



WHEC UPDATE

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

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New Perspectives

Only three more years are left to achieve the Millennium Development Goals (MDGs), which set internationally agreed development aspirations for the world's population to be met by 2015. These goals have underlined the importance of improving health, and particularly the health of mothers and children, as an integral part of poverty reduction. The health of mothers and children is a priority that emerged long before the 1990s – it builds on a century of programs, activities and experience. What is new in the last decade, however, is the global focus of the MDGs and their insistence on tracking progress in every part of the world. Moreover, the nature of the priority status of maternal and child health (MCH) has changed over time. Whereas mothers and children were previously thought of as targets for well-intentioned programs, they now increasingly claim the right to access quality care as an entitlement guaranteed by the state. In doing so, they have transformed maternal and child health from a technical concern into moral and political imperative. It is necessary to refocus the technical strategies developed within maternal and child health programs, and also to put more emphasis on the importance of the often overlooked health problems of newborns. The proper technical strategies to improve MNCH (maternal, newborn and child health) can be put in place effectively only if they are implemented, across programs and service providers, throughout pregnancy and childbirth through to childhood. It makes no sense to provide care for a child and ignore the mother, or to worry about a mother giving birth and fail to pay attention to the health of the baby. To provide families universal access to such a continuum care requires programs to work together, but is ultimately dependent on extending and strengthening health systems. At the same time, placing MNCH at the core of the drive for universal access provides a platform for building sustainable health systems where existing structures are weak or fragile. Even where the MDGs will not be fully achieved by 2015, moving towards universal access has the potential to transform the lives of millions for decades to come.

Parenthood brings with it the strong desire to see our children grow happily and in good health. Yet, even in the 21st century, we still allow well over 10 million children and half a million mothers die each year, although most of these deaths can be avoided. Seventy million mothers and their newborn babies, as well as countless children, are excluded from the health care to which they are entitled. Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of society. Our initiative ***WomensHealthSection.com*** shares the vision of The Partnership for Maternal, Newborn & Child Health (PMNCH) – a world where all women and children receive the care they need to live healthy, productive lives. PMNCH mission is to support the global health community to work successfully towards achieving [Millennium Development Goals 4 + 5](#) . This is expected to be done by enhancing partners' interactions and using their comparative advantages to achieve the following objectives:

- Build consensus on, and promote evidence-based high-impact interventions and means to deliver them through harmonization;
- Contribute to raising US\$ 30 billion (for 2009-2015) to improve maternal, newborn and child health through advocacy; and
- Track partners' commitments and measurement of progress for accountability.

The Partnership works within internationally-agreed frameworks.

Perfect Partnership

Rita Luthra, MD

Your Questions, Our Reply

Why partnership in public health? What are the roles and responsibilities of the governments?

Public Health Development: The concept of public health derives from a recognition that the major problems of health faced by society relate to community life and that action is therefore important in health promotion and disease prevention. Although emphases of public health activities may change, the objectives of health protection and promotion and disease prevention underpinned by epidemiological analysis and informed by multidisciplinary research, remain constant. The success of early public health intervention in most of countries, such as those concerned with sewerage, waste management, water supply, housing and nutrition, significantly improved patterns of mortality and morbidity. As these patterns changes, new approaches are required to risk factors present in the physical, social and economic environment, as well as to evolving attitudes and behavior in individuals and communities. Individual steps aimed at improving people's health are constantly being taken throughout the health care system. At the local level the recognition of public health issues and the attainment of targets for health improvement are possible because of the presence of general practitioners, community health centers, maternal and child health centers, and other providers of personal care services. In the context of the global economy and modern telecommunications, solutions to public problems have to be sought, more than ever before, through collaboration between jurisdictions. Given the great diversity of factors influencing health and contributing to its improvement across settings and sectors, it would seem that a partnership approach, uninhibited by territorial boundaries, offers the best prospect for governments seeking to discharge their responsibilities in public health.

Coordination permits complementary action simultaneously at different levels. In general, governments are involved in public health because:

- Sustained social development and the creation of social capital require healthy populations;
- Investment in human capital is critical for economic development;
- Epidemiological surveillance to identify public health issues, ensure timely interventions and monitor health outcomes;
- Policy development and the implementation of statutory responsibilities related to communicable diseases, environmental health, immunization, food, radiation safety, risk in workplaces, water quality, drugs, poisons and management of emergencies;
- Organization of prevention and early detection programs;
- Support for the enhancement of health literacy and health-promoting behavior in population groups, including the development of strategic responses in order to increase the effectiveness of health services;
- Support for health care providers at local level in the provision of information and education and in disease control;
- Development of strategies to meet new and emerging health problems;
- Examination of the effectiveness of health services and programs in achieving health gains;
- Collaboration with the public health services of local government.

We at Women's Health and Education Center (WHEC) believe creation of a wider base of practitioners with public health expertise is an essential ingredient in strengthening the public health infrastructure. Public health, being an organized effort by society to promote and protect health, is not a responsibility of government alone. The active involvement of communities is essential. The success of the Partnership will also depend on gaining support and participation from non-governmental organizations (NGOs) interests, including industry, professional and consumer groups, and the academic world.

United Nations At A Glance

Regional Commissions

ECLAC – Economic Commission for Latin America and the Caribbean

In Latin America and the Caribbean as well as in East Asia and the Pacific, household contributions to both levels of secondary education range from 25% to 41% on average. In contrast, the families of students in North America and Western Europe provide just 7% of total spending on secondary education, according to the Digest.

[Countries struggling to meet rising demand for secondary education - UN](#)

Nine countries of the region support the initiative:

[ECLAC Proposes Parameters for Defining Broadband in Latin America. Nine countries of the region support the initiative.](#)

Some factors considered were speed and user experience.

(25 October 2011) In order to guide public policies in the region, the ECLAC Regional Broadband Observatory (ORBA) proposed a number of parameters for connectivity, speed and user experience to define this Internet service. The proposal was accepted by the representatives of the nine Latin American countries which participated in the fourth meeting of the Regional Dialogue on Broadband which took place on 21 October at ECLAC headquarters in Santiago, Chile. National broadband policymakers from Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Paraguay, Peru and Uruguay attended the meeting. According to the Economic Commission for Latin America and the Caribbean (ECLAC), basic broadband should have a minimum download speed of 256 kilobytes per second (Kbps) and an upload speed of 128 Kbps in the two existing forms.

These include real wire-line broadband (the effective speed which the user has access to) and wireless broadband from a radio transmitter (maximum speed which the radio transmitter can provide, the device which receives and sends electromagnetic waves).

A minimum download speed of 2 megabytes per second (Mbps) and 512 Kbps for the upload speed was set for the advanced broadband service -both real wire-line and wireless from a radio transmitter point.

Collaboration with World Health Organization (WHO)

WHO reform for a healthy future

WHO is reforming to be better equipped to address the increasingly complex challenges of the health of populations in the 21st century. From persisting problems to new and emerging public health threats, WHO needs to be flexible enough to respond to this evolving environment.

The process of reform is Member State-driven and inclusive. The goal of the reform is improved health outcomes, with an emphasis on:

- Refocusing core business to address the 21st century health challenges facing countries;
- Reforming the financing and management of WHO to address health challenges more effectively;
- Transforming governance to strengthen global health.

WHO Reform

The Sixty-fourth World Health Assembly,
Having considered the report of the Director-General entitled World Health Organization: reforms for a healthy future,

1. ENDORSES the agenda for reform as set out in the Director-General's report;
2. URGES Member States to support the implementation of the reform program;
3. REQUESTS the Executive Board to establish an appropriate process to examine the issues related to WHO's governance identified in the report;
4. REQUESTS the Director-General:

(1) To present a detailed concept paper for the November 2012 World Health Forum, setting out objectives, numbers of participants, format and costs to the Executive Board at its 130th session in January 2012;

(2) In consultation with Member States to develop an approach to independent evaluation, and to present a first report on the independent evaluation of the work of WHO to the Sixty-fifth World Health Assembly in May 2012;

(3) To present an update of progress to the Sixty-fifth World Health Assembly, through the

Executive Board.

[World Health Assembly resolution - WHO reform for a healthy future](#)

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Collaboration with UN University (UNU)

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

Aid and Government Fiscal Behavior: What Does the Evidence Say?

Donors are concerned about how their aid is used, especially how it affects fiscal behavior by recipient governments. This study reviews the recent evidence on the effects of aid on government spending and tax effort in recipient countries, concluding with a discussion of when (general) budget support is a fiscally efficient aid modality. Severe data limitations restrict inferences on the relationship between aid and spending, especially as the government is not aware of all the aid available to finance the provision of public goods. Three generalizations are permitted by the evidence: aid finances government spending; the extent to which aid is fungible is over-stated and even where it is fungible this does not appear to make the aid less effective; and there is no systematic effect of aid on tax effort. Beyond these conclusions the fiscal effects of aid are country-specific.

Although donors are often concerned that aid is fungible or discourages tax effort, this review of the evidence suggests that such concerns are unwarranted. Often the observations that give rise to concern are misinterpretations. For example, a donor may allocate aid to education but see no increase in government sector spending because the aid is delivered through donor projects (that the recipient is not fully aware of) while government education spending is determined by tax revenue (that is largely independent of aid). The example can be extended to aid and total spending (where borrowing effects also come into play). The best way for donors to make the link between aid and spending clear is to make aid more transparent—recipients need to know what aid is available to finance spending, whether through donor projects or government budgets. A specific option that is attracting attention is to provide aid as General Budget Support (GBS); such aid goes directly through the budget and is linked to expenditure allocation and public sector management reforms. If donors choose this they reveal sufficient trust in the recipient to at least allocate aid to finance spending in an appropriate way. This reduces the transaction costs of aid, and therefore confers a benefit.

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

EVERY WOMAN EVERY CHILD

*The Effort to Advance the Global Strategy
(Continued)*

Commitments to Every Woman and Every Child GOVERNMENTS

Bangladesh

Bangladesh commits to: doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 24.4%) through training an additional 3000 midwives, staffing all 427 sub-district health centers to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centers as centers of excellence for emergency obstetric care services. Bangladesh will also reduce the rate of adolescent pregnancies through social mobilization, implementation of the minimum legal age for marriage, and upgrading one third of MNCH centers to provide adolescent friendly sexual and reproductive health services. Bangladesh will halve unmet need for family planning (from the current level of 18%) by 2015; and ensure universal implementation of the Integrated Management of Childhood Illness Programme. http://www.bangladesh.gov.bd/index.php?option=com_frontpage&Itemid=1

Benin

Benin will increase the national budget dedicated to health to 10% by 2015 with a particular focus on women, children, adolescents and HIV; introduce a policy to ensure universal free access to emergency obstetric care; ensure access to the full package of reproductive health interventions by 2018; and increase the use of contraception from 6.2% to 15%. Benin will also step up efforts to address HIV/AIDS through providing ARVs to 90% of HIV+ pregnant women; ensuring that 90% of health centers offer PMTCT services; and enacting measures against stigma and discrimination. Benin will develop new policies on adolescent sexual health; pass a law against the trafficking of children, and implement new legislation on gender equality. <http://www.gouv.bj/>

Burkina Faso

Burkina Faso has met the 15% target for health spending, and commits to maintain spending at this level. Burkina Faso will also develop and implement a plan for human resources for health and construct a new public and private school for midwives by 2015. This is in addition to other initiatives being pursued which will also impact on women's and children's health, including free schooling for all primary school girls by 2015, and measures to enforce the laws against early and forced marriage, and female genital mutilation. <http://www.gouvernement.gov.bf/>

To be continued.....

NGO News

Commission on the Status of Women, 56th session

The fifty-sixth session of the Commission on the Status of Women took place at the United Nations Headquarters in New York from 27 February to 9 March 2012. Representatives from Member States, UN entities, and ECOSOC-accredited non-governmental organizations (NGOs) from all regions of the world attended the session. The two-week session included a high-level round table, interactive dialogues and panels, and parallel events. The 2012 session focused on the following key areas. The priority theme was the empowerment of rural women and their role in poverty and hunger eradication, development and current challenges. The review theme was financing for gender equality and the empowerment of women.

Ms. Faustine-Margaret Arel, Main Representative at the United Nations for NGO, Women's Health and Education Center (WHEC) attended the forums and shared views on empowering of rural women and improving their access to quality healthcare.

<http://www.unwomen.org/how-we-work/csw/>

Top Two Articles Accessed in February 2012

1. Breast Cancer: Radiotherapy and Adjuvant Systemic Modalities;
<http://www.womenshealthsection.com/content/gyno/gyno006.php3>
WHEC Publications. Special thanks to our reviewers for helpful suggestion and FDA for the contributions
2. Childhood Injuries and Violence: Improving Care and Global Efforts;
<http://www.womenshealthsection.com/content/vaw/vaw010.php3>
WHEC Publications. Special thanks to UN, WHO and UNICEF for the contributions. Please send your thoughts and projects to our Editorial Office to improve the Global Efforts to prevent child abuse.

From Editor's Desk

Technical cooperation with countries Interregional initiatives

Adaptation of WHO evidence-based guidelines
The WHO/UNFPA Strategic Partnership (SPP)

In 2003, WHO and UNFPA developed a systematic approach to introduce evidence-based guidelines in countries, and to enhance the advisory role of WHO regional offices and UNFPA country support teams (CSTs) to governments and partners in the development of policies and programs for improving sexual and reproductive health. The goal of this approach was to improve the quality of and access to sexual and reproductive health, through the Strategic Partnership Program. The SPP was evaluated in 2007 and continued in 2008, as detailed below.

Evaluation of the WHO-UNFPA Strategic Partnership Program

An external evaluation of its first phase in early 2007 concluded that the SPP concept met with positive appreciation within the two partner organizations and with nearly universal approval in the countries of intensified focus. It reaffirmed the perception that the initial narrow focus on family planning and STI guidelines was very helpful in fostering the much-needed linkages between SRH and STIs, which are usually handled by different organizational units. The evaluation also confirmed that the SPP process is a good model of collaboration for future joint

action at all levels of the partner organizations, and an effective mechanism for leveraging new funds from other sources for other work. The evaluation strongly recommended that the process be continued, consolidated, and possibly replicated in other countries in all regions. The activities reported below constitute a follow-up to this recommendation.

Global implementation review workshop

This third global SPP meeting, held in Geneva, Switzerland from 2 to 4 May 2007, brought together all the reproductive health advisers from the UNFPA CSTs, two UNFPA/CST directors, relevant WHO regional and headquarters staff, and four senior officials from selected countries of intensified focus (China, Kyrgyzstan, Zambia). As implementers of the SPP, they reviewed the findings and recommendations of the external evaluation and agreed on global and region-specific plans for future collaboration in 2008 and beyond.

Two major challenges for scaling up the SPP work were identified, namely:

- The need to consolidate and expand SPP activities in countries of intensified focus, to ensure that use of the revised national guidelines actually has an impact on changing practices; and
- The need for increased resources to respond to new requests to initiate the process in additional countries.

Second-phase series of SPP sub-regional workshops

A series of regional or sub-regional capacity-strengthening workshops involving an increasing number of countries was organized between December 2007 and December 2008. Figure 1 shows the level of implementation and expansion of SPP activities, as of January 2009.

Details: http://whqlibdoc.who.int/hq/2007/WHO_RHR_07.9_eng.pdf

Words of Wisdom

To win one hundred victories in one hundred battles is not the acme of skill. To subdue the enemy without fighting is the acme of skill.

– A Chinese Proverb

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

