**Chapter 17 International development and public health – answers**

Self assessment

Question 1 of 8 Answer E Question 2 of 8 Answer B

Question 3 of 8 Answer A Question 4 of 8

Answer D – 1 in 37.

Question 5 of 8 Answer C

Question 6 of 8 Answer D and E Question 7 of 8 Answer B

Question 8 of 8

Answer E – in sub-Saharan Africa three women are affected for every two men

Short answer questions

Question 1 of 14

The factors include poverty, hunger and limited or no access to clean water, sanitation, housing, health and education services.

Question 2 of 14

The factors include international migration, rapid rural-to-urban migration in most poor countries, changing family structures, climate change and emerging microbe and vector resistance to drugs and insecticides.

Question 3 of 14

Disability-adjusted life year (DALY) is a measure of the burden of ill health that takes into account both reduced life expectancy and quality of life.

Question 4 of 14

Some of the interventions include management of labour and delivery; care of pre-term births; treatment of pneumonia, diarrhea, malaria and neonatal sepsis; childhood immunisation; and management of severe acute malnutrition.

Question 5 of 14 This is defined as:

* Voluntary contraceptive and family planning services
* Antenatal care, safe abortion, delivery, post-partum and post-abortion services (or safe motherhood services)
* Services for the prevention, detection and treatment of sexually transmitted infections, including HIV

Question 6 of 14 Key features include:

* The capacity of the state to raise revenue, use resources and deliver services
* Responsiveness of public policies and institutions to the needs and rights of citizens
* Accountability including free media access to information and the opportunity to change leaders through democratic means

Question 7 of 14 The issues are:

* Bringing health care benefits to those who are currently not accessing services of acceptable quality, including access to essential medicines
* Protecting people from unexpected large financial expenditures (risk protection)
* Creating incentives for appropriate, cost-effective, high-quality health care
* Strengthening core public health functions
* Regulating and assuring the quality of service providers Question 8 of 14

Vertical programmes can raise the profile of and funding for specific diseases, and increase access to commodities such as insecticide treated bed-nets for malaria, and affordable, quality medicines. They can often deliver short-term results against specific targets. But they can weaken the impact of other services, by distorting country priorities, diverting scarce trained staff.

Question 9 of 14

These include social exclusion, gender inequalities, cost and human resources for health. Question 10 of 14

These include:

* 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births  
  3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births  
  3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases  
  3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being  
  3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol  
  3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents  
  3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes  
  3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all  
  3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination  
  3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate  
  3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all  
  3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States  
  3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Question 11 of 14

Voluntary contraceptive and family planning services; antenatal care, safe abortion, delivery, post-partum and post-abortion services (or safe motherhood services); services for the prevention, detection and treatment of sexually transmitted infections, including HIV; all available without coercion to all those who need them.

Question 12 of 14

* Bringing health care benefits to those not accessing any services or services of acceptable quality
* Protecting people from unexpected large financial expenditures (financial protection)
* Creating incentives for appropriate, cost-effective, high quality health care
* Strengthening core public health functions
* Regulating and assuring quality of service providers (public and private)

Question 13 of 14

* Tax-financed universal is most equitable but may be disproportionately used by the better off
* Social insurance: everyone should get access to some services, but may have elements accessible only to those able to pay
* Community insurance: almost always has very limited coverage so poor people will then have to find large sums or go without some key services
* Voluntary private insurance: benefits those able to pay and usually excludes chronic conditions
* Out-of-pocket payment at time of illness: least likely to ensure access for poor people

Question 14 of 14

* Inadequate supplies and stock outs in public sector
* High prices
* Inappropriate essential drug selection
* Weak procurement and distribution systems
* Poor quality or fake medicines