

Constructing a Holistic Population Health Service System to Improve Sustainability in the Global South

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Abstract: Improving sustainability is a shared global development agenda and a common direction of effort. For countries in the Global South seeking to narrow the development gap with high-income countries, how to narrow the gap with developed countries in improving sustainability by leveraging existing resource conditions warrants in-depth exploration. As a fundamental element of sustainability, changes in population health significantly impact progress toward improving sustainability. This study proposes that there is an urgent need to construct a holistic population health service system based on the systematic integration of health data across multiple dimensions of representative countries in the Global South. Constructing a holistic population health service system is an action plan based on the lack of coordination among different entities in the health development of representative countries in the Global South. This actionable framework may help guide the development of population health in the Global South toward a balanced state.

Keywords: holistic population health service system; sustainability; population health planning; inclusive growth; Global South

1. Introduction

Currently, constrained by the uneven progress of modernization and limited economic development, countries in the Global South are facing and will continue to face a series of challenges in terms of population health [1]. The first one is the imperfect construction of the population health system, such as weak public health infrastructure, insufficient public health input, a lack of systematic public health planning, and significant regional disparities in public health resources [2,3]. Secondly, the effectiveness of population health governance is not ideal, such as unclear identification of population health issues, ineffective measures to ensure population health, and unreasonable implementation paths for population health [4,5]. The multiple structural challenges posed by the aforementioned issues will constrain the sustainability of development in countries in the Global South to some extent.

From the perspective of population health system construction, more than half of the countries in the Global South are facing practical problems such as insufficient public health financial investment, outdated facilities, and equipment shortages in primary healthcare institutions, serious loss of professional medical personnel, and limited coverage of basic public health services [6,7]. The persistence of these problems is not only a social cost of inflexible institutional design, but also further triggers the social effect of health inequality [8]. The gap in health rights and interests among different classes and regions continues to widen, leading to a mismatch between population health cognition and health social outcomes. This has created potential risks for population health governance.

From the perspective of population health governance effectiveness, for a long time, the population health construction of most countries in the Global South has been highly dependent on international funding, technology, and medical assistance [9]. Various forms of health assistance from the international community become the



important support for filling medical gaps and preventing and controlling major diseases. However, in recent years, the global economic recovery has been weak, international geopolitical conflicts have intensified, and many countries have significantly reduced their foreign public health aid budgets, leading to the stagnation of many public health construction projects and the discontinuity of disease prevention and control work in countries in the Global South [10,11]. At the same time, many countries in the Global South have implemented fiscal austerity policies to cope with the downward pressure on their domestic economies, further reducing spending in the public health sector [12]. This has resulted in a sustained lack of investment in key areas such as disease monitoring and early warning, infectious disease prevention and control, maternal and child health security, and public health emergency reserves. Under the combined pressure of these factors, various infectious and chronic diseases are intertwined and prevalent in the local area, and the overall burden of diseases continues to rise. Core health indicators such as maternal and infant mortality rates have remained high for a long time. Many shortcomings in the development of population health seriously contradict the core requirements of the United Nations Sustainable Development Goals (SDGs) to ensure universal health and eliminate health inequality, becoming an important bottleneck restricting the improvement of people's livelihoods and regional social development [13]. The dual pressure of international aid cuts and domestic fiscal austerity has made it difficult for countries in the Global South to improve their population health emergency response and normalized prevention and control capabilities.

As a result, the current construction and governance effectiveness of the population health system in the Global South are difficult to accurately respond to the core development demands of the Global South. This thoroughly highlights the urgency and practical necessity of constructing a fair, autonomous, and resilient overall population health development system. The construction of the current global population health development system is progressing in an orderly manner, and many beneficial experiences can be closely integrated with the population health of countries in the Global South when fully internalized [14]. Here, this study provides a value judgment: completely replicating the population health development system construction in developed regions is unsustainable, and completely breaking the past population health development system in the Global South is unscientific and costly. Therefore, in the process of gradually analyzing problems and finding reform directions, it is appropriate to optimize the existing population health development system and explore population health governance models suitable for countries in the Global South. Constructing a holistic population health service system is a development perspective derived from analyzing the current situation and summarizing experience. This study will attempt to analyze the necessity and optimization attempt of constructing a holistic population health service system and contribute the experience and wisdom of population health governance to promote the sustainable development of the Global South. The aim of this study is to provide a reference framework for the formulation of population health development planning in countries in the Global South, and to clearly identify key points and potential areas for improvement.

2. Method

This study follows the descriptive comparative approach based on secondary data as its core, which has been implemented and tested in a series of studies [15–17], and has received relatively good evaluations, demonstrating its ability to effectively reflect the status of social development [18]. Under the descriptive comparative approach based on secondary data, some studies attempt to clarify causal relationships or explore interactive effects [19,20], while this study fully focuses on a descriptive analysis of the research content, which can most intuitively reflect the changing trends of objects and the differences between different objects [21]. More precisely, this study relies on quantitative data to conduct objective analysis and uses the patterns of data changes as the basis to support the derivation and argumentation of viewpoints [22]. Specifically, this study focuses on the core proposition of constructing a holistic population health service system in the Global South. By selecting typical research samples and core observation indicators, the study systematically examines the dynamic evolution trend of indicators within a given observation period, deeply interprets the social and economic logic and population health value behind indicator changes, and rigorously demonstrates the necessity and practical value of constructing a holistic population health service system in countries in the Global South [23].

On the basis of the necessity demonstration, this study is based on the realistic foundation and existing shortcomings of population health development in countries in the Global South, combined with the characteristics and actual needs of regional population health development, and proposes targeted optimization construction paths and implementation measures for the holistic population health service system. Furthermore, it analyzes the adaptation scenarios, application advantages, and expected practical effects of various optimization strategies, providing a feasible reference for the upgrading of the regional population health service system.

Lastly, based on a systematic review of relevant research, this study will engage in in-depth academic dialogue with existing research results, objectively examine the limitations and room for optimization of this study, clarify the improvement direction and deepening path of subsequent research, and on this basis, condense research conclusions with theoretical value, striving to make up for the shortcomings of existing research and contribute to the field of global population health governance and health development in the Global South [24].

3. Results

3.1. Necessity

After systematically organizing information on the development level and data disclosure of countries in the Global South, this study selected India, Indonesia, Bangladesh, Nigeria, South Africa, Kenya, Brazil, and Ethiopia as representative research samples. The rationale for this selection lies in the fact that the selected sample fully considers the stratification of factors such as economic level among countries in the Global South, which can comprehensively reflect the population health changes of countries in the Global South to a certain extent [25]. Specifically, first of all, the selection of the above eight countries took the wide distribution of countries in the Global South across different continents into consideration; therefore, samples from Asia, Africa, and South America were chosen. Secondly, the selection of the above eight countries took the differences in population quantity into consideration, so eight countries with significant differences in population quantity were chosen, which indicates the population quantity is included in the scope of consideration. Figure 1 presents the concrete trends.

As shown in Figure 1, the data indicate that from 2000 to 2020, the population health level represented by life expectancy at birth in representative countries in the Global South has shown a continuous improvement trend, while the public health input represented by government health expenditure per capita and individual health expenditure represented by out-of-pocket health expenditure per capita in representative countries in the Global South have shown a complex fluctuation trend. The social experience facts reflected by the above results are as follows. Firstly, the life expectancy at birth of representative countries in the Global South has increased to varying degrees, and the survival time of the population has been extended. This represents a significant improvement in the health status of the population, and the space for cultivating health as a human resource has been expanded. Secondly, the government health expenditure per capita and out-of-pocket health expenditure per capita of representative countries in the Global South have increased with fluctuations, while public health input and individual health expenditure have shown a trend of change, with both government and individual health concerns remaining in an upward social development range. And the socio-economic implications of the above results are as follows. Firstly, the improvement of the health level of the population in representative countries of the Global South benefits from the increase in public health input and individual health expenditure at a certain stage and in a certain region [26], and the changes in population health are not only influenced by fundamental factors represented by economic development level, but also by the linkage of internal factors from the health system. Secondly, the reduction in the scale of public health input and the decrease in individual health expenditure in representative countries in the Global South do not reduce the population health level [27]. Population health is an important issue related to social development, and the degree of attention paid to it to a certain extent reflects the national health awareness and modernization level. Thirdly, changes in individual health expenditure in representative countries in the Global South are affected by changes in public health input, and this relationship is both complementary and mutually exclusive [2]. The government and individuals' attention to health must be highly consistent, but external shocks can divide the scale and proportion of government and individual input in health. The choice of health input presents a complex and changing trend in regulation.

Based on the above observed facts, it is not difficult to see that there is a significant spatiotemporal differentiation in the effectiveness of public health input and individual health expenditure in ensuring the health level of the population. In terms of life cycle, an increase in population survival time means an improvement in health levels, and also means that more input is needed to ensure such health levels. The guarantee of health level relies on many entities, and the government should play a fallback role in ensuring the population health level, providing basic new guarantees when the healthy development of the population is threatened and basic support in a stable state. Individuals should play a leading role in ensuring population security, which means they must take full responsibility for their own health. The problem here is that there is a certain differentiation between government health input and individual health input in countries in the Global South, which undoubtedly affects the formulation of population health strategies and the stability of population health levels. In response to this differentiation, this study believes that it is necessary to construct a holistic population health service system in the Global South. Improving the population health level in the Global South is a holistic project that requires the construction of a holistic population health service system of “top-level planning-macro guidance-micro action”

coordinated by multidimensional social actors. This kind of construction essentially must try to release the pressure of healthy communication between macro and micro levels.

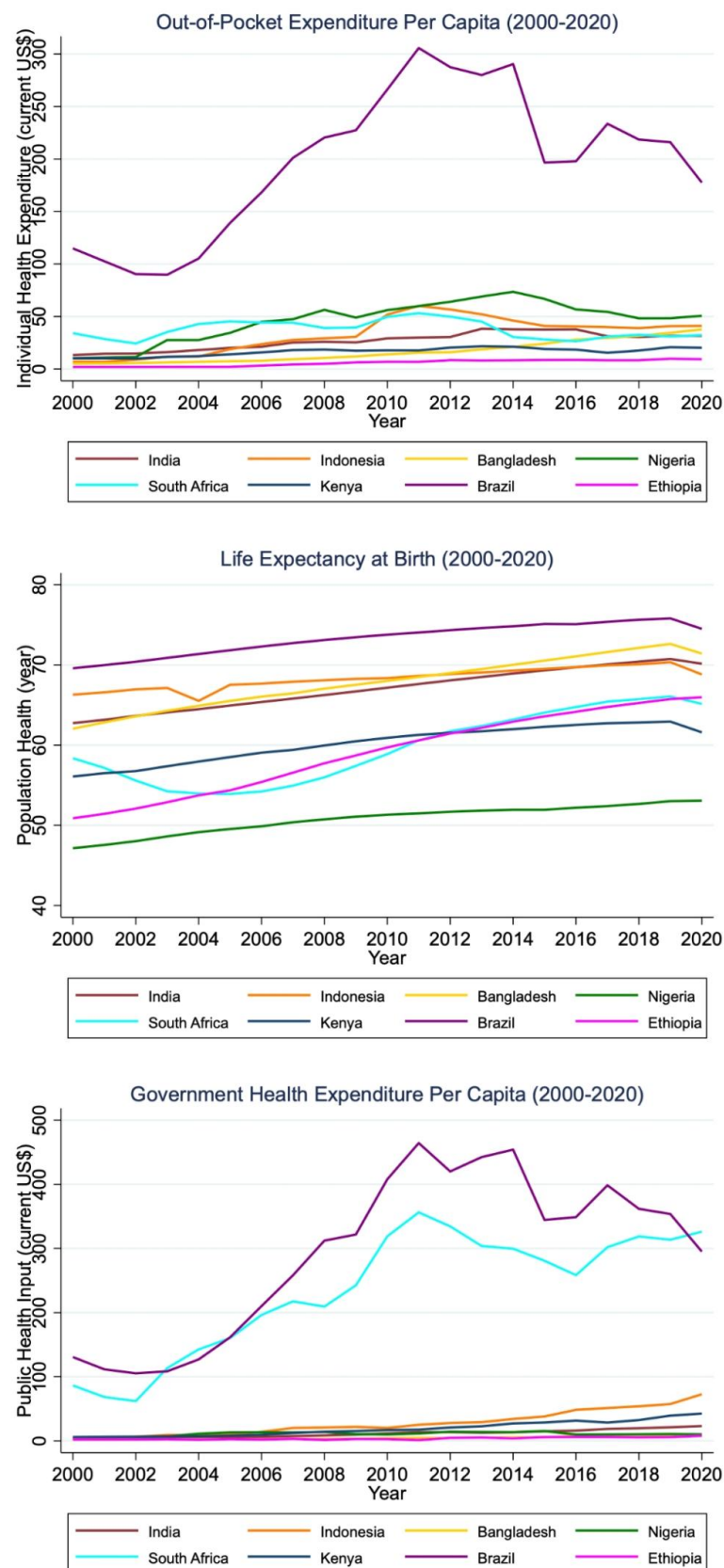


Figure 1. The multidimensional health status of representative countries in the Global South. Source: World Development Indicators (data.worldbank.org, accessed on 31 March 2026).

3.2. Optimization Attempt

This study argues that constrained by institutional and endowment factors, countries in the Global South find it difficult to achieve adjustments in the population health development system through radical reforms due to high costs and are more suited to adopt incremental reform approaches for such adjustments. On this basis, governments often serve as the primary drivers of population health development, as they determine the direction and content of population health policies and planning [28]. The goal of population health development is to achieve individuals' comprehensive development, with the ultimate objective being the enhancement of personal health welfare. Therefore, the construction of a holistic population health service system in this study aims to integrate macro-level public health investments with micro-level health expenditures within a strategic framework for population health, which means positioning the advancement of population health within the development and interaction between governments and individuals. By analyzing the two key actors and their interaction mechanisms, this study provides certain insights for updating population health strategies in countries in the Global South. The content is shown in Figure 2.

As shown in Figure 2, the strategy of the government is that they must try to ensure stable input in population health. From the perspective of modernization evolution, the Global South is currently in the stage of factor accumulation, and sufficient government public health input can meet the demand for population health. The specific scale of input should be adapted to factors such as regional fiscal strength, and the bottlenecks and emerging cultivation points for achieving regional population health should be specifically assessed. A specific operational measure is to maintain a moderate and stable proportion of national fiscal expenditures allocated to population health when planning the fiscal budget, while moderately increasing the proportion of expenditure towards health education and preventive measures.

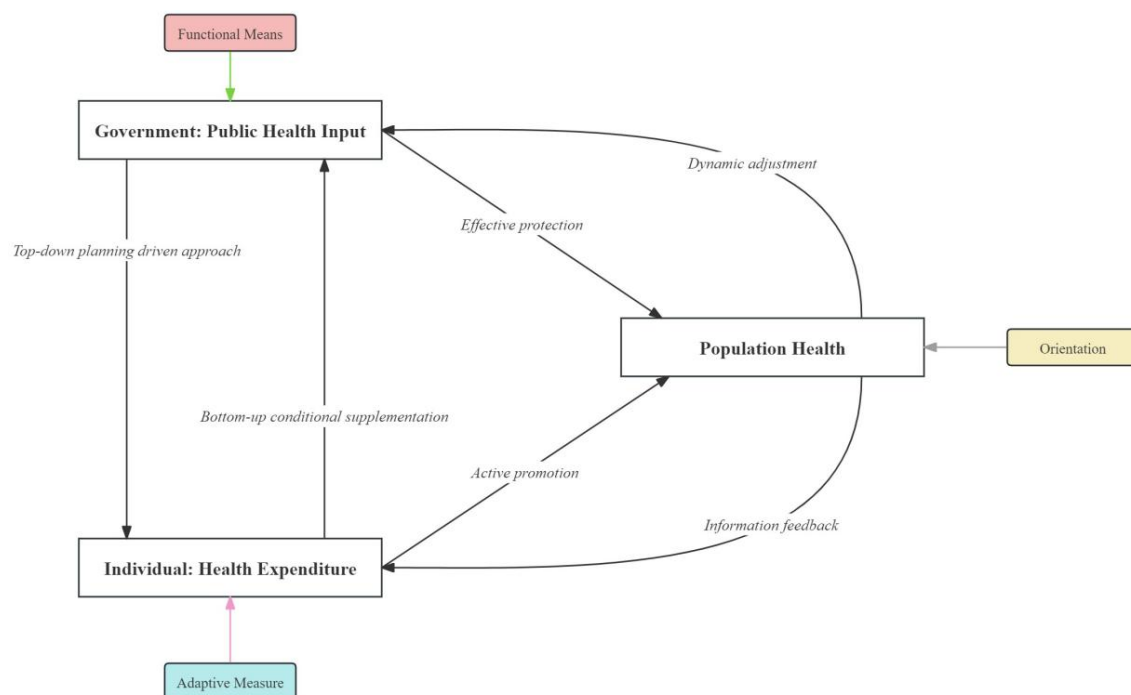


Figure 2. The proposal of a holistic population health service system.

As shown in Figure 2, the strategy for individuals is that they ought to attempt to plan their health expenditure reasonably. As a supplement to government public health input, flexible setting of individual health expenditure is an effective way to improve population health. For the Global South, based on current development characteristics, expenditure on individual physical health screening can be moderately increased, and expenditure related to preventive health measures can be considered and not further increased, but cannot be directly removed. It should be noted that individual health expenditure that local finances cannot cover must be maintained at a stable scale. Individual health expenditure should not be sharply reduced in a short period of time, otherwise there may be periodic population health risks.

The key goal of constructing a holistic population health service system is to effectively activate the interaction between the government and individuals. In the traditional system, the government was the leader, individuals were the compliant, and the dissemination of information was also top-down. The demerits of this

system design lie in the asymmetry of information and inaccurate investment. In the above reality, this study suggests that countries in the Global South can use the business model of health insurance to increase interaction between the government and individuals [29]. Specifically, countries in the Global South can inject a certain proportion of funds into health insurance to demonstrate their confidence and actions in safeguarding population health, while individuals can demonstrate their health demands by participating in health insurance. Insurance is a sector that is highly sensitive to changes in funding. Through government investment and individual participation in health insurance, the matching degree between changes in health needs and the formulation of health plans will be improved to a certain extent. In addition, this study proposes that countries in the Global South can increase the interaction between governments and individuals through the information exchange model of the Internet platform. Specifically, the government ought to set up a special health information reflection platform to collect people's feedback on health or invest manpower in the Internet platform to collect and sort out people's health needs. In addition, the government can also consider encouraging individuals to bravely put forward their own suggestions on healthy development through certain incentives. Individuals should actively explore ways to express their health opinions and use appropriate means to express their reasonable demands. The essence of the information exchange model is to enable the government and individuals to sincerely share their true thoughts on health.

4. Discussion

The novelty of the holistic population health service system lies in the fact that, firstly, this framework clarifies the participating subjects in achieving population health and reasonably allocates tasks. Secondly, this framework suggests that the realization of population health requires a reasonable flow of elements, effective communication between subjects, and immediate coordination in response to emergencies. Thirdly, this framework has certain compatibility with other public health frameworks and can be organically integrated with them in continuous development, thereby achieving value leaps [30].

Constructing a holistic population health service system is a crucial foundation for promoting sustainability in the Global South. The establishment of such a system can improve national health levels, reduce disease burdens, enhance workforce physical fitness, and strengthen the foundation of human capital. Specifically, this institutionalized health protection can mitigate the risk of poverty caused by illness, enhance household production and consumption capacity, and alleviate social inequality to some extent. Meanwhile, this system can adapt to demographic structural changes and support public health risk prevention and control. In the long term, the favorable population health conditions established by the holistic population health service system further empower education and employment, promote social equity, provide human capital support for sustained economic stability, and promote sustainability in economic, social, and livelihood dimensions for countries in the Global South.

4.1. Inheritance and Limitations

The inheritance of this study is mainly reflected in the following aspects. Compared with previous studies, this study confirms that population health is a vital part of regional development and inherits the methods and data to prove the proposed ideas [31,32]. This aspect indicates that the academic cognition and research orientation are consistent with previous studies. Furthermore, this study tries to construct a new framework to guide the development of the Global South, which is suitable for the reality of the Global South and useful for relevant stakeholders of the relevant bodies [33].

The limitations of this study are mainly reflected in the following two aspects. Firstly, the exploration of the holistic population health service system remains at the descriptive level, failing to explain the influencing factors and socio-economic effects of constructing such a system, and lacking empirical testing of its effectiveness [34,35]. The answer to how a holistic population health service system affects socio-economic development can arouse academic attention because the response will provide accurate evidence for the reference of the Global South. Secondly, the observation samples based on which the systematic understanding of constructing a holistic population health service system is formed are relatively limited, and the generalizability and reliability of the experience obtained need to be further expanded [36]. Expanding the empirical observation of the holistic population health service system can help the researcher to identify its effect more precisely and the empirical results will generate a series of reliable and beneficial conclusions and viewpoints for the Global South.

4.2. Prospects

The huge differences within the population in the representative countries in the Global South mean that population health is an inclusive purpose for all persons and a complex process shaped by unequal resource

allocation. The existing research provides a detailed explanation of the effects of public health expenditure and the accuracy of personal health expenditure [37,38]. There is still room for further exploration on how to effectively connect population health investment with individual health expenditure. It is worth exploring how to coordinate and promote macro and micro health investment to adapt to population health. So it is worth expecting that health is an ideal physical state and a universal development concept, and the improvement of population health level is an inevitable result of technological progress and a social representation of civilization progress. In addition to considering the quantifiable indicators and subjects mentioned above, improving population health levels can also rely on the optimization and adjustment of government health policies, the promotion and effectiveness of health education in social sectors, the continuous improvement of individual health literacy, and the support of internal conditions in the population health service system, as well as the optimization of the development environment and the improvement of resource allocation efficiency in external systems. It can also rely on the holistic population health service system to optimize the effectiveness of connecting different entities. As society evolves, the beneficial recognition and practical guidance system of the holistic population health service system can be continuously optimized and the role played can also be continuously adjusted.

5. Conclusions

The holistic population health service system is a population health planning approach that focuses on the pain points of health development in countries in the Global South, to regulate subjective communication conflicts and enhance institutional design adaptation effects. As a holistic population health governance model, constructing a holistic population health service system is an important measure for countries in the Global South to improve population health and enhance population welfare. Whether the holistic population health service system can effectively empower the modernization development of countries in the Global South depends on the observation of the effects after the integration of this model with multiple socio-economic factors, and the evaluation of the effects based on different cultural backgrounds and institutional designs. At the present period, the establishment of a holistic population health service system could provide a reference for the formulation of population health development planning in countries in the Global South based on the regulation analysis, and how to seize the opportunity and spread this precious experience to wider areas requires in-depth exploration.

Author Contributions

T.H.: Conceptualization, Methodology, Validation, Supervision, Writing—original draft and Writing—review & editing; Y.S.: Resources, Data curation, Visualization, Writing—original draft and Writing—review & editing. All authors have read and agreed to the published version of the manuscript.

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Informed Consent Statement

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Data Availability Statement

The original data sources presented in this study are included in the article; further inquiries about the data can be directed to the corresponding author.

Conflicts of Interest

The authors declare no conflict of interest. The fund had involvement in data collection. The author(s) take full responsibility for the content of the published article.

Use of AI and AI-Assisted Technologies

No AI tools were utilized for this paper.

References

1. Bloom, D.E.; Canning, D.; Fink, G. Disease and Development Revisited. *J. Political Econ.* **2014**, *122*, 6. <https://doi.org/10.1086/677189>.
2. Borojo, D.G.; Liu, J. The Impacts of Development Finance for Climate on Public Health Outcomes and Life Satisfaction: Evidence from Developing Countries in the Global South. *Front. Public Health* **2026**, *14*, 1775273. <https://doi.org/10.3389/fpubh.2026.1775273>.
3. de Oliveira, J.H.P.; Arruda, I.E.S.; de Sena Júnior, M.R.; et al. Beyond DALY: Public Funding of Health Innovation in Brazil as a Political Strategy for Equity in the Global South. *BMC Public Health* **2026**, *26*, 56. <https://doi.org/10.1186/s12889-025-25539-2>.
4. Baba, E.; Petu, A.; Akong, C.; et al. Recalibrating Africa's Public Health Governance Amid the Shift from Multilateralism to Bilateralism. *Glob. Health Res. Policy* **2026**, *11*, 84–86. <https://doi.org/10.1016/j.ghrp.2026.03.001>.
5. Rao, N.V.; Tomar, P.; Kickbusch, I.; et al. Shifting Power Dynamics in Global Health Governance: A Challenge and an Opportunity for Asia and the Global South. *BMJ Glob. Health* **2025**, *10*, e021565. <https://doi.org/10.1136/bmjgh-2025-021565>.
6. Hussain, S.A.; Bresnahan, M.; Zhuang, J. Can Artificial Intelligence Revolutionize Healthcare in the Global South? A Scoping Review of Opportunities and Challenges. *Digit. Health* **2025**, *11*, 20552076251348024. <https://doi.org/10.1177/20552076251348024>.
7. Adepoju, P. Healthcare Workforce Shortages Exacerbated by Poaching from the Global South. *Nat. Med.* **2024**, *30*, 311–314. <https://doi.org/10.1038/s41591-023-02698-6>.
8. Zhong, W. Income Inequality and Mental Health: Divergent Associations in Global North and Global South Countries. *Glob. Health Promot.* **2026**. <https://doi.org/10.1177/17579759261427436>.
9. Dieleman, J.L.; Schneider, M.T.; Haakenstad, A.; et al. Development Assistance for Health: Past Trends, Associations, and the Future of International Financial Flows for Health. *Lancet* **2016**, *387*, 2536–2544. [https://doi.org/10.1016/S0140-6736\(16\)30168-4](https://doi.org/10.1016/S0140-6736(16)30168-4).
10. Apeagyei, A.E.; Bisignano, C.; Elliott, H.; et al. Tracking Development Assistance for Health, 1990–2030: Historical Trends, Recent Cuts, and Outlook. *Lancet* **2025**, *406*, 337–348. [https://doi.org/10.1016/S0140-6736\(25\)01240-1](https://doi.org/10.1016/S0140-6736(25)01240-1).
11. Institute for Health Metrics and Evaluation. Financing Global Health 2025: Decades of Health Gains at Risk. University of Washington. 2025. Available online: https://healthdata-digex.healthdata.org/sites/default/files/2025-07/FGH_2025_FINAL_incl_Translations_2025.07.31.pdf (accessed on 20 September 2026).
12. Kentikelenis, A.; Stubbs, T. Social Protection and the International Monetary Fund: Promise Versus Performance. *Glob. Health* **2024**, *20*, 41. <https://doi.org/10.1186/s12992-024-01045-9>.
13. United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1). 2015. Available online: <https://sdgs.un.org/2030agenda> (accessed on 20 September 2026).
14. World Health Organization. Health Inequities are Shortening Lives by Decades. Available online: <https://www.who.int/news/item/06-05-2025-health-inequities-are-shortening-lives-by-decades> (accessed on 31 March 2026).
15. Wan, C. Historicism vs Positivism: An Examination of Dual Threads in Comparative Education Methodology from the Perspective of the History of Social Ideas. *Society* **2026**, 1–14. <https://doi.org/10.1007/s12115-026-01181-5>.
16. Chaudhary, D.; Mukhopadhyay, I. Causal Impact of Primary Care and Publicly Funded Health Insurance on Catastrophic Health Spending from Climate-Sensitive Diseases in India. *Appl. Health Econ. Health Policy* **2026**, *24*, 883–897. <https://doi.org/10.1007/s40258-026-01051-5>.
17. Rabbi, A.M.F.; Hossain, M.B.; Zanotto, L. Lifespan Variation during Mortality Transition in Bangladesh: Evidence from a Local Surveillance and Global Estimates. *Popul. Health Metrics* **2026**, *in press*. <https://doi.org/10.1186/s12963-026-00491-4>.
18. Liu, Q.; Yang, F. Digital Exclusion, Functional Limitations Transitions, and Life Expectancy: A Multinational Longitudinal Study. *SSM-Popul. Health* **2026**, *35*, 101944. <https://doi.org/10.1016/j.ssmph.2026.101944>.
19. Casamassima, A.; Castells-Quintana, D.; Simeone, E. Air Pollution and Mortality in European Regions and Cities: The Effects of Smart Cities Projects. *Environ. Impact Assess. Rev.* **2027**, *122*, 108671. <https://doi.org/10.1016/j.eiar.2026.108671>.
20. Wang, X.; He, T.; Yang, Y.; et al. Population Development and Modernization Construction: Theoretical Connotations, Evaluation Indicator, and Interactive Mechanism. *Qual. Quant.* **2026**, *60*, 12879–12912. <https://doi.org/10.1007/s11135-026-02608-1>.
21. Mei, L.; Jiang, Q. Sex-Selective Abortions over the Past Four Decades in China. *Popul. Health Metrics* **2025**, *23*, 6. <https://doi.org/10.1186/s12963-025-00368-y>.
22. Hong, C.; Zhang, S.; Miao, Y.; et al. Assessing Adaptive Capacity to Multi-Hazard Climate Health Risks in China's Provinces and Core Cities. *Urban Clim.* **2026**, *67*, 102890. <https://doi.org/10.1016/j.uclim.2026.102890>.
23. Julius, H.P.B.; John, F.; Hannes, T.; et al. The Unseen Population: Do We Underestimate Slum Dwellers in Cities of the Global South? *Habitat Int.* **2024**, *148*, 103056. <https://doi.org/10.1016/J.HABITATINT.2024.103056>.

24. T20 South Africa. Global South at a Crossroads: Weak Healthcare Systems Slow Progress on the SDGs and Hurt Economic Growth. 2025. Available online: <https://t20southafrica.org/commentaries/global-south-at-a-crossroads-weak-healthcare-systems-slow-progress-on-the-sdgs-and-hurt-economic-growth/> (accessed on 31 March 2026).
25. Sium, A.F. South-to-South Collaboration: The Role of Healthcare Experience Exchange Programs in Building Robust and Reliable Health Systems in the Global South. *AJOG Glob. Rep.* **2026**, *6*, 100618. <https://doi.org/10.1016/j.xagr.2026.100618>.
26. Weerasinghe, S.D.S.; Fitzgerald, M.; Perttu, E.K.; et al. Vulnerable Exposures and Outcomes for Children of Female Sex workers in Low- and Middle-Income Countries: Application of the Bioecological Vulnerability Framework. *Front. Public Health* **2025**, *13*, 1642053. <https://doi.org/10.3389/fpubh.2025.1642053>.
27. Filmer, D.; Pritchett, L. The Impact of Public Spending on Health: Does Money Matter? *Soc. Sci. Med.* **1999**, *49*, 1309–1323. [https://doi.org/10.1016/S0277-9536\(99\)00150-1](https://doi.org/10.1016/S0277-9536(99)00150-1).
28. Gui, M.; Kuang, X.; Ji, C. Impact of Government Health Expenditure on Health Outcomes in China: A Quantitative Analysis of Mediation and Threshold Effects. *BMJ Open* **2026**, *16*, e116395. <https://doi.org/10.1136/bmjopen-2026-116395>.
29. Feng, Y.; Li, G.; Wu, S.; et al. Residents' preferences for inclusive commercial supplementary medical insurance: A discrete choice experiment. *Health Econ. Rev.* **2026**, *16*, 64. <https://doi.org/10.1186/s13561-026-00770-8>.
30. Tokovska, M.; Suvada, J. Slow Public Health: A Temporal-Relational Framework for Migration and Aging in the Global South. *Front. Public Health* **2026**, *14*, 1900909. <https://doi.org/10.3389/fpubh.2026.1900909>.
31. Bloom, D.E.; Canning, D.; Sevilla, J. The Effect of Health on Economic Growth: A Production Function Approach. *World Dev.* **2004**, *32*, 1–13. <https://doi.org/10.1016/j.worlddev.2003.07.002>.
32. Jamison, D.T.; Summers, L.H.; Alleyne, G.; et al. Global Health 2035: A World Converging within a Generation. *Lancet* **2013**, *382*, 1898–1955. [https://doi.org/10.1016/S0140-6736\(13\)62105-4](https://doi.org/10.1016/S0140-6736(13)62105-4).
33. Abimbola, S.; Asthana, S.; Montenegro, C.; et al. Addressing Power Asymmetries in Global Health: Imperatives in the Wake of the COVID-19 Pandemic. *PLoS Med.* **2021**, *18*, e1003604. <https://doi.org/10.1371/journal.pmed.1003604>.
34. Crawshaw, P. Health for All? From Lifestyle Risk to Genomic Governance: The Enduring Logics of Individualisation in an Age of Inequality. *Health* **2026**. <https://doi.org/10.1177/13634593261473159>.
35. Choe, J.Y.; Ryan, M.S.; Elder, A.; et al. Planning a Regional Data Ecosystem for Public Health Preparedness and Response. *J. Public Health Manag. Pract.* **2026**, *32*, 721–730. <https://doi.org/10.1097/phh.0000000000002424>.
36. Gagnon-Dufresne, M.C.; Gautier, L.; Beaujoin, C.; et al. Did the Design and Planning of Testing and Contact Tracing Interventions for COVID-19 Consider Social Inequalities in Health? A Multiple Case Study from Brazil, Canada, France & Mali. *Soc. Sci. Med.* **2023**, *335*, 116230. <https://doi.org/10.1016/j.socscimed.2023.116230>.
37. Boundioa, J. Does Public Indebtedness Matter in the Effect of Public Health Expenditure on Human Longevity in Sub-Saharan Africa Countries? Evidence from Dynamic Panel Threshold Regression. *Health Econ. Rev.* **2025**, *15*, 79. <https://doi.org/10.1186/s13561-025-00673-0>.
38. Mwanga, M.K. Out of Pocket Health Spending and Poverty Dynamics in Sub Saharan Africa. *Discov. Sustain.* **2026**, *7*, 678. <https://doi.org/10.1007/s43621-026-03039-6>.