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**NAME:LOKWALE L.ROBERT**

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**1. Define Data. Why is it paramount to the Public health professional to take**

**comprehensive individual data?**

data are facts and statistics collected together for reference or analysis.

**Importance;**

It is through data collection that a business or management has the quality information they need to make informed decisions from further analysis,study,and research.

data collection allows the individual to stay on top of trends,provide answers to problems,and analyze new insights to great effects.

**2. Identify six institutions or organizations that provide health services in a country or**

**state and briefly discuss the roles played by each of them**

**1.Amref Health Africa.**

Working with South Sudan’s Ministry of Health, Amref Health Africa has helped to create a national health care plan and train health care workers.  they are working together with communities to improve health, particularly in rural and remote areas where health care is nearly impossible  to access.

**The health situation in South Sudan remains grave. The country has the highest maternal mortality rate in the world. Preventable and treatable diseases are the leading cause of illness and death. Most health facilities were destroyed during the 22-year Sudan civil war, and there is a severe shortage of skilled health care workers, particularly in rural areas.**

Working in partnership with government, communities, grassroots groups, United Nations agencies and others, Amref Health Africa in South Sudan is focusing its work on eliminating the conditions under which preventable diseases flourish, and strengthening the country’s health care system.

**2.International Medical Corps**

It provides basic primary health care across the regions of south sudan.

department as well as intensive care units for adults and children. For the last 15 years, International Medical Corps has provided secondary health care for beneficiaries in multiple states in South Sudan. Currently, we support Akobo County Hospital located in a volatile area near the eastern border with Ethiopia

**3.world health organization,**

It raises concerns over the urgent need to respond to the multiple outbreaks of infectious diseases.

The world health organization in kapoeta state helps in the provision of anti-malaria drugs,vaccinations water and ssanitation and kala-azar.

4,**the carter centre.**

Its an national organization based in kapoeta.

Its roles are to provide the community in the eradication of guinea worm in the remote areas of kapoeta land.the carter centre also participates in the activities of trachoma control program,they distribute trachoma azythromyzine drugs and doing surgery to the people of kapoeta and south sudan at large.

5. **united nations children fund(UNICEF)**

UNICEF’s work contributes to building a world where the rights of every child are fulfilled, as mandated by the United Nations General Assembly. Guided by the Convention on the Rights of the Child, UNICEF promotes child health and nutrition, quality basic education, the protection of children from violence and exploitation, and advocates the full participation of children in the political, social, and economic development of their communities.

**3. Discuss the principles of Public health in the concept of health systems management**

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

This Principle gives priority not only to prevention of disease or promotion of health, but also at the most fundamental levels. Yet the principle acknowledges that public health will also concern itself with some immediate causes and some curative roles. For example, the treatment of curable infections is important to the prevention of transmission of infection to others. The term “public health” is used here and elsewhere in the Code to represent the entire field of public health, including but not limited to government institutions and schools of public health.

2. Public health should achieve community health in a way that respects the rights of individuals in the community.

This Principle identifies the common need in public health to weigh the concerns of both the individual and the community. There is no ethical principle that can provide a solution to this perennial tension in public health. We can highlight, however, that the interest of the community is part of the equation, and for public health it is the starting place in the equation; it is the primary interest of public health. Still, there remains the need to pay attention to the rights of individuals when exercising the police powers of public health.

3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

A process for input can be direct or representative. In either case, it involves processes that work to establish a consensus. While democratic processes can be cumbersome, once a policy is established, public health institutions have the mandate to respond quickly to urgent situations. Input from the community should not end once a policy or program is implemented. There remains a need for the community to evaluate whether the institution is implementing the program as planned and whether it is having the intended effect. The ability for the public to provide this input and sense that it is being heard is critical in the development and maintenance of public trust in the institution.

4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

This Principle speaks to two issues: ensuring that all in a community have a voice; and underscoring that public health has a particular interest in those members of a community that are underserved or marginalized. While a society cannot provide resources for health at a level enjoyed by the wealthy, it can ensure a decent minimum standard of resources. The Code cannot prescribe action when it comes to ensuring the health of those who are marginalized because of illegal behaviors. It can only underscore the principle of ensuring the resources necessary for health to all. Each institution must decide for itself what risks it will take to achieve that.

5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community’s consent for their implementation.

Such processes depend upon an informed community. The information obtained by public health institutions is to be considered public property and made available to the public. This statement is also the community-level corollary of the individual-level ethical principle of informed consent. Particularly when a program has not been duly developed with evaluation, the community should be informed of the potential risks and benefits, and implementation of the program should be premised on the consent of the community (though this principle does not specify how that consent should be obtained).

7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

Public health is active rather than passive, and information is not to be gathered for idle interest. Yet the ability to act is conditioned by available resources and opportunities, and by competing needs. Moreover, the ability to respond to urgent situations depends on having established a mandate to do so through the democratic processes of Ethical Principle number three.

8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

Public health programs should have built into them a flexibility that anticipates diversity in those needs and perspectives having a significant impact on the effectiveness of the program. Types of diversity, such as culture and gender, were intentionally not mentioned. Any list would be arbitrary and inadequate.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

This Principle stems from the assumptions of interdependence among people, and between people and their physical environment. It is like the ethical principle from medicine, “do no harm,” but it is worded in a positive way.

10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

This statement begs the question of which information needs to be protected and what the criteria are for making the information public. The aims of this statement are modest: to state explicitly the responsibility inherent to the “possession” of information. It is the complement to Ethical Principles 6 and 7, about acting on and sharing information.

11. Public health institutions should ensure the professional competence of their employees.

The criteria for professional competence would have to be specified by individual professions, such as epidemiology and health education.

12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness. Principles of the Ethical Practice of Public Health, Version

This statement underscores the collaborative nature of public health while also stating in a positive way the need to avoid any conflicts of interest that would undermine the trust of the public or the effectiveness of a program.

**4. Give merits and demerits of Public Health Surveillance**

**Merits.**

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

* Public health surveillance provides and interprets data to facilitate the prevention and control of disease.
* serve as an early warning system for impending public health emergencies.
* Document the impact of an intervention,or track progress towards specified goals.
* Monitor and clarify the epidemiology of health problems,to allow priorities to be set and to inform public health policy and strategies.

**Dimerits**

1.conducting surveillance for a health problem consumes time and resources

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 **Underreporting**. For the majority of notifiable diseases, data for surveillance are based on passive reporting by physicians and other health-care providers. Studies have demonstrated that in the majority of jurisdictions, only a fraction of cases of the notifiable diseases overall are ever reported.The most obvious result of such underreporting is that effective action is delayed, and cases occur that might have been prevented by prompt reporting and prompt initiation of control measures. For example, if a case of hepatitis A in a food handler goes unreported, the opportunity to provide protective immune globulin to restaurant patrons will be shigellosis. The authors of the study from Event which these data are derived concluded that the number of Shigella cases Infected Symptomatic [151] missed, and cases or an outbreak of hepatitis A that should have been prevented will instead occur. However, underreported data might still be useful for assessing trends or other patterns reflecting the occurrence or burden of disease.

Lack of knowledge of reporting requirements: • Lack of awareness of responsibility to report. • Lack of awareness of which diseases must be reported. • Lack of awareness of how or to whom to report. • Assumption that someone else (e.g., the laboratory) will report.

**Lack of representativeness of reported cases**. Underreporting is not uniform or random. Two important biases distort the completeness of reporting. First, health-care providers are more likely to report a case that results in severe illness and hospitalization than a mild case, even though a person with mild illness might be more likely to transmit infection to others because the person might not be confined at home or in the hospital. This bias results in an inflated estimate of disease severity in such measures as the death-to-case ratio. Second, health-care providers are more likely to report cases when the disease is receiving media attention. This bias results in an underestimate of the baseline incidence of disease after media attention wanes. Both biases were operating in 1981 during the national epidemic of tampon-associated toxic shock syndrome. Early reports indicated a death-to-case ratio much higher than the ratio determined by subsequent studies, and reported cases declined more than incident cases after the publicity waned.

**Lack of timeliness**. Lack of timeliness can occur at almost any step in the collection, analysis, and dissemination of data on notifiable diseases. The reasons for the delays vary. Certain delays are disease-dependent. For example, physicians cannot diagnose certain diseases until [152] confirmatory laboratory and other tests have been completed. Certain delays are caused by cumbersome or inefficient reporting procedures. Delays in analysis are common when surveillance is believed to be a rote function rather than as one that provides information for action. Finally, delays at any step might culminate in delays in dissemination, with the result that the medical and public health communities do not have the information they need to take prompt action

**5. As a newly employed health research manager, briefly explain what types of**

**epidemiological studies you would think of in order to describe the association between**

**the occurrence of disease and factors that influence the occurrence.**

Epidemiology is the study of diseases in populations of humans or other animals, specifically how,when and where they occur.epidemiologist attempt to determine what factors are associated with disease(risks factors),and what factors may protect animals against diseases.(protective factors).

There are four primary types of epidemiological study designs namely;

**1.cohort studies**-a cohort(group) of individuals with exposure to a chemical and a cohort without exposure are followed over time to compare disease occurrence.

**2.case control studies.-**individual with a disease(such as cancer)are compared with similar individuals with the disease to determine if there is an association of a disease with prior exposure to an agent.

**3.cross-sectional studies**-the prevalence of a disease or clinical parameter among one or more exposed groups is studied,such as:the prevalence of respiratory conditions among furniture makers.

**4.Ecological studies**-the incidents of a disease in one geographical area is compared to that of another area,such as:cancer mortality in areas with harzadous waste sites as compared to similar areas without waste sites.

**reference**

World Health Organization. WHO: [http://who.int/features/2016/south-sudan-multiple-disease-outbreaks/en/.](http://who.int/features/2016/south-sudan-multiple-disease-outbreaks/en/)

Terry Brandenburg (West Allis Health Department),

Kitty Hsu Dana (American Public Health Association),

Jack Dillenberg (Arizona School of Health Sciences),

Joxel Garcia (Connecticut Department of Health),

Kathleen Gensheimer (Maine Department of Health),

V. James Guillory (University of Health Sciences, Kansas City, MO),

George Hardy (Association of State and Territorial Health Officers),

Joseph Kimbrell (Louisiana Public Health Institute and National Network of Public Heath Institutes),

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