



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
October 2011; Vol. 6, No. 10

Lessons From The Field

2011 Commitments to advance the Global Strategy for Women's & Children's Health

Women's Health and Education Center

The Women's Health and Education Center (WHEC) aims to improve women's health through education and advocacy, particularly in developing countries. WomensHealthSection.com, launched in cooperation with the UN, provides information on everyday issues associated with women's health. This e-learning initiative is active in 220 countries, linked to 30,800 courses in the developing world, and receives 25,000-30,000 visitors per day. As a web-enabled platform, it allows for multiple forms of collaboration worldwide. WHEC will cover the costs of the research and development of our e-learning initiative. Continuing medical education services will be provided free to the countries identified by the UNDP as Least Developed Countries. WHEC remains committed to providing health education and advocacy regarding improving neonatal health outcomes. We will also provide evidence-based medical information to in-country partners and health care providers in Africa and Latin America, to reach 3 million people with reproductive health information, especially family planning, by 2015. WHEC will continue its commitment to create health-promoting schools, recognizing that adolescents find themselves under strong peer pressure to engage in high risk behavior. The spread of HIV/AIDS among adolescents is growing phenomenon, while the traditional problem of sexually transmitted disease (STDs) continues to increase. WHEC will continue to emphasize: self-esteem; family planning; the importance of postponing the first pregnancy; and the ability to withstand peer pressure.

On 24th October 2011 our initiative (**A Global Forum**) to improve maternal and child health, **WomensHealthSection.com**, celebrates its 9th birthday – a shared vision and a common goal. Women and children matter – so does their health.

Many, many, many more birthdays to come!



Every Woman Every Child Plenary Event Highlights Achievements and Commitments

20 SEPTEMBER 2011

It was indeed an honor to receive the invitation from United Nations Secretary General BAN Ki-moon to attend this forum. We have developed strong working relationship with the United Nations and overcome our differences to create a more coherent approach to improve maternal and child health worldwide. Working with the UN has always been a pleasant experience for me – it certainly has defined my life for the last two and half decades. I look forward to continuing efforts to strengthen our ties and our organizations. Our partnerships remain key to the success of our common agendas.

The Every Woman Every Child Plenary event took place on Tuesday September 20th from 4-6 PM at the United Nations in New York, NY. The Plenary was hosted by the Secretary-General and dedicated to showcase contributions from Heads of State and Government and leaders from different stakeholder groups whose achievements in support of the Global Strategy for Women's and Children's Health have been significant throughout the year.

Numerous commitments and updates were announced at the event, including a \$500 million initiative by Merck to reduce child mortality and a report by Prime Minister Sheikh Hasina on the commitment to double the percentage of births attended by a skilled health worker by 2015 in Bangladesh. WHO Director General Dr. Margaret Chan also announced the formation of the independent Expert Review Group, which will report on the results and resources related to the Global Strategy for Women's and Children's Health and on progress in implementing the recommendations of the Commission on Information and Accountability for Women's and Children's Health.

The event was covered by numerous media outlets including [ABC News](#), the [Financial Times](#), [Forbes](#), [MSNBC](#), and the [Washington Post](#).

[Read here for more background on the event.](#)

[View the 2011 commitments to advance the Global Strategy for Women's and Children's Health](#) (Commitments of Women's Health and Education Center (WHEC) are mentioned on Page 30).

Read on....

Your Questions, Our Reply

How can it be that 500,000 million maternal deaths, 3.3 million stillborn babies and 6.6 million young children continue to die when the causes of these deaths are largely avoidable? And why is it still necessary to emphasize the importance of focusing on health of mothers, newborns and children, after decades of priority status, and more than 10 years after the United Nations International Conference on Population and Development put access to reproductive health care for all firmly on the agenda?

Patchy Progress – what went wrong? Although an increasing number of countries have succeeded in improving the health and well-being of mothers, babies and children in recent years, the countries that started off with the highest burdens of mortality and ill-health made least progress during the 1990s. In some countries the situation has actually worsened, and worrying reversals in newborn, child and maternal mortality have taken place. Progress has slowed down and is increasingly uneven, leaving large disparities between countries as well as between the poor and the rich within countries. Unless efforts are stepped up radically, there is little hope of eliminating avoidable maternal and child mortality in all countries. Countries where health indicators for mothers, newborns and children have stagnated or reversed have often been

unable to invest sufficiently in health systems. The health districts have had difficulties in organizing access to effective care for women and children. Humanitarian crises, pervasive poverty, and the HIV/AIDS epidemic have all compounded the effect of economic downturns and the health workforce crisis. With widespread exclusion from care and growing inequalities, progress calls for massively strengthened health systems.

Technical choices are still important, though, as in the past programs have not always pursued the best approaches to make good care accessible to all. Too often, programs have been allowed to fragment, thus hampering the continuity of care, or have failed to give due attention to professionalizing services. Technical experience and the successes and failures of the recent past have shown how best to move forward. There is no doubt that the technical knowledge exists to respond to many, if not most, of the critical health problems and hazards that affect the health and survival of mothers, newborns and children. The strategies through which households and health systems together can make sure these technical solutions are put into action for all, in the right place and at the right time, are also becoming increasingly clear.

The world needs to support countries striving to achieve universal access and financial protection for all mothers and children. Only by doing so we can make sure that every mother, newborn baby and child in need of care can obtain it, and no one is driven into poverty by the cost of that care. In this way we can move not only towards the Millennium Development Goals but beyond them.

About NGO Association with the UN

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



New global partnership for women's and girls' education

About 39 million adolescent girls are missing out on an education, and two thirds of the world's 796 million illiterate adults are women. "[Better Life, Better Future](#)" - a new global initiative led by [UNESCO](#) -- focuses on reaching illiterate or semi-literate adolescent girls and expanding women's literacy programs. "Investing in the education of women and girls anywhere brings huge returns for health and great benefits for society," UN Secretary-General [Ban Ki-moon said](#).

UNESCO's new partnerships have been established to find collaborative solutions to the most fundamental challenges concerning the education of adolescent girls and women.

- 39 million girls of lower secondary age are currently not enrolled in either primary or secondary education, or 26% of the 11-15 age group.
- Only about one third of countries have achieved gender parity at the secondary level. In some instances, the dropout rate of girls from school has increased in the past decade.
- Adolescents who fall behind, due to late entry into primary school or grade repetition (or both), are at a significant risk of dropping out of school.
- Many girls of primary school age are excluded from education because they never had a chance to enter primary education at all.
- Lack of education for girls translates into the disproportionate number of adult women without literacy skills.
- Two-thirds of the world's 796 million illiterate adults are women.
- It has been estimated that universal secondary education for girls in sub-Saharan Africa could save as many as 1.8 million lives annually.

Collaboration with World Health Organization (WHO)

NEW COMMITMENTS TO SAVE WOMEN AND CHILDREN

GENEVA, 19 May 2011: Today 16 countries announced new commitments to dramatically reduce maternal, newborn and child mortality, as part of the Global Strategy for Women's and Children's Health.

"Political and financial support for action on women's and children's health is reaching new and encouraging heights. The commitments build on the momentum of recent months, and prove that saving the lives of the most vulnerable can attract support at the highest levels," says Ban Ki-moon, the United Nations Secretary-General, who is leading the Every Woman Every Child campaign to accelerate progress on Millennium Development Goals 4 (child mortality) and 5 (maternal health).

"The commitments by countries today demonstrate that we are on the verge of a tipping point," says Dr. Babatunde Osotimehin, the Executive Director of UNFPA. "Countries in different regions and situations are stepping forward as the Global Strategy catches fire."

Details:

<http://www.un.org/millenniumgoals/pdf/EWEC%20Press%20release%20May%2019%20final.pdf>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 89, Number 10, October 2011, 701-776

Collaboration with UN University (UNU)

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

Growth and Recovery in a Time of Default

International narratives on Argentina's recovery from the crisis of 2001-02 tend to emphasize the role of rising commodity prices and growing demand from China. Argentina is said to have been 'lucky', saved by global demand for its agricultural exports. The international narrative has also been used by local agricultural exporters to justify their objections against higher export taxes during periods of high commodity prices. These narratives are not correct. Data on the country's recovery show that it was not led by agricultural exports but was fuelled by urban demand and production. When the Convertibility period ended and the peso was devalued in 2002, price increases for imports stimulated the production of domestic goods and services for consumers. This production in turn generated multiplier effects which supported small and medium-sized firms and helped to create many new jobs. This later produced a revival of the construction and then the manufacturing sectors as well. The contribution of the campo (rural sector) to the recovery came later in 2004 and thereafter, as the prices of commodities increased and the planting of larger and larger areas to grow soya and other crops had huge payoffs. These exports certainly helped build up the country's reserves and fiscal strength, but they cannot be credited with playing the key role in stimulating the recovery. Agricultural exports later generated much additional income and eventually public revenue, but Argentina's recovery was largely a 'demand-led recovery', located in urban areas where 80 per cent of Argentines work and live. The Argentine case is significant because it suggests that the urban locus of macroeconomic phenomena in Latin America deserves much more research and appreciation from policymakers. The historical foci in Latin American urban studies have included squatter settlements and infrastructure deficits, social exclusion, civil society mobilization, decentralization, and the 'right to the city' claimed by excluded groups. But these bodies of work have ignored the central fact that

more than 60 per cent of GDP in all Latin American countries comes from urban-based economic activities. The economic and social futures of Latin America lie in urban areas which are at once the sites of productivity and the loci of urban poverty. The impacts of high intra-urban inequality are key factors in undermining needed improvements in productivity. The capacity of Latin American economies to withstand the impact of global economic crises and other exogenous events will depend on how economic policy takes into account the constraints and opportunities in urban areas.

The issue of supporting productivity increases is obviously one of the key issues in a period of economic crisis, whether in 2001-02 or in the current global economic crisis. In this regard, it is apparent that investment in urban infrastructure such as water, sanitation, or electricity supports firms seeking to expand their operations, particularly those located on the urban periphery in Latin American cities where infrastructural deficiencies are most pronounced. It also directly helps to create new employment. It is significant that the G-20 discussions in London in April 2009 devoted almost no recorded attention to urban infrastructure even though most of the 'demand' which governments wish to stimulate exists within cities. In fact, 'place' or 'sites' were largely ignored in the discussion of macroeconomic measures to be taken. Stimulus packages do not occur in cyberspace, they should be firmly rooted on the ground where they can have discernable impacts. The capacity of Latin American economies to withstand the impact of economic downturns, whether from domestic business cycles or global economic crises, ultimately depends on how economic policy supports multipliers which operate in local urban economies. Urban policy therefore has macroeconomic implications and is far too important to be left to the 'traditional urban disciplines' such as architecture or urban planning. Effective policy, however, requires local knowledge beyond the expertise of macroeconomists. The challenge of disciplinary collaboration is one more critical dimension of the present global economic crisis.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Author: Michael Cohen; 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), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development—DFID).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

Constitution Of The World Health Organization Draft network Constitution

(Continued)

Preamble

In January 2007, the World Health Organization held in Accra, Ghana an International Consultation on Strengthening Health Leadership & Management in Low-Income Countries. At this meeting, a number of management development institutions with headquarters in African countries indicated a wish to improve their ability to respond on a large-scale and in a way that goes beyond traditional training alone. These institutions requested that WHO help them to establish a network. They also requested that the work of the network focus on all the aspects of the WHO Management and Leadership Framework:

1. Ensuring adequate numbers and deployment of managers through the health system
2. Ensuring managers have appropriate competencies (knowledge, skills, attitudes and behaviors)
3. Ensuring the existence of functional critical support systems (to manage money, staff, information, supplies, etc)
4. Creating an enabling working environment (roles and responsibilities, organizational context and rules, supervision and incentives, relationships with other actors).

A follow up meeting took place in Kampala, Uganda in March 2008. At this meeting, it was agreed to proceed by defining a constitution that would create the network.

This constitution is thus the result of a collaborative process involving several African institutions who have joined together to help to build African capacity in the management of health systems and services.

Article 1: Form

1.1 The present constitution defines a non-profit membership organization that exists to expand, improve and strengthen health sector management and leadership in Africa.

1.2 The name of the organization shall be The Management Network (hereinafter called “the Network”).

1.3 The organization shall be described in official documents as follows: The Management Network: Strengthening Health Sector Management and Leadership in Africa.

Article 2: Legal status to be drafted

To be continued.....

Top Two-Articles Accessed in September 2011

1. Depression During Pregnancy;
<http://www.womenshealthsection.com/content/obsmd/obsmd016.php3>
WHEC Publications. The reviews to improve and promote Maternal and Child Mental Health are funded by WHEC Initiative for Global Health. We thank our partners in health for their contributions.
2. Recurrent Pregnancy Loss;
<http://www.womenshealthsection.com/content/obs/obs030.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review.

From Editor’s Desk

A Global Forum

It is our pleasure to introduce e-learning project/program in Maternal and Child Health title: **WomensHealthSection.com** which is serving in 220 countries/territories, 6.2 million readers/subscribers every year; and about 25,000 to 30,000 visitors/day. It is a collaborative effort with World Health Organization (WHO) and the United Nations (UN). The Partnership for Maternal, Newborn & Child Health (PMNCH) at WHO has invited Women’s Health and Education Center (WHEC) to be a member of The Partnership. We hope to develop MNCH Essential Knowledge Portal to advance the causes of peace, health and development.

It is becoming a part of continuing medical education systems of most of these countries including US Educational. We hope our initiatives are helpful to your efforts. It is available in 6 official languages of UN: English, Spanish, French, Russian, Chinese and Arabic. It is an Open Access Journal in Women’s Healthcare and its popularity is growing fast with US Education and in other countries’ educational systems. You will be impressed with the **Physicians’ Board** of **WomensHealthsection.com**. Skilled attendants mean successful outcomes.

It is also posted on CSO Net – ECOSOC Civil Society Network: [Projects on World Map](http://esango.un.org/irene/?page=map§ion=2&type=2) (<http://esango.un.org/irene/?page=map§ion=2&type=2>)

We are looking forward to developing this initiative with you. We are sure we can find many common projects to promote maternal and child health worldwide – A Mission of Hope. Let us make it happen!

Words of Wisdom

WHILE NUCLEAR WEAPONS THREATEN us with mass destruction, on a cumulative basis conventional weapons wreak tremendous death and the destruction every day in conflicts across the globe. It is, therefore, vital to encourage responsible conduct in conventional weapons transfers. We must also explore ways to lessen the pressure on States to engage in conventional weaponry build-ups, while safeguarding the legitimate right to self-defense of all Member States.

- BAN KI-MOON, United Nations Secretary-General,
the United Nations Disarmament Yearbook, 2007

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

