

Health Care Systems by Making Investments in Technologies That Support Disease Surveillance

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Description

According to cross-sectional research, there is a link between reduced mental health burden and participation in all sports and forms of exercise. As a result, more research is needed into the causal relationship between exercise, psychosocial health, and common mental disorders as well as the effectiveness of exercise and sport participation in sustainable mental health care. A promising option for the promotion of mental health, including the prevention and treatment of common mental disorders, are sports and physical activity due to their global accessibility, significant and clinically meaningful efficacy, and virtually no adverse effects. Actual activity and game are probably going to become significant public emotional well-being assets later on. In order to increase public acceptance of pharmacists participating in test and treat services, socio-political considerations include moving to flexible national legislation and expanding the scope of practices. Health care financing for test-and-treat services to use voucher systems or parallel established systems, as well as service competition, are resourcing issues. In addition, pharmacists can ease and prevent medication stockouts in test-to-treat initiatives by utilizing their training in supply chain management. These initiatives can be integrated into health care systems by making investments in technologies that support disease surveillance, basic reporting, and interoperability with health management information systems.

Critical joint effort

Critical joint effort among experts, associations, the World Wellbeing Association, and policymakers is happening and will be important to accomplish these objectives. In order to provide the policy framework necessary to support children's surgical care, children's surgery is gradually being incorporated into national surgical plans and operating rooms for children are being installed to strengthen infrastructure. In low- and middle-income countries (LMICs), children's surgical care has been neglected for decades despite the large number of children, rising rates of surgical disease, a lack of pediatric surgeons, and inadequate infrastructure. As a result, unacceptably high rates of morbidity and mortality, long-term disabilities, and financial loss to families have resulted. Although the number of pediatric

surgeons working in Nigeria increased from 35 in 2003 to 127 in 2002, the population density of 0.14 per 100,000 people under 15 years old remains low. The creation of a pan-African pediatric surgery e-learning platform and the publication of an African pediatric surgery textbook have strengthened education and training. In LMICs, however, financing children's surgery remains a challenge due to the risk of catastrophic healthcare costs for many families. Positive examples of what can be accomplished collectively through appropriate and mutually beneficial global north-south collaborations are provided by these efforts' success. Pediatric surgeons must dedicate their time, expertise, experience, and voices to improving children's surgery worldwide so that more lives can be changed for the benefit of more people. The global initiative for children's surgery (GICS) has made children's surgery more prominent and visible in the global health field. This has been accomplished through the application of an inclusive philosophy, LMIC participation, a focus on LMIC requirements, and support for high-income countries (HICs).

The number of pregnancies has gone up, the risk of complications and multiple pregnancies has significantly decreased, infants are in good health, and millions of people have been able to have the families they wanted. Expanding care to nontraditional and marginalized populations in all nations, particularly lower- and middle-income nations, where access is currently limited, as well as continuing to improve the quality of care and increase utilization through increased societal funding are the primary obstacles that assisted reproductive technology must overcome. It has been discovered that the widespread interruptions in physical activity that occurred during the coronavirus pandemic are a leading indicator of common mental disorders. During the pandemic, regular exercise has also been found to reduce feelings of sadness, depression, and anxiety. In the aftermath of the pandemic, mental health care should take into account these findings as well as numerous earlier studies on the effects of physical activity on mental health. In the 21st century, health issues have become increasingly global and complex. The recent COVID-19 pandemic has unfortunately revealed numerous flaws and only served to exacerbate the numerous issues that health care systems all over the world face. It is becoming increasingly important to implement a new health care strategy based on intersectorality and

interdisciplinarity in light of Canada's aging population as well as unavoidable factors like climate change and globalization. In addition, all stakeholders—the researchers, the health system and its personnel, communities, and individuals—must establish connections. The concepts of "One Health" and "Sustainable Health" must be applied from this perspective, in which all parties involved must be equally involved in improving quality of life. Since Louise Brown's birth in 1978, assisted reproductive technology has come a long way.

Disproportionately Affected

The elderly population has been disproportionately affected by the coronavirus pandemic of 2019. As the virus spread across the globe, already-vulnerable elderly populations have experienced a significantly higher rate of death and serious illness, crippling isolation, widespread societal stigma, and a wide range of practical difficulties in maintaining access to basic health care and social services. The global health care workforce has been severely affected by the coronavirus disease 2019 pandemic, which has disrupted both essential and nonessential services. All of these factors have had a significant negative impact on the mental and physical health of the affected populations. From the interconnected perspectives of underlying biological mechanisms, physical manifestations, societal factors, and health services related to the excess risk

observed among the elderly population, we provide an overview of aging and COVID-19 in this paper.

We conclude that age-based reform of national health systems and response strategies is necessary to effectively combat future pandemics. In low- and middle-income nations with historically underfunded public health infrastructure and inadequate gerontological care, elderly-focused health services should be incorporated into global health systems and strategies as the global population continues to age. By expanding access to health services and simultaneously reducing pressure on traditional health care providers, task sharing of test and treat services to nontraditional prescribers, such as pharmacists, can facilitate more resilient health care systems. Sociopolitical, resource, and competency issues have historically hampered pharmacists' ability to expand their scope of work; For pharmacists to be included in the testing and treatment of priority diseases, overcoming these obstacles will be crucial. For the pharmacy profession, competency considerations include test and treat specific education to equip them with the knowledge and confidence to execute successfully. The scalability of test and treat initiatives can be made easier by keeping an eye on and evaluating the results of these services. Pharmacists have a unique opportunity to bring clinic-based testing and treatment to the community.