

Global Health Research Bulletin

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IN THIS ISSUE

TREND OF THE WHO GOVERNANCE P 1

MEET THE RESEARCHERS P 2

NOSOCOMIAL INFECTION IN KATHMANDU, NEPAL P 2

IN-COUNTRY DISPARITIES OF MNCH IN LAO & CAMBODIA P 2

Publication list of NCGM-BIMC is available from below:

<http://www.ncgm.go.jp/kyokuhp/research/results/index.html>

Green bar opens links to abstracts of articles on infectious diseases, red bar maternal & child health, blue bar health system and yellow bar others.

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HIGHLIGHTS

- WHO's agenda and budget allocation do not completely reflect global burden of diseases.
- Major hospitals in Nepal's capital lack resources to fight against nosocomial infections.
- In-country disparities in MNCH access pose concerns in Lao PDR and Cambodia.

TREND OF THE WHO GOVERNANCE

For the global health, the World Health Organization (WHO) has been playing unique and indispensable roles particularly in technical guidance and norm setting. There is no doubt that the trend of the Organization's governance reflected the overall direction of the global health in past decades. Where was the Organization 40 years ago? Which direction has it been heading for? Where is it going in the years to come? These questions must be of concern to a wide variety of actors in the global health.

This year, Kitamura et al¹ published an article analysing the agenda items of the World Health Assembly (WHA) from 1970 to 2012. There were 1,647 agenda items including 423 Health Matters. Classifying them into different categories, agenda related with communicable diseases were the most numerous (25%) followed by those related with health systems (19%). They explored that some rather common issues such as the maternal, neonatal and child health (MNCH) have rarely been discussed.

More recently, Nozaki² followed up the WHO's budgetary allocation, which was reported to be skewed toward infectious disease control in 2008 in comparison with the share of the disease burden. After 5 years, it was increasingly skewed toward infectious disease control both in African and Western Pacific Regions.

Above two studies both highlight that the trend of the WHO governance, both in terms of health agenda setting in the WHA and the budget allocation, has been driven by predominant health themes that formed momenta at the period concerned. As dissociation between global burden of diseases and these governance trend becomes obvious, increased flexibility and predictability of funding, for example, has been advocated as a component of the WHO reform.

Through agreeing clear priorities between Member States and the WHO, the Organization will be able to serve the global community, protect health and save lives with increased efficacy and effectiveness.

References

1. Kitamura T, Obara H, Takashima Y, Takahashi K, Inaoka K, Nagai M, Endo H, Jimba M, Sugiura S. World Health Assembly Agendas and trends of international health issues for the last 43 years: Analysis of World Health Assembly Agendas between 1970 and 2012. *Health Policy* 2013;110:198-206.

<http://www.ncbi.nlm.nih.gov/pubmed/23295159>

2. Nozaki I. WHO's budgetary allocation and disease burden: the situation after five years. *Lancet* 2013; 382: 937-938.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)2961930-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)2961930-3/fulltext)



A scene of the World Health Assembly

What is NCGM? Why do we conduct researches?

The National Center for Global Health and Medicine, Japan (NCGM) is consist of two general hospitals, the Bureau of International Medical Cooperation, the research institute dedicated mainly to basic research and the College of Nursing. The Bureau of International Medical Cooperation (BIMC) provides technical assistance to developing nations in Asia and Africa through Japan's Official Developmental Assistance and multilateral international organisations such as the World Health Organization (WHO).

The BIMC implements a variety of research pro-

jects aiming to provide evidence and guide policies of global health. Our research projects mainly focus on infectious disease control, maternal, neonatal and child health and health system strengthening. The NCGM is contracted by the WHO as the WHO Collaborating Center for Health Systems Research.

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MEET THE RESEARCHERS

Tomomi Kitamura, MD, MPH and Dr. Yasuo Sugiura, MD, PhD of the NCGM, et al. analysed the trend of the agenda of the World Health Assembly (WHA) in past 40 years (see the headline article in p1). In a short interview below, they talk on the vision the research group held and the insights they obtained.

-How did you conceive the idea to analyse the WHA agenda?

Kitamura & Sugiura: We were initially motivated to understand how the top decision-making facility of the WHO involves different actors in its decision-making process. In fact, the agenda (even without referring to resolutions) indicated various global health trends including increased diversity of global health actors encompassing public and private entities.

-What was the most significant finding you have obtained?

K & S: The dominant role of infectious disease

programmes in directing the technical discussions posed a sharp contrast with that of others such as maternal, neonatal and child health (MNCH), which occupied a small proportion of the agenda. For example, the GFATM* is one of the dominant themes in recent years. In some periods, the philosophy of the WHO's Director General largely influenced the WHA agenda. A good example is the "health for all" and "primary health care" agenda under Dr. Halfdan Mahler (1973-88). Currently, the WHO caters to a wide range of global norms such as intellectual property right and environmental protection.

-What did you learn most from the study?

K & S: We learned the importance of momenta in global policy formulation. Such momenta empower the key global health agenda, but also contribute to a rapid transition of agenda through trend formation.



Tomomi Kitamura MD, PhD (up) and Yasuo Sugiura MD, PhD (down)

NOSOCOMIAL INFECTIONS IN KATHMANDU, NEPAL

Nosocomial infections have been recognised as a global concern to improve patient safety. However, in developing countries, where the incidence of infectious diseases is high and environmental conditions of health care facilities are poor, a high incidence of nosocomial infections have been reported.

Ohara et al¹ reported the actual conditions of nosocomial infection control in Nepal, derived from fact finding surveys at 17 hospitals in Kathmandu. The surveys were comprised of questionnaire surveys of hospital staff, site visits and interviews with hospital staff who were in charge of nosocomial infection control at the hospitals in 2003 and 2011.

The results revealed inadequate management of infection control committees in the hospitals, insufficient training opportunities for hos-

pital staff, lack of essential equipment and increase in bacterial resistance to antibiotics, even though a steady improvement was demonstrated between 2003 and 2011.

Further improvements are necessary in developing and disseminating infection control manuals, enhancing basic infection control procedures and techniques and strengthening infection control system to ensure high quality medical care in these hospitals.

Reference

1. Ohara H, Pokhrel BM, Dahal RK, Mishra SK, Kattel HP, Shrestha DL, Haneishi Y, Sherchand JB: Fact-finding survey of nosocomial infection control in hospitals in Kathmandu, Nepal—A basis for improvement. *Tropical Medicine and Health* 2013, doi:10. 2149/tmh.2013-03.

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Tribhuvan University Teaching Hospital: one of the 17 hospitals in Kath-

IN-COUNTRY DISPARITIES OF MNCH IN LAO PDR/ CAMBODIA

Large inter-regional and intra-regional gaps in access to and utilisation of maternal, neonatal and child health (MNCH) care are global concern.

Iwamoto and Matsui of the NCGM presented posters in the 8th European Congress on Tropical Medicine and International Health. Iwamoto et al. analysed service integration of the MNCH and presented that unavailability of essential vaccines was four-fold higher (24% vs. 6%) among health centers with two or less personnel. Many health centers, regardless of the number of health personnel, did not have essential equipment and medicines for life-saving interventions for mothers and infants.

Matsui et al have applied the Unmet Obstetric Need (UON) approach in order to evaluate utilisation of emergency obstetric care service in Cambodia. Caesarean section rate in the capital city rapidly increased from 2007 to 2009, suggesting a limited incidence of maternal deaths caused by the absolute maternal indications (AMIs: uterine rupture, placenta praevia, abruptio placentae, abnormal presentations, etc.). However, the rate of the surgical intervention for AMIs was estimated to be substantially lower in provinces. Further efforts are needed to reduce this equity gap.

Link to the Congress proceedings on TM&IH: <http://onlinelibrary.wiley.com/doi/10.1111/tmi.12163/abstract> (Please download PDF and refer to P186-187.)



A mother and her baby in southern Lao PDR in a child immunisation session

*GFATM: The Global Fund to Fight AIDS, Tuberculosis and Malaria