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## Global health: A priority that persists

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Dear Readers,

Who can forget the fearful experience of staying physically away from each other, going out with covered mouth and nose, and talking to people maintaining at least six feet distance during the biggest pandemic of the century, COVID-19? The “severe acute respiratory syndrome coronavirus-CoV2” was first found in Wuhan, China, and it took only a few weeks to reach every corner of the globe. Why earlier variants of SARS-CoV1 and MERS-CoV were stopped from spreading to the entire world but not SARS-CoV2 is a question for the public health field. The world knows it is extremely hard to contain infectious diseases in some geographical regions to protect the health of people at a global scale, so world leaders work together and come up with policies, international laws, and frameworks to stop the spread at the beginning level. This is one aspect of improving the health of people of the world and protecting them from a risk of contracting diseases, and so far, we have done phenomenal work in identifying pathways of infectious diseases and containing them with the help of immunization, prophylactic, medicines, and physical methods such as a condom for reducing the risk of HIV and sexually transmitted diseases.

Despite being far advanced in technology and knowledge in managing and controlling the spread of infectious diseases, the world has experienced even greater tragedy and last 7,010,681 people, which is about 20 million more deaths than the influenza pandemic of 1918 that killed every third person in the world totaling 50 million people [1]. Factoring population growth from 1.6 billion in 1915 to 8.1 billion now, the number of deaths from COVID-19 is proportionally lower, but this toll does not match the progress the world has made in improving health outcomes.

Another question that arises does the world only have a fear of death from infectious diseases such as polio, Ebola, measles, tuberculosis, HIV/AIDS, malaria, diarrhea, and so on, what about non-communicable diseases including cancer, heart diseases, lungs and kidney diseases, dementia, and diabetes. According to the WHO, annually, 41 million people die from non-communicable diseases, which is equal to 74% of all deaths globally [2,3]. The distribution of both types of diseases, communicable and non-communicable, is not uniform across the world. Poorer nations suffer from higher rates of communicable diseases, while it is the opposite for wealthier nations. In the past two decades, non-communicable diseases have increased much more rapidly than before in low- and middle-income nations, alarming the world to be prepared for the worse.

Communicable diseases can cross boundaries through direct contact with air and water, while non-communicable diseases can spread in larger geographical areas through human behaviors, modeling food, and work patterns. To improve the health of all and reduce the risk of all types of diseases, we need to address the root causes of diseases directly associated with socioeconomic and environmental determinants. The idea of leaving the management of communicable and non-communicable diseases up to the countries is a terrible idea, and with that approach, we cannot achieve health for all.

The world must acknowledge the importance of social, economic, and environmental interventions for the world's health for all. A collective global approach is needed to address the health of all people. This idea originated a long time ago, but it was put into place in a legal framework at the end of World War 2. The United Nations met and approved a constitution in 1946 that became the World Health Organization (WHO). The constitution was signed by 61 countries at its inception. The WHO took over the bureaucracies and became the central power in global health. Since then, the health outcomes of the world have been improving. According to the WHO, "Global health refers to the *collaborative actions* taken to *identify and address transnational concerns* about the *exposures* and *diseases* that adversely affect *human populations*" [4]. Significant progress has been made in reducing deaths from all causes by applying WHO strategies and policies, but much is needed. Poorer nations are still highly affected, with higher rates of deaths from easily preventable factors. To accelerate the effort of ongoing work, 189 country leaders met at the United Nations headquarters in September 2000. They signed the historic Millennium Declaration that committed to achieving eight measurable goals by 2015, which range from halving extreme poverty and hunger to promoting gender equality and reducing child mortality. In 15 years of collective work, people living in extreme poverty (<\$1.25 per day) reduced by half from 1.9 billion to 836 million, the number of children dying before their 5<sup>th</sup> birthday decreased from 12.7 million to 6 million, maternal mortality decreased by 44%, about 2.6 billion people gained reliable access to safe drinking water and over 2.1 billion gained access to a toilet, and number of new cases of HIV each year decreased by 45% by 2015 [5].

The progress made in 15 years was impressive, but the challenges remain persistent. In 2015, the United Nations prepared a new agenda that focuses on continuing the work of improving global health. The new agenda has a focus on systemic issues. It commits to building a sustainable world where environmental sustainability, social inclusion, and economic development are equally valued. The agenda has 16 sustainable goals to achieve by 2030.

Although the importance of global health discipline in academics and practices has tremendously increased because of the world's terrible experience with COVID-19, we need to strengthen our efforts even more strongly at all levels to support the discipline with the idea of improving health and preventing it from untimely death.

A new book, "*Effective Approaches to Global Health*," due for publication later this year by Academic Press, addresses this important topic and is a must-read for all global health professionals [6].

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### References

1. Worldometer, Coronavirus. Deaths. 2024. <https://www.worldometers.info/coronavirus/>. Accessed 12 June 2024.
2. World Health Organization (2023). Noncommunicable disease. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>. Accessed 12 June 2024.
3. Taubenberger JK, Morens DM. 1918 Influenza: the mother of all pandemics. *Emerg Infect Dis*. 2006 Jan;12(1):15-22. doi: 10.3201/eid1201.050979.
4. Beaglehole R, Bonita R. What is global health? *Glob Health Action*. 2010 Apr 6;3. doi: 10.3402/gha.v3i0.5142.
5. United Nations (2024). We Can End Poverty. Millenium Development Goals and Beyond 2015. <https://www.un.org/millenniumgoals/bkgd.shtml>. Accessed 10 June 2024
6. Sharma M, Lakhan R. *Effective approaches to global health issues*. Cambridge, MA: Academic Press, Elsevier; 2024. ISBN#978-443-29098-5.



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