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Nota di contenuto	Contents; Foreword; Preface; Acknowledgments; Abbreviations; 1. An Unacceptable Reality; Figure 1.1 Regional Inequalities in Health Sector Outcomes; Box 1.1 Variations in Health and Fertility Outcomes in India; Table 1.1 Health Services with the Largest Measure of Inequality; Figure 1.2 Use of Basic Maternal and Child Health Services, Coverage Rates among the Poorest and Wealthiest 20 Percent of the Population in 56 Low- and Middle-Income Countries Figure 1.3 Inequalities in the Use of Basic Maternal and Child Health Services: Coverage Rate Ratios for the Wealthiest and Poorest 20 Percent, 56 Low- and Middle-Income Countries Figure 1.4 Population-Weighted Regional Averages of Percentage of Pregnant Women in the Poorest and Wealthiest Quintiles Who Receive Three or More Antenatal Visits; Box 1.2 Variations in Health Service Use in India; Figure 1.5 Population-Weighted Regional Averages of Percentage of Deliveries for the Poorest and Wealthiest Quintiles That Were Attended by a Medically Trained Person Figure 1.6 Population-Weighted Regional Averages of Percentage of

Fully Immunized Children from the Poorest and Wealthiest Quintiles
 Figure 1.7 Selected Benefit Incidence Findings for Public Spending on Health; Box 1.3 Benefit Incidence Analysis at the Subnational Level; Figure 1.8 Wealth Gap for Full Immunization, India, 1998-99; Figure 1.9 Odds Ratios for Infant Mortality: The Likelihood of Infant Death in the Poorest Quintile of Families Relative to That in the Wealthiest Quintile, Rural and Urban India, 1998-99; Figure 1.10 Inequality in Full Immunization, India, 1998-99
 Figure 1.11 Concentration Curves of Infant Mortality Rates in India, 1998-99
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 Table A1.6 Full Immunization Inequalities in Low- and Middle-Income Countries
 Table A1.7 Antenatal Care (Three or More Visits) Inequalities in Low- and Middle-Income Countries; Table A1.8 Contraception (Women) Inequalities in Low- and Middle-Income Countries; Table A1.9 Attended Delivery Inequalities in Low- and Middle-Income Countries; 2. Approaching a Complex and Persistent Problem; Figure 2.1 Determinants of Health Outcomes: The PRSP Pathways Framework; Box 2.1 Why Did Safar Banu Die?; Figure 2.2 Eight Steps to Effective Use of Health Services by the Poor
 Table A2.1 Potential for Multisectoral Synergies to Achieve the Millennium Development Goals for Health and Nutrition

Sommario/riassunto

The last 10 years have seen a resurgence in interest and research around inequalities in the health sector. While a disproportionate share of the new research has focused on measuring inequality in the health sector, work is emerging on how to understand the causes of inequality and on identifying successful approaches for tackling the problem. This book summarizes the operational lessons emerging from this new focus. It is intended to be an operational resource for change agents within and outside government in low and middle countries committed to improve access and use of critical health se

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Titolo	The ethics of war in Asian civilizations : a comparative perspective // edited by Torkel Brekke
Pubbl/distr/stampa	London ; ; New York : , : Routledge, , 2006
ISBN	1-134-29151-5 1-134-29152-3 1-280-37407-1 9786610374076 0-203-48221-2
Descrizione fisica	1 online resource (233 p.)
Altri autori (Persone)	BrekkeTorkel
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Sommario/riassunto	This book explores how issues of ethics in war and warfare have been treated by major ethical traditions of Asia. It opens a discussion about whether there are universal standards in the ideologies of warfare between the major religious traditions of the world. While the chapters are written by specialists in Asian cultures, some of the conceptual apparatus is drawn from the scholarly discourse on just war, developed in the study of the ethical tradition of Christianity. Taking a comparative approach, the book looks at six different Asian religious, philosophical and political traditi