

# Promoting a life course approach-links between **THEN AND NOW**

Introducing the Department of Family and Community Health,  
Regional Office for South-East Asia





## Introduction

This booklet is aimed at serving two purposes. First, it introduces the Family and Community Health Department based at the World Health Organization's South-East Asia Regional Office in New Delhi. Along with presenting an overall picture of the department's strategic approach, this publication also provides a brief description of its priority areas of work and the units which focus on these priorities.

Second, it provides a numerical overview of the major challenges facing the South-East Asia Region in the department's areas of responsibility. We hope that while providing an idea about the tasks performed by the department, this overview will also be of use to our partners and other readers as an advocacy tool.

A list of departmental contacts is available at the end of the booklet. We also invite readers to visit our website at <http://www.searo.who.int/en/Section13.asp>.

## What we do

The Family and Community Health Department of the World Health Organization's (WHO) South-East Asia Regional Office (SEARO) aims to help individuals and families stay healthy during the key stages of their lives so that they may lead productive lives and live to their full potential. Our dedicated teams of professionals work in eight priority areas, which reflect a "life-course" approach. These are:

- Safe pregnancy and childbirth.
- A healthy start in life through better nutrition.
- Life-long protection through vaccination.
- Making the first five years healthy, happy and safe.
- Good guidance and "friendly" services for adolescents.
- Promoting gender equality.
- Reproductive health.
- Active and healthy ageing.



## How we do it

The department works with Member States to increase and strengthen universal access to evidence-based interventions in these priority areas, particularly at the community level close to where people live and work. Along with Member States and their health systems, partners include other UN organizations, bilateral agencies and NGOs. The department provides technical expertise and policy guidance, with an emphasis on ensuring that services are evidence-led, reflect both solid research and successful real-world experience, and are of a high quality.

In all areas of work, we aim to ensure that services are rooted in universal human rights considerations such as gender equity and concern for the poor and the marginalized. For this reason, we place considerable emphasis on promoting a conducive environment for implementing policies and programmes. This approach recognises that encouraging leadership and supporting advocacy efforts are necessary adjuncts to the transfer of technical knowledge, particularly when it comes to working on behalf of disadvantaged and vulnerable populations.

In all of its activities, the department works through the health systems. For example, it encourages the expansion and strengthening of networks to share knowledge and enhance overall capacity in key health staff, notably staff at the community level, and also among managers and researchers. It also emphasises the importance of collecting and sharing information, particularly by improving monitoring and surveillance systems at both the national and the regional levels.



## Safe pregnancy and childbirth

The protection of the health of mothers, newborns and children begins well before childbirth. All pregnancies should be wanted. Professional care during pregnancy, childbirth, postpartum, and the neonatal period, and providing good nutrition and hygiene and dealing swiftly with any potential problems are highly cost-effective approaches to safeguarding the health of the infant and the mother.

Nurses and midwives, who make up about two-thirds of the national health workforce in most countries of the Region, are pivotal to this service. They make a major difference in the quality and effectiveness of health systems in general on account of their continuous contact with individuals and families. They also have great potential to assist in promoting gender equality and to support reproductive health measures such as family planning. Our Making Pregnancy Safer Unit pursues a number of tasks in this area.

A key task is to promote high and exacting standards in the training of nurses, midwives and doctors, with an emphasis on competency-based training. Another is to strengthen the management of human resources, making sure that sufficient numbers of skilled personnel with the right mix of skills are deployed in the places where they can be most effective. These will contribute significantly towards achieving the global goal of reducing maternal and infant deaths.



## A healthy start through better nutrition

Low birth weight in babies and undernutrition generally contribute to high mortality rates in children in many parts of the Region. In fact, 60 per cent of deaths among children under five years of age are connected to malnutrition. Related concerns include deficiencies in micro-nutrients such as iron, iodine and vitamin A, along with the emerging concern of zinc deficiency, particularly among the poorest sectors of society. Sadly, efforts to promote breastfeeding - the safest form of feeding for infants - have not yielded the desired results, despite its inclusion in many national nutrition policies.

Most Member States have national plans of action for nutrition, and our Nutrition for Health and Development Unit provides technical support to ensure that these plans are implemented in line with WHO's Global Strategy on Infant and Young Child Feeding. This emphasizes exclusive breastfeeding of infants till the age of six months and appropriate complementary feeding practices. WHO child growth standard also defines how children should grow, helping the growth promotion programmes.

The issue of adequate nutrition is not confined to the early years of life. The unit's work increasingly takes this into account. For example, anaemia and iron deficiency affect millions of adolescents and women of the childbearing age as well as young children. In addition, diet-related noncommunicable diseases including obesity and its associated impacts on health present a growing burden on the health care systems of the Region.



## Life-long protection through vaccination

Immunization protects people from disease when they are most vulnerable to it, and is one of the most cost-effective interventions in health care. Yet every year more than 10 million children born in the South-East Asia Region are denied their right to vaccinations that are routinely given in industrialized countries. As a result, an estimated half a million children under the age of five die each year from vaccine-preventable diseases.

Our Immunization and Vaccine Development Unit collaborates with key partners and global alliances to support Member States in their efforts to control and eventually eradicate priority vaccine-preventable diseases in the Region. The current goals include eradicating polio, achieving measles control and eliminating neonatal tetanus. We are also supporting the start-up of a major rubella control effort in the region, and helping to develop a laboratory network for Japanese Encephalitis.

A great deal of effort is aimed at expanding existing systems to reach more people while ensuring high standards of vaccine safety and quality. The targets for the Region's countries are 90 per cent immunization coverage at the national level and 80 per cent in all districts by 2010. We also support surveillance networks and disease burden analysis in order to guide the health authorities' choice of new vaccines and technologies such as auto-disable syringes.



## Making the first five years healthy, happy and safe

The South-East Asia Region accounts for almost one-third of global deaths in children under five. Most result from preventable conditions such as pneumonia, diarrhea, malaria and measles, which are often complicated by malnutrition. While child mortality declined appreciably during the 1980s and early 1990s, progress has slowed in recent years. This is partly because of the failure to address mortality in the neonatal stage.

Since ill-health in young children often results from a combination of factors rather than a single cause, WHO promotes the Integrated Management of Childhood Illness (IMCI) to reduce child mortality and improve children's growth and development. While this has been widely adopted in the Region at a national level, our Child Health and Development Unit is promoting IMCI among community-based providers and private practitioners. Particular focus areas include improving the quality of child care services in hospitals that are not in the major cities, developing innovative training methods for doctors and paramedical workers, and providing policy guidance for neonatal care initiative in collaboration with the Making Pregnancy Safer Unit.

A child needs many forms of support to develop its potential fully, including education and protection of basic human rights. The unit, therefore, works closely with other services that have responsibilities for children's health and development, including social and psychological development.

## Good guidance and “friendly” services for adolescents

Adolescence spanning from the age of 10 to 19, is the transition period between childhood and adulthood, a time of both great opportunities and great risks. The risks vary with age and economic status, and range from malnutrition, early marriage and pregnancy to obesity, violence and substance abuse.

Almost a quarter of the population of the South-East Asia Region comprise young people belonging to this age group. Currently, the health services tend to focus on curative services, often forgetting that the greatest needs for adolescents in most cases are for information, counselling and preventive services. Accordingly, the Adolescent Health and Development unit focuses on helping countries introduce Adolescent Friendly Health Services (AFHS), which are

designed to be sensitive to the special needs of adolescents and young people. National strategies are needed to reach out to adolescents, encouraging them to adopt appropriate health care-seeking behaviours as they grow older.

The unit emphasises that adolescent health and development activities should be “mainstreamed” in related programming such as mental health, nutrition, HIV prevention and reproductive health care. Collaboration with other sectors such as education, employment and social welfare is also important, as these are inextricably connected to an adolescent’s overall health and well-being.



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## Promote Gender equality,

While gender differences affect the health of both men and women, they have serious negative consequences on the health of women in nearly every culture. Barriers such as unequal power relationships between men and women, poverty, and lack of education prevent millions of women around the world from having access to health care and from attaining - and maintaining - the best possible health.

Our Gender, Women and Health Unit aims to mainstream gender at all levels of health systems, from national ministries to community health services, and thus to guarantee health equity between men and women at all stages throughout the life course. It provides technical expertise for the development of standards and guidelines, creation of training modules and training of trainers, and production of gender-sensitive communication tools. Along with introducing gender perspectives within specific health policies and programmes, it helps decision-makers and planners to understand the influence of gender on health outcomes, and to act as advocates for change.

A key area of focus currently is preventing gender-based violence, particularly on women perpetrated by their husbands and partners. Research shows that such violence places a high health burden, both physical and physiological on victims, and affects the entire family.



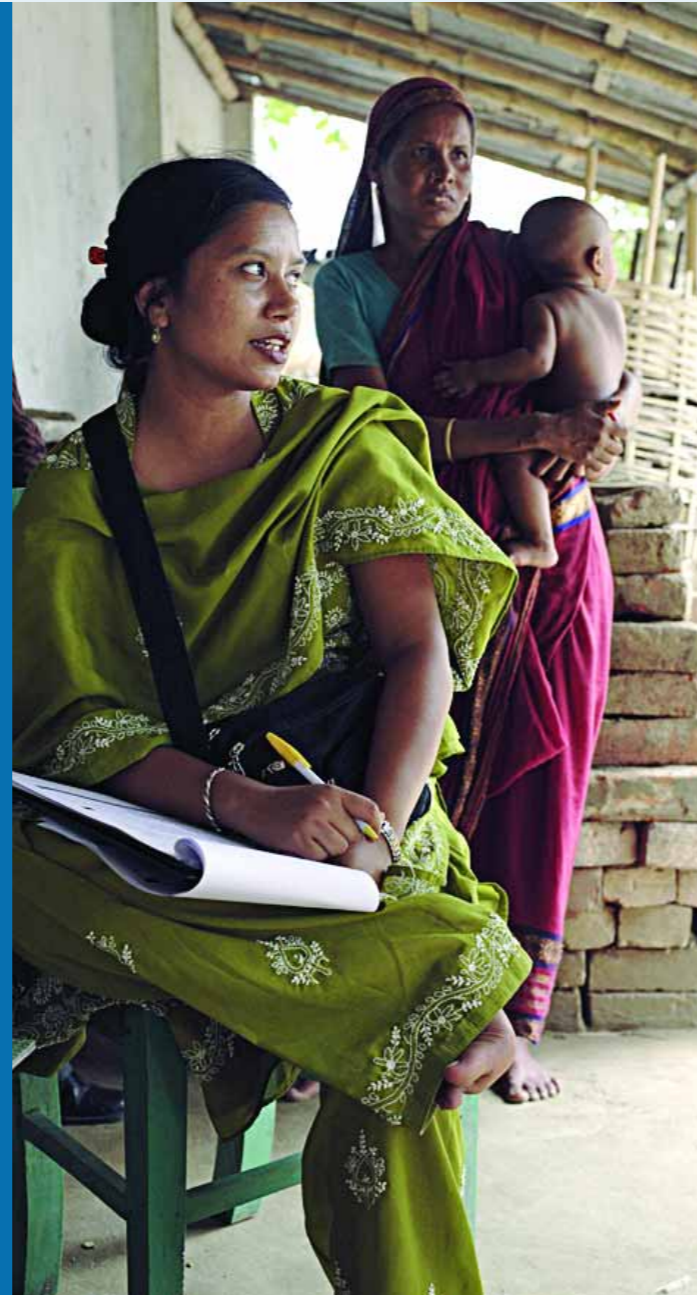
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## Reproductive health

Reproductive and sexual ill-health account for 20 per cent of the global burden of disease for women, and 14 per cent for men. Within the Region, the key problems with reproductive health include unwanted, ill-timed or closely-spaced pregnancies, rising levels of sexually transmitted infections including HIV/AIDS, and unsafe abortion. Anemia in pregnant women is common, worsening obstetric complications and increasing the risk of low birth weight in babies. Although overall fertility rates have declined in recent years, the rate of decline is either slowing or stagnating, particularly in countries with large populations.

Our Reproductive Health and Research Unit supports Member States' efforts to enable people to promote and protect their own health, and that of their partners, as it relates to sexuality and reproduction. In addition to offering policy, technical and managerial expertise, the unit promotes operations research to identify best practices and provide evidence that address reproductive health priorities. It also has a mandate to work on broader issues of population policy.

The unit strives hard to ensure that efforts to provide high-quality health services for all include the integration of core reproductive health components. These include maternal and newborn health, family planning, and measures to deal with issues such as unsafe abortion, reproductive tract infections, and sexually transmitted infections including HIV/AIDS.



## Active and healthy ageing

The number of older people in the South-East Asia Region is expected to increase four-fold from 57 million in 1975 to 253 million by 2025. The increase in SEAR countries could reach an astonishing 12% of the population by 2025. The majority of the elderly in the Region suffer from a poor diet, ill-health and inadequate housing, all exacerbated by poverty. The current social fabric, which assures some measure of care and protection for the elderly, is eroding. Although some countries have tried to address these problems, others do not seem to be focusing on the elderly as a specific group that needs care and protection.

We assist Member States' efforts to provide support to the elderly by promoting national policy that protects the health of the aged and that allows them to lead an active life. We offer policy and technical expertise with focus on promoting active and healthy ageing at the primary health-care level. We also bring together stakeholders to ensure that work on ageing is at the heart of their activities.

The unit works hard to ensure healthy ageing as a continuation of family health throughout the lifecycle span.



## The challenges

More than one-fourth of the world's population lives in the South-East Asia Region, which includes Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. The Region also contains 40 per cent of the world's poor people, among whom women constitute a high proportion. A large portion of the population is composed of adolescents (10-19 years). Globalization is changing the Region rapidly, and health systems are finding it hard to keep pace with evolving demographic and epidemiological change.<sup>1</sup>

### Maternal mortality

- Of the 510 000 maternal deaths in 2005, approximately one-third occurred in the South-East Asia Region.
- Maternal mortality ratios in 2005 ranged from 44 per 100 000 live births in Thailand to 800 per 100 000 in Timor-Leste.
- Unsafe abortions accounted for almost 20 per cent of all the maternal deaths in the South-East Asia region in 2000.

### Child mortality

- A total of 42 countries accounted for 90 per cent of global child mortality in 2000. Countries from the South-East Asia Region among them are: India (2 402 000 deaths), Bangladesh (343 000), Indonesia (218 000), Myanmar (132 000) and Nepal (76 000 deaths).

1. The information in this section is taken from, inter alia: Black et al (2003) "Where and why are 10 million children dying every year?" *The Lancet* Vol 361, June 28, 2003; WHO (2001) *Global prevalence and incidence of selected curable STIs - overview and estimates*; WHO (2006) *Multi-Country Study on Women's Health and Domestic Violence*; WHO/UNAIDS (2006) *Report on the Global AIDS Epidemic*.

- Of the 38 million babies born every year in the Region, about 1.4 million lose their lives in the first month while an additional one million are stillborn.
- The major medical causes of deaths of children in the Region include acute respiratory infection, diarrhea, and vaccine-preventable diseases, notably measles and tetanus.

### Nutrition

- Sixty per cent of all child deaths in 2000 were associated with malnutrition.
- About 25 -33 per cent of children in this Region have low-birth weight.
- Despite most countries adopting infant feeding guidelines in national nutrition policies or plans of action, the average rate of exclusive breastfeeding in the Region remains low at about 30 per cent.

### Vaccination

- More than 10 million infants born every year remain un-immunized.
- Over half a million children in the Region die from vaccine-preventable diseases each year.

### Gender, women and health

- To reorient gender relationship so that gender sensitivity becomes mainstream in all aspects of development thinking.
- Women face disproportionate inequity in health care and socio-economic arena. Gender analysis and multisectoral actions are needed towards correcting that inequity.
- Gender based violence is common; the challenge is to take actions to stop it.

### Reproductive health

- Of the 340 million new cases of sexually transmitted infections reported around the world in 1999, South and South-East Asia accounted for 150 million. The prevalence of curable sexually transmitted infections in the South-East Asia Region is 48 million against the current global total of 116.5 million.
- India now has almost 6 million people living with HIV. Prevalence of HIV is growing at a discernible rate in Indonesia.

### Adolescent Health

- Early child-bearing increases the risk of maternal and newborn death. About 7-23% of all births in the Region are among adolescents (15-19 years).
- Many adolescent boys and girls become sexually active. The lack of information and skills, low condom use and lack of access to health services exposes them to higher risk of STIs and HIV/AIDS: there are about 1.9 million young people living with HIV/AIDS in SEA Region.
- Anemia and under-nutrition are also common among adolescents.

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*For more information, including up-to-date news on our various activities, please visit our website at <http://www.searo.who.int/en/Section13.asp>*

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