**Assignment Module 2**

**1. Why is hand washing an essential aspect in WASH interventions?**

Hand washing is very important because it is one of the most effective ways of preventing the spread of Diarrhea diseases .The pathogens cannot be seen on our hands by naked eyes and water alone is not always sufficient to remove them from our hands. Soap, washing detergents or wood ash is both cleansing and disinfecting agents when used with water and can be used to kill pathogens on hands and utensils. The most important times that hands should be washed with soap and water are:

* After defecating.
* After cleaning a child who has defecated.
* Before eating or handling food.

To encourage hand washing to become part of the daily routine, suitable facilities must be allocated near to places such as latrine and kitchens where they will be needed .If running water is available , the facilities should includes a tap and sink as well as soaps .

Promoting good personal hygiene often requires that community members are mobilized towards this goal and awareness is raised about how to achieve it. It is important that hygiene education programs do more than simply tell people that if they do not wash their hands they will become sick because of pathogens they cannot see unless they are empowered with sufficient knowledge and skills on how washing hands is very important in their daily life, the consequences that my result from eating with dirty hands, eating dirty food and un-cooked food.

**2. What are the main standards in WASH intervention in emergencies?**

Water, sanitation and hygiene are critical determinants for survivals in the initial stages of emergencies .People that are affected by disasters are more susceptible to illness and death from diseases. Emergency WASH intervention should provide access to safe water, sanitation and promote good hygiene practices with dignity, comfort and security.

**Acceptable facilities*:*** successful excreta disposal programmers’ are based on an understanding of people‘s varied needs as well as on the participation of the users. It may not be possible to make all toilets acceptable to all groups and special toilets may need to be constructed for children, older people and disabled people e.g. potties, or toilets with lower seats or hand rails. The type of toilet constructed should depend on the preferences and cultural habits of the intended users, the existing infrastructure, the ready availability of water (for flushing and water seals), ground conditions and the availability of construction materials.

**Distribution of soap/ hygiene kits:** Hygiene kits equips affected population to act on hygiene promotion .Hygiene kits distribution often provide population with soaps, buckets, feminine hygiene materials, toothbrushes and other materials depending on the context of hygiene kits can be distributed as standalone packages, or as a component of large distribution of non food items that includes materials such as blackest, cooking pots or any other materials. Cash materials, subsidies and vouchers are alternatively to provide hygiene kits and often flexibility to disaster affected households.

**Hygiene promotion:** Hygiene messages educate affected populations on disease risks and transmission routes. Often, in emergencies, hygiene promotion is condensed into key messages, such as the need to wash hands at critical times. Promotion can be at schools, in large community groups or at the household level. Social mobilization is a subset of activities within hygiene promotion that describes strategies for responders to engage and facilitate communities to address identified risks with local solutions. The most notable example is CLTS programming. CLTS is widely used in development settings to motivate communities to build their own latrines; specifically, no materials are provided to the population. In CLTS activities, an outside facilitator aims to influence the population to become free of open defecation and find their own local solutions to address this problem.

**Safe facilities*:*** Inappropriate sitting of toilets may make women and girls more vulnerable to attack, especially during the night, and ways must be found to ensure that women feel, and are, safe using the toilets provided. Where possible, communal toilets should be provided with lighting or families provided with torches. The input of the community should be sought with regard to ways of enhancing the safety of user

**Hand washing*:*** The importance of hand washing after defecation and before eating and preparing food, to prevent the spread of disease, cannot be over-estimated. Users should have the means to wash their hands after defecation with soap or an alternative (such as ash), and should be encouraged to do so. There should be a constant source of water near the toilet for this purpose.

**Hygienic toilets*:*** If toilets are not kept clean they may become a focus for disease transmission and people will prefer not to use them. They are more likely to be kept clean if users have a sense of ownership. This is encouraged by promotional activities, having toilets close to where people sleep and involving users in decisions about their design and construction, rules on proper operation, maintenance, monitoring and use. Flies and mosquitoes are discouraged by keeping the toilet clean, having a water seal, Ventilated Improved Pit (VIP) latrine design or simply by the correct use of a lid on a squat hole.

**Water disinfection*:*** Water should be treated with a residual disinfectant such as chlorine if there is a significant risk of water source or post-delivery contamination. This risk will be determined by conditions in the community, such as population density, excreta disposal arrangements, hygiene practices and the prevalence of diarrheal disease. The risk assessment should also include qualitative community data regarding factors such as community perceptions of taste and palatability. Piped water supply for any large or concentrated population should be treated with a residual disinfectant and, in the case of a threat or the existence of a diarrhea epidemic, all drinking water supplies should be treated, either before distribution or in the home. In order for water to be disinfected properly.

**Environmental hygiene**: Envieromental hygiene efforts aim to protect populations from existing or new risks by reducing environmental pathways of disease transmission.

Environmental hygiene interventions can includes collecting of rubbish, disinfecting household’s objects or even improving land drainage .Households spraying is an environmental hygiene intervention where a disinfectant is sprayed on households surfaces by trained responders to prevent interfamilial transmission of diseases.

**Communal washing and bathing facilities*:*** People may need a space where they can bathe in privacy and dignity. If this is not possible at the household level, central facilities may be needed. Where soap is not available or commonly used, alternatives can be provided such as ash, clean sand, soda or various plants suitable for washing and/or scrubbing. Washing clothes is an essential hygiene activity, particularly for children, and cooking and eating utensils also need washing. The numbers, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and any disabled people. The location of facilities in central, accessible and well-lit areas can contribute to ensuring the safety of users.

**WASH package:** Intervention is carried out in combination with several interventions including components of water, sanitations and hygiene. The goal of all WASH interventions is to reduce the risk of disease transmission.

**3. Waste Management is becoming one problem in the emergencies. Why?**

An emergency is a sudden and unforeseen event that calls for immediate measures to minimize its adverse consequences. As a consequence of emergencies there are often mass migrations of people who need to use temporary settlements.

It is essential, in the early stages of an emergency, to ensure affected people have access to safe water and sanitation. Planning and managing sanitation provision is therefore among the first priorities in any emergency. The provision of safe water and appropriate facilities for defecation are essential for people’s dignity, safety, health and well-being.

The first two phases of an emergency are critical and a rapid site assessment will need to be carried out to evaluate the scale of the emergency and the resources needed.

There are set standards for emergency provision and these can be used as targets for achievement. Two commonly used standards. The Sphere standards specify minimum requirements for water supply, excreta disposal, hygiene, and solid waste management among other critical aspects of emergency response.

The handling and disposal of the dead can be an important aspect of emergency sanitation. This carries a risk of physical and psychological harm to those concerned and must be done in a sensitive ways, disasters, emergency, IDPs, rapid-onset disasters, slow-onset disasters

**Water supply**: Water supply is essential in emergency situations. There may not be sufficient water available to meet basic needs and in this situation supplying survivor /level of safe drinking water is of critical importance: Water for drinking, basic hygiene and practices and basic cooking needs

**Latrine provision and excreta disposal:** the environment should be free of faeces and that people should have adequate and appropriate toilet facilities. It then goes on to list more specific requirements which include:

* a maximum of 20 people use each toilet
* toilets are no more than 50 m from dwellings
* they can be used safely by all sections of the population including children, older people, pregnant women and persons with disabilities
* they are sited in such a way as to minimize security threats to users, especially women and girls, throughout the day and the night
* they are sufficiently easy to use and keep clean and do not present a health hazard to the environment
* they allow for the disposal of women’s menstrual hygiene materials and provide women with the necessary privacy for washing and drying menstrual hygiene materials
* Separate, internally lockable latrines/toilets for women and men.

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**Hand washing and hygiene-**hand washing facilities close to latrines. The standard states: ‘Users should have the means to wash their hands with soap or an alternative (such as ash) after using toilets, after cleaning the bottom of a child who has been defecating, and before eating and preparing food. There should be a constant source of water near the toilet for this purpose.’ also sets a standard on the minimum hygiene items to be provided in an emergency. Often, displaced people will have brought very little with them and only have what they can carry. Personal items such as hygiene materials may get left behind so people will be dependent on replacements being available

**Solid waste management in emergencies:** The safe disposal of solid waste is critical for public health, especially during an emergency. Not only will existing solid waste collection and disposal systems be disrupted but there will be extra waste caused by the emergency itself. Initially at temporary settlements for displaced people or refugees there will be no arrangements in place at all for solid waste management. If solid waste is not dealt with quickly, serious health risks will develop, which may further demoralize the displaced community already traumatized by the emergency.

If organic solid wastes (such as food waste) are not managed properly, there are major risks of fly and rodent infestation (particularly rats) and surface water pollution. Solid waste often blocks drainage channels and leads to environmental health problems associated with stagnant and polluted surface water that can lead to drinking water contamination. Uncollected and accumulating solid waste and the debris left after an emergency, natural disaster or conflict may also create a depressing and ugly environment, discouraging efforts to improve other aspects of environmental health.

The standard for solid waste management aims to ensure that ‘the affected population has an environment not littered by solid waste, including medical waste, and has the means to dispose of their domestic waste conveniently and effectively. The key indicators in the emergency standards include specific requirements such as ‘all households have access to refuse containers which are emptied twice a week at minimum and are no more than 100 m from a communal refuse pit’.

At a temporary settlement site, routines for the storage, collection and the disposal of solid waste or refuse need to be implemented and resourced. This is particularly important at high density sites. Engaging the community can be a vital aspect and any initial clean-up operation should be community based.

A common way to produce storage containers is to use 200-litre drums that can be cut in half to give two 100-litre drum.

Collection from site containers should be done regularly (daily if possible). Lorry or tractor and trailer-based collections can be expensive. It may be more appropriate to use hand carts, wheelbarrows or donkey-pulled carts if available.

Open dumping should be avoided because of the health risks for people and animals. Burning of solid waste is possible although it creates the problem of smoke and will not achieve a sufficiently high temperature unless a purpose-built incinerator is used. The most likely disposal method is burial. If it is possible to do so, existing waste disposal sites should continue to be used. For temporary settlements, areas should be designated for burying waste and they should be well away from households and fenced off. If waste is to be buried on-site in either household or communal pits, it should be covered daily with a thin layer of earth to prevent it attracting vectors such as flies and rodents.

**Disposal of human bodies:** It is an unpleasant fact that in some disaster situations people may lose their lives. In the worst cases, this may result in many bodies needing to be disposed of quickly, safely and respectfully. This is inevitably very distressing for everyone concerned. The WHO Technical Note (WHO/WEDC, 2013b) includes the following recommendations:

* Bodies should be collected as quickly as possible, but without interrupting other activities aimed at helping survivors. Bodies should be placed in body bags and labeled with a unique reference number. If body bags are not available, plastic sheets, shrouds or other locally available materials should be used.
* Although collection of bodies should be done quickly, it is not necessary or advisable to hurry their disposal. It is important for bodies to be identified and relatives to be informed and allowed to make their own decisions about the next steps.
* If possible, bodies should be stored under refrigeration but if this is not available, then temporary burial is the next best option.
* The recovery teams who are collecting bodies may be made up of members of the surviving community, volunteers and specialist search and rescue teams. Recovery teams should wear protective equipment such as gloves and boots. They should also be encouraged to wash their hands with soap after handling dead bodies.

The people involved in body recovery and other aspects of dealing with the immediate problems of an emergency may need to be protected from other hazards. Depending on the type of emergency, there may be danger of physical injury, for example, from collapsing buildings. There are obvious health risks in the case of outbreaks of infectious disease which may need specialist protective clothing. There are also potential impacts on the mental health of survivors and recovery team members which may not become apparent until well after the event. Appropriate medical treatment and care should be available to all those affected by an emergency to ensure long-term recovery.

**4. Discuss how environmental health and sanitation affect the nutritional status of the vulnerable groups**

The most frequently people at risk are women, children, old people, disable people and those living with HIV. People may also become vulnerable by reasons of ethnic origin, religious or political affiliation.

Healthy and a well balanced diet are essential for good health. When there is not enough food or if the diet does not contain the right balance of food stuff, people become more prone to illness and become undernourished or malnourished .Children in particular are vulnerable to poor nutrition.

Undernourishment and malnourishment can lower their resistance and make them more likely to suffer from infectious diseases .Often children will eat only small amount of food if it is spicy even if it is nutritious and it is important to make children food less spicy than adults food .Also because their stomach are small, children can eat only small portions and need to be fed more frequently than healthy adults. It is also important that children are fed not just foods high in starch or carbohydrate.

A well balance diet usually has a mixture of food with protein for example beans, meat , fish or eggs , carbohydrates such as maize, potatoes, cassava, rice and many other staple foods. Vitamins such as vegetables, fish, fruits or milk and some fats or oils sometimes not all these food are available and it is important that community members ask health workers how to make best use of available foods for balanced diet.

In many situations, nutrition can be improved by changing agricultural or gardening practices. Often even small plots of lands can provide nutritious food provided that the right crops are grown. Health workers or agricultural extension workers can be asked for advice about which crops to grow to provide community members with well balance diet. It is not possible here to give a full discussion of the nutritional value of food or of what constitutes a well balanced diet.

**5. Assuming you have been appointed to head an organization dealing with health development in your area, describe the critical factors that you will consider in planning for health services in that area.**

**Needs assessment of the area:** Needs assessment is the most importantand crucial aspect in any health development. Need assessment will enable us to know what the community is lacking and what they have at hand. It is also helpful to conduct need assessment to know what the community is facing at the moment before bringing another issues, the culture of the people and their behaviors ,resources available like water system, roads, skills, facilities and donor government funding in that area .

**Geographical area**: Here we have to look at the location of the health centre if it is accessible to the people in the area especially disable, pregnant mothers and those in critical conditions at all time both day and night. The hospital is located where and how do people reach when there is emergency. We also consider culture of the people around that area, the community leaders and other factors that may hinder health services and those that may enable health services to improve in that location / community .

**Innovation**: This is essential to all aspects of public health strategy and program development and is critical to developing the evidence base needed to establish and refine the technical elements of successful program implementation. A new diagnostic technique, treatment, or vaccine can make a previously unattainable goal possible. New microbial genomic sequencing and bioinformatics technologies may enable us to identify outbreaks we cannot currently find and better prevent and stop the spread of infectious disease.

Innovations need not be limited to science or medicine. Innovations in information systems, data collection, communication techniques, and issue framing can increase political commitment and also be essential for progress. Innovations in operations can facilitate refinement of and improvements in programs based on actual experience. Innovations in program evaluation can further build the evidence base for interventions by better identifying those that are not working as expected and those that are effective and ripe for scale-up.

Innovation can help improve program management to scale up, disseminate, and sustain high-impact interventions. Innovative practices need not be invented anew in each place; advances that are initiated and evaluated rigorously in other jurisdictions add to the evidence base of effective public health programs so that they can be scaled up and implemented more widely. Many innovations are built on the foundation of existing science or practice, and many of these improvements will further science and public health practice. Nor is there a need for all innovations to come from public health; many are developed in the private sector or academia and often originate in fields other than health.

**Technical package**: The most effective public health programs are based on an evidence-based technical package: a selected group of related interventions that, together, will achieve and sustain substantial and sometimes synergistic improvements in a specific risk factor or disease outcome. A technical package of proven interventions sharpens and focuses what otherwise might be vague commitments to “action” by committing to implementation of specific interventions known to be effective. It also avoids a scattershot approach of using a large number of interventions, many of which have only a small impact.

A technical package of surveillance and vaccination has brought the world to the brink of polio eradication. Surveillance of acute flaccid paralysis in children through collection and laboratory examination of stool specimens enables public health programs to know whether children with symptomatic polio are being diagnosed and reported. In appropriate conditions, environmental samples can help identify unrecognized viral circulation and also monitor virus persistence and disappearance. A technical package ensures focus on the most effective, feasible, and sustainable interventions and can sometimes achieve synergy among intervention elements. Pressure to include all approaches can make the establishment of a technical package difficult; a technical package established with inclusiveness of approaches as a goal is likely to fail. The key is to identify elements that are both highly effective and scalable to reach populations of varying size, demographic composition, or geographic location, and that can be sustained over a long period. This may mean that some interventions with proven evidence of effectiveness will not be included because their effect is small, is not sustainable, or—for fiscal, managerial, or other reasons—cannot be scaled for population impact.

Scalability is a key and potentially controversial concept. Although justifiable moral outrage may suggest that “everything” be done for everyone, and although leadership and advocacy (e.g., for the US President’s Emergency Plan for AIDS Relief [PEPFAR], which has enabled treatment of millions of people who would have otherwise died) can make possible programs previously considered to be impossible, there is almost always a delicate interplay between the ideal and the realistic. There are practical limitations to how rapidly and broadly public health programs can increase their reach, with separate although related limitations in financial and human resources, institutional capacity, health care system quality, behavioral change, and politics.

To establish an effective intervention package, it is critical to understand the full range of available evidence-based strategies, the size and characteristics of the population to be reached, the projected impact of each intervention, and the estimated cost. The more expensive or complex each intervention is, the less likely it will have broad population impact. More strategies in a technical package result in more costly and unwieldy programs with a lower likelihood of success. An analysis that determines the burden caused by each risk factor can help identify which risk factors have the greatest impact on population health and thus can lead to the greatest health improvements if addressed effectively.

In some cases, organizations, physicians, or advocates may insist on individualized approaches. Although customization of treatment and care can in theory benefit individual patients, this may make it difficult or impossible to establish a scalable technical package that leads to widespread adoption of at least a minimum standard of care. Standardization of immunization schedules and of treatment of HIV, drug-susceptible tuberculosis, and malaria has led to lower medication prices, greater ease of program implementation and supervision, and improved ability of nurses and other trained health workers to initiate and monitor treatment; all of these factors are essential for successful scale-up.

**Managing performance**: For many public health programs, implementation is essentially management problem. Even if political commitment, resources, and a technical package are in place, effective management may not be. Management of public activities is particularly difficult because, unlike in the private sector where metrics such as product sales provide prompt feedback on performance, there is often no automatic, accurate, and affordable way to track public health program performance in real time. In addition, the impact of public health programs may not be evident for months or years, further complicating measurement of performance.

Effective public health programs require accurate, timely information systems for disease or risk factor surveillance and program implementation. For this reason, every effective technical package includes surveillance and information systems that can be sustained and that provide accurate, simple, timely, and critical information on program implementation and impact over the long term.

Rigorous monitoring and evaluation, with mechanisms to avoid bias in the data or misplaced confidence in program effectiveness, are essential for both progress and sustainability. Honest and transparent assessment of progress or the lack thereof—even or especially if temporarily inconvenient or embarrassing because of lack of progress—is critical to allow continuous refinement of and improvements in program strategy and implementation. It is particularly important for programs that have made some progress to avoid complacency. Public health human resource management is challenging. It is often difficult to recruit, train, and retain the qualified work force needed to implement effective public health programs. Budget shortfalls, salaries generally lower than in the private sector, and vocal opposition to public health initiatives can demoralize staff. Effective human resource management can be achieved, at least in part, through career development measures that focus on organizational mission and include ongoing training and education, clear paths for career advancement, and financial and other rewards for outstanding performance. Globally, effective public health programs have addressed human resource limitations through task sharing, with nurses and lay health workers initiating or titrating medications, performing some surgeries, and supervising programs. Information technology, use of community health workers, and broader partnerships can help address management challenges.

**Partnership**: Public health is increasingly complex, with key roles played by public- and private-sector partners that are critical to sustaining and improving the population’s health. Coalitions are often essential to progress. Getting many organizations to collaborate can be slow and frustrating but is often crucial to create the advocacy needed to support budgetary, legislative, or regulatory change and to implement new or improved programs. Government programs are more likely to succeed—and to be sustained—when organizations outside of government advocate for them.

Partners/stakeholders can supplement available human or financial resources and can support and undertake critical activities. Helping disparate groups agree on and take action to achieve a common agenda can build effective long-term coalitions that extend beyond a specific issue. Schools, businesses, law enforcement, transportation, agriculture, labor, and many other sectors in society can contribute greatly to, and benefit greatly from, public health programs, policies, and priorities.

Effective partnerships between agencies at different levels of government can be difficult to establish and maintain. Sharing resources and responsibilities between state and local health departments, for example, can be politically charged and complex. Research on the sustainability of community health coalitions suggests that accepting collective responsibility and mutual accountability, articulating a shared mission and vision to achieve common goals, and maintaining focus can keep governmental and nongovernmental partners coordinated and avoid turf wars and resource competition among partners.

There can be ethical issues in developing public–private partnerships in public health. Partnerships between government and the food, beverage, and other industries that address health issues are expanding; these partnerships have the potential to either further or undermine effective change and should be systematically and transparently monitored and evaluated. The tobacco industry attempts to position itself as a legitimate partner and stakeholder in tobacco control, a situation addressed by provisions in the WHO Framework Convention on Tobacco Control that proscribe industry involvement.

**Communication**: Effective communication can lead to behavior change, but, more importantly, it can lead to increased political commitment and program effectiveness by engaging a wide range of civil society sectors and by contributing to a change in the public perception of an issue. With the advent of the Internet, social media, and other communication technologies, more information is available from more sources than ever, although some is incorrect or potentially harmful. New communication tools and technologies facilitate interactive conversations, giving public health practitioners the ability to have dialogues with people from affected communities and other stakeholders. With the increase in communication channels and voices, public health communications can be drowned out unless communication strategies are timely, well defined, well executed, and sustained to meet specific objectives.

Effective communication can convey critical information, convince key individuals to support or lead an initiative, and, perhaps most importantly, change the context for public health action. Effective communication, such as hard-hitting anti-tobacco campaigns, can lead to widespread behavioral change and can also help change social norms. With better information, individuals and communities can make better decisions about their own health and about public health programs. Different audiences need to be presented with different types of data in different ways to have the intended impact. Health care providers need up-to-date information, which can be provided through traditional means such as publications and medical association guidance, as well as through electronic outreach, messaging systems, and other newer communication channels that can facilitate navigation of an often rapidly changing clinical and health care delivery environment. Decision makers need accurate, timely, and concise information about the health and fiscal effects of different policy options.

An effective program needs to effectively communicate its success and benefits, as well as the threats to health and health equity being addressed, with anecdotes and case studies to illustrate these points. Presenting a human face to demonstrate the impact of abstract data can show decision makers that health and lives are at stake. The business community needs information that shows the business case. Media framing and news coverage are often essential to introduce, explain, generate support for, and facilitate implementation of public health policies and programs. By providing accurate, timely, and convincing information that includes data on outcomes, public health entities can increase their credibility with potential stakeholders such as decision makers, health care providers, the public, and public and private program funders.

Communication is also crucial to save lives during emergencies. Communication with first responders, the public, and other groups may need to be instantaneous and clear and must occur in real time during a rapidly evolving event.

**Political commitment**: This is built on and supported by the components described thus far, all of which are critical to provide government with a strong foundation for action. Effectively engaged political commitment leads to the resources and support needed to coordinate, implement, and sustain public health interventions, including policy change where needed. Change is often controversial, and the entities that implement public health programs—usually led by public health departments or other government agencies—may have less ability to influence budget and policy decisions than other groups within government and civil society.

Interventions touch many sectors of society, some of which may oppose public health proposals vigorously. Opponents of specific public health programs may be highly vocal, well funded, and well organized, and opposition from a specific interest group can be potent, even when the overall societal benefits of a public health program are large. The beneficiaries of specific public health programs may be unaware of the health and other benefits received or unaware that specific programs are under the purview of public health; they may be only moderately vocal in advocating for programs and services, and in some cases they may be politically disenfranchised. Increased public awareness of the benefits of public health programs can increase advocacy and generate higher levels of political commitment.

Public health programs that have generated opposition in the past include water fluoridation, vaccination mandates, smoke-free workplace laws, disease reporting, environmental protection, and motor vehicle safety. In each of these cases, the intervention produced substantial net benefits to the public’s health that outweighed the costs of implementation. However, most individuals do not experience immediate benefits, and often a small but vocal group opposes the program vigorously.

Public health programs are sometimes not adopted because of the “prevention paradox,” according to which “a preventive measure that brings large benefits to the community offers little to each participating individual.”) Large gains in population health often come from small changes for many people rather than from large changes for fewer people. For this reason, leadership, communication, and partnerships, government policies are essential to progress in any development.