WHEC UPDATE

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

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Achieving Global Health

At the time when the world faces many new and recurring threats, the ambitious aim of our initiative is to show how collective international public health action can build a safer future for humanity. This is the overall goal of the global public health security, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries. Global health security, or the lack of it, may also have an impact on economic or political stability, trade, tourism, access to goods and services, and if they occur repeatedly, on demographic stability. It embraces a wide range of complex and daunting issues, from the international stage to the individual household, including the health consequences of poverty, wars and conflicts, climate change, natural catastrophes and man-made disasters.

All of these areas are our continuing work and will be the topics of forthcoming publications of our expert panels in ***WomensHealthSection.com*** and *WHEC Update*. It will focus on specific issues that threaten the collective health of people internationally: infectious disease epidemics, pandemics and other acute health events as defined by the revised International Health Regulations, known as IHR (2005), which came into force in June 2008. Meeting the requirements in the revised IHR (2005) is a challenge that requires time, commitment and willingness to change. The Regulations are broader and more demanding than those they replace, with a much greater emphasis on the responsibility of all countries to have in place effective systems for detection and control of public health risks – and to accomplish this by 2012.

The IHR (2005) expand the focus of collective defense from just a few "quarantinable" diseases to include any emergency with international repercussions for health, including outbreaks of emerging and epidemic-prone diseases, outbreaks of foodborne disease, natural disasters, and chemical or radionuclear events, whether accidental or caused deliberately. It is a significant departure from the past, IHR (2005) moved away from a focus on passive barriers at borders, airports and seaports to a strategy of proactive risk management. This strategy aims to detect an event early and stop it at its source – before it has a chance to become an international threat. Given today's universal vulnerability to these threats, better security calls for global solidarity. International public health security is both a collective aspiration and a mutual responsibility.

In the first few years of 21st century new threats to national and global public health security have emerged. The examples are bioterrorism in the form of the anthrax letters in the United States in 2001, the emergence of Severe Acute Respiratory Syndrome (SARS) in 2003, and large-scale dumping of toxic chemical waste in Côte d' Ivoire in 2006. These events demonstrate how much the world is changing in terms of its vulnerability to new threats to health.

We believe successful implementation of IHR (2005) serves in the interests of politicians and business leaders as well as the health, trade and tourism sectors. We all at Women's Health and Education Center (WHEC) look forward to the discussion, directions and actions that it will inspire to achieve our mutual goals. Although WHEC has taken a global approach to public health, we are not neglecting the fact that all individuals – women, men and children – are affected by the common threats to health. It is vital not to lose sight of the personal consequences of global health challenges.

A Safer Future

Rita Luthra, MD

Your Questions, Our Reply

What are the global public health threats in the 21st century? Why full implantation of IHR (2005) by all countries is a necessity? Are there any recommendations to secure global public health security for 21st century?

Helping Countries Helps the World: The success of IHR (2005) depends to a large extent upon strong international partnerships. In many areas, such as the area of infectious disease and chemical dangers, these partnerships already exist. In others they need to be built. Partnerships between, for example, ministries of health and WHO, are well established and will more easily fall in step with the requirements of IHR (2005). Part of the challenge when creating and maintaining effective partnerships is in building trust from various perspectives: trusting individual countries to change mind-sets and move from covering up disease outbreaks to adopting transparency from the initial case or event, the trusting WHO to act on information in the world's best interests, while minimizing the impact on the economy of reporting countries. Trust between countries is also critical in establishing the highest level of global health security possible. All 194 WHO Member States are parties to IHR (2005), but not all currently have the capacity requirements to implement them fully. 57 countries, mostly of them in sub-Saharan Africa and South-East Asia, are struggling to provide even basic health security to their populations. How then, can they be expected to become a part of an unbroken line of defense, employing the most-up-to-date technologies, upon which global public health security depends? Clearly, the strengthening of weaker health systems is essential not only to assure the best possible public health of national populations, but also to assure global public health security.

The recommendations below are intended to provide guidance and inspiration towards cooperation and transparency in the effort to secure the highest level of global public health security:

- Full implantation of IHR (2005) by all countries. The protection of national and global public health must be transparent in government affairs, be seen as a cross-cutting issue and as a crucial element integrated into economic and social policies and systems.
- Global cooperation in surveillance and outbreak alert and response between governments, United Nations agencies, private sector industries and organizations, professional associations, academia, media agencies and civil society, building particularly on the eradication of polio to create an effective and comprehensive surveillance and response infrastructure.
- Open sharing of knowledge, technologies and materials, including viruses and other laboratory samples, necessary to optimize secure global public health. The struggle for global public health security will be lost if vaccines, treatment regimens, and facilities and diagnostics are available only to the wealthy.
- Global responsibility for capacity building within the public health infrastructure of all countries. National systems must be strengthened to anticipate and predict hazards effectively both at the international and national levels and to allow for effective preparedness strategies.
- Cross-sector collaboration within governments. The protection of global public health security is dependent on trust and collaboration between sectors such as health, agriculture, trade and tourism. It is for this reason that the capacity to understand and act in the best interests of the intricate relationship between public health security and these sectors must be fostered.
- Increased global and national resources for the training of public health personnel, the advancement of surveillance, the building and enhancing of laboratory capacity, the support of response networks, and the continuation and progression of prevention campaigns.

Join us in these efforts in upcoming years!

United Nations At A Glance

Benin and the United Nations

Statement Summary

JEAN-MARIE EHOUZOU, Special Envoy of the President of Benin, reiterating his Government's full support for the United Nations Charter, said the Organization's raison d'être was to address various interests that defined areas of tension. If it did not exist, it would have to be created. He noted the irreplaceable role of the United Nations and its specialized institutions, which provided an invaluable service. Regarding the Millennium Development Goals, it was important to take into account the deadline set, he said, noting the global community's duty to mobilize resources to address causes of the global financial crisis.

Indeed, the Goals must be achieved and it was important that the United Nations use its influence to help countries in difficulty, and ensure the survival of vulnerable groups who faced decimation from disease and hunger. Addressing hunger, he said the short-term priority should be to strengthen social protections in low-income countries, and promoting small and medium-sized businesses. In the medium- and long-term, States should rethink their agriculture policies to create a balance between cash crops and food products.

More broadly, international monitoring mechanisms should be evaluated to better forecast systemic shocks, he said, underscoring that increasing agriculture's share of ODA from 3 per cent to 10 per cent should be implemented with the political will commensurate to the challenge. For its part, Benin was carrying out social transformations needed to ensure the participation of all groups in development efforts. It was working to mechanize agriculture, while plans to rationally manage water were also under way.

The Government was also considering promoting bio-fuel crops to reduce its dependence on hydrocarbons, he said. West Africa was affected by soil degradation and frequent floods due to climate change and it was important to provide more resources for implementing the United Nations Framework Convention on Climate Change. Development institutions should focus on revitalizing soil to increase food availability.

In March 2011, Benin would organize elections, he said. In collaboration with the United Nations, Benin had created a computerized electoral list to ensure transparency and reduce the risks for post-election protests. Despite differences over the process, its schedule and use in the 2011 elections, Benin would be able to "once again surprise the world", and he urged continued support for his Government.

Source: GA/10996

Collaboration with World Health Organization (WHO)

WHO | Benin

Mortality and morbidity

Benin has a high population growth rate of 3, 25%, a decentralized health system. The country has good coverage as far as health facilities are concerned. Seventy seven percent (77%) of population live within 5 km of a health facility, but only 45.4% utilize these health facilities. Fifty two percent (52%) of health sector funds come from the community. The country experiences epidemiological transition with increasing prevalence of several non communicable diseases and environmental health related problems in addition to the current communicable diseases burden.

Maternal and child health

Maternal and child mortality and morbidity indicators remain high and do not really improve despite a good coverage in maternal and child health interventions. Maternal mortality ratio is 397 /100 000 live births in 2006. Though over 9 out of 10 women (97.2%) attend antenatal care facilities, 22% of births still occur at the household level, mostly in the northern rural part of the country and among the poorest household (43%). The unmet need in obstetrical emergency care accounts for 77.1%. Contraceptive prevalence is low 6.2% in 2006. There are still bad practices as regard to women and girl health like female genital mutilation. Infanto –juvenile mortality has dropped from 166, 5 to 125 per 1000 live births from 2000 to 2006.

Communicable diseases

Communicable diseases account for more than 70% of death. Malaria is the leading cause of health care consultations (39.7%) followed by respiratory infection (13.8%), gastro-intestinal diseases (6.6%), and trauma (5.6%). Severe malaria incidence is 28, 6 per 1000 inhabitants in 2006. The average lethality is 6.2 per 1000 cases of severe malaria in 2006 from 14 per 1000 in 2005. In 2008, 56.3% of children under 5 years and 54.8% of pregnant women used a bed-net. Measles cases have dropped for more than 90% in 2010 compared to 2001, even if some sporadic small scale measles outbreaks are still occurring. HIV/AIDS prevalence was stable around 2% from 2002 to 2005 and dropped to 1.2 % in 2006. The number of HIV/AIDS patients on ARV has increased significantly from 500 in 2003 to 21,000 as of 31 December 2011. TB incidence is 44 cases per 1000 inhabitants. Successful TB treatment reached 90% in 2010. Buruli ulcer cases increased from 291 in 2000 to 1203 in 2007.

Non communicable diseases

The rapid changing pattern of non communicable diseases is worrisome given their number and the number of death they account for. Hospital cerebro-vascular diseases prevalence is 13.86 per 100, hypertension prevalence is 27.5 per 100, the obesity prevalence is 9.4 per 100 and excess weight prevalence is 20.5 per 100. Tobacco consumption prevalence is 16 per 100, Alcohol abuse prevalence is 2.9 per 100 and physical inactivity prevalence is 8.3 per 100.

Health and environment

66 % of households have access to running water and only 32% of households possess a toilet. Air pollution is important because every day almost 83 tons of carbon monoxide is produced in the main cities all over the country. Waste management system is generally poor in the main cities and particularly in the economic capital, Cotonou.

Health system

Benin has 34 health districts and half of them are functional. Health budget as a percentage of government budget was 8% in 2010. Households account for 52% of health budget. There is a lack of qualified health staff at the district level and their distribution is uneven. The health system decentralization is still ongoing. Reforms with downsizing of the directorates at central level have started in 2010and are going on at departmental and district levels. The newly launched free cesarean section, free malaria case management in children less than 5 years and pregnant women and universal health insurance system (RAMU) will greatly facilitate scaling up of health interventions and enhance access to health service.
http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ben_en.pdf

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Collaboration with UN University (UNU)

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

Beyond Electoral Democracy: Foreign Aid and the Challenge of Deepening Democracy in Benin

In the 1990s, analysts were almost unanimous in considering Benin to be one of the most important aid recipients among the newly democratizing African countries. After more than two decades of democratic practice, the country has clearly completed the phase of democratic transition. In this study, I argue that the main present-day political challenges in Benin are related both to the quality or deepening of democracy and to poverty reduction. Foreign aid has changed as donors have reoriented their assistance in order to target specific issues like the strengthening of civil society, accountability and the rule of law. Thanks to donors, success has been achieved in some sectors but it is far from certain that these positive experiences are enough to prevent political tensions between incumbents and opposition parties around issues of governance. Moreover, when it comes to more substantial aspects of democracy, such as enhancing accountability and fighting corruption, Benin still has a long way to go.

More resources need to be devoted to the institutions that monitor governance issues, as some donors like the Netherlands have already recognized. Comparative studies on the state (Bach and Gazibo 2011) demonstrate that the differences among countries regarding patrimonial and corrupt practices are not differences in nature, but differences regarding the degree of institutionalization of the state. Given the complexity of deepening democracy, cross-cutting initiatives rather than sector-based initiatives should be prioritized. For example, rather than providing training to journalists, Members of Parliament (MPs), unions and other civil society organizations separately, regrouping them into common themes could potentially be more fruitful, given that these groups rarely know what donors do in sectors other than their own.

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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/)

United Nations Girls’ Education Initiative (UNGEI)

The Effort to Advance the Global Strategy
(Continued)

Benin

Benin has one of the rare democratic systems seen in Africa and has achieved relative economic stability. However, it is also a country where infant and maternal mortality and women’s illiteracy are high. Poverty, illiteracy and illnesses are some of the factors hindering progress toward the achievement of child rights.

The Girls' Education Acceleration strategy was launched in October, 2005 with the Essential Learning Package (ELP) integrated as a strategy for acceleration.

Barriers to Girls' Education

- Poverty and the traditional division of domestic labor means that girls are often required to stay at home to work;
- A general belief by parents that education for girls is irrelevant for their realities;
- Lack of educational support in terms of infrastructure, equipment, teachers, handbooks, etc;
- High costs of education;
- Lack of quality in education which reduces retention of students;

UNGEI in Action

UNGEI's partnership in Benin is known as 'Paquet Educatif Essentiel pour l'Accélération de la Scolarisation des Filles' (Essential Educational Package for the Acceleration of Girls' Education).

Key Initiatives

- Mobilize the Government and the development of partners to improve the availability of education, in both quantity and quality;
- Strengthen communication to change the behavior of the parents and the way they view education;
- Improve the economic means of parents to allow them to pay for the direct and indirect costs of school.

Partnership

At the governmental level, there are close partnerships notably with the Ministries of National Education, Health, Finance, Sports and Culture. Key UN partners include: United Nations Population Fund (UNFPA), World Bank, and Programme Alimentaire Mondial (PAM). Bi-lateral partnerships include: United States Agency for International Development (USAID), Agence Française de Développement (AFD), and Danish International Development Agency (DANIDA). Partnerships with national Non-Governmental Organizations include: Plan Bénin, Action Aid, BorneFonden, and Catholic Relief Services.

UNGEI within other National and International Frameworks

UNGEI's work is completely integrated within the development frameworks, which recognize the education of girls as a priority. The Essential Learning Package for the acceleration of girls' education is one of the strategies retained in the Sector Wide Approaches (SWAPs). The coordination framework of the Technical and Financial Partners and the committee monitoring the set-up of the Essential Learning Package are working in close collaboration.

Making Schools Safe for Girls: Combating Gender-Based Violence in Benin (2004)

http://www.ungei.org/infobycountry/index_775.html *Report*
To be continued……

Point-of-View

An Update on Women's Healthcare Resource

The Global Library of Women's Medicine (www.glowm.com) has recently undergone a major re-vamp, adding many new features and improving its ease of use. The section on "Safer Motherhood" now provides a vast range or resources aimed at supporting optimum care during

pregnancy and childbirth – these include new textbooks, skills training videos, tutorials for midwives, wall charts for clinics, educational films – and even health information for Community Healthcare Workers presented in a format that addresses the problems of language and literacy.

Other new sections include one that provides Master-class Lectures on key topics by leading experts and another that focuses on Women's Reproductive Rights and Empowerment.

Since its original launch just over four years ago, The Global Library has become a widely recognised and reliable resource that is used extensively around the world – and is now formally associated with FIGO (The International Federation of Gynecology and Obstetrics). In addition to all its standard resources, The Global Library also features many others specifically designed to support medical professionals in less resourced locations – and it has recently worked with WHO in Africa to produce and publicise WHO's new report on "The Challenge of Women's Health in Africa." Both this report and a documentary film that The Global Library has just made for WHO entitled "The Mothers of Africa" can be viewed on their site at www.glowm.com

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Top Two-Articles Accessed in May 2013

1. Stillbirth: Evaluation and Management;
   http://www.womenshealthsection.com/content/obs/obs032.php3
   WHEC Publication. Special thanks to Dr. Robert M. Silver, Professor of Obstetrics and Gynecology, Chief, Division of Maternal-Fetal Medicine, University of Utah Health Sciences Center, Salt Lake City, UT (USA) for contributions and helpful suggestions in preparing the manuscript. Special thanks to the Board of Directors for providing the funding for research and development.

2. Cervical Cancer: Early Detection and Prevention;
   http://www.womenshealthsection.com/content/gyno/gyno016.php3
   WHEC Publications. Special thanks to WHO, NIH and ASCCP for contributions and our writers, editors and reviewers for compiling the *Practice Bulletin*.

From Editor's Desk

International Health Regulations (IHR)

The International Health Regulations (IHR) are an international legal instrument that is binding on 194 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

The IHR, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. Building on the unique experience of WHO in global disease surveillance, alert and response, the IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

Areas of work for IHR implementation

Meeting the requirements in the IHR (2005) is a challenge that requires time, commitment and the willingness to change. This paper has been developed to guide WHO Member States and other countries that are parties to the Regulations in the implementation of the obligations contained in them. Section 4 sets out seven areas of work to assist countries with the challenges inherent in meeting the new obligations. Each area of work has a specific goal that contributes to the over-arching goal of international public health security, and each area of work will be the subject of one or more detailed implementation plans.

The seven areas of work for IHR (2005) implementation:

1. Foster global partnerships
2. Strengthen national disease prevention, surveillance, control and response systems
3. Strengthen public health security in travel and transport
4. Strengthen WHO global alert and response systems
5. Strengthen the management of specific risks
6. Sustain rights, obligations and procedures
7. Conduct studies and monitor progress

English
http://www.who.int/ihr/finalversion9Nov07.pdf

Words *of* Wisdom

The law will never make men free;
It is men who have got to make the law free.

– Henry David Thoreau (1817-1862)

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