

Case Report

Open Access

Holistic, Dynamic Health Policies and Health in All Policies, For Best of Global Health Need of Hour

Chhabra S^{1*}, Sushila Nayar²

¹*Emeritus Professor, Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Sewagram, Chief Executive Officer, Akanksha ShishuKalyan Kendra. India.*

²*Kasturba Health Society, Sewagram, Maharashtra, India.*

*Corresponding author: Chhabra S.

Abstract

Introduction: Globally health policies are made with best of intentions for global health, but policies may not be holistic and dynamic. Policy makers may be advocating programs which support measures damaging to health, drawing on narrow economic savings over long-term costs. Impact of social, political, economic determinants of health has long been recognized. Also, health is affected by every nonhealth policy. Major realization has been evident during COVID pandemic.

Objective: Collect information, opinions, studies in relation to health policies, other policies, affecting health.

Material: Literature search, studies, reviews and opinions were added by self-observations and experiences.

Conclusion: Health policies many a times lack vision because they are made without realization of effects like impoverishment, business failures, impact on mental health. They affect family too, with vicious cycle. Strengthening health policies, improving health outcomes have major tangible co-benefits for nonhealth sectors. Everything affects health, but not every policy maker thinks, health is his/her problem. Nature's calamities lead to massive floods, wild fires with record temperatures, their management also affects every life on earth. COVID pandemic made it visible that health emergencies can bring complete halt on track of sustainable development. Investing in health is key to healthy economy too. For comprehensive health policies deeper understanding of ground realities is essential. Also, nonhealth policies need to bring benefits to health with win-win situation, and achieve multiple policy targets. Better health with better working, fewer people dying prematurely, promotes economic growth too.

Keywords: health policies; dynamic; comprehensive nonhealthy policies; global health

Introduction

All over the world, health policies are made with best intentions, but policies may not be holistic and dynamic. Sometimes policies and programs are donor driven, without attempts at knowing the ground realities of the needs, and sustainability of the programs. International policies for support to recipient countries might affect health of people of beneficiary countries negatively, if done without understanding of the needs. In addition, health policies must not be made copying others' policies which may actually do harm than good as in different regions, environment, culture, life style, and resources are different. Sometimes by the time programs made for implementation of such policies reach the end users, things get changed and the end result is not what was expected while making the policy. Also, if policies are not dynamic, reforms become difficult with many challenges. Health policy makers may be advocating programs which support measures that are actually damaging to health, often drawing on narrow

economic gains, short-term benefits over long-term costs to the populations. World has to pay for policies that favor economic growth and wealth over health, which finally affect wealth too. Also, the impact of social, political and economic factors on health has long been recognized in various sectors. In addition, health is affected practically by every nonhealthy policy, all over the world, be it for infrastructure, roads and buildings, transport, agriculture, industries, water, food, cotton or hardware, cement to diamond. Even some legal judgments lead to actions which affect health of many. Health as well as nonhealthy policies need to be dynamic. This has become much more evident during the COVID - 19 Pandemic, which exposed the fragility of the systems, essentialities of networking in health. It is essential to have a lot of thinking for all nonhealthy policies, health inclusive.

Objective

Information, in relation to health and nonhealthy policies.

Material

Literature search was done about studies, opinions, and self-observations, experiences, opinion too were added.

Findings

In September 2015 member states of UN endorsed Sustainable Development Goals (SDGs) for 2030, which aspire for human-rights-centered approaches to ensure health, wellbeing of people [1]. COVID pandemic has made it obvious that health emergencies can bring almost complete halt on track of SDGs. Greer et al opined that COVID-19 pandemic made it evident that health threat could cause massive disruption of practically all aspects of life. Pandemic has made every one aware about health matters, not only health of individuals and society, but also for the global economy. The aftermath of the COVID-19 pandemic, also exposed the fragility of systems and reversed gains of previous decades [2]. It has become obvious that investing in the resilience of health systems is the key for any country's economy and health, SDGs that societies are trying to achieve. Worldwide responses to the pandemic have also shown that it is possible for politicians to come together across boundaries and help each other. Health in all policies concept was first introduced in health policy circles just a few years back [2]. Baum et.al. [3] reported that while evaluating health in all policies (HiAP), initiatives were developed to promote actions on the social determinants of health (SDH) by facilitating actions in sectors where health was not the primary consideration. Globalized economy with advances in transportation, and changes in agriculture practices have affected health, transcending international borders. Global actions in health and non-health policies Parkinm reported that Colombia, was one of the first to implement tax on ultra-processed foods which were high in salt and saturated fat. Mission was to try reduction in obesity and other diseases [4]. Other countries including Ecuador, Peru, Chile, and Mexico in Latin America have also taken similar measures. Mexico implemented a surcharge on sugary drinks in 2014, with Ecuador and Peru too levying taxes. Spain has problems of the challenge of regulating unhealthy food advertising [5,6]. WHO

reported that one in eight deaths was from heart, lungs diseases, and stroke and were linked to air pollution and reported that teams needed to work together to mitigate this problem through policies and programs. Macguire opined that communities were healthier if they had access to high quality green spaces that helped in preventing air pollution, reduce air and ground temperatures, and provide opportunities for physical activities. Political leaders must recognize the severe threats to health from the planetary crisis and the benefits that can flow to health from tackling the crisis. The 2023 report of the Lancet countdown warned that for global health climate change was the biggest threat of 21st century [7, 8]. Natural calamities affected environment and health of one and all. Massive floods, wild fires with record temperatures are endangering every life on earth. Climate change is a global crisis of deep concern, one of the most dangerous issues faced by the global community. The climate crisis seems to be a product of global overlook at policies for prevention as well as management of calamities. The 2022 report of the Lancet countdown warned that for global health, countries needed to respond to the energy crisis, to deliver actions for transformative climate change for a thriving future [9]. Making most of the opportunity will require coordinated efforts grounded in science to hold decision makers accountable and counteract the growing lobbying and influence of the fossil fuel sector and other health-harming industries. WHO [10]. Also reported that intensive crop production required heavy use of agro-chemicals, but it was well known that this affected environment negatively and harmed health in various ways. Unfortunately, world over the problem continues. The industrialization of food production has made it possible to feed the world's growing population unquestionably. But intensive crop production requires heavy use of agro-chemicals, which can contaminate the environment in health-harming ways. The intensive production of food and its global distribution increase the risk of outbreaks of foodborne diseases which spread over wide geographical areas and are costly to investigate. The globalization of food marketing and distribution has brought processed foods, rich in fat, sugar, and salt, and low in essential nutrients, into every corner of the world. Processed foods, with their long shelf lives, are usually the cheapest and most convenient way to fill a hungry stomach but they also increase the risk for chronic diseases. Food systems affect nutritional and

other health outcomes. A study of analysis of 35 policy documents was done with variety of health concerns, spanning over years about nutritional, communicable and non-communicable diseases (NCDs), only some policies mentioned NCDs, infectious diseases, and injuries. Governing and advisory bodies instituted by 17 of the analyzed policies of food safety, agriculture, food processing often included representation from the health ministry's [11]. Policies need to cut on sufferings due to effects which cannot be prevented. Cohen reported that in health policies displacing disposable with reusable materials were among the highest yielding mitigation strategies [12]. Healthcare policy is an important societal concern in Switzerland too, often dominating the national agenda. In other countries, studies have explored the influence of physicians in public offices on healthcare policies [13]. Markham et.al reported that approach to health must be socially accountable with changes in the healthcare systems by addressing the needs of the populations by adaptation of the Boelen's health partnership model [14]. Boelen and colleagues developed a framework for social accountability in health professionals training and work with an approach which engaged equitable five distinct health partners and added the sixth partner, industry, not-for-profit "Partnership Pentagram Plus" [14]. It needs to be a journey looking at the happenings and then amplify what is working with practical outcomes. The partnership Pentagram Plus partners need to identify areas of priority to build common causes. Donkin also reported that political, economic and resource distribution decisions made outside the health sector, need to consider health as an outcome across the social distribution not to just focus on increasing productivity [15]. Greer Hall and Montaner opined about the political, professional, and bureaucratic challenges affected health and organizational inertia, to the difficulty of coordinating policies among many stakeholders. Gorsky and Manton opined that power dynamics influenced health systems planning and research, by defining the translation or adaptation of health systems models across distinct geographic contexts over the times [16,17,18,19,20,21]. Policies and programs need to be inclusive like Potato ethics (PE), which accompanies duty and commitment to serve current and future generations of patients and colleagues and come to an ethical stance organized around and be useful to everyone. Shawar opined those relationships of power shaped societies, and, policies affected services and health outcomes. Explicit analysis of power in health

policy and systems remain relatively infrequent. Expanding research on power in health policy and systems in all contexts will generate insights, needed to address underlying drivers of health disparities and strengthen health systems for all. Policies must be transparent. Policy changes need resource allocation and the clinicians' and community's views on what will work. Every person needs information on health and health policies. Policy makers must have capacity to get research outcome, seek information and must help in research for global health, with people centered approach in research too. It is vicious cycle. Research results must not be what policy makers like but as per the needs of society with clear research questions. Lazarus et al did a study of the global nonalcoholic fatty liver disease (NAFLD) policy review and preparedness index whether countries were ready to address the silent public health challenge and reported that although NAFLD was a pressing public health problem, but no country was found to be well prepared to address it. Rosir et al reported that clinical guidelines were recommending arts activities as therapies for specific conditions and conversely, specific health conditions might be influencing health policy decisions. There are such political, bureaucratic and professional challenges and also modalities of overcoming the challenges, coordination of stake holders of health policies for various needs. Javed et al reported that global health diplomacy (GHD) can be a bridge for international cooperation for tackling public health crisis, strengthening health systems emphasizing universal health coverage (UHC) for sustainable and equitable development, and rebuilding multilateral organizations [22,23,24,25]. The priorities of the countries should be to find the areas of common interest, common operational modalities on development issues, and resource allocation for global needs. Dash opined that globalization is a key driver for the ongoing evolution of global health governance. The policy makers need to find ways to understand, capture, and monitor expansion of UHC and other programs to reduce poverty by eliminating catastrophic health payments. Decisions that affect health and health care are subject to every day challenge because of the information and technology available as instant information, a new challenge [26]. Globally in special situations, national and global politicians, policy makers, and scientific advisers, inevitably try to come together on coordination platforms, with the understanding of challenge of

balancing politics, economics with science of health. People need to be engaged as partners in health care in emergencies and remain prepared for emergencies like COVID. Outbreaks come and go but the understanding that always stays is that for global health. This has been made obvious by COVID -19 pandemic, strategies for managing the balance needs discussions. Better health promotes economic growth, fewer people are likely to die prematurely and working populations increase. With healthier people, absenteeism due to sicknesses gets reduced as workers are less distracted from managing their own health issues or those of their friends and relatives. Fewer workers retire early because of health issues.

Possibilities

Global health policy is now being influenced by an ever-increasing number of nonstate and non-governmental stakeholders, influential foundations, multinational corporations, multi-sectoral partnerships and civil society organizations. To tackle many root causes of ill health, officials need to diagnose causes and consequences in a language that speaks to the core interests of non-health sectors. A policy that makes perfect sense for one sector can have a highly negative impact on others, including health. Westmore teal have opined that when setting research funding policy, multiple stakeholders' need to know the needs and expectations. When funders do this well, they maximize the probability of benefits to society from the research they supported, when funders do this badly, they passively allow or actively contributed to research waste [27]. These challenges must be resolved by funders either working together or in conjunction with other actors in the research ecosystem. Policy making must have consideration of integrating health into all policies essential for delivering health benefits and co-benefits, avoiding unintended harms, and improving the wellbeing of the populations. Strengthening health policies and improving health outcomes have major and tangible co-benefits for other sectors. Everything affects health, but not every policy maker thinks, health is his/her problem. The challenge is to design nonhealthy policies that bring out not only benefits for the sector for which policies are made but other multiple sectors also, sharing goals benefit health policies to create win-win situation that achieves multiple policy targets. Health for all policies and health in all policies. Health in all policies concept was a starting point that is now developing into health

for all policies. Co-benefit health sector for better health Improved health enables increased productivity and labor force participation, co-benefits other Sustainable Development Goals too . Global health issues across national boundaries call for actions from governments and global forces that help determine the health of people globally, reduction of disparities and protection against threats. Future development of successful policies and implementation plans need to enable the identification and sharing of the best practices. It is essential to know the ongoing situation in areas where implementation takes place and list the factors that influence how a policy or strategic plan is implemented and how services are accessed .It is essential to ensure that the rural context is explicitly considered in the design, review and implementation of policy, assist with the identification of possible barriers to policy implementation in rural areas and help with the assessment of rural needs with specific rural issues to meet them by overcoming barriers to implementation . Also, it is essential to promote the development of rural appropriate policy interventions that are effective, efficient and sustainable and to make sure that rural areas are treated fairly in policies and their implementation. It is a process of mainstreaming rural into policies as well as developing targeted polices. Health policies need to be visionary, made with knowledge of ground realities and with best of intentions for the best of the health of all those for whom policies are made. Pellegrin reported five ways in which public policy impacted heath, creation and regulation of public goods, regulation of natural resources, behavior and the physical, social, and economic, major drivers of health environment of everyday life [28]. Public policies can create, regulate, and maintain public goods that foster supportive environments for health, wellness and can regulate natural resources to prevent harm, set requirements and mandate what protects citizens, provide direct support in the ways which affected the drivers of health, reduce barriers, create opportunities, provide incentives which influenced the choices that impacted global health. Growing vulnerability of health to policies made in non-health sectors, has made it clear to ensure that a thriving future requires the coordinated action of health professionals, policy makers, corporations, and financial institutions for health and nonhealthy polices as well.

Declarations

Conflict of interest

Nil

Funding

Nil

References

- Csete, J Kamarulzaman, A Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, Megan Comfort, Eric Goosby, João Goulão, Carl Hart, Richard Horton, Thomas Kerr, Alejandro Madrazo Lajous, Stephen Lewis, Natasha Martin, Daniel Mejía, David Mathiesson, Isidore Obot, Adeolu Ogunrombi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábanský, and Chris Beyrer *Public Health and International Drug Policy* 2016 ; 387(10026): 1427-1480.
- Greer S, Falkenbach M, Siciliani L, McKee M, Wismar M. (2022). Josep Figueras from Health in All Policies to Health for All Policies, *7(8): e718-e720*.
- Baum F, Lawless A, Delany T, Macdougall C, Williams C, Broderick D, Wildgoose D, Harris E, Mcdermott D, Kickbusch I, Popay J. (2014). Evaluation of Health in All Policies: concept, theory and application. *Journal of Health promotion international*, 29(suppl_1): 130-142.
- Parkin J. (2023). Daniels Colombia introduces junk food tax reports from Bogotá
- Miguel Á R-Bordonada, Luisa M C, Cristina Junquera-Abaitua, Jesús Vioque López. (2023). Santiago Felipe Gómez Spain facing the challenge of regulating unhealthy food advertising, *401(10387):1493*.
- World Health Organization Policies in non-health sectors can have a profound impact on health
- Macguire F, Mulcahy E, Rossington B. (2022). The lancet countdown on health and climate change - policy brief for the UK.
- Davidson CJ. Transcatheter treatment of valvular heart disease: a review. *JAMA*, 325:2480-2494.
- Romanello M, Di Napoli C, Drummond P, et al. (2022). The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. *Lancet*, 400:1619-1654.
- WHO What you need to know about Health in All Policies. World Health Organization, Geneva.
- A, Mishra A, Utzinger J, Mirko S Winkler Health in Food Systems Policies in India: A Document Review 2021. *Int J Health Policy Manag*, 11(7):1158-1171.
- Cohen E., Lisanne H. J. A. Kouwenberg, Kate S. (2023). Moody, Nicolaas H. Sperna Weiland, Dionne Sofia Kringos, Anne immermans, Wouter J. K. Hehenkamp Environmental sustainability in obstetrics and gynaecology: A systematic review.
- Alexznder S. Anna Buadze 2, Petra Stute, Liebrenz M. Political representation of medical doctors in Switzerland's executive and legislative branches in 2023, *20(12):219*.
- Markham R Hunt M, Woollard R, Oelke Snadden, Strasser R., Betkus G, Graham S. Addressing rural and Indigenous health inequities in Canada through socially accountable health partnerships. *11(11):e048053*.
- Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. (2018). Global action on the social determinants of health. *BMJ global health*, 3(Suppl 1): e000603.
- Greer SL Lillvis. (2014). DF Beyond leadership: political strategies for coordination in health policies. *Health Policy*, **116**:12-17.
- Hall RL Jacobson PD. (2018). Examining whether the Health-in-All-Policies approach promotes health equity. *Health Aff (Millwood)*. **37**:364-370.
- Muntaner S. Kokkinen C. L et al. (2018). Vahid Shahidi, F, Freiler, F, Oneka G Bayoumi A. Campo P. The implementation of Health in All Policies initiatives: a systems framework for government action. *Health Res Policy Syst*. **16(26):1478-4505**.
- Gorsky M, Sirrs C. (2019). From «planning» to «systems analysis»: Health services strengthening at the World Health Organisation. *Dynamis*, **39**:205-233.
- Manton J, Gorsky M. (2018). Health planning in 1960s Africa: international health organisations and the post-colonial state. *Med Hist*, **62**:425-248.
- Fors M. (2023). Potato Ethics: What Rural Communities Can Teach Us about healthcare 2023 *Journal of Bioethical*.
- Shawar YR, Ruger JP. (2020). The politics of global health inequalities: approaches to studying the role of power. In: *The oxford handbook of global health politics*. Oxford, UK: Oxford University Press.

23. J, Henry E Mark, Marcela Villota-Rivas, Adam Palayew, Patrizia Carrieri, Massimo Colombo, Mattias Ekstedt, Gamal Esmat, Jacob George, Giulio Marchesini, Katja Novak, Ponsiano Ocama, Vlad Ratzu, Homie Razavi, Manuel Romero-Gómez, Marcelo Silva, The global NAFLD policy review and preparedness index: Are countries ready to address this silent public health challenge.
24. Rosie D., Katey W.n, Pilar Letrondo, Daisy Fancourt. (2023). The arts in public health policy: progress and opportunities. *Lancet Public Health*, 8: e155-160.
25. Javed S, Chattu VK. (2020). Strengthening the COVID-19 pandemic response, global leadership, and international cooperation through global health diplomacy. *Journal of Health promotion perspectives*, 11(11): e048053.
26. Dash P, Dorling G, Linzer K, Ramdorai A, Remes J, Dr. Rutter K, and Singhal S. (2020). The COVID-19 pandemic has given the world a once-in-a-generation opportunity to advance broad-based health and prosperity.
27. Westmore M. (2023). How an international research funder's forum developed guiding principles to ensure value and reduce waste in research.
28. Pellegrin M. 5 Ways Public Policy Impacts Health.

Cite this article: Chhabra S, Nayar S. (2024). Holistic, Dynamic Health Policies and Health in All Policies, For Best of Global Health Need of Hour. *International Journal of Medical Case Reports and Reviews*, BioRes Scientia Publishers. 3(5):1-6. DOI: 10.59657/2837-8172.brs.24.062

Copyright: © 2024 Chhabra S, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Article History: Received: May 06, 2024 | Accepted: May 22, 2024 | Published: June 22, 2024