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Write on the contributions of World Health Organisation on the following

1. Promoting Maternal/infant health.

1. Birth Preparedness and Complication Readiness

Birth Preparedness and Complication Readiness (BPCR) is an intervention included by WHO as an essential element of the antenatal care package. It is often delivered to the pregnant woman by the health care provider in antenatal care or initiated or followed up through a visit to the home of the pregnant woman by a community health worker. In addition to working with an individual pregnant woman, programmes often address efforts to her family and to the broader community to increase awareness on BPCR or to improve health workers' skills to provide BPCR as part of ANC. Programmes often provide education materials or other visual aids with BPCR information, or may implement mass media campaigns with BPCR messages.

2. Male involvement (MI) interventions for MNH

There has been increased recognition of the need to include men in MCH programmes since the mid-1990s, given the important role men have as partners/husbands, fathers and community members and as a way of promoting egalitarian decisions about reproductive and maternal health. Chapter IV Section C of the ICPD Programme of Action calls for an understanding of the joint responsibilities of men and women so that they become equal partners in public and private lives and to encourage and enable men to take responsibility for their sexual and reproductive behaviour.

3. Interventions to promote awareness of human, sexual and reproductive rights and the right to access quality skilled care.

Human rights are considered as a guiding principle of the IFC Framework and within WHO strategies as a fundamental component of maternal and newborn health. Sexual and reproductive health (SRH) programmes and MNH programmes support the principle that women who are aware of their sexual and reproductive rights are in a better position to exercise their reproductive choices and determine how they negotiate family and community dynamics, how they are able to access health care and how they are treated by health services.

4. Community-organized transport schemes

Distance to a facility is often highlighted as a reason why women do not reach skilled care for birth or a facility for complications. The availability of transport to reach care is closely related and an important factor in access. Maternal health programmes have often promoted the mobilization of communities to organize solutions to transport, particularly for obstetric complications.

2. Prevention and control of communicable diseases.

1. Immunization is a successful and cost-effective public health strategy that saves millions of lives each year. Governments can support vaccination coverage by ensuring that vaccination is free or affordable, by ensuring that all children are vaccinated (with limited exceptions for medical or religious reasons), and that vaccinations are documented.

3. Screening individuals to determine if they have been infected with or exposed to an infectious disease is a core public health strategy. Early treatment has important public health benefits; for example, people receiving treatment for tuberculosis and HIV infection are less likely to transmit the infection to others. Routine, voluntary HIV testing benefits both affected individuals and their intimate partners by facilitating early access to prevention, care and treatment services.

3. Health laws can improve the success of voluntary screening programmes by including counselling requirements, ensuring the confidentiality of test results, and protecting individuals diagnosed with particular diseases from discrimination. Public health laws should protect the confidentiality of a person's HIV status, authorizing disclosure to third parties only in limited circumstances where a third party is at significant risk of HIV transmission and where other statutory preconditions are met.

3. Achievement of sustainable development.

Implementing the 2030 agenda requires a multi stakeholder , multi-actor response. Innovations and development in policy, technology and research must include dialogue between governments, the private sector, civil society organizations and nongovernmental organizations; most importantly, strong community involvement is needed. The focus of the 2030 agenda on addressing country-level needs is based on the engagement of all actors and sectors, as opposed to the traditional top-down, single-sector approach. Intersectional governance is at the core of how to approach the social determinants of health, and how to address antimicrobial resistance through a one health approach.

Currently, robust data on health-related targets and indicators is lacking in many countries; developing better implementation and measurement tools, and linking data across sectors, is a cornerstone of the SDGs and should be a priority in global health policy dialogue

The WHO Thirteenth General Programme of Work 2019–2023, has introduced an impact framework to measure country results and progress in achieving the health-related targets of the SDGs. This framework can assist in ensuring that Member States are able to collect, monitor and report on such progress. The United Nations and its specialized agencies, should work collaboratively to address social, commercial, economic and environmental determinants of health and to strengthen health systems, contributing to the attainment of all SDGs.

4. Improvement of Healthcare services and facilities

1. Pregnant women should receive the right care, at the right times.

WHO recommends a woman see her health provider at least 8 times during her pregnancy to detect and manage potential problems and reduce the likelihood of a stillbirth or neonatal death. Antenatal care also offers an opportunity for health workers to provide a range of support and information to pregnant women, including on healthy lifestyles, preventing diseases, and family planning.

2. Small and sick babies should be well cared for in a facility

Small babies (such as preterm babies or babies born small for their gestational age) are at much greater risk for death during the neonatal period and for long-term health problems and lifelong disabilities. These babies should be kept warm at all times and fed with their mothers' own

breast milk. Mothers should be supported to practise kangaroo mother care as the baby's condition allows. Very small and sick new-borns should be cared for in well-equipped neonatal units and closely monitored by trained staff for complications.

3. All women and new-borns must receive care that prevents hospital-acquired infections

Hospital-acquired infections increase the risk of death and disease, and add to the cost of care and the duration of stay in a hospital. Standard precautions are essential to prevent hospital-acquired infections. These include washing hands with soap and water or alcohol-based hand rub before and after examining a patient, safely storing and disposing of infectious waste and sharp objects, and sterilizing and disinfecting instruments in the labour and delivery room and new-born care area.

4. Communication with women and their families must be effective and respond to their needs

Patients should receive all information about their care and should feel involved in all decisions made regarding their treatment. Effective communication between health providers and patients can reduce unnecessary anxiety and make childbirth a positive experience for a woman, even if she experiences complications.

5. No woman should be subjected to harmful practices during labour, childbirth, and the early postnatal period

Unnecessary and harmful practices can lead to complications and harm mothers and their new-borns. These include routine enemas and pubic or perineal shaving before vaginal birth, immediate bathing of the baby, keeping well babies away from the mother, and advertising and promoting breastfeeding substitutes and bottle-feeding.

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