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Viewpoint

Prospects in Global, Public and One Health in the Era of Syndemic Global Challenges: Political Leadership, Collectiveness and Widening our Engagement

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Abstract

The world is facing multiple concurrent challenges that affect global, public and one health. Prospects in global, public and one health requires global, national and subnational political leaders to commit themselves and show the leadership towards addressing these complex and syndemic challenges. As the leaders demonstrate commitment and leadership, it is essential to be coupled with working together (i.e., collectiveness), and widening the engagement across all sectors and all levels up to the level of communities. The challenges, especially wars and conflicts have shown some signs of contributing to hate behaviours across communities. In this view, we will need to tackle this well and early enough for better future. Hence, we need to work towards "*positive peace*" by working on factors that can contribute to it. The United Nations "*New Agenda for Peace*", should also help countries to find a common ground towards peace.

The opportunity that was obtained in the 28th Conference of Parties (COP28) by having "*a health day*" is a sign moving forward. We hope the Declaration from that day signed by 123 countries will ultimately be realized with the aim of "*accelerating actions to protect people's health from growing climate impacts*". Researchers also need to engage well with decision makers to ensure evidence from research is used in decision making to ensure realistic and effectives interventions that can help to solve the challenges around us.

***Keywords*:** Global health, one health, syndemic global challenges, public health.

Introduction

Health systems globally and more so in low-income and middle-income countries (LMICs) are facing concurrent multiple challenges amid a stalled progress in the attainment of the Sustainable Development Goals (SDGs) (1). The challenges ranges from the effects of the coronavirus disease of 2019 (COVID-19) (2) to effects of climate change (3-5); and effects of wars and conflicts (6, 7). Also, a report of maternal mortality trends between 2000 and 2020 has shown a stagnation from 2016 to 2020 of the successes that were registered from 2000 to 2015 (8); while the non-communicable diseases (NCDs) are also adding a strain to health systems in Low-and-Middle-Income Countries (LMIC) (9-11).

Based on the noted effects of wars and conflicts, some journal editors have taken their sight far ahead looking at risks and they have called for a need to prevent risk for a nuclear war in their call published in various journals globally (12,13). Effects of climate change continue to cause enormous effects in LMIC including heavy rains that have caused floods leading to deaths in Somalia (14), Kenya (15), and Tanzania (16). These challenges, which affect global health and public health are complex and require a more strengthened leadership at all levels – global, national, and subnational, and to the level of communities (17,18). These global health challenges are complex in addressing as they are syndemic in occurrence (19,20); hence they require strengthening conceptualization on tackling them.

In the context of these challenges, this viewpoint emphasizes on three key factors: the need of political commitment and leadership; working collectively; and expanding our engagement as we craft and implement various strategies to address the challenges. Some successes in a LMIC setting – Tanzania, are cited to cement on the importance of the named factors in future prospects of global, public and one health in terms of political leadership, collectiveness in actions, and a need for widening our engagement.

The Factors

Political Commitment and Leadership

There are examples where political commitment and leadership has helped to improve health outcomes as for example in Tanzania, where political commitment and leadership has contributed significantly to the reduction of maternal deaths. As per the Tanzania Demographic and Health Survey (TDHS) 2022, maternal mortality ratio has decreased to 104 per 100,000 live births for the seven-year period before the survey (21). Building on the efforts made since 2007 to expand primary health care (PHC) facilities infrastructure through the "*Primary Health Services Development Programme*" (22), since 2015/2016 leaders championed several interventions (continued construction and renovation of PHC facilities infrastructure; Big Results Now; and *Jiongeze Tuwavushe Salama*' *Campaign)* that have been implemented as shown in Table 1.

Table 1. Strategic Policy Interventions to reduce maternal mortality in Tanzania

Author (Year)	**Intervention Description**
Kapologwe, *et al.* (2020) (23).	Renovation and/or construction of 419 PHC facilities (350 health centres & 69 district council hospitals) and equipped to offer safe surgery services, including providing Comprehensive Emergency Obstetric and Newborn Care services (CEmONC). These efforts to capacitate the facilities to provide CEmONC services were accompanied with training of mid-level cadre of anaesthetic services providers ("*associate clinicians*") for three months (and later trained improved to six months) (24-26). Also, on-job trainings have been done with promising results of potential to helping to improve quality of obstetric anaesthesia (27).
World Bank (2014) (28) President's Delivery Bureau (2015) (29)	Big Results Now (BRN) for Health, which focused on four key work streams from 2015 to 2018: i. Improving "*Performance Management*" of PHC facilities through: implementation of "Star Rating Assessment"; ii. Improving distribution of "*Human Resources for Health*" focusing in nine regions with lower than national average human resources. iii. Availability of "Health Commodities" through improvement in the supply chain; and iv. Improving coverage and quality of "*Mother and Neonatal Child Health*" along the continuum of care.
Afro News (2021) (30) The Citizen (2018 and updated in 2021) (31)	'*Jiongeze Tuwavushe Salama*' *Campaign*, was launched in November 2018 which aimed to "*encourage participation of all stakeholders in reducing maternal and child deaths*".

Implementation of the "*Star Rating Assessment*" under the BRN interventions showed improvement in level of quality in PHC facilities. By 2018, the number of facilities with three-stars and above was 20% (an increase from two percent in 2015/2016) and number of PHC facilities with zero star was four percent (a decrease from 34% in 2015/2016) (32). Role of administration at district/council level in PHC facilities improvement in star level was noted, in which it contributed to 20% of the variation (33). The Star Rating Assessment also revealed the need to strengthening measures to improve "*social accountability*" (34); improve implementation of "*Client Service Charter*" (35); functionality of health management teams (36); and functionality of quality improvement teams (37).

Working collectively.

Lessons (or benefits) of working collectively in addressing global and public health challenges were noted in Tanzania in the period of March – June 2023, when the country had an outbreak of Marburg virus disease (38-40). With support of stakeholders, the disease was contained and cleared within three months from the day the first case was reported on 21st March 2023 (41).

Working arrangements in health sector through the "Sector Wide Approach (SWAp) has been instrumental in health systems in many LMICs (42,43); with a contribution to lowering infant mortality rate (44). The SWAp arrangements in Tanzanian health sector – spanning from: Technical Working Groups (TWGs) that operationalize Health Sector Plan for every five years (45,46); Joint Field Visit; Annual Meeting of Regional Medical Officers (RMOs) and District Medical Officers (DMOs); Joint Annual Health Sector Review – Technical Meeting (JAHSR-TM) (47); and Joint annual Health Sector Review – Policy Meeting (JAHSR-PM) (48), have been very instrumental in the performance of Tanzania health sector. Collective actions with involvement of Development Partners and Implementing Partners in Tanzania health sector have been outstanding and has been supportive in the improvement of PHC services (49). Also, the World Health Organization (WHO) has been showing the lead through the "*Country Cooperation Strategy (CCS*)", currently with CCS 2022-2027 (50).

Partners in the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) have been a good example for working together effectively in mobilizing resources and in ensuring quality and coverage of services guided by the "One Plan", currently, One Plan III (51-53). One Plan II was implemented from 2016 to 2020 (54). Additionally, collectiveness in actions has demonstrated achievements in fight against NCDs in Tanzania by enabling "*development of polices and guidelines; capacity building of health workers; strengthening health facilities; and advocacy activities marked by an NCDs week*" (55).

The calls for working together innovatively to fill gap in funding for climate change in Africa indicates the importance of working collectively to address global and public health challenges (56). In order to make these efforts realistic at national and subnational levels, evidence-based decisions are critical as we move forward towards 2030 SDGs targets and beyond. For example, lessons from implementation of health sector strategic plans in Tanzania need to be used to improve the planning process and mobile financial resources to make the plans realistic (57); and measures to address "*operational challenges of engagement with partners*" at subnational level in planning need to be considered (58).

Widening Our Engagement

With the complexity of global and public health challenges, the need for widening our engagement has never been as important. Engaging people in weather forecast in ways that will be trustful and easily understood by communities, including engaging and working with local organization in the production of weather forecast information is essential (59). Also, as LMICs attract private investments to boost their economies, there is a need to engage such investors with financial influence to ensure that their investments do not contribute to increasing environmental degradation with ultimate contribution to risks of emerging infectious diseases (60). As countries struggle to address climate change effects on health systems, it is critical to take note of the suggestions by Yasna Palmeiro and colleagues who have given *"two key ways to strengthen*

climate-resilient health systems: (i) financial resources; and (ii) strengthen intersectoral collaboration at a national and local levels" (61).

With the challenge of disinformation of health issues globally in the current era of technology, there is a need for widening the scope for engagement beyond the traditional global and public health actors and practitioners. Measures such as those proposed by Cappola and Cohen with the aim of improving "*medical communication*", can also be adapted and contextualized to inform improvements in communications made by practitioners in global, public and one health (62). Also, in pushing for stronger primary health care systems in LMICs, it is critical for global health funders including multilateral organization to consider funding three key evidence based interventions proposed by Kasper and colleagues ("*individuals and communities empowered to engage in health decision making; a new model of people-centred primary care; and next generation community health workers*"), which also require investments on "*digital systems and data*"; and "*educational, training, and supervisory systems*" (63). Widening our engagement may help as well to address gap in utilization of services in health facilities by being able to give attentions to "*felt needs of communities*" (64).

Conclusion

Our prospects in global, public and one health requires global, national and subnational political leaders to commit themselves and show the leadership towards addressing these complex and syndemic challenges. As the leaders demonstrate commitment and leadership, it is essential to be coupled with working together (i.e., collectiveness, as we call it in this short report), and widening our engagement across all sectors and all levels up to the level of communities. The challenges, especially wars and conflicts, have contributed to hate behaviours across communities. In this view, we will need to tackle this well and early enough for better future. Hence, we need to work towards "*positive peace*" by working on factors that can contribute to it (65). The United Nations "*New Agenda for Peace*", should also help countries to find a common ground towards peace (66). The opportunity that was obtained in the 28 Conference of Parties (COP28) in which "*a health day*" was observed is a sign moving forward (67). We hope the Declaration from that day signed by 123 countries will ultimately be realized with the aim of "*accelerating actions to protect people's health from growing climate impacts*" (68). Researchers also need to engage well with decision makers to ensure evidence from research is used in decision making to ensure realistic and effective interventions to solve the challenges around us (69). The leadership shown in the endorsement of a "Universal Health Insurance" in November 2023 (70), and its signing by the President in December 2023 (71); coupled with the ongoing plans to develop a new National Development Vision 2050 to be finalized by 2025 (72), which will take up from the National Development Vision 2025 (73), provide strong foundations for a healthy nation where all the citizens will be enabled to contribute effectively to development of the nation as a whole and at individual level.

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