



TARTU ÜLIKOOL



Introduction to Global Health



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TARTU ÜLIKOOL



Masaryk University in Brno, Czech Republic



University of Tartu, Estonia.

Introduction

- “Global Health” runs in parallel in 2 universities- the Masaryk University and the University of Tartu.
- This course consists of 12 seminars and runs for 12 weeks
- The working language of the course is English
- Why global health?
 - This is the first global health course for both universities
 - Global health is a hot topic in the globalizing world we live in
 - Health professionals can benefit from having a global understanding of health

Meet the course team!



Masaryk University, Brno, Czechia



University of Tartu, Estonia



Mgr. Bc. Michal Koščík, Ph.D.
Department Head, Public Health

Abanoub Riad, DDS
Instructor, Public Health
Stud. PhD

Mgr. Anton Drobov
Stud. PhD, Public Health

Ave Pöld, DD
Lecturer, Public Health

Mikk Jürisson, MD, PhD
Professor, Public Health

Course materials:

The screenshot shows the Moodle course page for 'Global Health (MVPT.04.005)'. The header includes the Tartu Ülikool logo and a search bar. The main content area is titled 'Welcome to the course!' and contains the following text:

Global Health is a discipline that places a priority on improving health and achieving equity in health for all people worldwide.

This course is a collaboration project between the Masaryk University in Brno, Czechia and the University of Tartu, Estonia.

This elective course aims to share knowledge, train analytical thinking skills, and spark exciting discussions among learners about the vast array of topics related to global health. Innovation and collaboration are keywords used to describe this course as student cohorts in Masaryk and Tartu university will be studying together being connected in class via a video stream. The teachers and tutors for this course are from both universities with additional expert guest speakers being invited for specific seminars of this course.

Students from Czechia and Estonia participating in this Global Health course are guided to collaborate closely with each other throughout the duration of the course. They will also be working in mixed groups for planning and writing their final course assignment- a global health project.

Learning outcomes:

- Learners have knowledge to describe the history, values, and functions of global health.
- Learners have obtained practical skills and knowledge to apply in health project planning and management.
- Learners can analyse health systems and policies from an equity and human rights' viewpoint.
- Learners can explain how social, economic, environmental, and cultural determinants contribute to population and individual health.

On the left sidebar, there are sections for 'Activities' (Boards, Choices, Forums, Resources, Zoom Meetings) and 'Administration' (Course administration, Edit settings, Users, Filters, Reports, Gradebook setup, Grades, Backup, Restore).

Tartu students: MOODLE


The screenshot shows the MUNI IS course page for 'Global Health'. The header includes the MUNI logo and navigation icons. The main content area is titled 'Interactive Syllabus' and features a banner with a globe and a heartbeat line. The banner text reads: 'Mgr. Bc. Michal Koščík, Ph.D. Global Health'. Below the banner, there is a section titled 'Welcome to the course' with an 'Open' button. The 'CHAPTER CONTAINS:' section lists two items: 'Image' (2) and 'Topic list' (1). On the right sidebar, there is a 'Global Health' menu with the following items:

- Welcome to the course
- Module 1: Introduction to Global Health
- Module 2: Global Burden of Disease
- Module 3: Project Design for Strengthening Health Systems
- Module 4: Health Equity
- Module 5: Healthcare Financing
- Module 6: Digital Health
- Module 7: Planetary Health & Antimicrobial Resistance
- Module 8: Health Emergencies
- Module 9: Migrant and Refugee Health

Masaryk students: MUNI IS



Final assessment

The final assessment for this course is a group work where you submit a project plan and present the project at the colloquium to the whole class. 

The final assessment results comprise of:

- Health project plan submission (70%);
- Project presentation in seminar (30%).

Topic	University	Student
Adolescents' mental health in Europe	MUNI	Elia Evangelisti
Adolescents' mental health in Europe	MUNI	Serena Sorge
Adolescents' mental health in Europe	UT	Linda Kasela
Adolescents' mental health in Europe	UT	Viktorija Lokteva
Climate change: an existential threat and a health crisis	MUNI	Lorenzo Legittimo
Climate change: an existential threat and a health crisis	MUNI	Khaled Saed
Climate change: an existential threat and a health crisis	UT	Sabrina Mahar
Climate change: an existential threat and a health crisis	UT	Martin Ojamaa
Health in times of crises	MUNI	Federico Agneta
Health in times of crises	MUNI	Cecilia Cardillo
Health in times of crises	UT	Simon Akamine
Health in times of crises	UT	Carmen Kuusk
Improving clinical quality of care in low-income settings	MUNI	Olga Seklerentou
Improving clinical quality of care in low-income settings	UT	Rebekka Helena Pindma
Improving clinical quality of care in low-income settings	UT	Jaan Märten Huik
Improving clinical quality of care in low-income settings	UT	Anna Tisler
Increasing access to care for refugees	MUNI	Mohammed Mazin Ahmed Al-Anssari
Increasing access to care for refugees	MUNI	Anna Polcrová
Increasing access to care for refugees	UT	Marta Kohal
Increasing access to care for refugees	UT	Ingrid Kiisk
Maternal health: increasing survival for mothers and newborns	MUNI	Benny Heepmann
Maternal health: increasing survival for mothers and newborns	UT	Malla Pauline Koskela
Maternal health: increasing survival for mothers and newborns	UT	Heleriin Laur
Maternal health: increasing survival for mothers and newborns	UT	Karoliina Inno
Neglected tropical diseases	MUNI	Nisarar Changchroenkul
Neglected tropical diseases	UT	Beatrice Marlene Metsaorg
Neglected tropical diseases	UT	Mari Liis Sukk
Neglected tropical diseases	UT	Christer Daniel Sirkel
Orphan drugs and rare diseases	MUNI	António Queiroz
Orphan drugs and rare diseases	UT	Karl Robert Kuum
Orphan drugs and rare diseases	UT	Karl Allikvee
Orphan drugs and rare diseases	UT	Martin Špol
Tackling antimicrobial resistance in low-income settings	MUNI	Nahom Ghezai
Tackling antimicrobial resistance in low-income settings	MUNI	Kristine Rettedal Christiansen
Tackling antimicrobial resistance in low-income settings	MUNI	Ekaterina Volevach
Tackling antimicrobial resistance in low-income settings	UT	Elessar Eetu Hopeapuu



Final project guidance

Expected output:

Project plan of 2000 words (+/- 10%) and a PPT presentation (10 slides)

- Project Title: including your names, the date, and the title of this course
- Background: Explain the rationale behind your selected health topic and what it is about; include a brief overview of relevant literature including what has been done so far.
- Goal: what is the main thing you want the project to achieve?
- Activities: describe the types of activities you think could be done to address this issue
- Monitoring: list some elements that should be measured in the project
- Expected Staffing: make some guesses as to what type of staff/numbers of staff are needed for your project
- Total budget (in dollars)- a high-level budget sheet as a table in Excel is suitable, no need to get too detailed.

 A detailed explanation of the final assessment requirements will be provided in the 7 seminar "Project design for strengthening health systems."

NB! Upload your written project plan by May 5th to Moodle and the MUNI IS.



Today's agenda:

- Burning global health issues
- A brief history of Global Health
- Health inequities and determinants of health
- Sustainable development goals (SDGs)
- Universal Health Coverage
- Triple Billion Goals

What is global health?

Table Comparison of global, international, and public health

	Global health	International health	Public health
Geographical reach	Focuses on issues that directly or indirectly affect health but that can transcend national boundaries	Focuses on health issues of countries other than one's own, especially those of low-income and middle-income	Focuses on issues that affect the health of the population of a particular community or country
Level of cooperation	Development and implementation of solutions often requires global cooperation	Development and implementation of solutions usually requires binational cooperation	Development and implementation of solutions does not usually require global cooperation
Individuals or populations	Embraces both prevention in populations and clinical care of individuals	Embraces both prevention in populations and clinical care of individuals	Mainly focused on prevention programmes for populations
Access to health	Health equity among nations and for all people is a major objective	Seeks to help people of other nations	Health equity within a nation or community is a major objective
Range of disciplines	Highly interdisciplinary and multidisciplinary within and beyond health sciences	Embraces a few disciplines but has not emphasised multidisciplinary	Encourages multidisciplinary approaches, particularly within health sciences and with social sciences

Figure 1. Comparison of global, international and public health (Koplan, JP, et al. 2009)

1948 7 April: Constitution of WHO comes into being. Later, 1st World Health Assembly names Dr Brock Chisholm as first Director-General



1949 2nd Assembly confirms that Pan American Sanitary Bureau will act as WHO's regional office of the Americas

1953 Dr Marcolino Candau succeeds Dr Chisholm as second Director-General

1966 Opening of WHO's custom-built headquarters in Geneva, Switzerland



1967 Start of intensified campaign for smallpox eradication

1973 Dr Halfdan Mahler succeeds Dr Candau as third Director-General

1977 30th Assembly adopts as target **Health for all by the Year 2000**. Last ever case of endemic smallpox located in Somalia



Photos WHO

1978 Declaration of Alma-Ata, at WHO/UNICEF conference on primary health care

1979 Independent commission confirms the global eradication of smallpox

1986 Seventh report on the world health situation assesses progress made towards Health for All

1988 WHO's 40th anniversary. World Health Day slogan chosen for this occasion:

Health for all—all for health

Burning global health issues today (WHO):

Advancing health for all

Tackling health inequities

Strengthening primary health care

The COVID-19 pandemic

Combating drug resistance

Increasing vaccine uptake

Preventing & treating NCDs and mental health conditions

Revitalizing efforts to tackle communicable diseases

Fighting air pollution and climate change

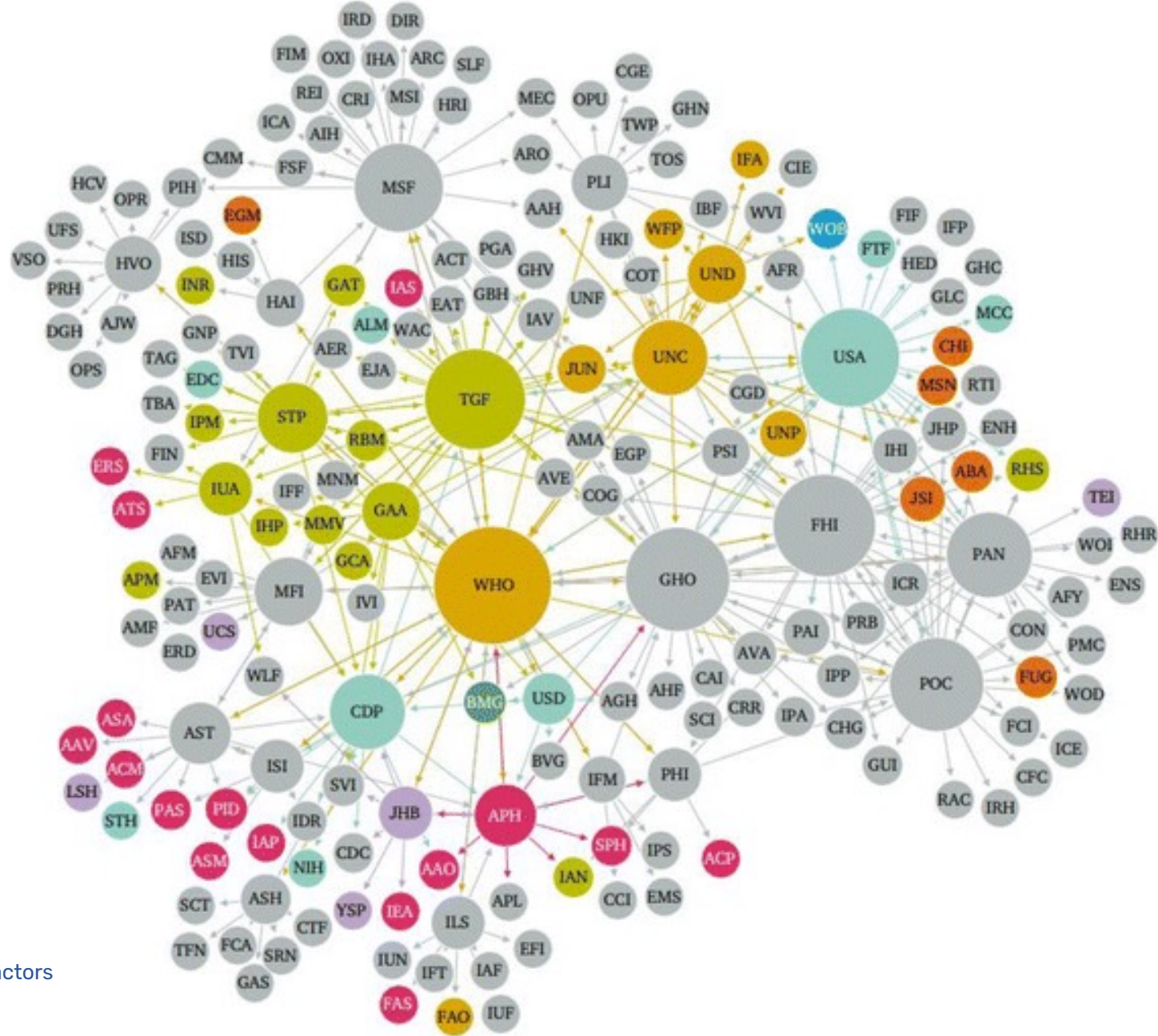


Figure. Network mapping of global health actors by type (Hoffman, S.J. 2018)

- Global civil society organizations and NGOs
- National governments
- Academic institutions
- Professional associations
- UN system and intergovernmental
- Philanthropic organizations
- Public-private partnerships
- Private industry
- Multilateral development banks

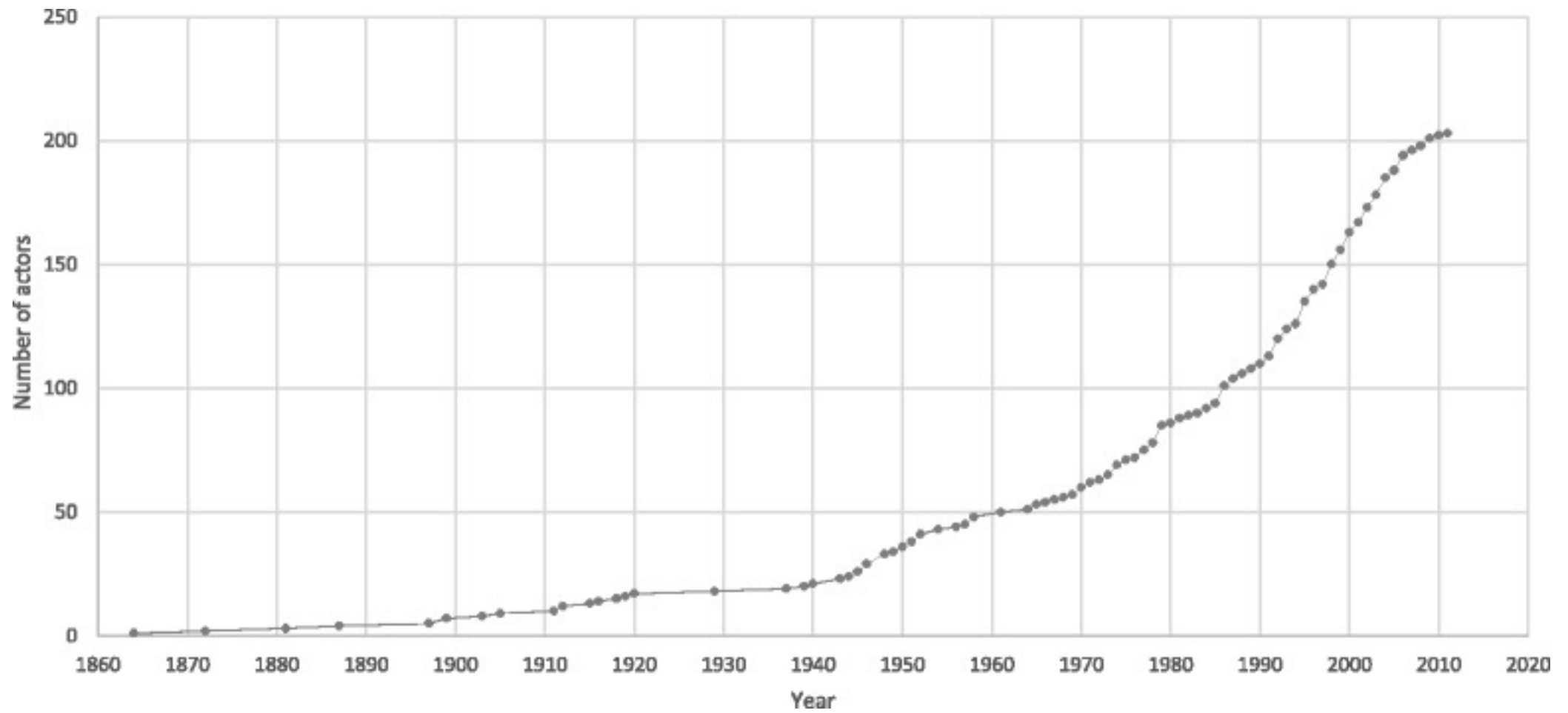
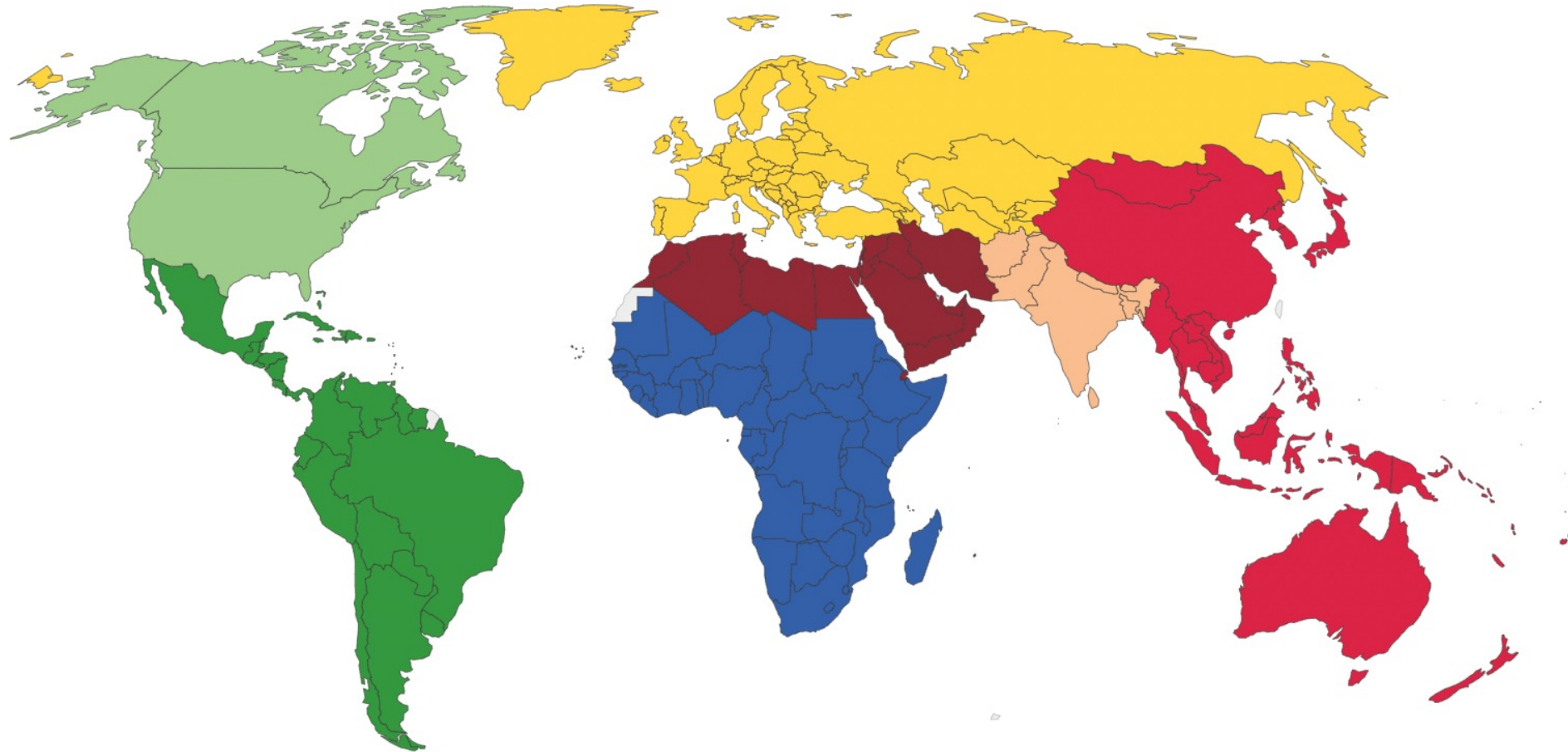


Figure. Rate of inception of global health actors over time (Hoffman, S.J. 2018)

World regions according to the World Bank

World



- East Asia and Pacific
- Europe and Central Asia
- Latin America and Caribbean
- Middle East and North Africa
- North America
- South Asia
- Sub-Saharan Africa
- No data

WHO regions:

Country income classifications:

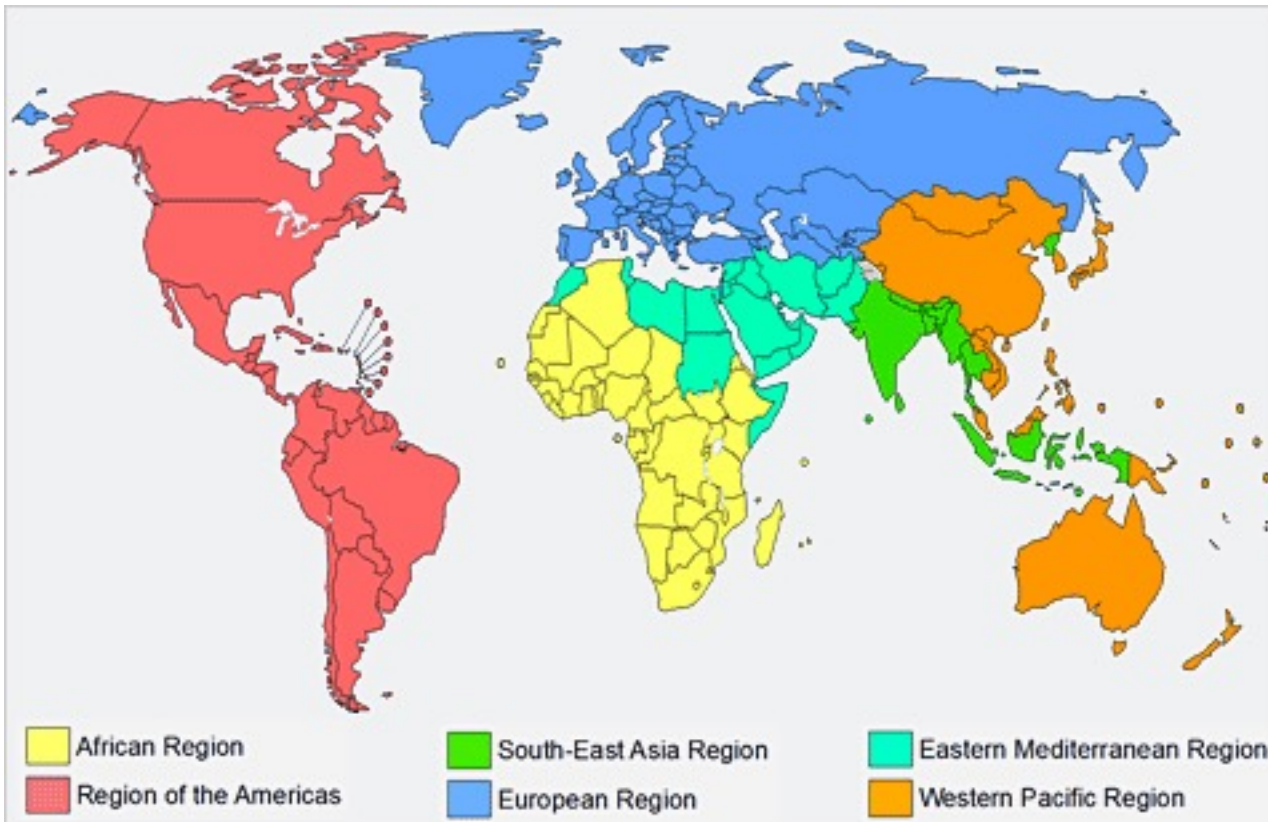


Figure. WHO administrative regions (FCTC)

GNI per capita in current USD

July 1, 2021 (new)

Group

Low income

Lower-middle income

Upper-middle income

High income

1,046 – 4,095

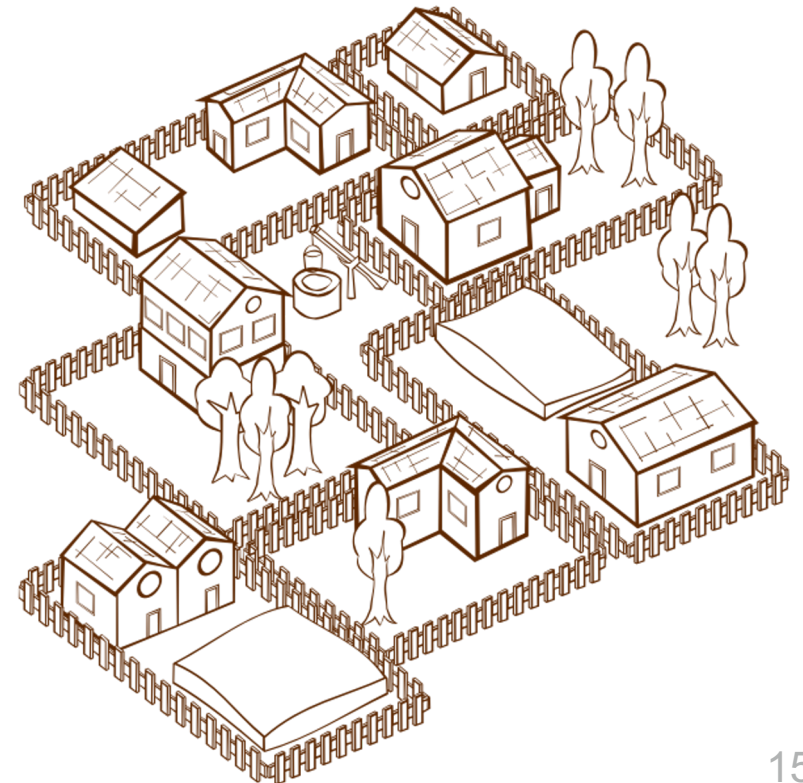
4,096 -12,695

> 12,695

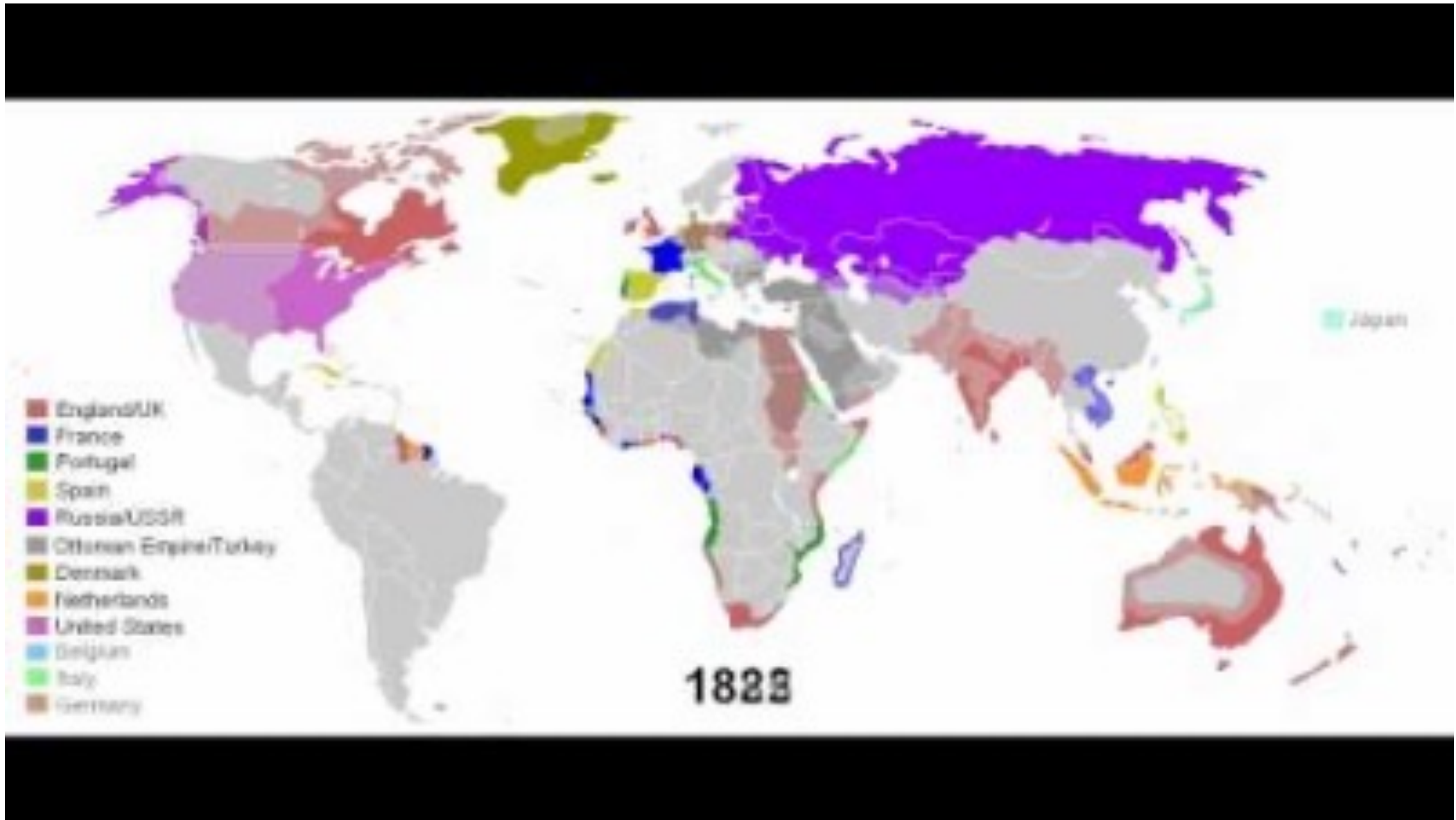
Figure. Country income classifications (World Bank, 2021)

The history of global health

- The „age of exploration“ (15th- 18th century)
- Tropical medicine (19th century)
- International Health (1850 -1950)
- Foundation of the World Health Organization



Colonialism



The „age of exploration“ (15th- 18th century)

- Travelling and the start of colonialization (Columbus, Da Gama, Cortez etc.)
- “Virgin soil epidemics”- smallpox, influenza, measles, mumps and chickenpox
- Exchanging diseases between the Old and the New World

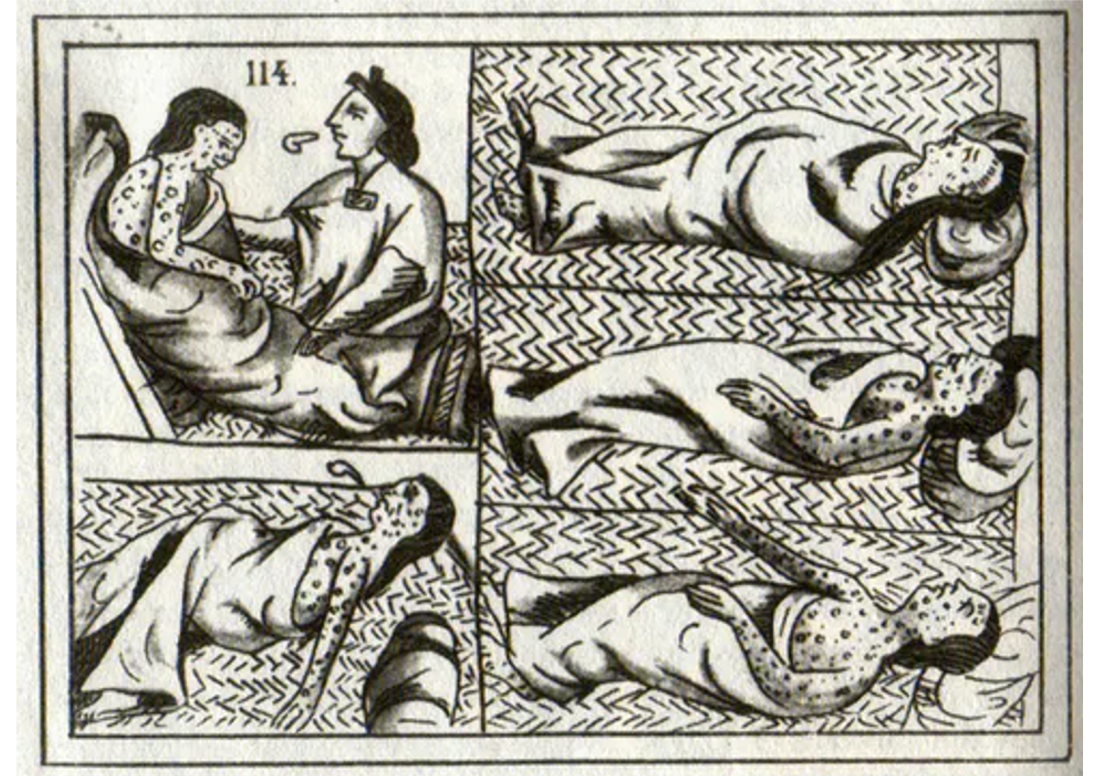


Figure 2. Indigenous people suffering from smallpox (Ward, 2020)

Tropical medicine (19th century)

- „In both Britain and the United States, tropical medicine was a specialty ‘conceived out of the very specific needs of colonialism’.“ (Gibson, 2009)
- Tropical medicine produced optimism about controlling epidemic disease within European colonies and preventing them from reaching Europe (Bhattacharya, 2012)
- The start of medical missions (Palilonis)



Figure 3. Introduction of anti-cholera inoculation in Calcutta, in March 1894 (Wikimedia Commons) J. R. SIMPSON,

International Health (1850 -1950)

- *The advent of the germ theory of disease
- 1851 International Sanitary Convention (Paris)- first time nations came together to create an international health policy.
- 1899 LSHTM was founded (Patrick Manson)
- 1902 Pan-American Sanitary Bureau was established.
- 1907: Office International d'Hygiene Publique (Paris)
- 1913: Rockefeller Foundation- the single largest funder of global health in the first half of the 20th century.



Figure 4. The establishment of the Pan-American Sanitary Bureau. (Alleyne 2016)

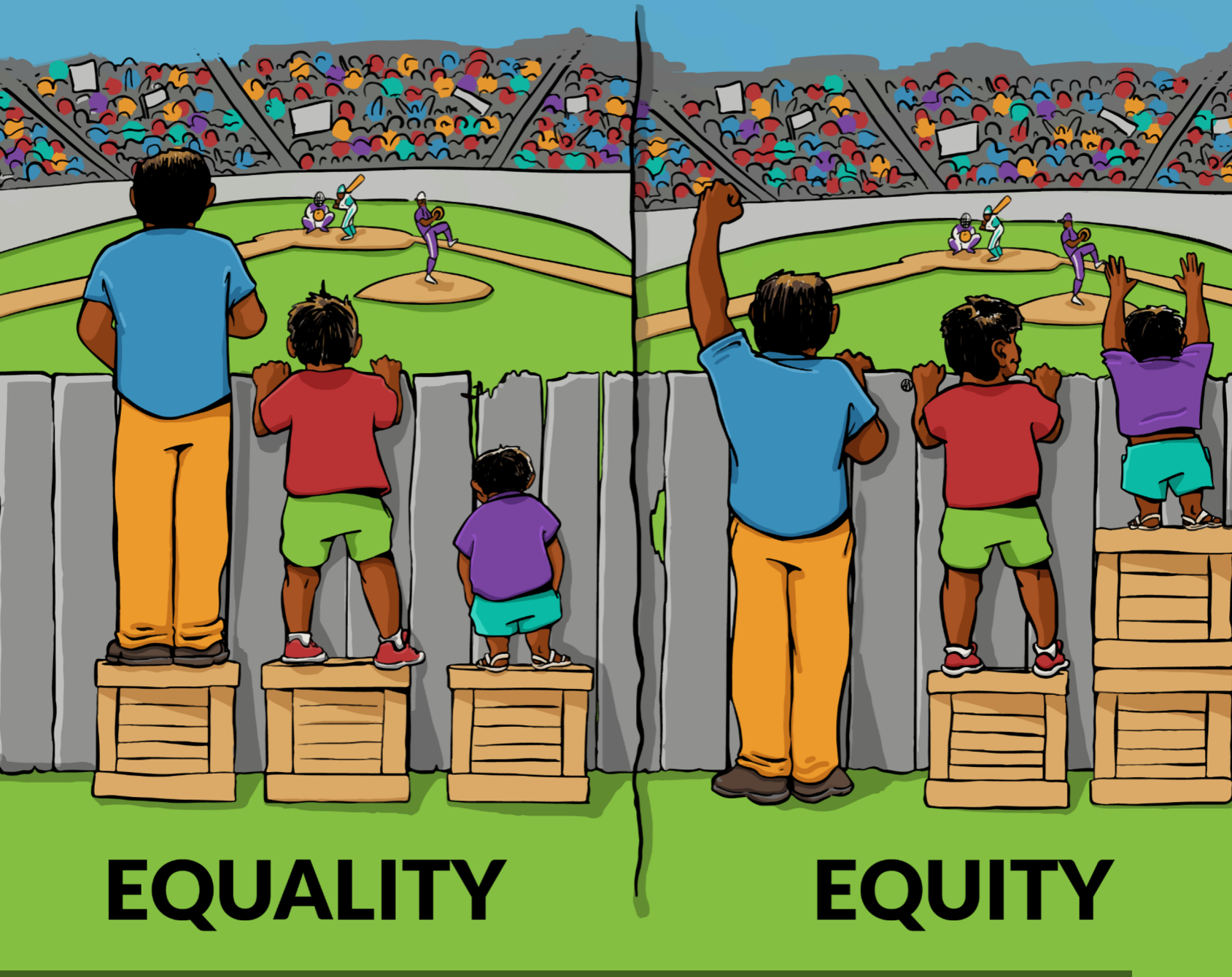


The establishment of the World Health Organization (WHO) in 1948

- **Definition of Health:** „A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity“. (WHO, 1948)

Why should we be concerned about critical global health issues?





Equality vs equity in global health

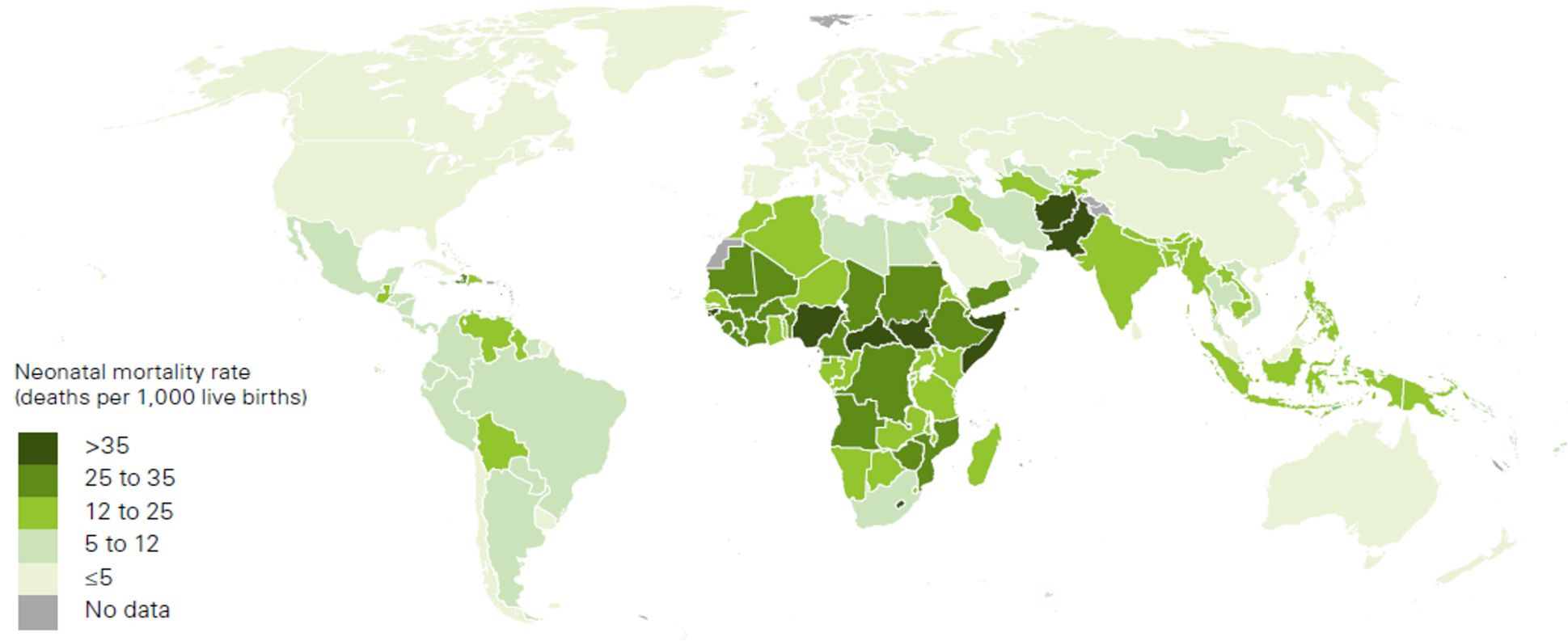
- CDC says, “Health equity is when everyone has the opportunity to be as healthy as possible.”
- Horizontal and vertical equity
 - Access to care
 - Financing
 - Sharing costs

High neonatal mortality rates in low-income countries



MAP
2

Neonatal mortality rate (deaths per 1,000 live births) by country, 2019



Note: The classification is based on unrounded numbers. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.



Hunger Map 2021

CHRONIC HUNGER

Up to 811 million people – 1 in 10 of the global population – do not get enough to eat

<2,5%	2.5-4.9%	5-14,9%	15-24,9%	25-34,9%	>35%	DATA NOT AVAILABLE
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Undernourishment is defined as the condition in which an individual's habitual food consumption is insufficient to provide the amount of dietary energy required to maintain a normal, active, healthy life. The indicator is reported as the prevalence of undernourishment (POU), which is an estimate of the percentage of individuals in the total population that are in a condition of undernourishment. To reduce the influence of possible estimation errors in some of the underlying parameters, national estimates are reported as a three-year moving average. Source: FAO, IFAD, UNICEF, WFP and WHO, 2021. The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. Further information is available at <https://www.wfp.org/publications/2021-state-of-food-security-and-nutrition-wfsn-report-en-2021>

The impact of COVID-19 on poverty

Figure 1: Annual change in the number of extreme poor (in million), 1992-2020

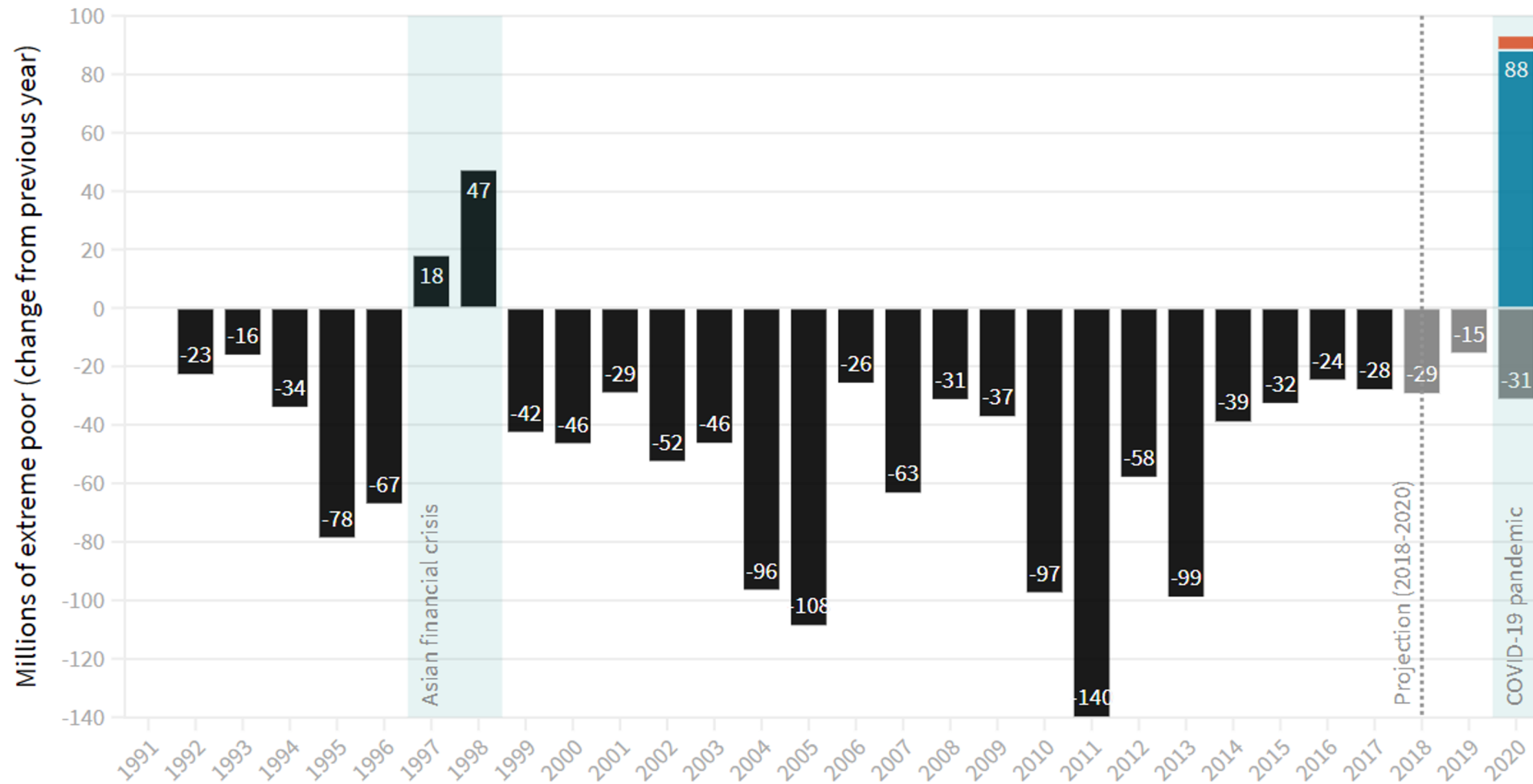


Figure. The impact of COVID-19 on the extreme poor. (Worldbank, 2020)

Immunization

- Immunization helps prevent morbidity and mortality, especially under 5 mortality
- Prevents poverty as it decreases treatment costs
- GAVI- global vaccine alliance
- COVAX
- Global vaccination goals (WHO):
 - Eradicate polio by 2023
 - Reach global goals towards eliminating tetanus, measles, rubella
 - By the year 2020 reach 90% coverage goals for all vaccines in the national immunization plans
 - Decrease under 5 mortality



Figure. A child being given the oral polio vaccine (GPEI)

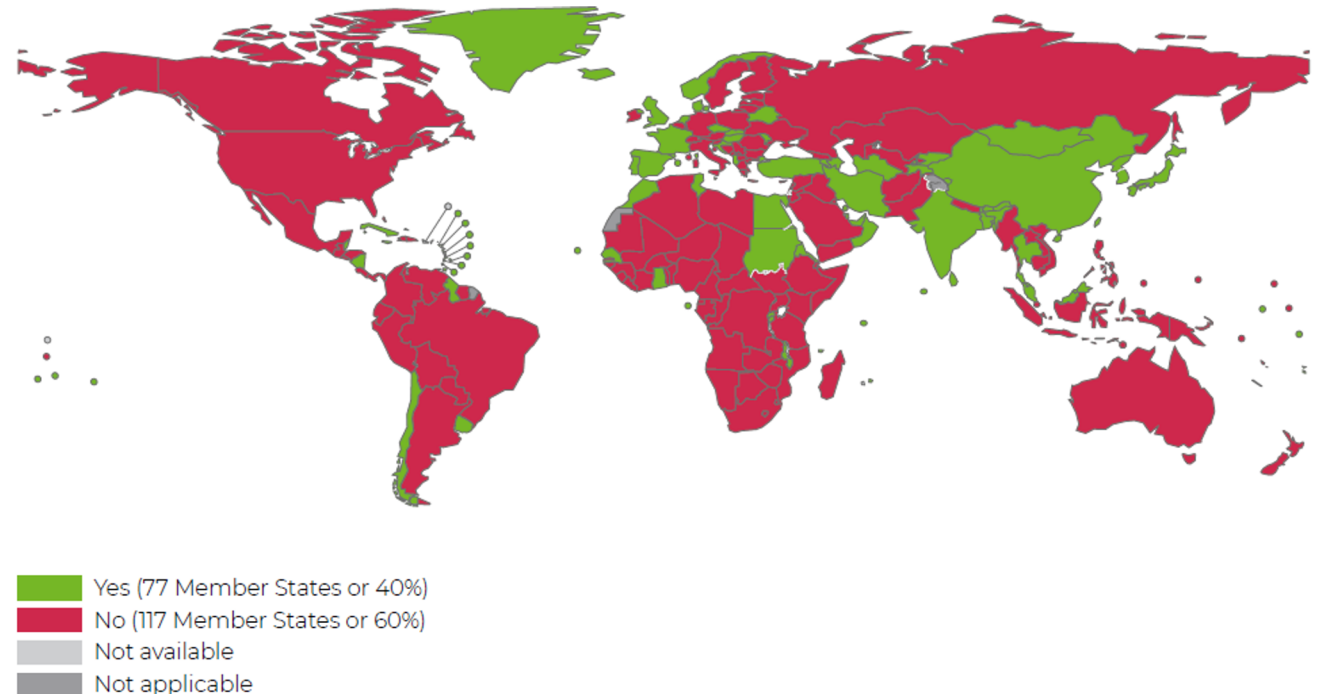


Figure. Country coverage of 90%+ infant immunization in 2019 (WHO)

Global vaccine uptake

- In 2020 83% of all children had received all 3 required doses of DTP vaccine
- Due to the COVID-19 pandemic 23 million less children were vaccinated taking us to the vaccination coverage level of 2009

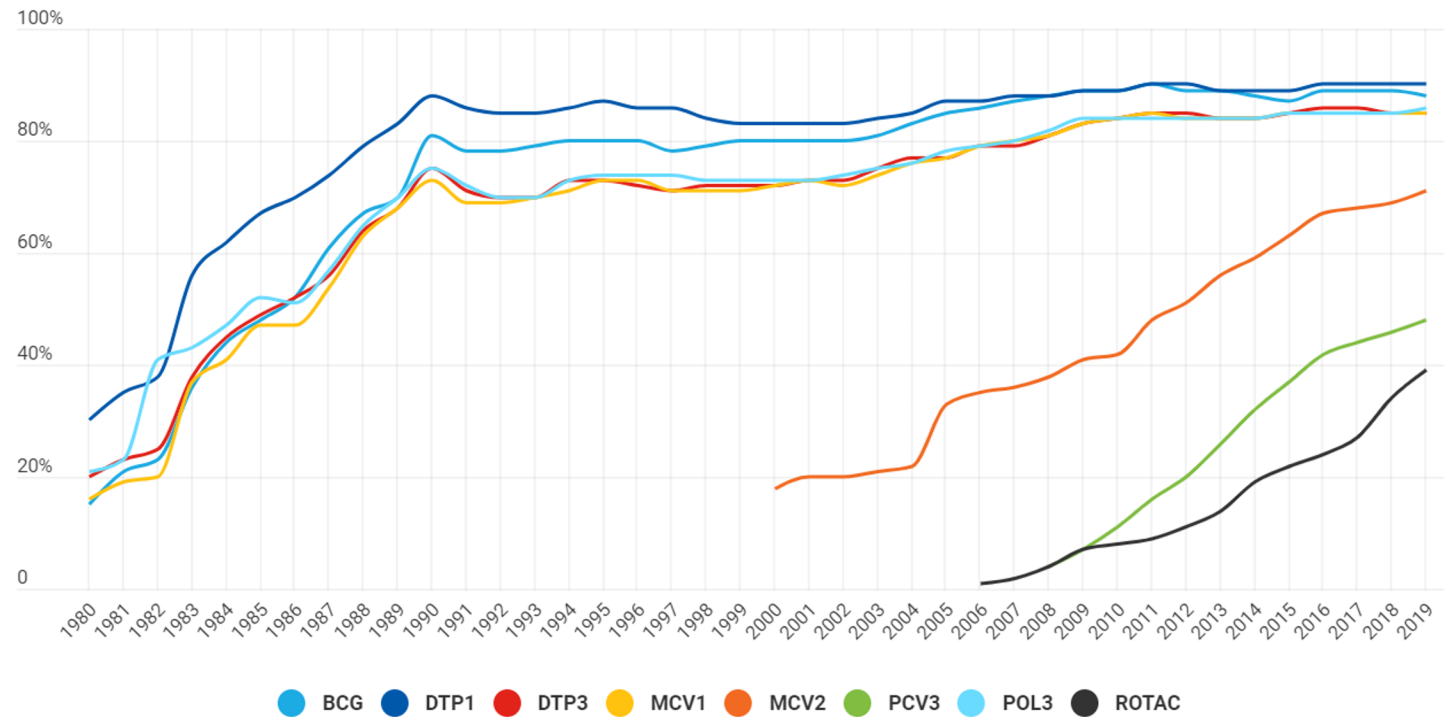


Figure. Global children's immunization coverage (UNICEF)

(Immunization and vaccine-preventable communicable diseases, WHO)

Success story- Smallpox eradication

- In 1966, smallpox ravaged over 50 countries, affecting 10 million to 15 million people, of whom almost 2 million died each year (CGD)
- But we had a vaccine from Edward Jenner so why?
- In 1977, the last endemic case of smallpox in the world was recorded in Somalia. In 1980, after additional surveillance and searching, WHO declared smallpox the first disease in history to have been eradicated.

PLATE XI.



Variola on the seventh day, showing the usual preponderance of lesions on the face, hands, and wrists (courtesy of Dr. J. F. Schamberg).

Vaccination saves lives

Disease	20th Century annual morbidity (2)	2016 Reported cases (3)	Percent decrease (%)
Smallpox	29,005	0	100
Diphtheria	21,053	0	100
Measles	530,217	69	>99
Mumps	162,344	5,311	97
Pertussis	200,752	15,737	92
Polio (paralytic)	16,316	0	100
Rubella	47,745	5	>99
Congenital rubella syndrome	152	1	99
Tetanus	580	33	94
<i>Haemophilus influenzae</i>	20,000	22*	>99

**Haemophilus influenzae* type b (Hib) < 5 y of age.

Figure. Morbidity of various diseases in the 20th century and in 2016. (Orenstein, 2017)

Czechia: WHO and UNICEF estimates of immunization coverage: 2020 revision

Estonia: WHO and UNICEF estimates of immunization coverage: 2020 revision

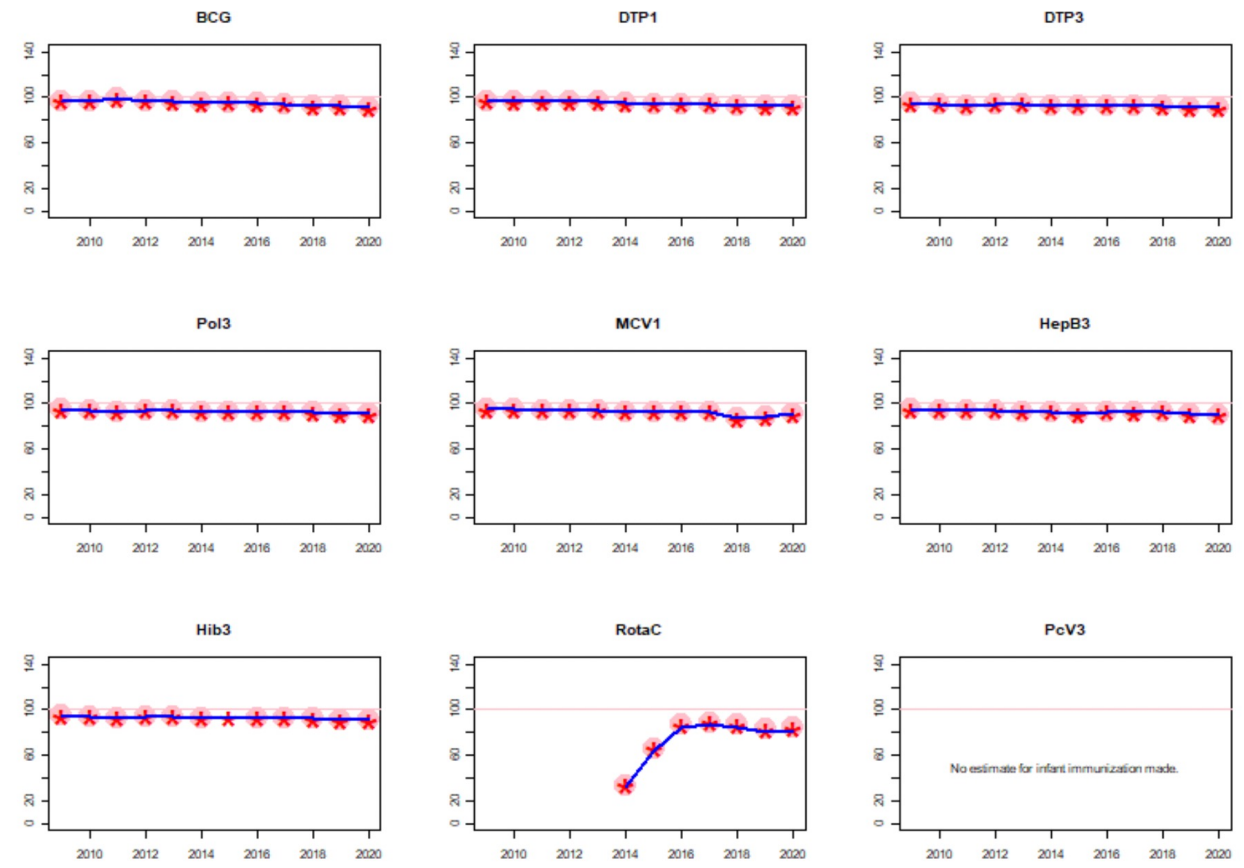
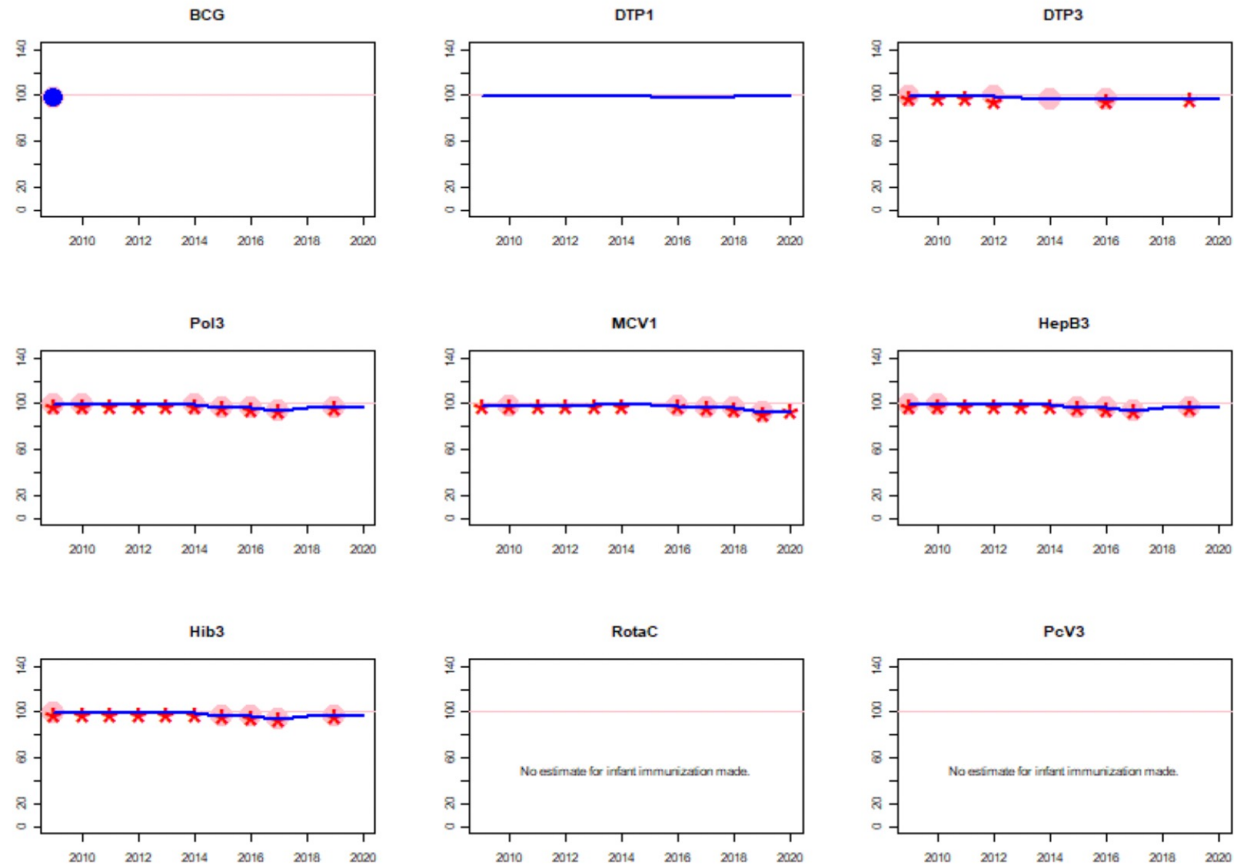


Figure. WHO and UNICEF estimates of immunization coverage:- Estonia, Czechia (WHO, 2020)

Measuring health status



Health status

Mortality by age and sex

- Life expectancy at birth
- Adult mortality rate between 15 and 60 years of age
- Under-five mortality rate
- Infant mortality rate
- Neonatal mortality rate
- Stillbirth rate

Mortality by cause

- Maternal mortality ratio
- TB mortality rate
- AIDS-related mortality rate
- Malaria mortality rate
- Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- Suicide rate
- Mortality rate from road traffic injuries

Fertility

- Adolescent fertility rate
- Total fertility rate

Morbidity

- New cases of vaccine-preventable diseases
- New cases of IHR-notifiable diseases and other notifiable diseases
- HIV incidence rate
- HIV prevalence rate
- Hepatitis B surface antigen prevalence
- Sexually transmitted infections (STIs) incidence rate
- TB incidence rate
- TB notification rate
- TB prevalence rate
- Malaria parasite prevalence among children aged 6–59 months
- Malaria incidence rate
- Cancer incidence, by type of cancer

TABLE 2-1 Key Health Status Indicators

Infant mortality rate: The number of deaths of infants under age 1 per 1,000 live births in a given year

Life expectancy at birth: The average number of years a newborn baby could expect to live if current mortality trends were to continue for the rest of the newborn's life

Maternal mortality ratio: The number of women who die as a result of pregnancy and childbirth complications per 100,000 live births in a given year

Neonatal mortality rate: The number of deaths of infants under 28 days of age in a given year per 1,000 live births in that year

Under-5 mortality rate (child mortality rate): The probability that a newborn baby will die before reaching age 5, expressed as a number per 1,000 live births

Figure. Key health status indicators (Skolnik, 2020)

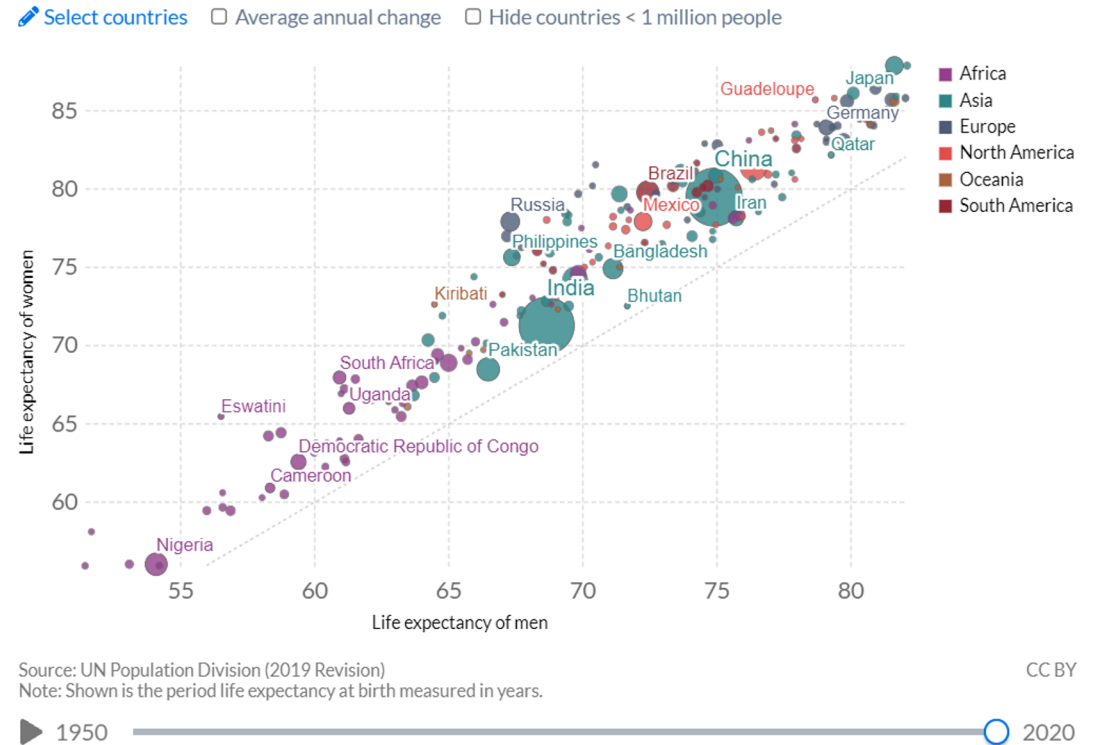
Figure. Health status indicators (WHO, 2015)

Global life expectancy

- 75 years (women)
- 70 years (men)
- „Life expectancy at birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change.“ (OECD, 2021)
- How is life expectancy different per world region?
- Why do women live longer than men?
- The impacts of COVID-19 on global life expectancy

Life expectancy of women vs life expectancy of men, 2020

In countries that lie above the grey line the life expectancy of women is higher than for men.



Source: UN Population Division (2019 Revision)
 Note: Shown is the period life expectancy at birth measured in years. CC BY

Figure. Life expectancy of women vs men in 2020 (Our World in Data)

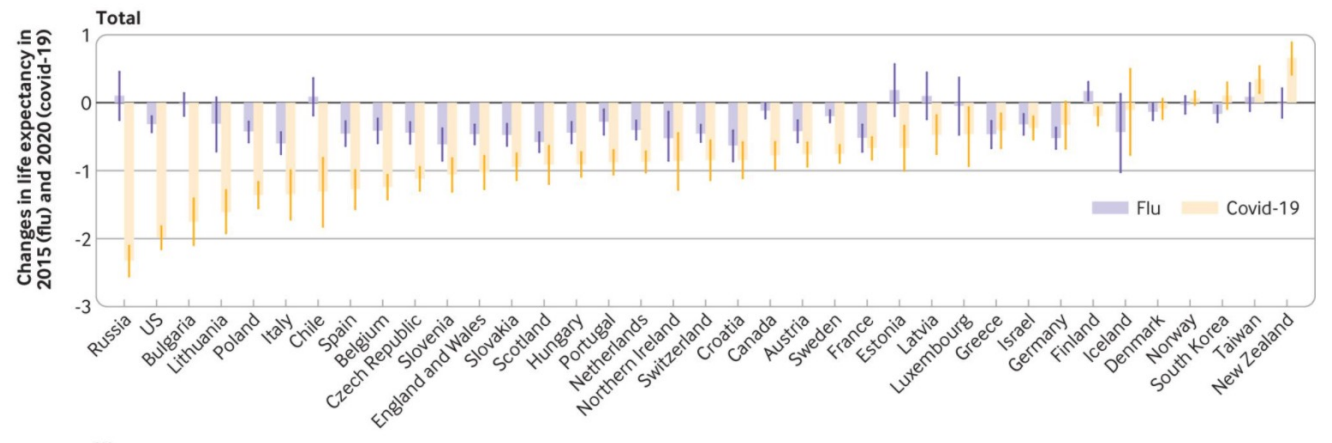


Figure. Changes in life expectancy: covid-19 (2020) v influenza epidemic (2015) (Islam, et al. 2021)

The social determinants of health

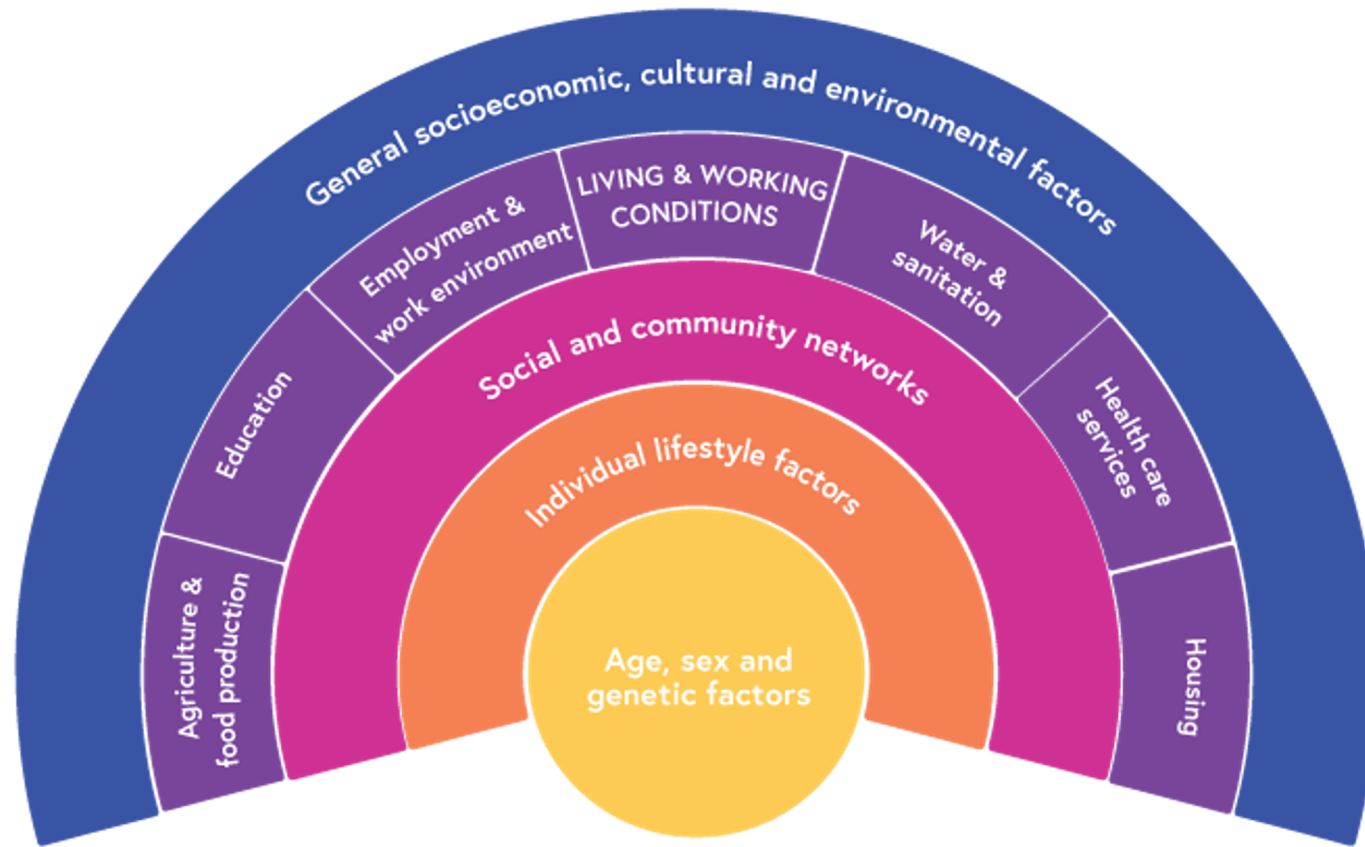


Diagram courtesy of the Institute for Future Studies, Stockholm

Figure. Social determinants of health (Futurelearn)



Risk factors

Nutrition

- Exclusive breastfeeding rate 0–5 months of age
- Early initiation of breastfeeding
- Incidence of low birth weight among newborns
- Children under 5 years who are stunted
- Children under 5 years who are wasted
- Anaemia prevalence in children
- Anaemia prevalence in women of reproductive age

Infections

- Condom use at last sex with high-risk partner

Environmental risk factors

- Population using safely managed drinking-water services
- Population using safely managed sanitation services
- Population using modern fuels for cooking/heating/lighting
- Air pollution level in cities

Noncommunicable diseases

- Total alcohol per capita (age 15+ years) consumption
- Tobacco use among persons aged 18+ years
- Children aged under 5 years who are overweight
- Overweight and obesity in adults (*Also: adolescents*)
- Raised blood pressure among adults
- Raised blood glucose/diabetes among adults
- Salt intake
- Insufficient physical activity in adults (*Also: adolescents*)

Injuries

- Intimate partner violence prevalence

Figure. Risk factors (WHO, 2015)

Global development plans for health

The Alma-Ata Declaration of 1978 on Primary Health Care

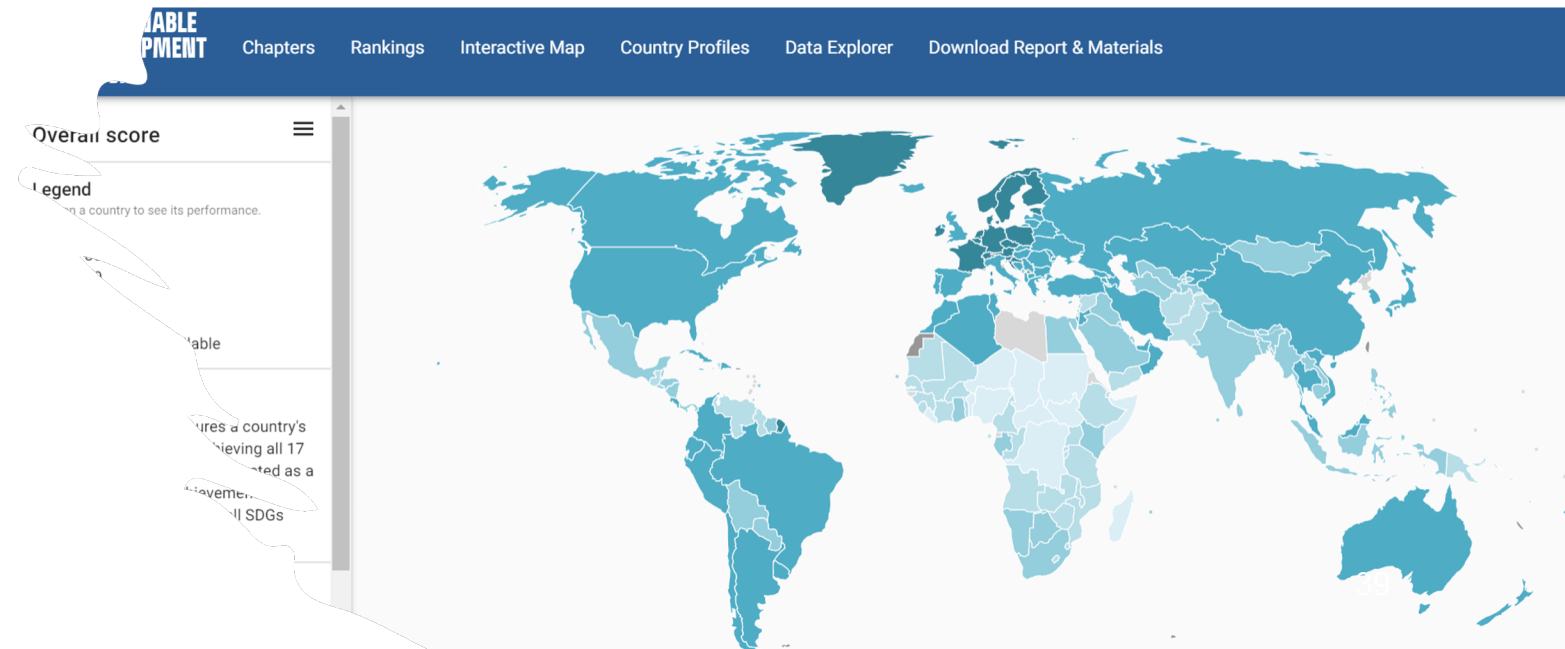
•A major milestone of the 20th century in the field of public health identifying primary health care as the key to the attainment of the goal of Health for All.

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. ((Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978)



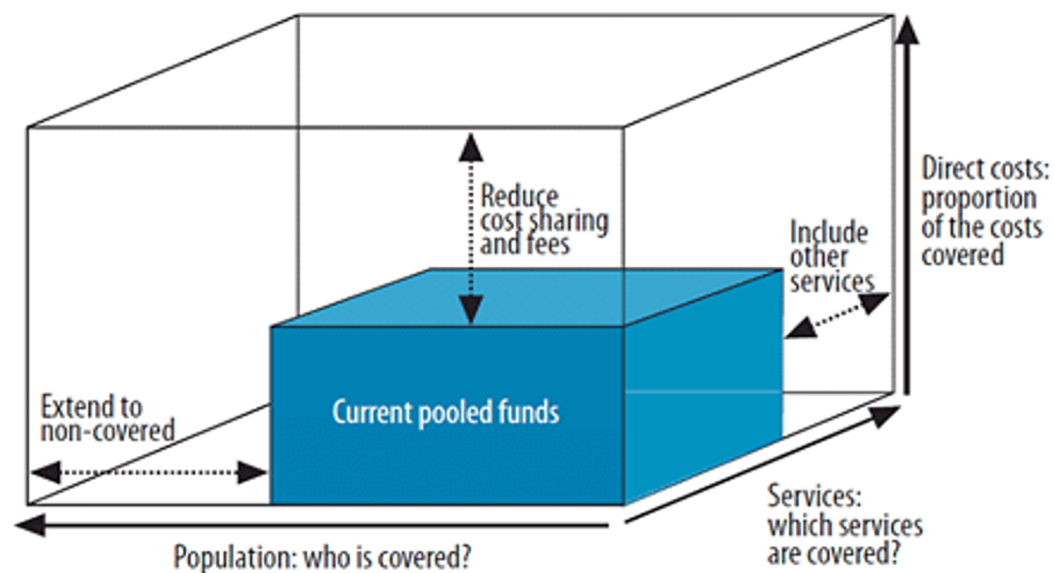
The United Nations Sustainable Development Goals

- Part of the 2030 Agenda for Sustainable Development adopted in 2015- an urgent call for action by all countries - developed and developing - in a global partnership.
- None of the countries in the world are on track with achieving the SDGs (Moyer, 2020)
- Globally the greatest challenges are to enable WASH services globally, ensuring all children go to middle school and malnourished children (Moyer, 2020)
- Where are Estonia and the Czechia in achieving the SDGs?



SDG 3.8- Universal Health Coverage

•Achieve by 2030 universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.



Three dimensions to consider when moving towards universal coverage

Figure. Three dimensions of UHC (Cotlear, Daniel & Rosemberg, Nicolas. (2018).

3 GOOD HEALTH AND WELL-BEING ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

THE PANDEMIC

HAS HALTED OR REVERSED PROGRESS

IN HEALTH AND SHORTENED LIFE EXPECTANCY

90% OF COUNTRIES ARE STILL REPORTING ONE OR MORE DISRUPTIONS TO ESSENTIAL HEALTH SERVICES

A DECADE OF PROGRESS

IN

REPRODUCTIVE HEALTH

MATERNAL HEALTH

CHILD HEALTH

COULD BE STALLED OR REVERSED

BY COVID-19

A LACK OF DATA

HINDERS UNDERSTANDING OF THE TRUE IMPACT OF COVID-19

COUNTRIES WITH DEATH REGISTRATION SYSTEM AT LEAST 75% COMPLETE

62% WORLD	<20% SUB-SAHARAN AFRICA
(2015-2019)	

HEALTH WORKERS

— IN SHORT SUPPLY IN MANY REGIONS —
HAVE BEEN STRETCHED TO THEIR LIMITS BY THE PANDEMIC

NURSES AND MIDWIVES

150 PER 10,000 PEOPLE	10 PER 10,000 PEOPLE
NORTHERN AMERICA	SUB-SAHARAN AFRICA
(2013-2019)	

SCALING UP INVESTMENT IN UNIVERSAL HEALTH COVERAGE IS ESSENTIAL

FIGURE 3.2 Lower income countries are lagging behind on the road to UHC

Sustainable Development Goal 3.8 indicators

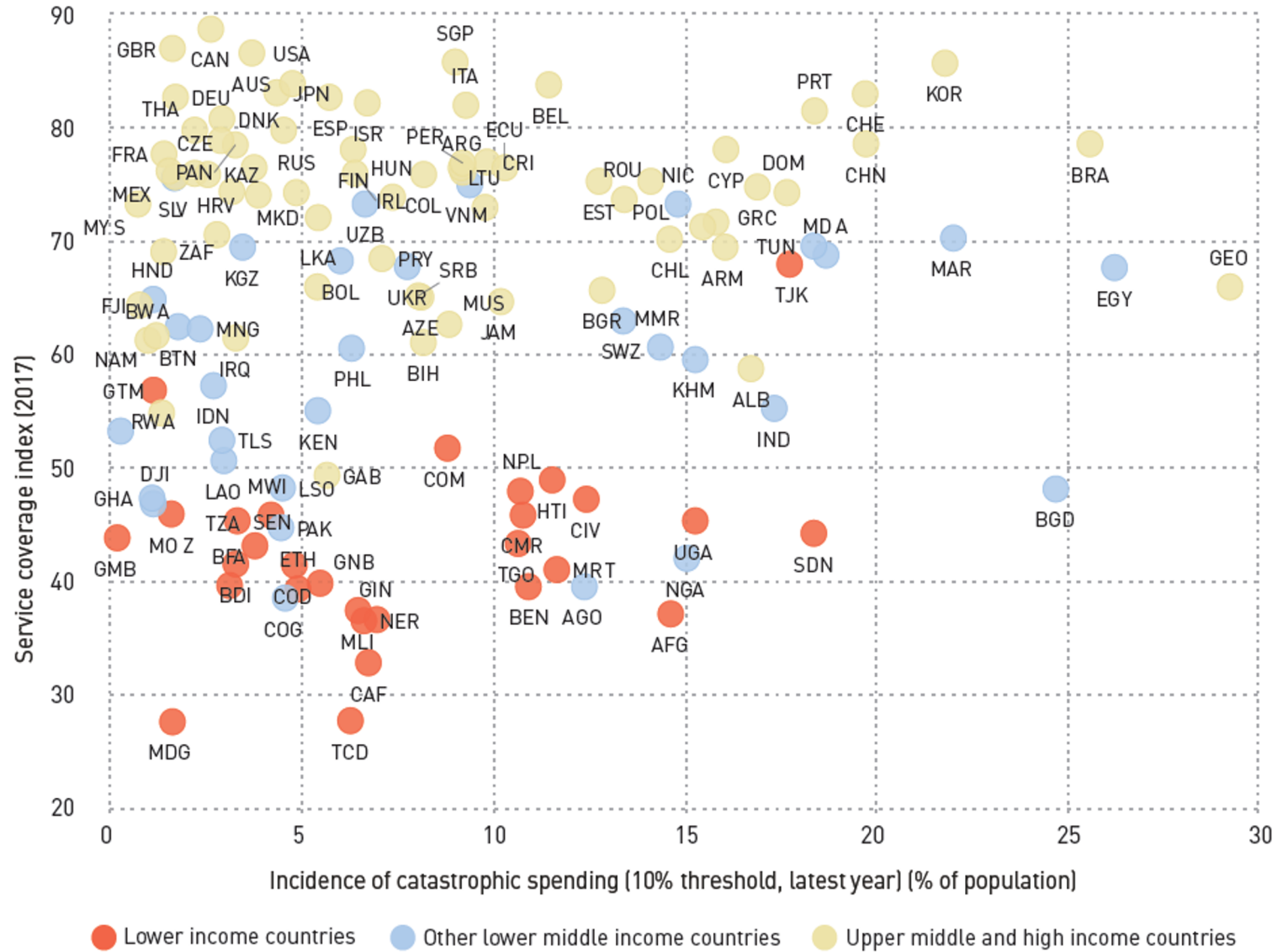
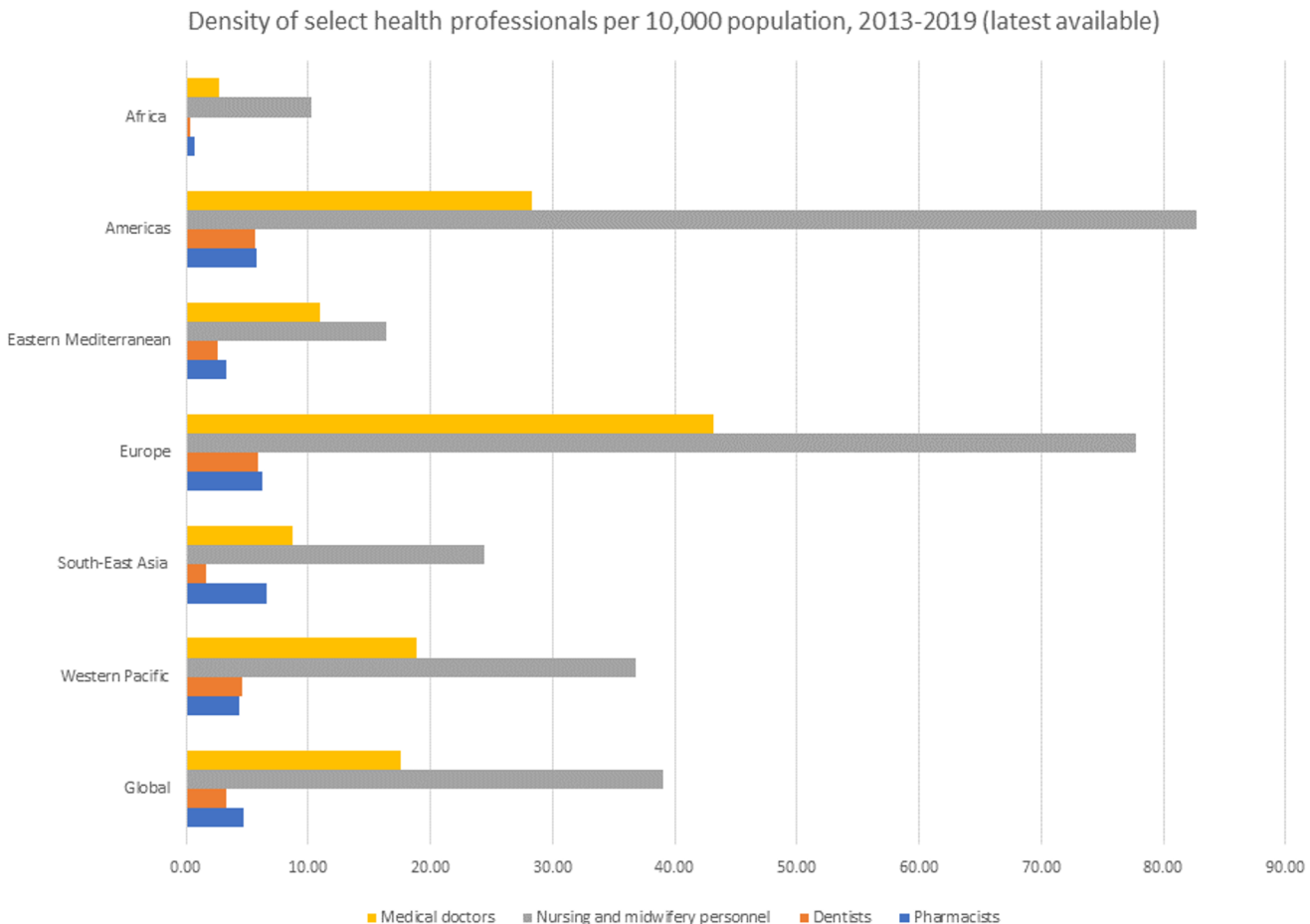


Figure. Low-income countries lagging behind on the road to UHC. (WHO, 2020)

Health and care workers

Density of select health workforce per 10 000 population



Achieving health for all will depend on there being sufficient numbers of well-trained and educated, regulated and well supported health workers.

Currently the regional distribution of health workers is inequal and negatively impacts LMICs the most

90% of countries report disruptions to essential health services since the COVID-19 pandemic.(WHO, 2021)

Figure. Regional density of health workers (Global Health Observatory)

Who are community health workers (CHW)?

- Training CHWs has been for the past 50 years a means of combating insufficiencies in health worker coverage especially in LMICs
- CHWs are members of a community who are trained to perform health education and check-up activities
- CHWs are often unpaid and overburdened with work



WHO Triple Billion Goals



Universal Health Coverage ▾



Health Emergencies Protection ▾



Healthier Populations ▾

Country Overview

Indicators

Tracking the Triple Billion targets



Universal Health Coverage

One billion more people benefiting from Universal Health Coverage, monitored on two dimensions (coverage of essential health services and financial hardship) and tracked via 15 indicators.

Country progress

Scenario Tool

Health Emergencies Protection

One billion more people better protected from health emergencies, tracked via six indicators.

Country progress

Scenario Tool

Healthier Populations

One billion more people enjoying better health and well-being, tracked via 16 SDG indicators.

Country progress

Scenario Tool

Take home messages



- Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide
- Various health indicators guide the process of increasing health within a population and safeguarding the monitoring and feedback of activities performed in global health
- There is a vast network of actors involved in global health
- Key global targets for health- SDGs, UHC, triple billion
- There is a need for health everywhere and a limited pool of resources for answering to those needs

References

- Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993-1995.
- FCTC. Protocol Parties' reporting timeline. Accessed 21.02.22 from: <https://www.who.int/fctc/reporting/protocol/timeline/en/>
- World Bank, 2021. Country income classifications. Accessed 21.02.22 from: <https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2021-2022>
- Ward, M. (September, 2020). How the modern world was shaped by epidemics 500 years ago. *The Conversation*. <https://theconversation.com/how-the-modern-world-was-shaped-by-epidemics-500-years-ago-145905>
- Gibson, A. D. (2009). Miasma revisited: The intellectual history of tropical medicine. *Australian family physician*, 38(1/2), 57-59
- Bhattacharya, N. (2012). *Contagion and enclaves: tropical medicine in colonial India*. Liverpool University Press.
- Palionis, M.A. An Introduction to Global Health and Global Health Ethics: A Brief History of Global Health. <https://cbhs.wfu.edu/wp-content/uploads/2020/03/Topic-3-A-Brief-History-of-Global-Health.pdf>
- Alleyne, G.A.O. (June, 2016). The History and Evolution of the Pan American Health Organization. <http://ghiadvisors.org/Presentations/Alleyne,G-History%20and%20evolution%20of%20PAHO.pdf>
- Hoffman, S.J., Cole, C.B. Defining the global health system and systematically mapping its network of actors. *Global Health* 14, 38 (2018). <https://doi.org/10.1186/s12992-018-0340-2>
- Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public health*, 126, S4-S10.
- Our World in Data. Life expectancy. <https://ourworldindata.org/life-expectancy>
- Czechia: WHO and UNICEF estimates of immunization coverage; Estonia: WHO and UNICEF estimates of immunization coverage. Accessed from: https://cdn.who.int/media/docs/default-source/country-profiles/immunization/immunization_cze_2021.pdf?sfvrsn=2cd5931a_16&download=true ; https://cdn.who.int/media/docs/default-source/country-profiles/immunization/immunization_est_2021.pdf?sfvrsn=dfdd74df_9&download=true
- WHO. 2015. Global reference list of 100 core health indicators. Accessed from: http://apps.who.int/iris/bitstream/handle/10665/173589/WHO_HIS_HSI_2015.3_eng.pdf;jsessionid=799A67EAF1A37B1CE993978437AB3DD9?sequence=1
- Islam N, Jdanov D A, Shkolnikov V M, Khunti K, Kawachi I, White M et al. Effects of covid-19 pandemic on life expectancy and premature mortality in 2020: time series analysis in 37 countries *BMJ* 2021; 375 :e066768 doi:10.1136/bmj-2021-066768
- WHO Global Health Observatory. Healthy Life Expectancy. :<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth>
- COVID-19 to Add as Many as 150 Million Extreme Poor by 2021. <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>
- Jonathan D. Moyer, Steve Hedden, Are we on the right path to achieve the sustainable development goals?, *World Development*, Volume 127, 2020, Külastatud 24.08.21 <https://doi.org/10.1016/j.worlddev.2019.104749>
- (Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978) https://www.who.int/publications/almaata_declaration_en.pdf
- Orenstein, W. A., & Ahmed, R. (2017). *Simply put: Vaccination saves lives*.
- CGD. Center for Global Development. (n.d.). Case 1: Eradicating smallpox. Retrieved from <https://www.cgdev.org/page/case-1-eradicating-smallpox>
- Skolnik, 2020. *Global health 101*, 4th edition. Burlington, Massachusetts : Jones & Bartlett Learning,