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Assignment

The contribution of world heath organization (WHO) in the following aspects:

1. Promotion of maternal/infant health:

WHO is supporting countries to deliver integrated, evidence-based and cost-effective care for mothers and babies during pregnancy, childbirth and the postpartum period. Investing in health systems – especially in training midwives and in making emergency obstetric care available round-the-clock – is key to reducing maternal mortality.

Millennium Development Goal 5, improve maternal health, set the targets of reducing maternal mortality by 75% (MDG 5a) and achieving universal access to reproductive health by 2015 (MDG 5b). Despite significant declines, MDG 5a was not met. Progress in reducing mortality in developing countries and providing contraceptive services was insufficient to meet the targets. Looking beyond 2015, the Sustainable Development Goals offer a renewed opportunity to see improvements in maternal health for all women, in all countries, under all circumstances.

Despite progress, societies are still failing women, most acutely in poor countries and among the poorest women in all settings. Gender-based discrimination leads to economic, social and health disadvantages for women, affecting their own and their families' well-being in complex ways throughout the life course and into the next generation. Gender equality is vital to health and to development. WHO is working with partners in supporting countries towards:

- addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services;
- ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care;

- addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
- strengthening health systems to collect high quality data in order to respond to the needs and priorities of women and girls; and
- ensuring accountability in order to improve quality of care and equity.

2. Prevention and control of communicable disease:

Communicable diseases are a major cause of suffering, disability and death in the world. The World Health Organization's Programme on Communicable Diseases provides technical guidance and support to national governments to organize and implement programmes aimed at setting up or strengthening ongoing control of common diseases, reducing transmission, mortality, morbidity and human suffering, and gradually eliminating these diseases so that they cease to be a public health problem. In some cases, the aim may also be to eradicate selected communicable diseases.

WHO technical programmes dealing with specific communicable diseases have issued a variety of guidelines on interventions and programme organization. WHO supports countries in adapting these guidelines to national conditions and resources. However, there is at the moment no document summarizing the main prevention and control strategies and interventions that could facilitate planning of coordinated activities at national, state and district level. They imposed methods of controlling the spread of the diseases as follows:

· Minimizing the transmission of infectious diseases is a core function of public health law. The appropriate exercise of legal powers will vary according to the seriousness of the disease, the means of transmission, and how easily the disease is transmitted.

· Law can contribute to the prevention of infectious diseases by improving access to vaccinations and contraceptives, and by facilitating screening, counselling and education of those at risk of infection. Law also has a reactive role: supporting access to treatment, and authorizing public health authorities to limit contact with infectious individuals and to exercise emergency powers in response to disease outbreaks.

· Where public health laws authorize interferences with freedom of movement, the right to control one's health and body, privacy, and property rights, they should balance these private rights with the public health interest in an ethical and transparent way. Public

health powers should be based on the principles of public health necessity, reasonable and effective means, proportionality, distributive justice, and transparency.

· 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.

· 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.

· 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.

· Governments should carefully consider the appropriate role of criminal law when amending laws to prevent the transmission of infectious and communicable diseases. For example, criminal penalties for transmission of HIV may create disincentives to individuals to come forward for HIV testing and treatment, or may provide the pretext for harassment and violence against vulnerable groups. Encouraging personal responsibility and self-protection is critical, especially in countries where rates of HIV infection are high.

· Public health laws should authorize compulsory treatment only in circumstances where an individual is unable or unwilling to consent to treatment, and where their behaviour creates a significant risk of transmission of a serious disease. Compulsory treatment orders should restrict individual liberty only to the extent necessary to most effectively reduce risks to public health.

3. Achievement of sustainable development:

The role of health in achieving sustainable development :

Transforming our world: the 2030 agenda for sustainable development outlines a transformative vision with 17 sustainable development goals (SDGs) for economic, social and environmental development. While only SDG 3, to ensure healthy lives and promote well-being for all at all ages, focuses on human health, all goals are interrelated. This issue of the Bulletin of the World Health Organization examines the relationship between health and the SDGs.

Implementing the 2030 agenda requires a multistakeholder, 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. Intersectoral 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.

More specifically, to reach target 3.8, to achieve universal health coverage, Member States must ensure access to health services by introducing protection against catastrophic health expenditure. Obstacles and financial hardships associated with weak health systems and inadequate financing mechanisms not only exacerbate health inequities, but also jeopardize the achievement of other SDGs. For instance, catastrophic health spending[7] has pushed almost 100 million people into poverty annually, while leaving over half of the world's population without access to essential health services. Most out-of-pocket payments, the cause of catastrophic expenditure, arise from high medication costs, which are likely to increase in line with the global increase in noncommunicable diseases and the need for long-term treatment.

Universal health coverage could therefore contribute to achieving the SDGs by producing equitable and sustainable health outcomes. Many health disparities between people with different socioeconomic status are compounded by gaps in good governance. For instance, corruption makes access to health services, medication and information much more difficult for the vulnerable. In addition, factors such as ethnicity, gender and disability can further exacerbate these health disparities. Hence, tracking indicators that measure the health of vulnerable groups are essential. Monitoring the status of equitable access to health care could also shed light on the status of human rights and social equality within states.[9] Those people

not receiving adequate health services are probably also disadvantaged in other social aspects. A better understanding of factors contributing to access to health services will help shape policies to attain SDG 3, and support the achievement of other SDGs such as attaining gender equality, reducing poverty and improving education.

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 2030 agenda also places emphasis on the environmental determinants of health. The 2016 World Health Organization report Preventing disease through healthy environments estimated that 23% of all deaths could be attributed to environmental issues such as air pollution, poor sanitation, exposure to radiation and other environment-related causes. Progress on the SDGs that target environmental improvements will also improve health indicators.

While countries present national voluntary annual reports at the high-level political forum held in New York, national and international development communities still lack efficient and effective data collection mechanisms, to better report on the status of the progress of Member States towards the SDGs. 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:

The overall goal of this document is to provide a resource for countries seeking to improve the quality of their health service delivery.

The document:

- • collates existing WHO tools and resources on quality improvement; and
- • outlines the use of the tool or resource as applied in service delivery.

The primary inclusion criteria for the tools and resources included in this document is that they must be applicable for country support. Thereby, the document provides practical

examples of how the tool was applied in-country, including relevant linked with other areas, such as measurement.

The document focuses on tools and resources developed within the WHO Service Delivery and Safety Department. It is not, therefore, an exhaustive list of service delivery and safety tools and resources across WHO or beyond. Of particular note, the document is not designed as a standards setting tool. The categorization of the tools and resources in this document has been informed by the WHO publications categorization system. Types of tools include training and capacity building tools, along with text books and guidance documents. Resources include advocacy documents, country reports, meeting reports and technical reports. Documents listed as guidelines have all gone through the WHO Guideline Review Committee process.

Target audience The target audience for thisdocument are ministries of health, facility quality improvement teams, researchers and development agencies.WHO technical programmes, regional and country offices can also use the document in their technical cooperation work with the identified audience. Those working to improve the quality of health service delivery can also make good use of this resource.

- Gaps

Development of the document allowed gaps to be identified in the quality improvement tools and resources that exist. Of particular note is that:

• improvement and measurement are interrelated; however, a number of the identified QI tools and resources made little or no mention of measurement considerations;

• there is currently no mechanism to track the application of SDS tools and resources in-country, once finalized, such an approach would contribute to the refinement of the tools, informed by implementation experience. These gaps will allow a set of recommendations to be developed that will inform future development of quality improvement resources.

A feedback loop mechanism is currently under development to prospectively track the application of the resource at the country level. This feedback mechanism will allow for input into the adoption and usage of tools at the country level. It could also help to shed light on the adaptation of emerging global tools and to identify promising case studies at the country level. This mechanism will be linked strongly with the WHO SDS corporate web page, once

activated.

- Implications for countries and WHO

The document has clear implications for the work on service delivery for country level engagement and internally within WHO. The document can:

• provide framing and catalyse action on quality improvement activities and facilitate WHO's support to ministries of health on quality of care;

• support the implementation of WHO normative standards on quality of care by highlighting available tools and resources in service delivery;

• serve as a facilitator and bring about convergence of the work on quality improvement within WHO, working closely with the WHO Taskforce for Quality UHC.

- Structure of the document

Each section addresses a technical area. The structure is standardized with detailed information on finalized WHO SDS documents. The first level of the document provides an overview of WHO SDS tools and resources.

Where applicable, case studies and key lessons learnt have been provided. A second section of the document outlines tools and resources that are currently in development within SDS.