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**COURSE: INTERNATIONAL HEALTH**

**Questions**

Write on WHO contributions on the following

1. Promoting maternal / infant health
2. Prevention and control of communicable diseases
3. Achievement of SDG
4. Improvement of healthcare services and facilities

**ANSWER**S

1. Maternal, perinatal and infant health matters to every person, society and country and should be viewed from both a human rights and well-being perspective as highly important topics.

The SDGs are a set of goals set out in 2015 in order to achieve a new sustainable development agenda for the world by 2030. Out of the 17 development goals, number 3 is the goal directly linked to health. Within goals 3 target 3.1 aims to decrease the global maternal mortality rate to less than 70/100,000 live births by 2030. In May 2016, the 69th world health assembly (WHA), took place in Geneva, Switzerland. The WHA, is the highest decision – making organisation within the WHO, accepted a resolution related to women, children and adolescent’s health. The resolution strives to ensure that every woman, child and adolescent worldwide are able to survive and thrive by 2030, and is directly aligned with the SDGs and goal 3.

1. Measures for controlling communicable diseases include training health and outreach staff in the identification and management of specific diseases considered. It also depends on healthy environment (clean water, adequate sanitation, vector control, shelter) the goals of WHO include:
* Elimination and eradication of specific diseases
* Expanding disease free areas
* Protecting every child against vaccine-preventable diseases
* Halving the burden of tuberculosis: working towards elimination
* Containing new and re-emerging disease threats
1. In order to achieve the SDGs, the WHO has advised and directed governments to make adequate investments especially in the health sector to prevent deaths and also to achieve the SDG e.g. hospitals, vaccine, medicine, 67 of investments by member countries which make up 75% of the world’s population need additional investment of $3.9 trillion over 15 years i.e. extra $58 per person per year.
2. Health facilities procure and consume a wide variety of products, including pharmaceuticals, medical and building supplies, and foods. Procurement activities that promote the use of efficient materials, reduce waste, and prioritize products with low carbon footprints can create cost savings and environmental and health benefits.

Pharmaceutical and chemical procurement is a significant source of carbon emissions and waste. Judicious procurement of products that are extracted, cultivated and produced in an energy-efficient manner can reduce environmental impact. Storage of appropriate rather than excessive supply stocks can help reduce spoilage and waste.

Medical instrument procurement also has a major environmental impact, especially the procurement and use of single-use devices. While some of these are medically necessary to prevent infection risks, others are not. The sterilization and reuse of medical materials is an alternative to the excessive use of disposable packages.

Hospital food is a major procurement item, especially in developed countries. Reducing procurement of animal products and minimizing food waste can generate fewer greenhouse gas inputs and may support healthier diets. Production of animal-sourced foods is energy-intensive; shifting to plant-based diets, which have relatively low emissions, demonstrates potential for climate and health co-benefits.

Heating, cooling and lighting represent the largest component of energy requirements in large health facilities. Siting, building orientation, landscaping and ventilation are design strategies that can reduce energy use and promote health benefits. Methods that combine climate-adapted materials and green design features can result in energy savings of 30-50% in both developed and developing country settings.

Along with these measures, the strategic use of windows and skylights is a passive daylighting design method that can reduce energy demand significantly. For instance, daylighting measures in a hospital in Denmark reduced lighting electricity use by 67%. Daylighting in health facilities can also improve worker satisfaction and productivity, patient moods and sleeping and waking rhythms.

Green designs lead to lower emissions of harmful pollutants; not only does this mitigate climate risks that will have a future impact on health, but it also offers more immediate cardiovascular and pulmonary benefits.

Health-care buildings contain a wide array of electrically-powered equipment used for building operation, support functions, and diagnostic and treatment procedures. Examples include lights, refrigerators, water and oxygen pumps, and sterilization equipment. These devices consume a significant amount of energy; as such, sustainable equipment strategies offer scope for health and environmental gains.

Both procurement of devices that are efficiently designed and the management of current equipment and appliances can contribute to greener practices globally. Efficient refrigeration, cooking and washing appliances can offer energy and cost savings. Likewise, hospital behavioral practices can support turning off appliances when not in use. Efficient machinery and control measures also reduce emissions of carbon dioxide and other harmful pollutants. Savings from these initiatives can be reinvested into health operations to improve care facilities and processes.

Telehealth involves the use of telecommunications and virtual technology to deliver health care outside of traditional health-care facilities. Telehealth, which requires access only to telecommunications, is the most basic element of “eHealth,” which uses a wider range of information and communication technologies (ICTs).

Telehealth examples include virtual home health care, where patients such as the chronically ill or the elderly may receive guidance in certain procedures while remaining at home. Telehealth has also made it easier for health care workers in remote field settings to obtain guidance from professionals elsewhere in diagnosis, care and referral of patients. Training can sometimes also be delivered via telehealth schemes or with related technologies such as eHealth, which make use of small computers and internet.

Well-designed telehealth schemes can improve health care access and outcomes, particularly for chronic disease treatment and for vulnerable groups. Not only do they reduce demands on crowded facilities, but they also create cost savings and make the health sector more resilient.

Since remote communication and treatment of patients reduces the number of visits for health services, both transport-related emissions and emissions related to operational requirements are reduced. In addition, fewer space demands can potentially result in smaller health facilities, with concurrent reductions in construction materials, energy and water consumption, waste, and overall environmental impact.

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