



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
February 2015; Vol. 10, No. 2

Annual Project Report

In 2015, the eight Millennium Development Goals (MDGs) will be replaced by 17 Sustainable Development Goals (SDGs). Health involves a broad range of social determinants covered by SDGs and that sustainable health requires a sustainable world. Any form of development that allows good-quality population health to be sustained far into the future would be very welcome. The SDGs have some inherent contradictions that illustrate the problems faced by those attempting such development. Given the link between income inequality, poverty and poor health, it is clear that population health in many places would be improved if these targets could be met. This challenge has been recognized for some time. The post-2015 development model has the challenge of protecting and improving health without simultaneously improving living conditions. Although SDGs are much bolder than MDGs, they may still prove to be insufficient.

The stakeholders in international health should now engage in discussions on socioeconomic systems that offer the prospect of sustainable health. Several authors and agencies have already suggested concepts for transforming global socioeconomic structures into sustainable systems (details can be accessed from WomensHealthSection.com). Most of these concepts share some common features, such as complementing or replacing gross domestic product (GDPs) with more informative indicators, changing taxation, trade and banking regulations, aiming at increased resource rather than labor productivity, and translating increased productivity into more free time instead of more material consumption. It is not unknown for health organizations to engage in critical discussions on economic issues. The widespread problem of poor public service delivery in developing countries has in the last decade led to increased attention to evaluate and experiment with different approaches to improve public services provision.

The World Bank wants to galvanize international and national support around two goals: to virtually end extreme poverty in a generation and to push for greater equity. The World Bank Group and Governments of Canada, Norway, and the United States announced that they will jumpstart the creation of an innovative Global Financing Facility (GFF) to mobilize support for developing countries' plans to accelerate progress on the health-related Millennium Development Goals (MDGs) and bring an end to preventable maternal and child deaths by 2030.

The Women's Health and Education Center (WHEC), in support of ***Every Woman Every Child Initiative***, is developing e-Health educational programs, in close collaboration with a broad range of stakeholders, including partner countries; the H4+ agencies (UNICEF, UNFPA, WHO, UNAIDS, UN Women and the World Bank Group); civil society organizations; bilateral and multilateral development partners; foundations; private sector and others working in the areas of reproductive, maternal, newborn, child and adolescent health. The WHEC will support countries in their efforts to mobilize additional domestic and international resources required to scale up and sustain essential health services for women, children and adolescents.

Without information, there is no impact of the participatory intervention. We suggest method to fight the poor performance public service delivery is inspired by the Community Driven Development (CDD) approach. We emphasize participation by the communities served by public services. This approach seeks to enhance beneficiary involvement as a way of strengthening demand-responsiveness and local accountability.

Sustainable Health Development
Rita Luthra, MD

2014 In Review - A Promise Fulfilled

I have been fortunate to be part of the UN initiative – *Health for all and Education for all* – for nearly 30 years, and I have been proud to serve as *Editor-in-Chief* of the publications – *WHEC Update* and ***WomensHealthSection.com***, for the last 12 years. But I can unequivocally say that 2014 was the most fulfilling in my career, and it will go down as one of the most monumental in WHEC's history. This banner year marks the end of one era and the dawn of another. 2014 may be best known as the year that WHEC turned the corner on a bold transformation plan designed to prepare us to undertake many global initiatives in maternal and child health. In the midst of all these exciting changes, we introduce you to our thoughts and ideas about improving maternal and child health at local, regional, national and international levels.

It is indeed my pleasure to submit to you, the document [E/2014/NGO/53](#), recently published by Economic and Social Council, and introduce the work of Women's Health and Education Center (WHEC) and its non-profit entity Women's Health and Education Organization, Inc. (WHEO, Inc.) in maternal and child health, with the United Nations (UN) and the World Health Organization (WHO). In a world obsessed with – what is new and what is next – education is still at the core after decades, for the better health and the living conditions.

To meet these goals; our efforts are focused on scaling up essential interventions through the following three priority actions:

- (1) Evidence-based country plans;
- (2) Transparency and mutual accountability; and
- (3) Global communication and social mobilization.

On 12 April 2001 The Women's Health and Education Center (WHEC) came into being to undertake various projects / programs in maternal and child health with the UN and WHO. It has been an incredible journey. I will treasure the experience. We can pass no greater gift to the next generation than a healthier future. That is our vision.

I hope these efforts bring happiness and good-will in the world.

Create a Page/Space on [WomensHealthSection.com!](#)

Meet us @ **Projects on World Map - Continuing Medical Education Initiative for the Globalized World**
<http://esango.un.org/irene/?page=viewContent&nr=364&type=2§ion=2>

Get the Big Picture!

It served **13 million** readers / subscribers in 227 countries and territories with an average of about 1.2 million visitors / subscriber, per month, in 2014 with links to about 85,000 websites. On average 112,000 files, 7,600 URLs and 18,600 pages were accessed every month. It expanded from 22 to 28 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2014 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find *The Journal* to be useful – a continuing mission.

Top 15 Countries out of 227 Countries and Territories, where **WHEC Global Health Line / WHEC Net Work** is accessed frequently: USA; Canada; China; Australia; Argentina; Russian Federation; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; India; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes: US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,001: Microsoft (MSIE 8.0, 6.0 and 9.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); bingbot/2.0

Top 5 most popular sections out of 28: 1) Obstetrics; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Diagnostic Ultrasound.

Top 10 most read comprehensive review articles out of 230 Practice Bulletins: 1) End of Life Decision Making; 2) Psychiatric Disorders During Pregnancy; 3) Female Sexual Dysfunction; 4) End-of-Life Care: Pain Assessment and Management ; 5) Stillbirth: Evaluation and Management ; 6) Medical Liability: Risk Management; 7) Medical Liability: Tort Reform; 8) Medical Liability: Coping With Litigation Stress; 9) Sexual Violence; 10) Bone Health: Osteoporosis Prevention Strategies.

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 120 million readers / subscribers worldwide so far and growing fast...)

This is how health and education is supposed to be: Personal, Passionate, Professional and Affordable.

Collaboration with United Nations Foundation – Every Woman and Every Child Initiative

<http://everywomaneverychild.org/commitments/csos-ngos/women%E2%80%99s-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 and in underserved areas; and through its e-Health platform on **WomensHealthSection.com**.

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 227 countries, linked to 30,800 courses in the developing world, and receives 45,000-50,000 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-Health initiative. Continuing medical education services will be provided free to the countries identified by the United Nations Development Program (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 30 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 diseases (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.

Looking forward to 2015

A Promise Fulfilled!



Rita Luthra, MD
President
Women's Health and Education Center (WHEC)
NGO in Special Consultative Status with Economic and Social Council of the United Nations
Editor-in-Chief of e-Health Publication
<http://www.WomensHealthSection.com>

Your Questions, Our Reply

How can industries and corporations grow and benefit health by reducing poverty and hopefully economic inequality without increasing the health burden of industrialization?

Better Health for Women and Families: Globally, more than 500,000 women die each year, about 1,600 every day, because of pregnancy and childbirth complications, 99 percent of them in developing countries. Thirty-five poor countries, mainly in Sub-Saharan Africa, have the world's highest birth rates (more than five children per mother). They are also home to some of the world's poorest social and economic results, with low levels of education, high death rates, and extreme poverty. Many poor women turn to abortion as a last-resort means of birth control. Some 68,000 women die each year from unsafe abortions, while another 5.3 million suffer temporary or permanent disability. In the 35 highest-fertility countries in Africa, Asia, and the Middle East, aid for women's family planning and reproductive programs started at US\$150 million in 1995 and increased to US\$432 million in 2007, while overall aid for health in these countries went from US\$915 million to US\$4.9 billion.

Over the last 18 months, however, the development community has put reproductive health back in the vanguard of development priorities, spurred on by the realization that MDG 5 – reducing maternal mortality and achieving universal access to reproductive health has shown the least progress of all the MDGs.

For its part, the World Bank has released a new five-year Action Plan to help 57 countries with high maternal death and fertility rates improve their reproductive health services and prevent the widespread deaths of mothers and children. Given the weak state of health systems in many countries, the Bank is working closely with governments, aid donors and agencies, and other partners to strengthen these systems so that women gain significantly better access to quality family planning and other reproductive health services, skilled midwives at their births, emergency obstetric care, and postnatal care for mothers and newborns.

Under its new Action Plan, which benefited greatly from extensive consultations with global and national partners as well as civil society organizations, the WHEC will help UN Agencies to improve reproductive health systems in the following ways:

1. More contraception;
2. Skilled attendance at birth;
3. Spread preventable knowledge;
4. Train new health knowledge;
5. Expand girl's education;
6. Work closely with lead health agencies

With 2015 marking the start of the five-year commitment to the SDGs, this new Reproductive Health Action Plan reaffirms the WHEC's commitment to helping countries mobilize the financing and the technical expertise they will need to achieve the target of MDG 5: to reduce maternal mortality and achieve universal access to reproductive health by 2030.

Join our efforts; we welcome everyone

United Nations At A Glance

Permanent Mission of the Republic of Benin to the United Nations

This country is covered by UNISDR's [Africa](#) office.

Benin: Poverty reduction strategy paper - PRSP (2008)



Poverty Reduction Strategy Papers (PRSP) are prepared by the member countries through a participatory process involving domestic stakeholders as well as external development partners, including the World Bank and International Monetary Fund. Updated every three years with annual progress reports, PRSPs describe the country's macroeconomic, structural and social policies and programs over a three year or longer horizon to promote broad-based growth and reduce poverty, as well as associated external financing needs and major sources of financing.

Interim PRSPs (I-PRSPs) summarize the current knowledge and analysis of a country's poverty situation, describe the existing poverty reduction strategy, and lay out the process for producing a fully developed PRSP in a participatory fashion.

Details: http://www.preventionweb.net/files/9307_benin.pdf

<http://www.un.int/wcm/content/site/benin/lang/en/pid/5140>

Collaboration with World Health Organization (WHO)

WHO | Benin



In Benin, life expectancy had improved during last decades and is estimated at 60 years for both sexes in 2012. Improvements are observed in the infant and under five mortality rate as well, which decreased from 83 per 1,000 and 151 per 1,000 in 1993 to 42 and 70 per 1,000 in 2011 respectively.

The reduction in maternal mortality on the other hand is very slow from 497 per 100,000 live births in 1996 to an estimate of 350 in 2012, despite the increasing number of births attended by skilled health workers, 84% in 2012. As a result the MDG 4 is still likely to be achieved, but the country is off track for MDG 5. There is an inequality between rural and urban areas as well as between the different poverty quintiles.

Benin is facing a double burden of communicable and non-communicable diseases. Malaria is the leading cause of morbidity in the general population (41% of prevalence) and the leading cause of mortality among children under 5, followed by Acute Respiratory Infections and other infections. HIV/AIDS prevalence is stable at 1.2% since 2005. The number of patients receiving ARVs has been doubled during the last 5 years and the proportion of HIV/AIDS patients needing ARVs and receiving them was 86% in 2012. The number of PMCTCT centers is increasing. Results in the fight against TB are quite encouraging. The proportion of newly detected cases successfully managed is over 90% and the proportion of TB/HIV co infected patients receiving cotrimoxazole is 98%.

Dracunculosis had been eradicated in Benin since 2009 and the elimination threshold has been achieved for Leprosy, Onchocerciasis and filariasis, and is well maintained. Main challenges include scaling up the case management of the growing number of schistosomiasis and improving early detection of Buruli ulcers in order to prevent sequelae and other complications. A STEP study conducted in 2008 has clearly demonstrated that non communicable diseases are a real public health threat, but adequate policies and strategies to tackle the issue are still to be adapted and implemented in the country. In the context of the 1000 days to 2015 initiative launched by the UN GS, Benin has developed a MDGs Acceleration Framework. The country is off track for most health related MDGs, even though some sub-targets may be achieved for MDGs 4 and 6.

Health Policies and Systems

Benin has a National Health Policy Document for the period 2009-2018, which is translated into Triennial Development Plans. The objectives of the national policy document are: i) to ensure universal access to quality health care and provision of quality health care for the attainment of the MDGs; ii) improving

partnerships for health; iii) improving governance and improving health resources management. The right of health for every citizen is clearly stated in the Growth and Poverty Reduction Strategic Document, which the national health policy document emanated from.

The development of the last triennial plan 2013-2015 has just been completed. Out of the 34 health zones, 30 are fully functional at the moment. Health coverage is quite high at 77%, although this rate covers inequity in the distribution of the health centers, rural areas being less provided with health services. On the other hand, despite the availability, the utilization rate is quite low at 44%.

Details: <http://www.who.int/countries/ben/en/>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 2, February, 65-132

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 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.

Publisher: UNU-WIDER; Author: Mamoudou Gazibo; Sponsors: the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for the Research and Communication (ReCom) programme. UNU-WIDER also acknowledges core financial support to UNUWIDER's work programme from the governments of Finland (Ministry for Foreign Affairs), the United Kingdom (Department for International Development), and the governments of Denmark and Sweden.

(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 on track to achieve universal primary education



Ten years since the adoption of the Millennium Development Goals (MDGs), Benin is today on track to ensure primary education for all by 2015, provided current efforts are maintained.

This is the findings of a special report reviewing Benin's progress toward the achievement of the MDGs, prepared by the Government of Benin with the help of the UN.

According to the report, primary education gross enrollment ratio increased to 109.1 percent in 2009 from approximately 68 percent in 1980. This sharp increase, beyond 100 percent, is attributed to a surge of children outside the primary school age, six to 11 years old, entering the first year of the primary education cycle.

This positive trend is attributable to key policies adopted by the Government, with support from partners such as UNDP, the most important being the decision to increase the education budget to 24 percent of GDP, and the introduction of free primary school education in 2006.

The Government also adopted several policies to include the community in the development process. They created the "Clubs of Mothers" to visit parents in their homes and educate them on the value of education. Additionally, they conducted surveys on girls enrollment; deliveries of school supplies and provided assistance to children in distress.

Benin is also witnessing favorable trends with regard to lowering the infant mortality rate and enhancing access to drinking water.

However, major challenges remain. For instance, 51.6 percent of the population lives below the threshold of one dollar per day; and for more than a decade now, this indicator has remained substantially unchanged.

Details: <http://www.ungei.org/infobycountry/benin.html>

To be Continued.....

Top Two-Articles Accessed in January 2015

1. Sickle Cell Disease in Pregnancy;
<http://www.womenshealthsection.com/content/obsmd/obsmd019.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review.
2. Health Literacy, e-Health and Sustainable Development;
<http://www.womenshealthsection.com/content/heal/heal017.php3>
WHEC Publications. Special thanks to WHO, UNESCO and UN chronicle for the contributions. We thank our reviewers for helpful suggestions. We welcome your ideas and thoughts to advance our common development agenda.

From Editor's Desk

What is Sustainable Development?

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It contains within it two key concepts: the concept of needs, in particular the essential needs of the world's poor, to which overriding priority should be given; and the idea of limitations imposed by the state of technology and social organization on the environment's ability to meet present and future needs."

All definitions of sustainable development require that we see the world as a system—a system that connects space; and a system that connects time. When you think of the world as a system over space, you grow to understand that air pollution from North America affects air quality in Asia, and that pesticides sprayed in Argentina could harm fish stocks off the coast of Australia.

And when you think of the world as a system over time, you start to realize that the decisions our grandparents made about how to farm the land continue to affect agricultural practice today; and the economic policies we endorse today will have an impact on urban poverty when our children are adults.

We also understand that quality of life is a system, too. It's good to be physically healthy, but what if you are poor and don't have access to education? It's good to have a secure income, but what if the air in your part of the world is unclean? And it's good to have freedom of religious expression, but what if you can't feed your family?

The concept of sustainable development is rooted in this sort of systems thinking. It helps us understand ourselves and our world. The problems we face are complex and serious—and we can't address them in the same way we created them. But we can address them.

Briefing by UN Secretary-General Ban Ki-moon on his synthesis report on the Post-2015 Development Agenda at the informal plenary meeting of the General Assembly

The General Assembly called upon the Secretary-General to synthesize the full range of inputs and to present a synthesis report before the end of 2014 as a contribution to the intergovernmental negotiations in the lead up to the Summit.

E/2014/87 – Options for the scope and methodology for a global sustainable development report.

How should the report inform the work of the high-level political forum?

Many respondents suggested the report be integrated into and provide scientific evidence to the deliberations of the high-level political forum, in order to enhance the science-policy interface for sustainable development. They would like to see the forum consider the method of integration and to decide what role and follow-up it would see for future reports.

The report should play a role in providing the forum with scientific knowledge in an easily comprehensible way. It could be utilized by the forum as a source of scientific analysis for setting its agenda, but it would not be the only agenda-setting input.

Many respondents expected the report to provide scientific analysis of issues on the agenda of the forum, provide evidence in support of the forum's decision-making and follow-up analysis, disseminate forum activities, channel feedback from the international community, and carry out scientific monitoring of the future set of post-2015 development goals.

Details: http://www.un.org/ga/search/view_doc.asp?symbol=E/2014/87&Lang=E

Words of Wisdom

Questions

What do the roses do, mother,
Now that the summer's done?
They lie in the bed that is hung with red
And dream about the sun.

What do the lilies do, mother,
Now that there's no more June?
Each one lies down in her white nightgown
And dreams about the moon.

What can I dream of, mother,
With the moon and the sun away?
Of a rose unborn, of an untried thorn,
And a lily that lives a day!

– *Edith Nesbit* (1858-1924); English author, poet, and co-founder of the Fabian Society.

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

