**NAME: VIOLET OSILAKA KENWI**

**MATRIC NUMBER: 17/MHS02/049**

**COURSE CODE: PUH 202 (INTERNATIONAL HEALTH)**

**LEVEL: 300**

Question

Write on the contributions of World Health Organisation on the following

1. Promoting Maternal/infant health

2. Prevention and control of communicable diseases

3. Achievement of sustainable development

4. Improvement of Healthcare services and facilities

1. **WHO CONTRIBUTION ON PROMOTING MATERNAL/INFANT HEALTH**

**Management of sick young infants aged up to 2 months- updated charts booklets and training manual.**

August 2019 - This update reflects the recent guidelines on Managing possible serious bacterial infection (PSBI) in young infants when referral is not feasible published in 2015. It includes assessment, classification and referral of sick young infants (SYI) with PSBI; and outpatient treatment of SYI with local infection or fast breathing (pneumonia) in infants 7-59 days old. Other updates include: a new section on how to reassess, classify and treat SYI with PSBI when referral is not feasible in outpatient health facilities by IMNCI trained health workers; changes in assessment and management of young infants for HIV infection; and identification of infants less than 7 days of who need Kangaroo Care. The IMCI training course for health workers has been updated to reflect these updates to support the capacity building of health workers in using the updated SYI IMNCI chart booklet.

**More women and children survive today than ever before**

19 September 2019 -- More women and their children are surviving today than ever before, according to new child and maternal mortality estimates released today by United Nations groups led by WHO and UNICEF. Still, the new estimates reveal that 6.2 million children under 15 years died in 2018, and over 290 000 women died due to complications during pregnancy and childbirth in 2017. Of the total child deaths, 5.3 million occurred in the first 5 years, with almost half of these in the first month of life. Women and newborns are most vulnerable during and immediately after childbirth. An estimated 2.8 million pregnant women and newborns die every year, or 1 every 11 seconds, mostly of preventable causes.

**Empower parents, enable breastfeeding**

World Breastfeeding Week is celebrated every year from 1 to 7 August to encourage breastfeeding and improve the health of babies around the world. It commemorates the Innocent Declaration signed in August 1990 by government policymakers, WHO, UNICEF and other organizations to protect, promote and support breastfeeding. This year, WHO is working with UNICEF and partners to promote the importance of family-friendly policies to enable breastfeeding and help parents nurture and bond with their children in early life, when it matters most.

**New resource consolidates data for maternal, newborn, child and adolescent health**

The MNCAH Data Portal is a new unique resource that brings together many different data on key indicators from several sources into one central place. The Data Portal will be the first comprehensive compilation of data on demographics, mortality, morbidity, risk factors, coverage and policy on maternal, newborn, child and adolescent health. It will help identify and fill gaps, as well as fulfilling global and national monitoring needs. Current key features include access to the data for each indicator, visualization of indicators; country profiles and other static visualizations and information on the advisory groups on measurement of maternal and newborn (MoNITOR), child (CHAT), and adolescent health (GAMA) and quality of care of maternal and newborn health metrics.

1. **WHO CONTRIBUTION ON PREVENTION AND CONTROL OF COMMUNICABLE DISEASES**

**The challenge of communicable diseases in the WHO South-East Asia region**

The South-East Asia Region of the World Health Organization (WHO) is critically important from the global health perspective. Home to 25% of the world’s population and to 30% of the world’s poor, it suffers from high burdens of communicable and non-communicable diseases against a background of relatively poor health infrastructure. Progress in global health will not be possible without visible progress in the WHO South-East Asia Region.

Communicable diseases cause 6 of the region’s 14 million annual deaths, which in turn contribute 42% of all the disability-adjusted life years lost. An interplay of socioeconomic, environmental and behavioral factors, as well as population movements, foster the spread of communicable diseases, both within and across borders, and threaten international health security. The situation is worsened by globalization and rapid economic activity, often unplanned and unregulated, and by the region’s considerable poverty, prevailing inequities, and inability to allocate increased resources for public health.

In spite of these challenges, the region has made enormous strides over the past decade. The regional Guinea worm disease target for global eradication was attained, leprosy was eliminated from all countries except one, and yaws was eliminated from India. Due to unprecedented national and international efforts, poliomyelitis is now on the verge of eradication globally, with cases reported from only a few pockets in northern India, northern Nigeria and the border between Afghanistan and Pakistan. Action at the local level in the form of both biomedical and social interventions, plus efforts to target unreached populations, are expected to contribute to successful outcomes in India, as articulated by Arora et al. The region has also targeted four neglected tropical diseases for elimination: leprosy, lymphatic filariasis, visceral leishmaniasis (kala-azar) and yaws. These successes and experience can provide valuable lessons for other regions of the world. Millennium Development Goal (MDG) targets for tuberculosis control also appear within grasp.

1. **CONTRIBUTION OF WHO ON THE ACHIEVEMENT OF SUSTAINABLE DEVELOPMENT**
* An Outline of the 10-year Framework of Programs has been developed and endorsement of regional strategies on SCP in Africa and Latin America. Europe is currently developing its SCP action plan.
* Establishment of the Asia Pacific Help Desk on SCP
* Guidelines for National SCP Programs developed and five demonstration projects implemented in Mauritius, Indonesia, Tanzania, Egypt and Mozambique
* Establishment of seven Marrakech Task Forces as key implementation mechanisms that are developing policy toolkits and building North-South cooperation in all the regions
* Videos on creative communities for sustainable lifestyles exploring the potential for bottom-up social innovation and creativity
* Toolkit and training programs on how to produce effective communication and awareness raising campaigns for sustainable lifestyles
* Guidelines for tourism in coastal zones and curriculum material for hotel management schools
* Establishment of four Global Sustainable Products Networks
* Development and endorsement of regional strategies on SCP in Africa and Latin America. Europe is currently developing its SCP action plan
* Implementing a project on Eco-labeling for Africa

1. **WHO CONTRIBUTION ON THE IMPROVEMENT OF HEALTHCARE SERVICES AND FACILITIES**

**Strengthen quality midwifery education**

Midwifery education is a key solution to the challenge of providing universal and quality maternal and newborn care to meet our Sustainable Development Goals. While improving access to care is critical, ensuring good quality of care has an even greater impact in terms of lives saved. WHO, ICM, UNFPA and UNICEF are finalizing a report and action plan for strengthening quality midwifery education to be released at the World Health Assembly, 20-28 May 2019.

**New quality of care standards to save lives and improve the health of children and young adolescents**

On 24 April, WHO launched Standards for improving quality of care for children and young adolescents in health facilities, in Entebbe, Uganda, in a meeting organized by the Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network) and WHO, in partnership with USAID, and hosted by the Uganda Government.

The pediatric standards of care are the second set in a series of standards for quality of care and compliment WHO’s standards for improving quality of maternal and newborn care in health facilities published in 2016. They are intended as a resource to empower policy-makers, health care professionals, regulators and professional bodies to work effectively towards continuous quality improvement in child and adolescent health.