WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)

May 2010; Vol. 5, No. 5

Some aspects of the Safe Motherhood Initiative give grounds for cautious optimism. Of particular interest is the recently achieved consensus about what works to reduce maternal mortality and how proven interventions can be implemented in settings where resources are extremely limited. For many years, health specialists and planners at the local, national and international levels argued about the merits and demerits of interventions specifically aimed at achieving safe motherhood: prenatal care, training traditional birth attendants, the risk approach as a strategy for reducing maternal mortality, the pros and cons of hospital and home deliveries and the uses of particular technologies. Everyone was seeking a single vital intervention that would make pregnancy and childbirth safer. The search was inspired by the successes that have been achieved in other areas of international health such as immunization or control of diarrheal diseases. These identified a clear strategy involving simplification of the technology and attention to the logistics of delivering it even in the most deprived and remote settings. Similar efforts have been directed – and success achieved – in making contraceptive technologies more accessible to those who need them. What these successes have in common is a relatively simple technology that can be delivered at any level from the community to the hospital, and a clear managerial framework for getting it there. It is now clear that no such solution is available in the area of safe motherhood.

Successful country programs for reducing maternal deaths vary considerably. These approaches seek to work within attainable resources to ensure that women have access to and use a level of the health care system which is acceptable to them and can link them to a higher level if complications arise. Perhaps the most important conclusion to be drawn from experience during the first twenty years of Safe Motherhood Initiative is that insufficient attention has been paid to defining precisely which interventions work and which do not. Many maternal health care interventions were first used in developed countries and then introduced in developing country settings without adequate attention to their effectiveness or feasibility where resources were very limited. Today, attention is increasingly focused on "evidence-based" approaches. It is encouraging to see our publication **WomensHealthSection.com**, a technical guide to implementing safe motherhood interventions in various countries, features only those known to be effective in improving health outcomes for mothers and infants. Our initiative which is building on this basis, to develop essential practice guides for the care of pregnant women, by the healthcare providers and policy-makers, is meeting its goals. It is intended that these guides will describe the elements of care that must be in place before others are introduced into a system. Systematic reviews of reliable, research on the effectiveness of care routines during pregnancy and childbirth are being prepared and disseminated by the WHEC Global Health Line in 218 countries and territories.

We hope our efforts are helpful to your missions and projects in building a better world.

A Hypothesis of Hope

Rita Luthra, MD

Your Questions, Our Reply:

Why some health issues attract political and donor attention while others are neglected?

Rise and Fall of Global Health Issues: Social constructionists suggest that the rise and fall of a global health issue may have less to do with how "important" health issue is in any objective sense than with how supporters of the issue come to understand and portray its importance. Specifically, those issues that attract attention may be ones in which policy community members have discovered frames – ways of positioning an issue – that resonate with global and national political elites, and then established institutions that can sustain these frames. Policy communities are networks of individuals (including researchers, advocates, policy-makers and technical officials) and organizations (including governments, NGOs, United Nations agencies, foundations and donor agencies) that share a concern for a particular issue. When policy communities develop convincing ideas and strong institutions, attention and resources may follow. I do not imply that there is no connection between material conditions and issue attention in global health. I do mean to suggest that the connection may be loose and that it is always mediated by social interpretations. Materialists believe that the world consist largely of hard material facts. By contrast, social constructionists believe that the world consists largely of ideas. Our socially shared interpretations mediate and form our perceptions of reality.

Our intent in presenting this argument is to explain variance in issue attention, rather than to suggest what policy communities should do or what constitutes appropriate behavior in global health advocacy. As multiple global health policy communities compete for attention by developing ideas and building institutions for their own issues – are the poor well-served? Some observers of global health have expressed suspicions, pointing to the zero-sum nature of such competition for attention and resources. They argue for a more rational global health architecture that focuses on global public goods, considers materials factors such as actual disease burdens in resource allocation decisions and are responsive to the preferences of national citizens.

Future research on the rise and fall of global health issues would do well to study the way policy communities develop these ideas and build institutions.

About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)
A Gateway to the UN System's Work on MDGs

UNDG – United Nations Development Group
Unite and Deliver Effective Support for Countries

The UN Development Group (UNDG) unites the 32 UN funds, programs, agencies, departments, and offices that play a role in development. The group's common objective is to deliver more coherent, effective and efficient support to countries seeking to attain internationally agreed development goals, including the Millennium Development Goals. Established by the Secretary-General in 1997, the UNDG designs system-wide guidance to coordinate, harmonize and align UN development activities. The group strengthens the UN development system at the country level, prepares it to meet future challenges and ensures that operations are conducted in accordance with mandates from UN governing bodies such as the General Assembly. By strengthening the UN Resident Coordinator System and helping UN organizations work together in new and better ways, the UNDG generates synergies and efficiencies that increase the impact of UN programs and policy advice. Coordinating development operations promotes more strategic support for national plans and priorities, makes operations more efficient and reduces transaction costs for governments. This helps the UN to be a more relevant and reliable partner for governments.

The UN Development Group in the UN System: The UNDG is one of the three pillars of the UN Chief Executives Board (CEB), which furthers coordination and cooperation on a wide range of substantive and management issues facing UN System organizations. The CEB brings the executive heads of UN organizations together on a regular basis under the chairmanship of the Secretary-General. Within the CEB structure, the High-Level Committee on Management works on system-wide administrative and management issues, the High-Level Committee on Programs considers global policy issues, while the United Nations Development Group deals with operational activities for development with a focus on country-level work. The UNDG Advisory Group provides the UNDG Chair with advice and guidance on managing the operational dimensions of the UNDG and the Resident Coordinator System. The Administrator of the UN Development Program (UNDP) chairs the UNDG. The UNDG Chair reports to the Secretary-General and the CEB on progress in implementing the group's work plan, and on the management of the Resident Coordinator System. The Administrator of one of the specialized agencies functions as a vice chairman on a rotational basis.

Collaboration with World Health Organization (WHO):

WOMEN and Health
TODAY'S EVIDENCE TOMORROW'S AGENDA

The Millennium Development Goals and other global commitments have focused primarily on the entitlements and needs of women. The current financial crisis and economic downturn make this focus even more urgent; protecting and promoting the health of women is crucial to health and development – not only for the citizens of today but also for those of future generations. This report reviews evidence on the health issues that particularly affect girls and women throughout their life course. Despite considerable progress over the past two decades, societies are still failing women at key moments in their lives. These failures are most acute in poor countries, and among the poorest women in all countries. Not everyone has benefited equally from recent progress and too many girls and women are still unable to reach their full potential because of persistent health, social and gender inequalities and health system inadequacies. This report does not offer a comprehensive analysis of the state of women and health in the world. The data and evidence that are available are too patchy and incomplete for this to be possible. Indeed, one of the striking findings of the report is the paucity of statistics on key health issues that affect girls and women. But the report does bring together what is currently known and identifies areas where new data need to be generated, available data compiled and analyzed, and research undertaken to fill critical gaps in the evidence base.

"In presenting this report, it is my hope that it will serve to stimulate policy dialogue at country, regional and global levels, to inform actions by countries, agencies, and development partners, and to draw attention to innovative strategies that will lead to real improvements in the health and lives of girls and women around the world".
Dr Margaret Chan; Director-General, World Health Organization. Details:
http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf

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Collaboration with UN University (UNU):

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics*

Economic Adversity and Entrepreneurship-led Growth
Lessons from the Indian Software Sector

It is commonly believed that the business environment in developing countries does not allow productive technology-based entrepreneurship to flourish. In this paper, we draw on the experience of Indian software firms where entrepreneurial growth has belied these predictions. This paper argues that the business models chosen by Indian firms were those that best aligned the country's abundant labor resources and advantages to global demand. Many potentially higher value added opportunities struggled to attain success, but the qualitative value of experimental failures and the capability gaps they exposed was invaluable for collective managerial learning in the industry. Second, the paper also shows that the presence of growth opportunities and the success of firms stimulated institutional evolution to promote entrepreneurial growth.

In India, the problem of an adverse business climate is especially acute. India is ranked 116th (out of the 155 countries) in a ranking which shows how difficult it is to do business according to a series of criteria. The country also ranks 130th in terms of difficulties in trading across borders and 138th for the ease in enforcing of contracts. Indian senior management spent 12.9 per cent of their time dealing with requirements of regulations compared with 6.4 per cent average worldwide. Indian officials' interpretations of regulations are highly inconsistent and licensing laws in India have been notoriously difficult to navigate. Nevertheless, despite the many difficulties of an adverse business environment, in recent years we have seen an explosion of technology-based entrepreneurship in India's software, information technology (IT) and business process outsourcing (BPO) industries. But how can we explain this? The kind of techno-entrepreneurship witnessed in India faces numerous institutional constraints, only some of which are imposed by or presided over by Government. Serious constraints arise from underdeveloped financial markets, poor protection for property rights, and weak contract enforcement. These constraints should erode profitability, restrain market entry, and impose high transactions costs on new entrepreneurial ventures, thereby stifling creativity and innovation. In theory, the Indian software industry 'should not' have developed in the way it did.

This paper shows how the Indian software industry achieved its astonishing results despite the adverse conditions facing entrepreneurs. When given the economic opportunity, domestic entrepreneurs developed new world class business models, and started a demonstration effect for other industries to follow. In turn, these changes created the conditions for more widespread institutional transformation and reform of the business environment in the economy. Technology-based entrepreneurship in the Indian software sector thus provides vital lessons for our understanding of the constraints to entrepreneurship in other countries with poor business environments.

Working Paper No. 2010/04; Author: Suma Athreye; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Finnish Ministry for Foreign Affairs, and the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Finnish Ministry for Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)

Constitution Of The World Health Organization:

(Continued)

CHAPTER IV – ORGANS
Article 9
The work of the Organization shall be carried out by:
(a) The World Health Assembly (herein called the Health Assembly);
(b) The Executive Board (hereinafter called the Board);

(c) The Secretariat.

CHAPTER V – THE WORLD HEALTH ASSEMBLY
Article 10
The Health Assembly shall be composed of delegates representing Members.

Article 11
Each Member shall be represented by not more than three delegates, one of whom shall be designated by the Member as chief delegate. These delegates should be chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member.

Article 12
Alternates and advisers may accompany delegates.

Article 13
The Health Assembly shall meet in regular annual session and in such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members.

Article 14
The Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held.

To be continued…..

Top Two Articles Accessed in April 2010:

1. Obstetric Anesthesia: Complications and Management;
   http://www.womenshealthsection.com/content/obspm/obspm005.php3
   WHEC Publications. Special thanks to our editors and reviewers for compiling the review.

2. Health Care Patents and The Interest of Patients;
   http://www.womenshealthsection.com/content/heal/heal012.php3
   WHEC Publications. Special thanks to WHO and the Global Fund for the contributions.

From Editor's Desk:

World Health Organization (WHO)'s fight against cancer: strategies that prevent, cure and care

WHO joins with the sponsoring International Union Against Cancer to promote ways to ease the global burden of cancer. Preventing cancer and raising quality of life for cancer patients are recurring themes.
QUICK CANCER FACTS

- Cancer is a leading cause of death worldwide: it accounted for 7.9 million deaths (around 13% of all deaths) in 2007.
- Lung, stomach, liver, colon and breast cancer cause the most cancer deaths each year.
- The most frequent types of cancer differ between men and women.
- About 30% of cancer deaths can be prevented.
- Tobacco use is the single most important risk factor for cancer.
- Cancer arises from a change in one single cell. The change may be started by external agents and inherited genetic factors.
- About 72% of all cancer deaths in 2007 occurred in low- and middle-income countries.

- Deaths from cancer worldwide are projected to continue rising, with an estimated 12 million deaths in 2030.

58th World Health Assembly approved resolution on cancer prevention and control
For the first time in the history of WHO, an opportunity to reinforce comprehensive cancer policies and strategies among its member states has presented itself.
Adopted cancer prevention and control resolution, May 2005

The 58th World Health Assembly resolution on cancer prevention and control (WHA58.22) adopted in May 2005, calls on Member States to intensify action against cancer by developing and reinforcing cancer control programs. This is being done by implementing the four components of cancer control: prevention, early detection, diagnosis & treatment and palliative care.

NATIONAL CANCER CONTROL PROGRAMMES: RECOMMENDATIONS FOR OUTCOME-ORIENTED OBJECTIVES
National health authorities may wish to consider the following outcome-oriented objectives for their cancer control programs, according to type of cancer:

- Preventable tumors (such as those of lung, colon, rectum, skin and liver): to avoid and reduce exposure to risk factors (such as tobacco use, unhealthy diets, harmful use of alcohol, sedentary habits, excess exposure to sunlight, communicable agents, including hepatitis B virus and liver fluke, and occupational exposures), thus limiting cancer incidence;
- Cancers amenable to early detection and treatment (such as oral, cervical, breast and prostate cancers): to reduce late presentation and ensure appropriate treatment, in order to increase survival, reduce mortality and improve quality of life;
- Disseminated cancers that have potential of being cured or the patients' lives prolonged considerably (such as acute leukemia in childhood): to provide appropriate care in order to increase survival, reduce mortality and improve quality of life;
- Advanced cancers: to enhance relief from pain and other symptoms and improve quality of life of patients and their families.

The resolution on cancer prevention and control:
http://www.who.int/cancer/media/news/WHA58%2022-en.pdf

Special Thanks:

We all at WHEC thank Ralph W. Hale, MD, FACOG, Executive Vice President, American College of Obstetricians and Gynecologists (ACOG) for friendship, support and excellent work at ACOG. It is the foundation of our success and look forward to many, many years of collaboration. Thanks again.

Comings and Goings:

Comings: Dr. Marilyn Rice, Senior Advisor in Health Promotion, Leader, Urban Health and Health Determinants Team, Area for Sustainable Development and Environmental Health, Pan American Health Organization, 525 23rd Street, NW, Washington, DC 20037 has joined our group. Dr. Rice is known throughout the world for her work in community development and social mobilization. She is on the editorial board of numerous peer review journals in the field of health promotion and education.
Dr. Maya M. Hammoud, Associate Professor & Chief Technology Officer, Department of Obstetrics and Gynecology, Associate Professor, Department of Medical Education, University of Michigan Medical School, L4000 Women's Hospital, 1500 E. Medical Center Dr., Ann Arbor, MI, 48109, has joined on the Physician' Board as US Faculty. We are looking forward to many years of collaboration.

Goings: We thank Brigitte Ernst de la Graete, Member, Belgium Francophone Green Party (ECOLO), Belgium, for her contributions to the Advisory Council.
In the memory of a trusted friend and advisor – Irving J. Stolberg, President, UNA-USA Connecticut Division, New Haven, CT (USA): his year long battle with leukemia took him away from us. I will always remember his support, enthusiasm and encouragement to this project. We thank him for his service to our Advisory Council. We at all WHEC will miss you.

Words *of* Wisdom:

It is only by patient,
Persistent effort,
By trial and error,
That peace can be won.

- Ralph Buch, 1950 Nobel Peace Prize Winner

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Monthly newsletter of WHEC designed to keep you informed on the latest UN and NGO activities