

# Preventive Medicine in a Global Health Context: Modern Realities and Future Directions (2025)

**Dr. Taofiq Kolawole Oduola, Dr. Olushola Kolawole, Mrs. Esther Davies, Oluwaseun Peace Kolawole, Emmanuel Precious Eneojo, Olusheyeye Victor Kolawole**

**Iconic University Sokoto, Birnin Kebbi, Kebbi State, Nigeria**

**DOI: <https://dx.doi.org/10.47772/IJRISS.2026.1026EDU0020>**

**Received: 20 December 2025; Accepted: 30 December 2025; Published: 13 January 2026**

## ABSTRACT

Preventive medicine has emerged as the cornerstone of global public health in the 21st century, particularly in the aftermath of the COVID-19 pandemic, the escalating burden of non-communicable diseases (NCDs), accelerating climate change, and the growing threat of antimicrobial resistance (AMR). Global health systems are undergoing a paradigm shift from treatment-centered care to proactive, system-wide strategies emphasizing risk reduction, resilience, and population wellness. This paper adopts a narrative global policy review approach to examine the conceptual foundations, historical evolution, contemporary realities, and future directions of preventive medicine in 2025. Key global challenges—including vaccine inequity, mental health crises, digital health transformation, and the expanding role of artificial intelligence (AI) in precision prevention—are critically explored. Major policy frameworks, including Sustainable Development Goal 3 (SDG 3), the WHO Global Action Plan (2023–2030), the International Health Regulations (IHR 2005), the emerging Pandemic Treaty (2025), and the African Union's Agenda 2063, are analyzed. The paper proposes an Integrated Global Preventive Medicine Framework (IGPMF) and demonstrates that prevention is fundamental to universal health coverage, climate resilience, health equity, and global health security in an increasingly interconnected world.

## INTRODUCTION

The global burden of disease in 2025 presents a compelling case for a renewed and strengthened preventive medicine agenda. Non-communicable diseases now account for approximately **74% of global mortality**, driven largely by cardiovascular diseases, cancers, diabetes, and chronic respiratory conditions. Simultaneously, infectious diseases such as tuberculosis, HIV/AIDS, malaria, and emerging zoonotic threats continue to impose a disproportionate burden on low- and middle-income countries (LMICs).

The COVID-19 pandemic exposed profound weaknesses in global preparedness while reaffirming prevention as the most cost-effective and life-saving pillar of health systems. In parallel, climate change has evolved into a direct health emergency, intensifying heat-related mortality, food insecurity, vector-borne disease transmission, and large-scale displacement. Antimicrobial resistance further threatens to reverse decades of medical progress, with projected deaths approaching **10 million annually by 2050** if current trends persist.

Despite growing global recognition of prevention, fragmented implementation, weak political commitment, financing constraints, and digital inequities continue to limit its full potential—particularly in LMICs. This paper addresses this gap by presenting an integrated global analysis of preventive medicine in 2025, linking governance, digital transformation, planetary health, equity, and health system resilience within a unified preventive framework.

## METHODOLOGY

This study adopts a narrative global policy and literature review design. Peer-reviewed articles and institutional reports published between 2015 and 2025 were retrieved from PubMed, Scopus, Web of Science, WHO databases, World Bank repositories, and UNICEF global health reports. Search terms included preventive medicine, global health security, non-communicable diseases, climate change and health, digital health, artificial

intelligence, and antimicrobial resistance. Gray literature from WHO, the World Bank, the African Union, and United Nations agencies was included. Retrieved materials were synthesized thematically to identify patterns, gaps, and policy implications.

### **3. Conceptual Foundations of Preventive Medicine**

Preventive medicine encompasses organized societal and institutional actions aimed at preventing disease, prolonging life, and promoting health. Modern prevention operates across five interconnected levels:

- **Primordial prevention:** Addressing upstream social, political, economic, and environmental determinants
- **Primary prevention:** Reducing exposure to risk factors
- **Secondary prevention:** Early detection and prompt intervention
- **Tertiary prevention:** Reducing complications of established disease
- **Quaternary prevention:** Preventing over-medicalization and iatrogenic harm

### **Integrated Global Preventive Medicine Framework (IGPMF)**

This paper proposes the Integrated Global Preventive Medicine Framework (IGPMF), consisting of five interlinked pillars:

1. Social and structural determinants of health
2. Digital and AI-driven prevention
3. Climate and planetary health
4. Health systems strengthening
5. Equity, governance, and sustainable financing

The IGPMF aligns preventive medicine with systems thinking, sustainable development, and global health security.

### **Operationalizing the IGPMF**

To ensure practical applicability, the IGPMF can be operationalized through tiered implementation across health systems. At the **macro level**, national governments can align IGPMF pillars with health strategies, climate adaptation plans, and digital health policies. At the **meso level**, regional and district health systems may integrate preventive indicators—such as hypertension screening coverage, vaccination rates, and heat-related morbidity—into routine monitoring. At the **micro level**, community-based interventions including task-shifted screening, digital outreach, and behavior-change communication translate prevention into measurable outcomes.

In LMICs, operationalization should prioritize cost-effective, high-impact interventions such as tobacco control, hypertension screening, immunization, and clean energy transitions, ensuring adaptability while maintaining global coherence.

### **Evolution of Preventive Medicine**

The evolution of preventive medicine spans ancient sanitation systems to modern vaccination and surveillance programs. Key milestones include the Alma-Ata Declaration (1978), the Astana Declaration (2018), and the International Health Regulations (2005). The Ebola outbreaks and COVID-19 pandemic catalyzed unprecedented investments in genomics, digital surveillance, and international cooperation. Preventive medicine has thus evolved from a biomedical focus to a multisectoral, governance-driven discipline.

### **Current Global Realities in Preventive Medicine (2025)**

#### **Pandemic Preparedness**

Despite vaccine breakthroughs, inequality persists. High-income countries maintain genomic surveillance and vaccine stockpiles, while many LMICs lack manufacturing capacity and equitable access.

## Non-Communicable Diseases

Preventive interventions demonstrate measurable impact. WHO estimates suggest that scaling hypertension control alone could avert **over 76 million deaths by 2050**, while tobacco control policies have reduced smoking prevalence by more than **30%** in several middle-income countries.

## Climate Change and Health

Climate-related risks dominate preventive priorities. Heat action plans, resilient health facilities, and environmental surveillance are becoming core public health strategies.

## Digital Health and Artificial Intelligence

AI-powered diagnostics enable predictive screening but raise ethical concerns related to algorithmic bias, data privacy, and digital exclusion. Effective governance requires transparency standards, human oversight, and data sovereignty protections—especially in LMICs, where regulatory capacity remains limited.

## Mental Health and Social Determinants

Post-pandemic mental health disorders have transformed prevention into a global development imperative, particularly among youths and displaced populations.

## Antimicrobial Resistance

AMR threatens surgical safety, maternal survival, and cancer care. Prevention depends on antibiotic stewardship, vaccination, clean water access, and global regulatory coordination.

## Global Inequities in Preventive Medicine

Preventive interventions remain unevenly distributed. While high-income countries invest in genomic medicine and AI diagnostics, many LMICs struggle with basic sanitation, immunization coverage, and essential medicines. This imbalance undermines global health security and SDG progress.

## Economic Case for Prevention

Investment in prevention yields substantial returns. Every dollar invested in immunization, tobacco control, hypertension screening, and sanitation generates multiple dollars in healthcare savings and productivity gains, reinforcing prevention as an economically rational strategy.

## Policy and Governance Frameworks

Preventive medicine is anchored in major global frameworks, including SDG 3, the WHO Global Action Plan (2023–2030), IHR (2005), the Global Health Security Agenda, African Union Agenda 2063, and national strategies such as Nigeria's National Strategic Health Development Plan (2022–2026).

## Future Directions and Emerging Risks

Future preventive priorities include genomics and precision prevention, universal vaccines, AI-driven predictive modeling, climate migration, ethical digital surveillance, and genetic data protection. Governance will be critical to ensure equity and public trust.

## CONCLUSION

Preventive medicine in 2025 represents a decisive shift from reactive healthcare toward anticipatory, equity-driven, and systems-oriented governance. The Integrated Global Preventive Medicine Framework provides a coherent pathway for aligning prevention with sustainable development, digital transformation, and planetary health. Without sustained political commitment, equitable financing, and ethical digital governance—



particularly in LMICs—preventive ambitions will remain aspirational. Institutionalizing prevention is not optional; it is a prerequisite for global health security, economic resilience, and social justice.