

Monitoring public health in developing countries

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The paper "Monitoring Public Health in Developing Countries" is an outstanding example of an essay on health sciences and medicine. This paper assumes an ethical orientation to highlight the need for developing and implementing effective disease surveillance systems in the developing world. The paper not only highlights the ethical considerations associated with insufficient disease surveillance (e. g., the principle of social justice, ethics of public health actions, obligations of healthcare workers and society, and balancing of responsibilities between governments and intergovernmental entities), but also analyzes known ethical implications related to poor disease surveillance. Developing countries encounter substantial difficulties in implementing effective public health surveillance systems due to infrastructure constraints, lack of diagnostic capabilities, and unavailability of competent personnel (Chretien et al., 2007). In the contemporary environment of global interconnectedness, the incapacity to detect an emerging threat in a developing country could lead to adverse health outcomes in terms of a pandemic spreading throughout the world. Although this is one of several potential implications of inadequate surveillance, research demonstrates that most developing nations are still limited in their capacity to achieve surveillance effectiveness (Petrini, 2013; World Health Organization, 2007). The present paper illuminates how insufficient disease surveillance might influence ethical decision making in the developing world. The first ethical consideration relates to how stakeholders are likely to respect commitments to social justice in the face of non-existent or skewed surveillance data occasioned by overpowering and entrenched inequalities in these countries (Capron, 2007). The second consideration concerns the ethics of public health actions that are

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undertaken to respond to a particular pandemic. In the event of insufficient disease surveillance, it is often impossible for stakeholders in developing countries to provide the population with outbreak information or to implement separation measures such as quarantine, isolation, and social distancing (Capron, 2007; Petrini, 2013). The third ethical consideration revolves around developing a framework to identify the responsibilities of healthcare professionals in the course of a pandemic as well as the responsibilities of the society to these professionals. The last ethical consideration centers on balancing critical responsibilities and duties between developing countries and intergovernmental entities such as the World Health Organization with regard to controlling the pandemic (Lo & Katz, 2005). In my view, governments should be held responsible for public health in the developing world. Incapacity to investigate diseases in developing countries is closely associated with increased mortality, transfer of pathogens to other countries, and substantial disruptions of travel and trade. Indeed, “inadequate surveillance and response capacity in a single country can endanger national populations and the public health security of the entire world” (Heymann & Rodier, 2004, p. 173). Such an orientation demonstrates an ethical implication related to a failure by governments to prevent loss of life due to lack of knowledge and incapacity to predict disease patterns (Cooper, Osotimehin, Kaufman, & Forrester, 1998). Other ethical implications include incapacity of stakeholders to achieve beneficence in healthcare provision, inability to balance risks and benefits for individuals and communities, failure to demonstrate respect for persons, and persistence of social inequalities (Carrel & Rennie, 2008). Governments should be held morally responsible for public health in developing nations

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because they are responsible for identifying areas of disease outbreaks and taking justifiable steps toward preventing or reducing risks. Additionally, Intergovernmental entities such as the World Health Organization should assist in establishing, maintaining, and monitoring public health surveillance systems in developing countries (Morens, Folker, & Fauci, 2004; World Health Organization, 2007). It should be the function of governments to not only direct limited resources to domains of greatest need and impact in disease surveillance (McGregor, Henderson, & Kaldor, 2014), but also to ensure that public health surveillance plays an important function in mobilizing and targeting adequate resources toward health impact objectives (Louis, 2012). This paper has assumed an ethical orientation to underscore the need for the development and implementation of effective disease surveillance and response mechanisms in developing countries. From the discussion and analysis, it can be concluded that ethical values and moral obligations should be adopted in the formulation and implementation of public health decisions on disease surveillance.