WHEC UPDATE

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

January 2011; Vol. 6, No. 1

Practice & Policy

Happy New Year from all of us at Women's Health and Education Center (WHEC)

2011 will be a critical year in determining which development pathways our initiative will pursue to improve maternal and child health worldwide. As always, we invite your thoughts and ideas to attain our common goal. Health is both a fundamental human right and a sound social investment. The lack of education and literacy among women and children in manifold is causing a direct and indirect impact on their sense of empowerment, low socio-economic status, healthcare and ultimately poor health. Health literacy and e-Health are valuable tools in empowering women and communities to improve their health status, achieve sustainable development and attain Millennium Development Goals (MDGs). The Women's Health and Education Center's (WHEC's) strategy on e-Health focuses on strengthening health systems in countries; fostering public-private partnerships in information and communication technologies (ICT) research and development for health; supporting capacity building for e-Health application worldwide; and the development and use of norms and standards. Success in these areas is predicted on the strategic direction: investigating, documenting, analyzing the impact of e-Health, and promoting better understanding by disseminating information. Governments need to invest resources in healthy public policy and health promotion in order to raise the health status of all their citizens. A basic principle of social justice is to ensure that people have access to the essentials for a healthy and satisfying life. At the same time, this raises overall societal productivity in both social and economic terms.

Literacy is a human right and can be considered a tool of personal empowerment: a means for social and human development. Educational opportunities depend on literacy. Thus, literacy is essential for eradicating poverty, improving the socio-economic status of communities, reducing child and maternal mortality rates, curbing population growth, achieving gender equality and promoting sustainable development at local, regional and national levels. e-Health has the potential to improve access to the health care system for traditionally underserved populations and to increase the capacity to provide tailoring and customization for individual patients and consumers. e-Health systems can also improve clinical decision making and adherence to clinical guidelines; provide reminder systems for patients and clinicians, thereby improving compliance with preventive service protocols; provide more immediate access to laboratory and radiology results; and, when integrated with clinical decision support systems, help to prevent many errors and adverse events. Our initiative **WomensHealthSection.com** has significant success in developing momentum and raising awareness among governments of their role in building and promoting equitable information societies through the deployment of ICT across all sectors.

e-Health is a global phenomenon. One of the guiding principles in advancing e-Health agenda worldwide is fostering collaboration with international and nongovernmental organizations (NGOs), the private sector and other key stakeholders. Given the increasing need for qualified health professionals and the limited human resources available for training students, both developed and developing countries are urged to integrate e-learning methods into student education where appropriate. They also provide the potential for taking clinical specialists to the primary health-care setting through, for example, teleconferences. The question is thus not whether e-Health should be a possibility for developing countries. It already is. The main challenge is to ensure that these options are used optimally and in a coordinated manner to achieve the desired effects and avoid resources being diverted from meeting basic needs.

Building e-Health Foundations

Rita Luthra, MD

Your Questions, Our Reply

Can Global Health Initiatives catalyze change in countries? Can these initiatives invest in prepayment mechanism for healthcare delivery?

Perspectives on Global Health Initiatives: Global health appears to be undergoing a gradual shift in focus away from diseases towards systems. This is partly a response to the difficulties that disease-specific global health initiatives have experienced in meeting individual program targets and internationally agreed benchmark, in spite of significant increases in development assistance over the past decade. It is also a response to the fiscal constraints caused by the global financial crisis, which has created an environment in which governments and development partners are not only striving to secure resources for development but are also focusing attention on improving returns on spending by strengthening poorly functioning public systems. As a result, there has been increased attention on health systems by major global health initiatives, the governments of the Group of Eight (G8) high-income countries, private foundations, new international partnerships and the World Health Organization (WHO). The diversity in design of health systems around the world, complicated by the interconnectedness of health systems with the country's body politics, must be considered in any effort to strengthen health systems.

Reform of mixed health systems (public-private funding) needs to include measures both within and outside the health-care system. The first priority is to address broader constraints of the political and economic systems that are manifest in inequalities of power, money and resources, one of the strongest determinants of health status achievement. Debt limitations, fiscal responsibility and measures to broaden the tax base are necessary to create the needed fiscal space in the developing countries for the health sector; macroeconomic reform is critical for economic growth that benefits the poor and for bridging broader social inequalities. Reform of public service and financial management to promote transparency in governance can deeply impact performance of a health system. It is presently not within the remit of most of the global health initiatives neither to invest in prepayment mechanisms, and build capacity of health systems in pre-service education nor to lend impetus to broad-based health systems reform, which appears to be needed in most countries to bridge some of the critical gaps. Expanding the mandate of these initiatives, possibly through a new health systems financing platform, could permit them to engage in countries with a broader set of issues to boost public financing, maximize the work of a broad range of providers, consolidate health information systems at large, work towards building a sustainable workforce and lobby for workforce retention regulation.

We at Women's Health and Education Center (WHEC) believe broad agenda for reforming a mixed health system can be phased in stages, with the first step being the creation of appropriate laws, policies and frameworks, the next step restructuring in pilot settings, before scaling up across the system.

About NGO Association with the UN

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

World Food Program – WFP
Fighting hunger worldwide

WFP's strategic plan lays out five objectives and all our work is geared towards achieving them. They are:

1. Save lives and protect livelihoods in emergencies
2. Prepare for emergencies
3. Restore and rebuild lives after emergencies
4. Reduce chronic hunger and under-nutrition everywhere

5. Strengthen the capacity of countries to reduce hunger

As the United Nations frontline agency in the fight against hunger, WFP is continually responding to emergencies. We save lives by getting food to the hungry fast. But WFP also works to help prevent hunger in the future. We do this through programs that use food as a means to build assets, spread knowledge and nurture stronger, more dynamic communities. This helps communities become more food secure. WFP has developed expertise in a range of areas including Food Security Analysis, Nutrition, Food Procurement and Logistics to ensure the best solutions for the world's hungry.
In 2010, WFP aims to bring food assistance to more than 90 million people in 73 countries. See operations.

Collaboration with World Health Organization (WHO)

e-Health Intelligence Report

Covers e-Health developments worldwide offering readers a wide range of information on publications, reviews, standards, major events as well as the latest news from countries.

The World Bank approved $63.66 million to create a regional network of 25 public health laboratories across Kenya, Tanzania, Uganda, and Rwanda. The network operating across country borders, will improve access to diagnostic services so that vulnerable populations in cross border areas will be able to make optimal use of internet and mobile communications. Laboratories are currently the weakest link in the region's public health defenses, seriously hindering each country's ability to confirm and respond in a coordinated manner to disease outbreaks. By bolstering diagnostic and surveillance capacities, the new multi-country laboratory network will help to identify potentially devastating disease outbreaks at an early stage and enable countries to act quickly to prevent the rapid spread of diseases across borders. Communicating outbreak-related information across national borders in real-time is more important than ever before, as the workforce becomes more mobile with the establishment of the East African community common market plus global travel is continuing to grow.

The network will also support the roll-out of new technology for drug resistance monitoring and provide for more efficient tuberculosis diagnosis most notably for people living with HIV/AIDS. All four countries have a high burden of tuberculosis with an increasing threat of drug resistance. Kenya, Tanzania, and Uganda are on the World Health Organization (WHO) list of 22 "High-burden" countries that together account for 80 percent of the world's tuberculosis cases while Rwanda is on the WHO list of 15 high TB incidence countries. The Council for American Medical Innovation (CAMI), launched in 2009, has brought together leaders in research, medicine, public health, academia, education, labor, and business, who are working in partnership to encourage public policies that advance medical innovation and the development of lifesaving treatments, enhance job growth, and promote patient access. CAMI believes leadership in medical innovation is a key part of America's economic recovery, future prosperity and health.

US: A Call to Promote Medical Innovation (The Council for American Medical Innovation - 10 June 2010)

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Collaboration with UN University (UNU)

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

Global Patterns of Income and Health: Facts, Interpretations, and Policies

It is now widely agreed that comparisons of living standards across countries, or across households within countries, should ideally go beyond measures of income or expenditure and encompass non-income dimensions of wellbeing, in particular health. Since income and health are positively correlated, adding the health dimension tends to exacerbate the inequality related to income differences alone. But this association also admits the possibility that health advances in the developing world can be a powerful force for equalization of global living standards. This is exactly the interpretation placed on international trends in life expectancy, which saw a significant narrowing of differences in longevity from 1950 to 1990. By the same token, the reversal of the trend post-1990, linked to the impact of HIV-AIDS and increasing mortality in the former Soviet Union, is generally seen as a disequalizing influence, reinforcing the impact of widening income differentials in recent years. Deaton warns against drawing such hasty conclusions, using the lecture to explain why the situation is complex and demands detailed investigation. For example, the post-Second World War improvement in life expectancy in poor countries is almost entirely attributable to a fall in infant mortality. In contrast, rising longevity in rich countries has resulted from reductions in mortality rates towards the end of life. Life expectancy provides a method of weighting these two effects, but it is by no means clear that it yields the correct trade-off for welfare evaluation purposes.

Deaton documents the many ways in which assessments of health progress can depend on apparently arbitrary decisions. For instance, child mortality rates can converge or diverge over time depending on whether the data refer to levels or proportional changes. Switching from figures for mortality rates to survival rates would lead to a similar range of outcomes. More disturbing perhaps is the fact that core health variables are poorly measured in many countries, relying on crude models to fill gaps in the raw data. A great deal of fruitless effort is likely to be expended until these data defects are rectified and until there exists a solid conceptual foundation for the impact of health on living standards. At an aggregate level, the link between health and economic growth has major policy implications, not least concerning the extent to which health deficiencies and health inequalities need to be given early priority in development strategies. Deaton draws attention to the evidence that often runs counter to conventional wisdom. He also stresses again the urgent need to improve our understanding of the factors that generate the observed differences in international experiences. Given the emphasis that Finland places on both health and equitable development, it seems particularly appropriate that the 2006 Annual Lecture was delivered to an appreciative audience in Helsinki.

Publisher: WIDER Annual Lecture Series; Author: Angus Deaton; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of 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)

United Nations Industrial Development Organization (UNIDO)

The mandate of the United Nations Industrial Development Organization (UNIDO) is to promote industrial development and cooperation. Established by the General Assembly in 1966, it became a United Nations specialized agency in 1985. UNIDO helps to improve the living conditions of people and promote global prosperity by offering tailor-made solutions for the sustainable industrial development of developing countries and countries in transition. It cooperates with governments, business associations and the private industrial sector to build industrial capabilities for meeting the challenges and spreading the benefits of the globalization of industry.

To support its services, UNIDO has engineers, economists and technology and environment specialists in Vienna, as well as professional staff in its network of Investment Promotion Services offices and field offices. These field offices are headed by UNIDO regional and country representatives. UNIDO's 172 member states meet every two yeas at General Conference, which approves the budget and work program. The Industrial Development Board comprising 53 member states makes recommendations relating in the planning and implementation of the program and budget.

UNIDO has more than 650 staff members, working at headquarters, 16 country offices and 12 regional offices. It also draws on the services of some of some 2,100 international and national experts annually in project assignments throughout the world. In 2006, UNIDO delivered technical cooperation valued at $ 113.7 million. The value of its ongoing technical cooperation at year's end was 494.6 million.

Director-General: Mr. Kandeh Yumkella (Sierra Leone); Headquarters: Vienna International Center, Austria

Constitution Of The World Health Organization

(Continued)

Article 50

The functions of the regional committee shall be:
(a) To formulate policies governing matters of an exclusively regional character;
(b) To supervise the activities of the regional office;
(c) To suggest to the regional office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the regional committee would promote the objective of the Organization within the region;
(d) To co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization;
(e) To tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance;
(f) To recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions;
(g) Such other functions as may be delegated to the regional committee by the Health Assembly, the Board or the Director-General.

Article 51
Subject to the general authority of the Director-General of the Organization, the regional office shall be the administrative organ of the regional committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

Article 52
The head of the regional office shall be the Regional Director appointed by the Board in agreement with the regional committee.

Article 53
The staff of the regional office shall be appointed in a manner to be determined by agreement between the Director-General and the Regional Director.

Article 54
The Pan American Sanitary Organization1 represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, and all other inter-governmental regional health

organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

To be continued……

Top Two-Articles Accessed in December 2010

1. Cervical Cancer Prevention: Managing High-Grade Cervical Neoplasia; http://www.womenshealthsection.com/content/gyno/gyno019.php3
   WHEC Publications. Special thanks to Dr. Bradley J. Monk, MD FACS FACOG, Professor, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Comprehensive Cancer Center, Creighton University School of Medicine at St. Joseph's Hospital and Medical Center, Phoenix, AZ (USA) for the expert opinions and preparation of the manuscript.

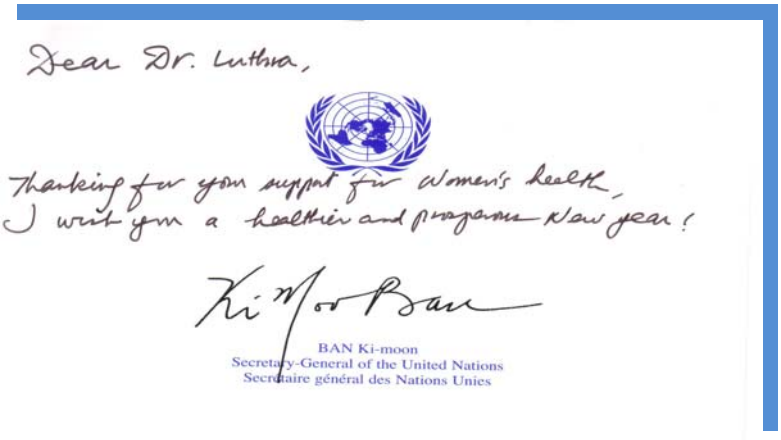
2. Cervical Cancer Prevention: Managing Low-Grade Cervical Neoplasia; http://www.womenshealthsection.com/content/gyno/gyno020.php3
   WHEC Publications. Special thanks Dr. Robert J. Walat, Clinical Laboratory Director, Ikonisys Inc. New Haven, CT (USA) for very valuable suggestions, expert opinions and assistance with the series on Cervical Cancer Prevention.

Funding: The series on Cervical Cancer Prevention was funded by WHEC Initiatives for the Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC) to eliminate/reduce cervical cancer worldwide. Contact us if you wish to contribute and/or join the efforts.

From Editor's Desk

All human beings are born free and equal in dignity and rights. Our mission is to plan development together. In this forum we are all equals, working towards a common goal - to improve maternal and child health worldwide. There are no strangers at Women's Health & Education Center (WHEC) – only the friends you have not met. The demand for health-for-all and education-for-all are the defining movements of 21st century. It is our privilege to work with UN Partners on Millennium Development Goals (MDGs), with special focus on MDG # 5: IMPROVE MATERNAL HEALTH. Creating cultures that care is our goal.

Let us make it happen.


Dear Dr. Luthra,

Thanking for your support for women's health,
I wish you a healthier and prosperous New year!

Ki Moon Ban

BAN Ki-moon
Secretary-General of the United Nations
Secrétaire général des Nations Unies

Women's Health & Education Center (WHEC) is a proud sponsor of United Nations' efforts to attain: health-for all and education-for-all.

Join the conversation!

Words *of* Wisdom

And I stand not alone. I will gather a band
Of all loving mothers from land unto land.
Our children are part of the world! Do ye hear?
They are one with the world – we must hold them
all dear!
Love all for the child's sake!

For the sake of my child I must hasten to save
All children on earth from the jail and the grave.
For so, and so only, I lighten the share
Of the pain of the world that my darling must bear –
Even so, and so only!

– Charlotte Perkins S. Gilman (1860-1935)

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