GLOBAL HEALTH POLICY DEVELOPMENT

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Health equality is the goal of global health policymakers (Weiss & Pollack, 2017). In the current political scenario, global health policy development is facing significant challenges across the globe. Addressing these barriers is a complex task and requires coordination between global organizations across various healthcare domains. Our paper identifies barriers to the development of cohesive global health policy, and offer a few potential remedies in the development process of the same.

Introduction:
Global health policies ensure health for all worldwide irrespective of geographic boundaries (Weiss & Pollack, 2017). Global health policies reduce the health disparities between developed countries and developing countries. Health equality is the goal of global health policymakers (Weiss & Pollack, 2017). In the current political scenario, global health policy development is facing significant challenges across the globe. Addressing these barriers is a complex task and requires coordination between global organizations across various healthcare domains. Lack of implementation of research findings into action plans and efforts for transformational change is a major drawback of our current operating system in global health (Weiss & Pollack, 2017). Interventions based on evidences are essential for global health development (Weiss & Pollack, 2017). Our paper identifies barriers to the development of cohesive global health policy, and offer a few potential remedies in the development process of the same.

Barriers To The Development Of Global Health Policy:
Weiss and Pollack (2017) conducted an exploratory analysis of barriers in global health policymaking and found four key barriers in the current system, namely lack of competence in global health leaders, non-optimal priority selection, insufficient funds and resources, social and cultural barriers. People in global health leadership positions don’t acknowledge the significance of certain critical barriers. Development organizations spend funds on things not directly related to the project for which they are funded. The organizations do not prioritize their objectives based on available funding and resources. Foreign health agency staff is insensitive to cultural issues when working with local staff. Language barriers further create a negative atmosphere in policy development. Weak physical infrastructure undermines policy development procedures (Weiss & Pollack, 2017).

Low-income countries have a significant burden of infectious diseases which is aggravated by poverty. Barriers identified in low-income countries include lack of funding, resources, lack of technology, lack of latest diagnostic tests, lack of new medications (Weiss & Pollack, 2017). Cultural beliefs and norms impose further barriers to health
care. In contrast, developed countries have a significant burden of chronic diseases, metabolic diseases, and cancer. Barriers identified in developed countries include global politics, competition, crippling health insurance machinery, and racial discrimination (Weiss & Pollack, 2017).

Currently, the United States has withdrawn funding to global health organizations for protecting the American economy from crashing. The United States' current standing has significantly affected the efforts of international organizations at the global level. The top priority of American leaders is to focus on the American economy rather than global health. In contrast, the U.K government has committed to the mission of "Health is Global". Mwatsama et al (2014) conducted a pilot study in the U.K to assess the use of a global health impact assessment (GHIA) guidance framework and toolkit for policy-makers. The study recommended the use of GHIA in all countries to represent their voices at the global level.

Remedies in the Development Process:
Our paper proposes a framework for health-care delivery with cross-sectoral collaboration for efficient operation. The main principles of healthcare policy development are to identify gaps in the current operating system, formulate realistic goals based on available funding and resources, and actively implement the workable plan within the timeframe for productive deliverables. A multi-level global approach is essential for addressing barriers in global health policymaking (Hawkes et al., 2016).

Barriers can be approached correctly when they are identified accurately and root-cause analysis is done for corrective measures. The development of effective and sustainable programs should be the goal of global policymakers (Hawkes et al., 2016). The programs should focus on domains in which the country is willing to invest rather than in what foreign agencies are more interested in. The health advocacy role of Non-government organizations should be enhanced to overcome socio-cultural barriers. Global health policymakers should be trained on leadership traits for better performance at the global level. Promote health care leaders based on merit and expertise rather than political power. The health sector should be trained in financial negotiation skills to obtain increased government funding. Cross-sector collaboration should be developed in health development by engaging local leaders in the management of essential commodities. Infrastructure should be developed to increase the accessibility of the healthcare delivery system (Hawkes et al., 2016).

Conclusion:-
Barriers and their rectification measures should be taken into consideration while planning global health policies and strategies. Global health barriers should be thoroughly assessed for global health development. Global health leaders should rely on their perception which making crucial decisions (Hawkes et al., 2016). Strengthening the capacity of individuals and organizations and the use of evidence-based data in policy-cycles are essential to achieve the objective of the global health plan (Hawkes et al., 2016). Sustainability of evidence-informed policymaking requires strengthening of infrastructure, understanding of the global political, and the use of evidence in policy cycles by policymakers (Hawkes et al., 2016). Ultimately, the evidence-informed policy will be a significant determinant to bring health for all (Hawkes et al., 2016).

References:
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