

Infectious Disease Relationship with Global Health

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## INFECTIOUS DISEASE IN RELATION TO GLOBAL HEALTH

### Introduction

“Development involves growth. As a matter of fact, development is an impossible occurrence without growth preceding it. For an entity to have developed, it must have experienced an appreciable level of growth, most likely in a consistent manner over a period of time.”

(Chiedozie, 2016). Around the world there is a cry out for change amongst the poor, developing countries. Developing countries have minimal infrastructure of health care, and because of that they become very susceptible to communicable diseases. Infectious diseases are responsible for 20% of all deaths worldwide, not including deaths caused by malaria and tuberculosis in underprivileged countries (Holtz, 2017). And although it is clear that technology has advanced to help cure these illnesses, it has also advanced in a way to help spread the dangerous diseases; with the growing use of air travel for immigration and vacation equal global health becomes increasingly more important.

Predominant communicable diseases that are a colossal burden to underdeveloped and economically deprived countries include: HIV, malaria, tuberculosis, cholera, influenza, and meningitis (Chiedozie, 2016). “The lack of public health infrastructure has been identified as the primary reason for outbreaks of disease” (Holtz, 2017). Countries that specifically lack the proper health care infrastructure to prevent and treat infectious disease are often clustered within the continent of Africa. These easily susceptible communities often require external aid to help provide resources and techniques to improve their overall wellbeing. There are several withstanding, evolving, and possible ways to aid the vulnerable populations to decrease the occurrence of communicable diseases. Developed countries have aided and will continue to help those with increasing need for proper health care in order to achieve equal global health to all and decrease the overall occurrence of infectious diseases.

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## Literature Review

A journal found in *The Journal of Infectious Diseases* addresses a very current issue within the realm of global health and infectious diseases. The World Health Organization, or the WHO, had called for a rapid response plan for an emerging Human Immunodeficiency Virus drug resistance (HIVDR). The WHO is a global organization with an overarching goal to improve global health. One particular goal mentioned in this article is to end the AIDS epidemic, however, with the presence of a drug resistance there has been a small blimp in their plan. There has been an enormous amount of progress in the HIV community in meeting the Millennium Development Goals- 19.5 million people have been placed on antiretroviral therapy. Now, WHO is leading the development of a Global Action Plan on HIV drug resistance. They connect via country, region, and global levels to reduce this infectious disease. The program calls for an increase in laboratory access and surveillance for HIVDR and HIV within population. “WHO aim to convene stakeholders to develop a coordinated research agenda to ensure a shared approach and vision and that resources are directed in a collaborative manner to areas of public health importance” (Bertagnolio, Beanland, Jordan, Doherty, & Hirschall, 2017).

The journal creates an excellent picture on how they wish to proceed to reduce the instances of HIVDR, however, they do not provide enough information on how they specifically plan to implement these actions being stated. It is crucial to remember that a majority of ongoing infectious diseases are found in developing countries that lack financial stability to possibly follow the wanted guidelines to reduce the HIVDR and to supply ART to all those in need.

On the contrary to the previous journal, the journal “The Perils of Trumping Science in Global Health—The Mexico City Policy and Beyond” focuses on the possible minimizing of aid to foreign countries and how they may affect them. The U.S. often provides foreign aid to increase

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overall global economic and political security via helping implement better health care in countries that may spread global diseases, like Ebola, flu, and HIV. However, a week after Donald Trump was inaugurated in January 2017, he signed an executive order ,called the Mexico City Policy, that would ban the United States from providing aid to any international organization that would support or provide any abortion related activities (Lo & Barry, 2017). This not only would victimize poor countries from minimizing HIV, but also would affect women everywhere. In addition to the Mexico City Policy, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), had changed with Donald Trump as President, to primarily focusing the prevention techniques by teaching abstinence and faithfulness. This technique has been scientifically proven to not be effective and may jeopardize a countries ability to limit HIV (Lo & Barry, 2017). The United States may be contributing to an irreversible epidemic of the infectious disease, HIV. This journal primarily describes what Trump is changing, but it is unclear what policies are remaining that may continue to aid developing countries.

Although Trump and his administration may have created an ineffective way of preventing the transmission of HIV, the Department of Defense still has the Military Health Service priority of global health engagement (GHE). As stated in the journal, "Expeditionary Force Health Protection for Global Health Engagement: Lessons Learned from Continuing Promise 2017", the Military Service has committed to and has completed Continuing Promise which is a "civil-military operation that conducts humanitarian assistance, medical training engagements, and medical, dental, and veterinary support in Central and South America" (Johnson & Lennon, 2018). This particular article states that they only focus their efforts on Central and South America, and does not mention any aid being sent to Africa. The article also step by step

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explains how to properly execute the Continuing Promise and not the effects it has on the community or particularly the prevention of infectious disease.

“The Global Epidemiologic Transition: Noncommunicable Diseases and Emerging Health Risk of Allergic Disease in Sub-Saharan Africa” specifically discusses the diseases that are negatively affecting the sub-Saharan African area, as well as the rest of the world. The journal does not negate the influence of infectious disease in sub-Saharan Africa, but it does discuss that there is an increasing growth of noncommunicable diseases emerging. The progression of reducing infectious disease along with the economic growth found in the sub-Saharan Africa region there is a more diverse and less concentrated number of communicable and noncommunicable illnesses (Atiim, MPhil, & Elliott, 2016). This article effectively notes the effect of previous aids and how the occurrence of illnesses in sub-Saharan Africa has changed. The primary focus on sub-Saharan Africa diseases appears to not be neglected, but has been enough for it to not be the primary concern. “For instance, until recently, global and national health policy emphasized the prevention of infectious diseases in developing countries. Implicit in such prioritization is the perception that chronic disease (e.g., diabetes, asthma, and allergies) exists only in affluent Western societies.” (Atiim, MPhil, Elliott, 2016). This journal is an excellent opposing force of the need to focus primarily on infectious diseases. In order to properly reach global health it is important to look and address all aspects of health; making the adjustments to provide and create the best health care for everyone.

The last journal, “Sustainable Health: The Bedrock for Sustainable African Development”, sums up all of the other journals and addresses what sub-Saharan Africa need to have the best health care system in order to face problems like communicable and noncommunicable diseases. Sustainable health is created in order to better people’s lives and protect peoples health via

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preventing and evolving to challenges in the health care setting. Sub-Saharan Africa has an incredibly high rate of preventable and treatable infectious diseases, such as malaria, HIV/AIDS, and tuberculosis. Along with infectious diseases, are the noncommunicable diseases, such as diabetes, hypertension, cardiovascular and pulmonary diseases (Chiedozie, 2016). Creating a sustainable health care system that not only prevents communicable disease, but also treats noncommunicable is what would be best for any country, however, it requires proper funding, which in sub-Saharan African countries case may be deemed difficult. The article then focuses on the future: will sustainable health occur in the sub-Saharan? It could with a few adjustments make all the impact to the global health and the control and limitation of infectious diseases.

### Discussion

Achieving universal global health is a goal of many. Providing the proper health care for those deprived of access to medical facilities is crucial because infectious diseases have a stronger basis amongst those who do not have access to health care, limiting transmission of the illness would be futile without the external aid to improve health infrastructure. Creating a global change to facilitate health care to all may decrease a detrimental world problem- infectious disease.

The need for change amongst the underdeveloped, underprivileged, and underfunded becomes apparent when there is an identified problem that primarily occurs in such places and not elsewhere. For example, in Sub-Saharan Africa many countries lack adequate economic support to have basic infrastructure such as access to clean water, availability of sanitary conditions, and basis of health care. Without these things it is difficult to not only obtain the disease, but also to

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spread it rapidly from one individual to another (Holtz, 2017). External forces will often step in to either provide humanitarian relief, protect themselves from further advancement of the disease, or to excel their political and financial bonds. The United States intervenes to aid troubled countries with health care opportunities when they see that it would provide an opportunity to boost the “global economy and geopolitical security” (Lo & Barry, 2017). No matter the reason to deliver aid it will create the same effect, improving health and limiting the growth of infectious diseases.

Steering focus to the development of equal global health and to providing equal and thorough health care to those in need will decrease the occurrence of deadly disease and protect developing countries and developed countries from possible outbreaks.

### Relevance

Infectious diseases’ relationship to global health are correlated. With less equal global health to all countries there are more communicable diseases; an increase in health care creates a low population of those affected by an infectious disease. The presence of a possible epidemic stemming from an illness may have roots in other factors, these include the populations access to health care, human rights, and social justice, the funding and strategies to reduce the occurrence, and what achievements have been made and what changes are going to occur.

Access to health care and opportunity to have equal human rights and social justice are huge contributing factors to a populations wellbeing. Withstanding social justices in a community creates health inequity and an unbalanced level of goods, services, and freedoms (Chiedozie, 2016). If inequalities are present it effects what people can and cannot do freely, including

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receive proper preventative and responsive health care. A population deprived of equal opportunities also face more stigmas. For instance, there is a secondary level of discrimination against those effected by HIV/AIDS, and the primary level of inequality creates a community prone to obtaining the infection (Holtz, 2017).

The plan of how to fix these inequalities and access to health care of imminent to creating an overall global health. In countries within Sub-Saharan Africa many base their health care services on the funding being provided externally. Funds from foreign aids would often fluctuate with the global economy and would cause difficulty to complete appropriate health responses throughout the community (Chiedozie, 2016). Moving forward the strategies to improve the differential of care is to grow a local fund, boost the countries economy for it to be able to support itself in a time of need.

There have been some strategies that have been effective- the World Health Organizations involvement in the HIV/AIDS epidemic has been one action that has grown enormous support and success. Achieving the Millennium Development Goal of reducing the numbers and helping those in the global HIV community would not have been possible without the WHO. 19.5 million people had started their antiretroviral therapy by December of 2016 (Bertagnolio, Beanland, Jordan, Doherty, & Hirschall, 2017). The next step to treating one epidemic is to have a plan for sustainable health to help prevent another epidemic from occurring. The main focus of sustainable health is to focus on preventative care, developing adequate health care to ensure routine and proper preventive care techniques (Chiedozie, 2016). This plan not only will help reduce the occurrence of preventable illness, but also reduce the cost of health care and provide an opportunity for a community to build their own stability in the health care field.



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### Summary and Conclusion

A global health concern that affects many is the occurrence of infectious diseases. There has been progress and aid to help minimize and prevent infectious diseases globally. Aid has come from developed countries like the United States and global organizations such as the United Nations and the World Health Organization. Communities, much like those found in Sub-Saharan Africa, have been known to be more susceptible to being the hub for communicable diseases. Developing countries lack the health care infrastructure, economy, and hygiene to have a strong basis in preventing serious infectious diseases. There have been strides in some areas, such as HIV/AIDS, but there is a need for a local development and funding towards health care in developing countries, foreign aid is not always stable and could disrupt the preventative actions. The growth and change of these developing countries health care system is crucial to them surviving and prevent global health issues and infectious diseases.

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