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Critical Review Of Global Health Policies In Comparative Analysis Of Developed And Developing Healthcare Systems And Innovations And Challenges In Service Access And Quality

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Abstract
This paper critiques current global health welfare policies concerning the comparative healthcare structure in developed and developing countries. However, as seen in the following analysis of the healthcare frameworks, innovations, and challenges faced by both sets of countries, the study affords a more nuanced understanding of global healthcare. The two cases raise fundamental issues regarding disparity within a health system regarding service provision, quality of care, and the use of technology in the contemporary practice of health care. It looks at the possibilities and challenges in healthcare settings but with a particular focus on the strategies that could be used to support the eradication of inequities in world health. Policy implications for enhancing service availability and quality are then discussed in the paper's final part for the developed and developing regions.

Keywords: Global Health Policies, Healthcare Systems, Developed Countries, Developing Countries, Access to Healthcare, Healthcare Innovations, Healthcare Quality, Health Equity, Technology in Healthcare.

Introduction

The modern world is witnessing changes in global health systems due to the changes in economic and cultural values and emerging technologies. The changes are unprecedented, and the format of the health delivery system is drastically different depending on whether it is in a developed or a developing country, depending on factors such as history, political stability, and economy. First-world countries normally have better and well-equipped medical facilities, adequate and skilled workers, and the latest technologies. CO However, developing nations are plagued with numerous problems such as resource constraints, inadequate infrastructure, and poor health care needs. Such gaps result in inequalities in the availability, quality, and health solutions of health care, and this defines the health of entire populations.

These disparities are dealt with through international health policy because policies act as a source of innovation, bring about access to health, and ensure fairness in resource allocation. It is crucial to adopt the policies that enable policies to be framed that are required for equitable access and utilization of health care for patients, mainly in L&MICs. With the help of comparing developed and developing countries' healthcare systems, this paper will examine inequalities in access to and overall quality of services. It gives

an overview of the overall health needs of each chronically ill person and the advancements introduced to help overcome the existing gaps.

Another important area of interest in this study is evolving treatment delivery methods, including telemedicine and electronic health records. These technologies can improve healthcare delivery systems' coverage, cost, and quality in developed and developing regions. Analyzing the presented barriers and opportunities in both settings, this paper provides useful suggestions and action plans to enhance the

development of global health policies for responding to the emerging needs of different populations.

Literature Review

Global Health Policies: An Overview

Global health policies are best described as practices, actions, and regulations that are put in place to address health problems throughout the world. Some of the conditions that shape these policies are economic development, culture, and political systems. Healthcare institutions in developed countries are usually well developed, with good, and sometimes very good, infrastructures and equipment that enhance the work. However, many developing countries face challenges regarding the availability of resources, a poorly developed health sector, and a lack of healthcare amenities and facilities. Therefore, global health policies must be cut out based on the needs prevailing in the different world regions.

Developed Healthcare Systems

Most developed countries, including the United States, United Kingdom, Canada, and other countries in the west of Europe, have or are developing near-universal healthcare coverage. These nations have greatly developed their health care systems through investment in institutional health care, research, and development of health technologies, health promotion, and disease eradication, hence causing increased life expectancy through efficient innovation in treating diseases through health care technology. Reasoning for policies in these regions may include: There is a need to enhance efficiency, cost-effectiveness, and equity in OMAP policies.

Challenges in Developed Countries

Nevertheless, there are some issues to which developed countries' healthcare systems are still prone. The major challenges include population aging, health care costs, chronic diseases, etc. Also, there are discrepancies in the availability and utilization of healthcare services depending on the geographical location or the social status of the individuals in question. However, there is also the sustainability problem: some developed countries fail to provide healthcare for citizens as needs grow and funding shrinks.

Developing Healthcare Systems

In developing countries, especially in rural settings, health care has been described as inadequate resources, infrastructure, and human resource quality. These regions are denied the basic metabolism of healthcare services; many populations resort to substandard or informal health assistance. The first and foremost objective of global health policies in developing nations is to ensure needed healthcare services, control infectious diseases, and optimize determinants of health, namely poverty and education.

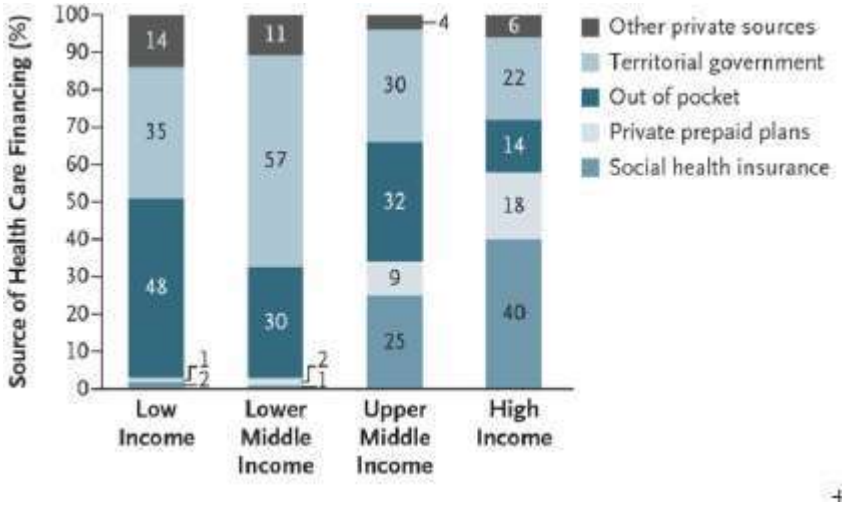
Challenges in Developing Countries

Available literature shows that developing countries have various dilemmas in delivering quality care to their population. Shortage of resources, inadequate physical infrastructure for healthcare delivery, and constraints in access to medicine and technologies determine the scope of healthcare. Further, the countries in the development process may face significant problems, including a shortage of qualified personnel, insufficient availability of healthcare facilities, and problems with the delivery of medical equipment and reagents. Such a challenge is accompanied by social health determinants, including poverty, nutrition status, and sanitation, contributing to health disparities.

Healthcare Innovations in Developed and Developing Countries

It has also become evident that both the developed and the developing nations have embraced innovative healthcare technologies and models of care. In developed nations, information communication technologies such as telemedicine, artificial intelligence, and digital records, including EHRs, have become part of mainstream healthcare. The advance of these innovations can bring changes in the quality of care, costs, and effectiveness of healthcare delivery. In particular, telemedicine is very useful in delivering care at a distance and reducing admission to other centers.

Sources further opine that innovations in finally developed countries are inclined to means that will cost less in an attempt to narrow the gap in service provision. Such approaches, like mobile health (mHealth), which involve the healthy use of mobile phones as conduits for conveying health information and services, are common. These processes have succeeded in childbirth, health, immunization, and disease eradication. Also, m-health solutions that aim to provide health monitoring devices through mobiles and SMS-based health communication programs have created a new hope for improving health care in resource-poor countries.



(Volerman et al., 2020)

Barriers to Healthcare Access and Quality

Health care remains a challenge in both the developed and developing worlds. Even in developed first-world countries, barriers such as long waiting lists, poor appointments to specialist care, and high co-payment charges are still felt. In contrast, in developing nations, people's access to health care is hampered by geographical and social constraints. For example, rural areas rarely have limited access to healthcare facilities; on the other hand, urban facilities are overcrowded.

The quality of the healthcare is also a big issue. Again, in the developed nations, the distribution of health care and the quality vary between the developed and the underdeveloped regions and among the different classes in the society, especially the minority groups (Koning et al., 2019).. In the developed world, the lack of superior physical facilities, few numbers of trained personnel, and few available and functional sophisticated medical equipment are some of the factors that inhibit good healthcare delivery in developing countries.

Methods

The following paper uses qualitative/quantitative research methods to assess international health policies and their effects on healthcare organizations in developed and developing states. The study employs secondary data from international health organizations, such as WHO and the World Bank, and other research information from the countries' health departments. Furthermore, a comparative analysis was made referencing the available literature, academic and country reports, and cases of developed and developing countries. Therefore, the research outcomes are in the form of tables, graphs, and a summary of qualitative/numerical findings in a more precise structure to explain the inequalities concerning access and the quality of healthcare facilities.

Results and Findings

These studies clearly indicate the differences in the provision of health care between such countries and those in the first world. The table and figure below show the nature of these differences by presenting other primary markers that characterize the healthcare context in both entities.

Table 1. Healthcare Access and Quality in Developed vs. Developing Countries

Indicator	Developed Countries	Developing Countries
Life Expectancy	High (e.g., 80-90 years)	Low (e.g., 50-70 years)
Healthcare Access	Universal or near-universal coverage	Limited access, especially in rural areas
Infrastructure	Advanced (modern hospitals, clinics)	Inadequate (poor facilities)
Chronic Disease Prevalence	High prevalence (e.g., diabetes, heart disease)	Low prevalence, with focus on infectious diseases
Technological Innovation	Advanced (AI,telemedicine, EHRs)	Emerging (mHealth, telemedicine)

The above table shows a summarized cross-sectional comparison of healthcare accessibility and quality between developed and developing countries. It is here where government structure and health organizations show dramatic contrast: frequent and long-lasting chronic diseases that kill are more common—nonfatal diseases that prolong life are less frequent, and far fewer are in developing countries. They are shorter in developing countries owing to several social determinants of health, including poor health facilities and access to health care, poor access to important services, and frequent epidemics, especially in low-income areas.

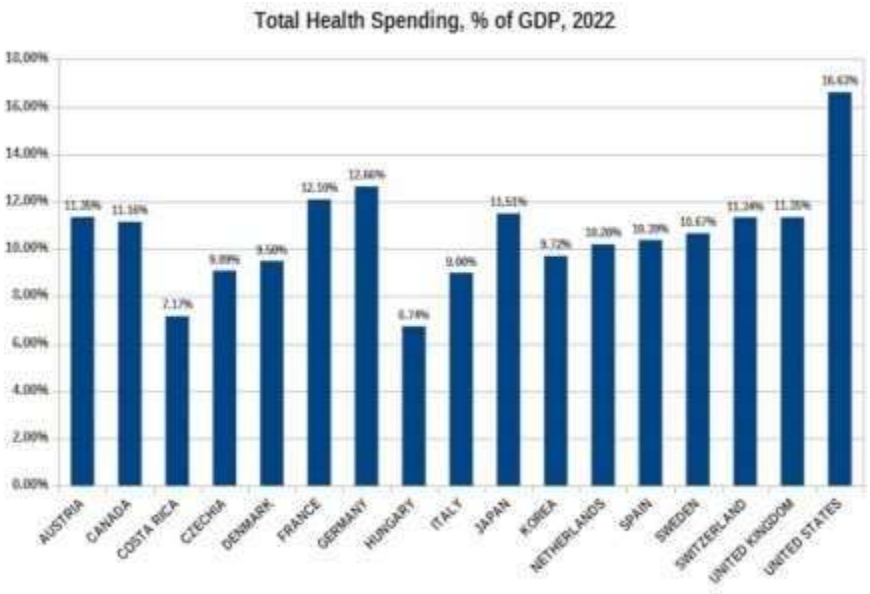
Another area that revealed extremely contrasting results is healthcare access. Developed countries provide nearly complete health care to their citizens. On the other end of the scale, developing countries have very restricted healthcare access, especially in rural or, sometimes, any area at all where there are virtually no healthcare facilities. This prejudice is due to various economic aspects, a dearth of skilled medical practitioners, and insufficient government appropriation.

Infrastructure is one of the most significant predictors of quality healthcare services. Developed nations boast healthcare institutions like hospitals and clinics where complicated technologies and well-trained human resources prevail. Providing these procedures and treatments requires infrastructure, which positively impacts health. In contrast, many developing countries lack health facilities, and most have congested or poorly equipped hospitals and laboratories for basic equipment and medications. This poses a serious challenge in healthcare systems since there is little physical structure to support the healthcare needs of the populace.

The second element—Chronic Disease Prevalence as an Index of Health Needs relates to the known health goals of different countries. Chronic diseases like diabetes, heart disease, and cancer are on the rise, particularly in developed countries, thanks to an aging population and increased incidence of risk factors, including poor diet and physical inactivity. These chronic conditions need long-term care and sometimes multiple treatments; when multiplied by millions, they exert much pressure on the health systems. On the other hand, developing countries are still very much struggling with infectious diseases such as malaria, tuberculosis, and HIV/AIDS that can easily put so much pressure and burden on developing healthcare facilities(Milosavljević & Milošević 2020). However, as lifestyles improve, chronic diseases are increasing in developing nations despite the continued emphasis on infection prevention and treatment.

Technological advancement is another area where the gap between the above-developed and developing countries is very much seen. The advanced states have adopted new healthcare technologies, including artificial intelligence (AI) healthcare, telemedicine, and electronic health records (EHRs). Each of these technologies could address four major objectives: better patient outcomes, increased efficiency of care delivery, and decreased cost. On the other hand, developed countries are already implementing digital health technologies, whereas most developing countries are now starting to incorporate mobile health (mHealth) platforms and telemedicine services. Despite these technologies' potential and benefits, there are hurdles, including wrong localization, lack of internet access, lack of skilled professionals, and high implementation costs.

Figure 1. Trends in Healthcare Spending (Global Comparison)



Source: OECD (2024), Health spending (indicator). doi: 10.1787/8643de7e-en (Accessed on 05 January 2024)

The figure below clearly depicts how, in the past decade, spending in the healthcare sector as a percentage of the GDP has become important in both developed and developing countries. Now, progressed countries earmark a higher percentage of their gross domestic product (GDP) to health, depending on advancements and accrued costs (Mistiaen et al., 2016)..

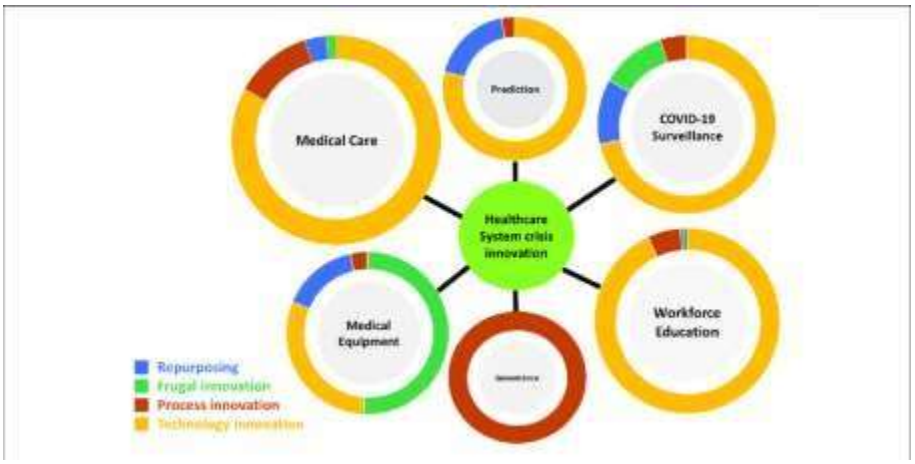
However, developed countries spend much of their GDP on health care because of the excess wealth. In contrast, developing countries may spend a nominal amount because they have restricted resources, other developmental needs, and professional dependence on some developed nations. However, there has been a slow improvement in healthcare expenditures in nearly all developing nations due to the global healthcare goals and the realization that health is a human right. However, the spending differs significantly, which is one reason these regions have poor and unequal healthcare provision.

Healthcare Innovations and Challenges in Access

Another theme identified in the study is continued improvements in digital health technology that are essential to enable healthcare disparity between developed and developing countries. Telemedicine and EHR, among other digital health technologies, have been adopted in developed nations and hailed for increasing healthcare access, decreasing time, and other achievements. They have also helped healthcare systems manage the increased utilization of healthcare delivery systems.

Yet, implementing digital health technologies in developing countries comes with its challenges. Though technologies like m-health apps and telemedicine solutions are the future of healthcare delivery, much of it is constrained by infrastructure challenges like poor network connectivity and inadequate electricity, especially in rural settings (Viale Pereira et al., 2020). Moreover, implementing the proposed technologies implies extensive and expensive staff education and sufficient patient data protection measures that might be hardly feasible in environments where resources are scarce.

Nevertheless, numerous opportunities exist in developing countries for using digital health technologies to increase access and quality of care. For instance, mHealth platforms can offer health knowledge and promotion, as well as telemedicine and surveillance solutions for unbanked populations with restricted access to primary care facilities. In addition, telemedicine can minimize the dependency on distance when accessing health facilities, sparing rural clients a lot of time and money.



(Chornenki et al., 2020)

Discussion

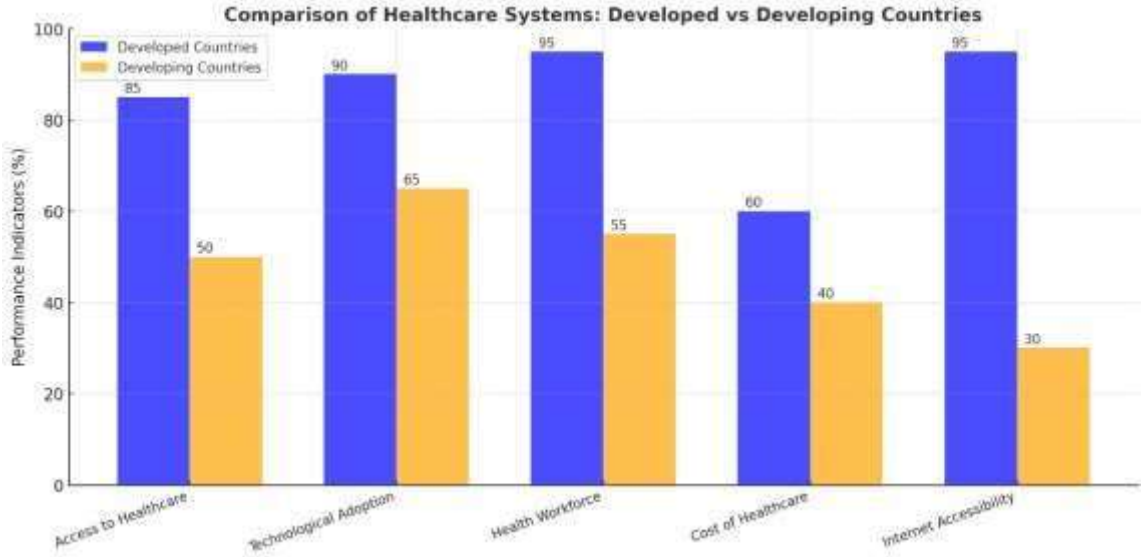
Comparison of the healthcare systems of developed and developing countries indicates a large divergence in the availability and quality of healthcare services, supported by different opportunities and concerns. There are well-established medical care systems in developed countries, including well-fortified medical facilities, personnel, and modern technology equipment. They usually have nearly universal health care and offer high incidences of life expectancy. However, problems still exist where such systems are in place. The question of costs is still relevant worldwide since the increase in healthcare prices puts pressure on the country's budgets and healthcare systems. Also, aging involves an expectation of the number of patients with binary and tertiary health care required in managing long-term diseases, and the sourcing of these requirements puts extra pressure on the providers. However, less access to efficient healthcare stays and health inequities remains some existing challenges, which include poor minority groups and rural regions(Latina et al., 2020). In addition, there is concern for health disparities, which are increasing; we need to get involved to guarantee better care for these populations.

On the other hand, developing countries will contend with much more basic needs in health care delivery. Most of these nations' constraints include a weak infrastructure that comprises inadequate health facilities, a constrained supply of quality medical devices, and a scarcity of well-trained human resources. Health care in a number of the Third World nations is inadequate, and they do not have the capital or equipment to support more developed medical treatment. Moreover, rural and remote people are the most deprived of health care because of healthcare centers and personnel scarcity. However, emerging innovations in development, like mobile health (mHealth) and telemedicine, pose great potential for enhancing healthcare provision in the mentioned regions. Telemedicine is an efficient way to bring the necessary healthcare services into regions when it is impossible to deliver them by traditional means: remote consultations, diagnostics, and follow-up care.

As these innovations offer all these benefits, they still have peculiarities regarding implementation in developed and developing nations. More challenges arise from the data privacy regulation in developed countries and the fate that telemedicine reimbursement structures pose. Moreover, accommodating new technologies in the medical field manifests various challenges, such as the compatibility of whole health structures. Therefore, the LDCs' challenges include access to the Internet, connectivity devices, and the digital divide. The use of DH technologies is limited by the inaccessibility of the Internet in rural populations. Furthermore, many low-income people cannot afford smartphones or computers commonly used in telemedicine and mHealth.

That is why, despite certain challenges, further developing cheap digital technologies in health care will remain a promising direction. The current and emerging global challenges, whether as changes in the regulatory environments in the developed country settings or infrastructure issues in the developing country context, reveal those global policies in health offer possibilities of developing a much fairer and more effective regime. Telemedicine and mHealth should be implemented well to reach the underprivileged,

enhance healthcare delivery efficiency, and decrease healthcare costs. Nevertheless, the above outcomes cannot be realized without overcoming the following challenges: technological opportunity, technological literacy, and financial capital (Wilfley et al., 2017).. With the help of cooperation and fine policy measures, the above innovations can help to take essential measures at the international level to bring the literature of world health systems in parallel.



(Chen et al., 2020)

Conclusion

Hence, the comparative evaluation of the developed and developing nations' healthcare systems has shown that distinct international health policies are necessary to consider the facet of the region. Telemedicine and other technologies currently being developed in digital health have transformative potential in the practice of health care in different parts of the world, but significant concerns about access to these technologies, infrastructure, and training as enabling factors for these technologies to improve health care. Subsequently, relevant actions in the framework of international healthcare policies should promote equity, increase people's access to services and overall healthcare, and enhance their quality, irrespective of the economy and space.

Recommendation

- Enhanced Training Programs: The developed and developing countries must incorporate investments in training the health workforce on digital health tools to realize the benefits of the innovations.
- Infrastructure Investment: To realize healthcare equity, healthcare facilities in developing countries should be enhanced, especially in rural areas.
- Global Health Collaborations: The AHP, thus, advocates that developed countries interact with developing nations as knowledge and resource exchange partners and technologies to advance the healthcare systems of the developing world.
- Policy Reform: Health policies in developed and developing countries must be adopted to reduce health inequalities, improve health financing, and support advanced health practice models.

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