration and the later Sustainable Development Goals. There are a number of higher education institutions that offer global health as a field of study, such as Harvard University, McGill University, Johns Hopkins University, Oxford University, the University of Warwick, the University of Bonn and the Balsillie School of International Affairs. The transformation of global health has become the theme of World Pharmacists Day on 25 September 2020. The Definition of Global Health uses several perspectives that focus on determinants and distribution of health in an international context: Medicine describes disease pathology and promotes prevention, diagnosis and treatment. Public health emphasizes the health of the population. Epidemiology helps identify risk factors and causes of health problems. Demography provides data for political decision-making. The economy emphasizes the cost and cost-benefit efficiency for optimal allocation of health resources. Other social sciences, such as sociology, research in the field of psychology, anthropology, cultural research and law can help understand the determinants of health in society. Both individuals and global health organizations often face many ethical and human rights issues. Critical study of the various causes and justifications for health inequalities is needed to make the proposed solutions successful. Such issues are discussed on the Global summits of national ethics/bioethics councils. History See also: A timeline of global life expectancy in health by region of the world, from 1770 to 2018 the 19th century held major discoveries in medicine and public health. The cholera outbreak on Broad Street in 1854 was central to the development of modern epidemiology. The microorganisms responsible for malaria and tuberculosis were identified in 1880 and 1882, respectively. In the 20th century, prevention and treatment for many diseases was developed, including the BCG vaccine (for tuberculosis) and penicillin in the 1920s. The eradication of smallpox, the last natural case of which was reported in 1977, still has all the hope that other diseases can be eradicated. Important steps were taken towards global health cooperation with the formation of the United Nations (UN) and the World Bank Group in 1945, after World War II. In 1948, The Member States of the newly created United Nations met to establish the World Health Organization. The cholera epidemic, which killed 20,000 people in Egypt in 1947 and 1948, has helped the international community to act. At the United Nations Summit in 2000, Member States announced that eight Millennium Development Goals (MDGs) had been achieved by 2015, reflecting the major challenges facing human development around the world. The Declaration was adopted on the basis of unprecedented global investment by donor and recipient countries. According to the UN, these MDGs have provided an important basis for development, and significant progress has been made in a number of areas. However, progress has been uneven and some of the MDGs have not been fully implemented, including maternal, newborn and child health and reproductive health. Building on the MDGs, a new Sustainable Development Agenda with 17 Sustainable Development Goals (SDGs) was established for 2016-2030. The first goal was an ambitious and historic promise to end poverty. On 25 September 2015, 193 countries in the UN General Assembly adopted the 2030 Development Agenda entitled Transforming Our World: Agenda for Sustainable Development for 2030. In 2015, a book called Save Humanity was published, in which about 100 essays on the most pressing global health issues were published. The essays were written by global figures in politics, science and advocacy ranging from Bill Clinton and Peter Piot, and addressed a wide range of issues including vaccination, antimicrobial resistance, health coverage, tobacco use, research methodology, climate change, fairness, access to medicine and media coverage Research. In 2015, the Lancet Global Surgery Commission was released, describing the high burden of surgical diseases that will affect low- and middle-income countries (LMICs). Lack of access to surgical care around the world affect about 5 billion people who do not have timely access to life-saving surgical care. The commission sets out the need to improve the infrastructure to make procedures - laparotomy, C-section, open fracture care - more widely available in LMICs in order to prevent a \$12.3 trillion loss of economic productivity by 2030 as a result of surgically related morbidity and mortality. Global health measures include a year of life adjusted for disability (DALY), quality-adjusted living years (QALY) and mortality rates. In 2004, disability-adjusted life years were adjusted for 100,000 people per 100,000 people. No Data Less 9250 9 250-16,000 16,000-22 750-29 2900-36 250 250-43 000 43 000-4900 7 50 49,750-55,500 55,500-63,250 63,250-70,000 70,000-80,000 More than 80,000 Main article: Disability Adjusted Year of Life DALY is a short measure that combines the impact of illness, disability, disability and mortality by measuring the time lived with a disability and the time lost due to premature mortality. One DALY can be seen as one lost year of healthy life. DALY for the disease is the sum of life years lost due to premature mortality and years lost due to disability for cases of the disease. Adjusted for the quality of life Main article: Adjusted for quality of life SALI combines the expected survival with the expected quality of life in a single number: if an additional year of healthy life costs one (year), then a year of less healthy life costs less than one (year). THE CALCULATIONS are based on measurements of the value that people spend in the expected years of survival. Measurements can be made in several ways: using methods that repeat gambling about preferences for alternative health conditions, with surveys or analyses that go out of readiness to pay for alternative health conditions, or using tools that are based on trading from some or all, probably the survival time that medical intervention can provide in order to get less survival time of higher quality. Key articles of infant and child mortality: Infant mortality and infant mortality infant mortality and child mortality among children under 5 years of age are more specific than DALYs or OLI, which represent the health of the poorest segments of the population, and are therefore particularly useful in focusing on health equity. Main morbidity: Incidence rates include morbidity, prevalence and cumulative morbidity, with the incidence rate indicating a risk of developing a new health condition over a period of time. Although this is sometimes expressed simply as the number of new cases over a period of time, better expressed as a proportion or indicator. The health and health conditions targeted by global health initiatives are sometimes grouped under poverty diseases and diseases of abundance, although the effects of the effects increasingly blur the lines between them. Respiratory and middle ear infections are the leading causes of morbidity and mortality worldwide. Some respiratory infections of world importance include tuberculosis, measles, influenza, coronaviruses and pneumonia caused by Mikobacteria. Morbillivirus, hemophilic influenza and pneumococcal disease, respectively. The spread of respiratory infections is exacerbated by overcrowded conditions, and poverty is associated with a more than 20-fold increase in the relative burden of pulmonary infections. Diarrhoeal diarrhoea is the second most common cause of infant mortality worldwide, accounting for 17% of under-five deaths. Poor sanitation can increase the transmission of bacteria and viruses through water, food, utensils, hands and flies. Dehydration due to diarrhoea can be effectively treated with oral rehydration therapy with a sharp reduction in mortality. Promoting breastfeeding and zinc supplementation are important nutrition indicators. While hygiene alone may not be sufficient to prevent rotavirus diarrhoea, it can be prevented with a safe and potentially cost-effective vaccine. Maternal Maternal Health Clinic in Afghanistan (Source: Merlin) Main articles: Complications of motherhood and reproductive health during pregnancy and childbirth are the leading causes of death among women of reproductive age. In many developing countries, women die from complications caused by childbirth, about every minute. According to the 2005 World Health Organization Health Report, poor maternal disease is the fourth leading cause of death for women worldwide after HIV/AIDS, malaria and tuberculosis. Most maternal deaths and injuries are preventable, and such deaths have been largely eradicated in developed countries. The goals to improve maternal health include increasing the number of births accompanied by qualified midwives. An estimated 68 low-income countries tracked by WHO and UNICEF accounted for 97% of maternal and child deaths worldwide during 2015. Key articles on HIV/AIDS: HIV and AIDS have highlighted the global health and well-being of human beings, and globalization has led to a tendency to find common solutions to global health problems. Numerous international funds have recently been established to address global health problems, such as HIV. Since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. As of the end of 2017, 36.9 million people worldwide (31.1-43.9 million people) were living with HIV. An estimated 0.8 per cent of adults between the ages of 15 and 49 worldwide live with HIV, although the burden of the epidemic still varies greatly from country to region. the region was the hardest hit: almost one in 25 adults (4.1%) and the region were affected. HIV accounts for nearly two-thirds of people living with HIV worldwide. Human immunodeficiency virus (HIV) is transmitted through unprotected sex, impure needles, blood transfusions, as well as from mother to child during childbirth or lactation. Worldwide, HIV is mainly sexually transmitted. The risk of exposure to vaginal sex in low-income countries from woman to male is 0.38% and men and women 0.3%. The infection damages the immune system, leading to acquired immunodeficiency syndrome (AIDS) and ultimately death. Antiretroviral drugs prolong life and delay the onset of AIDS, minimizing the amount of HIV in the body. Malaria Home article: Malaria Play Media Anopheles mosquito feeding malaria mosquito infectious diseases caused by parasites of the genus Plasmodium. Symptoms can include fever, headaches, chills, and nausea. Around 500 million malaria cases occur worldwide each year, most often among children and pregnant women in developing countries. THE WHO African Region bears a disproportionate share of the global malaria burden. In 2016 90% of malaria cases and 91% of malaria deaths were reported in the region. The use of insecticide-treated nets is a cost-effective way to reduce malaria mortality, as is the rapid artemisinin-based combination therapy supported by intermittent preventive therapy during pregnancy. International travelers to endemic zones are recommended chemoprophylaxis with antimalarial drugs such as Atovaquone-proguanil, doxycycline, or mefloquine, diet Two types of malnutrition in 2010, about 104 million children were underweight, and malnutrition contributes to about one-third of child mortality worldwide. (Malnutrition should not be confused with malnutrition, which refers to low food intake and thus may refer to obesity.) Malnutrition impairs the immune system by increasing the frequency, severity and duration of infections (including measles, pneumonia and diarrhea). Infection can further contribute to malnutrition. Micronutrient deficiencies, such as vitamin A, iron, iodine and zinc, are common worldwide and can jeopardize the intellectual potential, growth, development and productivity of the adult population. Measures to prevent malnutrition include micronutrient supplementation, fortification of basic foods, dietary diversification, hygiene measures to reduce the spread of infections and the promotion of breastfeeding. Violence Against Women Main Article: Domestic Violence STOP: Violence Against Women Violence Against Women has been defined as: physical, sexual and psychological violence occurring in the family and in society as a whole, beatings, sexual violence, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, unsaved and violence related to exploitation, sexual harassment and intimidation at work, in schools and elsewhere, trafficking in women, forced prostitution and violence perpetrated or condoned by the State. In addition to causing bodily harm, violence can increase the long-term risk of women developing a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse and depression. The WHO Report on Global and Regional Assessments of Violence Against Women found that partner abuse leads to women being 16% more likely to have miscarriages, 41% more cases of preterm birth and twice as much as with abortion and HIV or other STDs, although statistics can be difficult to obtain as many cases are not reported It is estimated that one in five women encounters some form of violence during their lifetime, in some cases resulting in serious injury or even death. Risk factors for being an offender include low education, past child abuse or parental violence, harmful use of alcohol, attitudes towards violence and gender inequality. Women's equality was considered for the Millennium Development Goals. Gender equality is now the goal of sustainable development 5. Preventing violence against women must be an integral part of public health reforms in the form of advocacy and evidence-gathering. Primary prevention should be carried out in the form of women's economic empowerment, microfinance and training of gender equality social projects. Activities should be organized to promote relationships and communication skills between couples, reduce access to alcohol and change social ideologies. Activities on childhood, community and schooling should be undertaken, men's media-oriented awareness should be raised and other approaches should be taken to challenge social norms and stereotypical processes in order to promote male behaviour and gender equality. Trained health workers will play a vital role in secondary and tertiary abuse prevention by early identifying women suffering from violence and helping to meet their medical and psychological needs. They can be very important in preventing a recurrence of violence and mitigating its impact on the health of women and their children who are abused. In 2016, member states of the World Health Assembly endorsed a plan to strengthen the role of the health system in combating the global phenomenon of violence against women and girls and working towards them and protection. The main article on chronic diseases: Noncommunicable diseases Approximately 80% of noncommunicable disease-related deaths occur in developing countries. For example, urbanization and aging have led to an increase in bad diseases related to noncommunicable diseases in India. India, the fastest growing causes of the disease burden over the past 26 years have been diabetes (an increase of 80%) coronary heart disease (34%), about 6.1 million were caused by NCDs in 2016, up from about 38% in 1990. The increase in urbanization of refugees has led to an increase in the number of people diagnosed with chronic noncommunicable diseases. , the international community is increasingly called upon to take action to prevent and control chronic diseases and mitigate its effects on the world's population, especially for women, who tend to be the main caregivers. For example, in countries previously concerned about hunger, the rate of type 2 diabetes associated with obesity is on the rise. The number of people with diabetes in low-income countries is expected to increase from 84 million to 228 million by 2030. Obesity, a preventable disease, is associated with numerous chronic diseases, including cardiovascular disease, stroke, some cancers and respiratory diseases. About 16% of the global disease burden, measured as DALYs, is obese. Forgotten Tropical Diseases Home article: Forgotten Tropical DiseaseMills One billion people were treated for at least one neglected tropical disease in 2015. Forgotten tropical diseases are a diverse group of infectious diseases that are endemic in the tropical and subtropical regions of 149 countries, mostly low- and middle-income populations in Africa, Asia and Latin America. They are differently caused by bacteria (Trahoma, leprosy), viruses (dengue, rabies), protozoa (human African trypanosomes, steps) and helminths (schistosomiasis, onchococcosis, soil helminths). A global study of the burden of disease concluded that neglected tropical diseases in 2010 made a comprehensive contribution to approximately 26.06 million years of disability-adjusted life, as well as significant adverse economic consequences. In 2011, the World Health Organization launched a roadmap for neglected tropical diseases for 2020 aimed at combating or eliminating 10 common diseases. The 2012 London Declaration builds on this initiative and calls on endemic countries and the international community to improve access to clean water and basic sanitation, improve living conditions, vector control and health education to meet the 2020 goals. In 2017, the WHO report described unprecedented progress in the fight against neglected tropical diseases since 2007, particularly due to the mass use of drugs by pharmaceutical companies. Surgical Diseases are still heavily ignored in global health, which is known to be described as a forgotten step of global health. health care, particularly affects under-resourced settings with weak surgical health systems. Global Surgery is a neglected topic that has not been widely adopted to describe a rapidly evolving field seeking to address this problem, and has been defined as a multidisciplinary enterprise to provide improved and equitable surgical care to the world's population, with its core belief in the problems in need, access and quality. Surgical diseases account for at least 11% of the global burden of disease, with a combination of injuries, malignancies, congenital abnormalities and pregnancy complications. Worldwide, an estimated 4.2 million people die within 30 days of surgery each year, half of them in low- and middle-income countries. There are significant differences in the results of the development of the country where the operation is carried out. A prospective study of 10,745 adults who underwent emergency abdominal surgery from 357 centers in 58 countries found that mortality in low-development countries (HDIs) was three times higher, even adjusted for the predictive factor. The right to health care is a key component of the Universal Declaration of Human Rights and has not been given due attention in low-income countries in recent history. Surgical diseases can lead to significant morbidity and mortality among people who do not have access to adequate health care, but in low-income countries this category of disease is considered too expensive to invest in. Surgical diseases such as appendicitis, complications of abdominal hernias and difficulty working can be fatal if left untreated by a surgical team. Globally, the financial impact of LMIC's death from potentially treatable surgical diseases between 2015 and 2030, provided measures are taken to improve LMIC's access to surgical care, and more than \$12.3 trillion will be spent on LMIC. Data from WHO and the World Bank on surgical care show that the expansion of infrastructure to provide access to surgical care in regions where it is currently limited or non-existent is actually a low-cost indicator compared to the significant morbidity and mortality caused by lack of surgical treatment. For example, it is estimated that 90 per cent of maternal deaths could have been prevented through basic surgical care. In terms of costs, studies in district hospitals have shown that the provision of basic surgical care can be on par with vaccination programs, which contradicts the general perception of surgical care as a financially prohibitive activity in LMICs. In addition, the Lancet Global Surgery Commission estimates that 12.3 per.3 per.3 per.3 per.3 million will be lost in developing countries by 2030. dollars of economic productivity, unless access to surgical care is improved. Bellwether Bellwether it is considered the minimum level of medical care that first-level hospitals should be able to provide in order to capture the most basic emergency surgical care. These include three major surgical procedures: laparotomy (for abdominal emergencies), caesarean section and treatment of open fracture. This will require anesthesiologists, obstetricians, surgeons, nurses and institutions with pre- and post-operative care. Health Intervention See also: Human Health Global Activities to Improve Child Health and Survival include promoting breastfeeding, zinc supplements, vitamin A enrichment, salt iodization, hygiene activities such as hand washing, vaccination and treatment of severe acute malnutrition. The Global Health Council offers a list of 32 treatments and health care that could potentially save several million lives each year. Many groups face a results gap that relates to the gap between people who have access to health care compared to those who do not. Countries facing gaps in results do not have sustainable infrastructure. In Guatemala, a subset of the public sector, Programa de Accesibilidad a los Medicamentos (the Drug Access Program), had the lowest average availability (25%). In the private sector, medicines with the highest and lowest prices were 22.7 and 10.7 times more expensive. The treatment is generally unavailable, costing up to 15 days for the course of the antibiotic ceftriaxone. , the global health sector does not suffer from a lack of funds, but more funds do not always lead to positive results. The problem is how these funds are distributed, as they are often disproportionately allocated to the fight against a single disease. In its 2006 World Health Report, WHO estimated a shortage of nearly 4.3 million doctors, midwives, nurses and support workers worldwide, particularly in sub-Saharan Africa. Government or intergovernmental organizations focused on global health include: THE International Food Agency of the United Nations World Health Organization for Cancer Research (IARC) WHO Centre for Health Development (WHC) of the World Food Programme (WFP) Of the Pan American Health Organization (PAHO) Cross Disease Control and Prevention (CDC) Global Aids Fund, Tuberculosis and Malaria Non-governmental organizations focused on global health include: Doctors Without Borders (Doctors Without Borders, MSF) Bill and Melinda Gates Foundation Global Health Security Agenda Global Global The Security Agenda (FSA) is a multilateral, multi-factor effort, comprising 60 participating countries and public international organizations focused on building global health security capacity to combat threats such as the spread of infectious diseases. On 26-28 March 2018, a high-level meeting was held in Tbilisi, Georgia, on biosurgery of infectious disease threats, which include current examples such as HIV/AIDS, Severe Acute Respiratory Syndrome (SARS), H1N1 influenza, multidrug-resistant tuberculosis - any disease that threatens human health and global economic stability. The event brought together GHSA partner countries, countries participating in the Real-Time Monitoring Package, as well as international partner organizations supporting strengthening the capacity to identify infectious disease threats through the Real-Time Surveillance Package and other cross-measures. Georgia is the leading country in a package of real-time monitoring measures. GHSA operates through four main member action mechanisms, action packages, task forces and international cooperation. In 2015, the GHSA Steering Group agreed to meet its obligations under 11 package measures. The package of measures is an obligation of member countries and their partners to work together to develop and implement International Health Care (IHR). The packages are based on GHSA's goal of strengthening national and international capacity to prevent, identify and respond to infectious disease threats. Each package consists of five-year targets, progress indicators, desired outcomes, country commitments and a list of baseline assessments. The Joint External Assessment Process, as part of the IHR Framework Monitoring and Evaluation Programme, is an assessment of a country's ability to respond to public health threats. To date, the G7 and EU partners have made a collective commitment to assist 76 countries, while the United States has pledged to help 32 countries meet the GHA's IHR targets. In September 2014, a pilot tool was developed to assess the progress of the

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