Global Healthcare Comparison Matrix and Narrative Statement

[Name]

[Institution]

Author Note

Global Healthcare Comparison Matrix and Narrative Statement

# Introduction

At present, the World Health Organization i.e. WHO has recognized a number of prevalent diseases that exist in society as threats to global health and well-being. Among those diseases, HIV and AIDS are one of those life-threatening diseases that do not have a cure and are life-threatening at best. Thus, in order to understand the global health matrix, the prevalence of HIV and AIDS in the United States will be compared with the prevalence of the disease in Nigeria.

# Global Health Comparison Matrix

HIV and AIDS are one of the most significant of all health issues across the globe. While many countries have put preventive strategies into place to reduce the spread of this disease, along with the means to manage it. Managing this disease has always been a challenge and continues to be from this day forward. In Nigeria alone, a number of preventive measures have already been put into place that is vastly different, yet just as effective as the ones in place in the US. However, the two countries have different policies in place to curb the effects of HIV and AIDS.

The Social determinants of health in the US that play a key role in the propagation of HIV and AIDS in the country include the federal status of poverty, along with the level of education being delivered among the masses (Artiga & Hinton, 2018). A similar set of social determinants were observed in Nigeria as well in term of HIV and Aids (Okeke, 2016). United States has played a significant role in reducing the cost while increasing the quality of treatment available to the masses dealing with HIV and AIDS. Access to means of healthcare has also been simplified, with the development of a number of health centers that can aid with the issue (Kilmarx & Simbi, 2016). Similar efforts have been made in Nigeria, which can enable the government and healthcare centers to deal with HIV and AIDS effectively (Cooper, Kirton, Lisk, & Besada, 2016). However, the country lacks the resources it needs to manage the disease effectively. They have reduced the associated costs, but they haven’t been able to increase the quality and bring it up to the expected levels.

The United States, in 2001, acquired a policy to deal with HIV and AIDS. This policy sought the government to commit to enhancing their domestic response by setting up finances and programs that can aid in controlling HIV and AIDS (Kilmarx & Simbi, 2016). These policies have positively impacted the global battle against HIV and AIDS, aiding education programs and setting up similar programs in various parts of the country like Vietnam and Ukraine (Kilmarx & Simbi, 2016). They have trained nurses to specifically deal with the health challenges in the US (Kilbourne et al., 2018). On the other hand, Nigeria put its policy to control HIV and AIDS in the later part of 2007. It entails the use of condoms, along with abstinence from sexual activity (Kharsany & Karim, 2016). While this policy is also being boosted by the government, it has not proven to be successful or effective as the policy in place in the US. The various policies, such as the NPP are not as effective, especially given the rise in a number of HIV and AIDS infected individuals over the years (UNAIDS, 2018). NPP has impacted the global population in an extremely positive manner. It has collaborated with countries like the UK and Kenya and shared some of the very best strategies for taking care of HIV and AIDS. These strategies include specialized training for nurses and medical staff to deal with this epidemic in the country (Bello, Gericke, & MacIntyre, 2019).

The United States has put its very best foot forward in order to deal with this epidemic and have introduced some of the most incredible strategies to curb the spread of HIV and AIDS. The policies adopted by them have played a crucial role in the prevention of HIV and AIDS. The same could be said for Nigeria, although the policies put in place by them might have faced financial constraints, they were effective none the less.

# Plan for Social Change

There are a number of ways change can be incorporated in the global perspective of dealing with HIV and AIDS. A nurse leader can play a key role in the matter. Given the increase in globalization and attention to trends in the modern world which has made our communities more diverse, the initiative of not only understanding this change but responding to it can be well done by a nurse leader (Kilbourne et al., 2018). The first step in the matter would be the transformation of nurses, their participation in the research, along with special education of nurses along with policy arenas.

Furthermore, the establishment of comprehensive views, the interaction of new ideas with the people involved in strategies associated with healthcare will also transform the system. It makes the active incorporation of global perspectives into local practices (Cooper et al., 2016). These newly acquired skills and knowledge will not only improve using nurse leadership but also address possible advantageous changes to the current HIV and AIDS-related practices. Furthermore, such practices will also aid in decisions that can reshape local healthcare.

Lastly, the incorporation of a global perspective on HIV and AIDS-related strategies into local practices have the capability to contribute to social change. This will not only introduce new ways to deal with health challenges in the community but also to learn from the treatment incentives developed in other countries. This also includes borrowing financial support and new medical assistance to further the education and eradication of HIV and AIDS (Kilbourne et al., 2018).

# References

Artiga, S., & Hinton, E. (2018). Beyond health care: The role of social determinants in promoting health and health equity. *Health*, *20*, 1–10.

Bello, T. K., Gericke, G. J., & MacIntyre, U. E. (2019). Development, Implementation, and Process Evaluation of a Theory-Based Nutrition Education Programme for Adults Living With HIV in Abeokuta, Nigeria. *Frontiers in Public Health*, *7*.

Cooper, A. F., Kirton, J. J., Lisk, F., & Besada, H. (2016). *Africa’s health challenges: Sovereignty, mobility of people and healthcare governance*. Routledge.

Kharsany, A. B., & Karim, Q. A. (2016). HIV infection and AIDS in sub-Saharan Africa: Current status, challenges and opportunities. *The Open AIDS Journal*, *10*, 34.

Kilbourne, A. M., Beck, K., Spaeth‐Rublee, B., Ramanuj, P., O’Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and improving the quality of mental health care: A global perspective. *World Psychiatry*, *17*(1), 30–38.

Kilmarx, P. H., & Simbi, R. (2016). Progress and challenges in scaling up laboratory monitoring of HIV treatment. *PLoS Medicine*, *13*(8), e1002089.

Okeke, B. O. (2016). Social support seeking and self-efficacy-building strategies in enhancing the emotional well-being of informal HIV/AIDS caregivers in Ibadan, Oyo State, Nigeria. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, *13*(1), 35–40.

UNAIDS. (2018). Nigeria. Retrieved August 4, 2019, from https://www.unaids.org/en/regionscountries/countries/nigeria