



## WHEC UPDATE

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

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### *Shaping the Future*

Of the near 300,000 women who die every year in childbirth worldwide, about 50,000 are adolescent girls. In response, The Women's Health and Education Center (WHEC) in 2015 increased focus on preventing adolescent pregnancy as part of the WHEC's advocacy work, particularly in relation to the post-2015 sustainable development. In 2014, WHEC worked with youth-led organizations to oversee the development of the adolescent strategy, to promote a better reflection of youth priorities in the post-2015 development agenda. This included research on youth priorities and their reflection in the post-2015 formal documents, and an advocacy campaign based on the outcomes of this research which identifies crucial gaps in addressing key adolescent concerns, such as access to sexual and reproductive health services, information and commodities, and the fulfillment of sexual and reproductive girls.

Since the inception of our initiative with the United Nations (UN) and World Health Organization (WHO), adolescent health has been an integral part of our planning and discourse, and youth are now systematically represent in our Organization and on project Working Groups. We will continue to work to ensure that youth play an active role in decision-making and policy setting through representation on various Working Groups and on our Advisory Board. Plans are in hand to place more emphasis on cross-sectoral strategies focusing on, among others education, nutrition, gender, and where relevant highlight their importance for youth; one such event a meeting of the partners on violence against women and girls took place in 2014. We will also continue to strengthen the capacity of adolescents to undertake their own advocacy and support youth organizations to advocate for adolescent priorities within the post-2015 development agenda in 2015 and beyond.

Some low- and middle-income countries are accelerating progress towards Millennium Development Goals (MDGs) 4 and 5 ahead of comparable countries. Understanding what works to accelerate progress to reduce maternal and child mortality is important to support countries achieving the MDGs and to inform post-2015 strategies. To find answers WHEC has collaborated with UN Foundation, World Bank, academic institutions and other partners on a three-year series of multidisciplinary studies on "Success Factors for Women's and Children's Health". Analyzing 20 years of data from 144 low- and middle-income countries, the studies found that around 50% of the gains in child mortality reduction resulted from investments in the health sector; the remaining 50% of the gains came from investments in other health-enhancing sectors, such as education, water and sanitation, social protection and infrastructure development.

The studies show that low- and middle-income countries can make progress despite political and economic challenges. Smart, focused, multi-sectoral interventions are critical to securing the essential foundations for the health of women and children. While there is no standard formula for improved results, progress across a set of core factors and sectors can make the most difference.

These important findings have helped shape our post-2015 agenda and it is our pleasure to inform you the development of the updated Global Strategy for Women's, Children's and Adolescent's Health. A journal series, based these initiatives is planned for **WomensHealthSection.com** and we believe it will draw out important policy lessons.

We invite you to join our efforts!

Multi-sectoral Pathways to Progress

**Rita Luthra, MD**

## Your Questions, Our Reply

What are essential tools to support planning, management and implementation of better health for women and children policies and programs? Maternal mental health: Why it matters and what countries with limited resources can do?

**Multi-stakeholder Dialogue:** As an important element to improve maternal and child health worldwide is to support multi-stakeholder country policy dialogue. Opportunities to improve financing for population, health and development highlights that significant declines in mortality and fertility rates since 1990 provide some low- and middle-income countries with a unique window of opportunity to achieve a faster rate of social and economic development. This is a result of an increase in working age population. Countries, however, need to invest effectively in meeting the health needs of young and adolescent people to realize its benefits. Thus, there is now a renewed global momentum to improve financing for population, health and development issues. Additional financing is required and there is a need to channel and spend resources more efficiently. Global partnerships and country ownership will be needed to achieve these goals.

Maternal mental health – makes the case that maternal mental health is fundamental to achieving global health targets relating to women and children because of its direct and potentially long-term impact on their general well-being and social and economic participation.

Survival and health for every newborn makes the case that reduction of global newborn mortality can be achieved through accelerated scale-up of what is known to work and that efforts must be focused on evidence-base country plans, transparency and mutual accountability and global communication and social mobilization.

Tracking financial commitments to the Global Strategy for Women's and Children's Health: In 2014, the number of commitment-makers tripled, and about 100 in 2010 to 300 in 2014 and financial commitments to the Global Strategy now reached almost US \$ 60 billion. Additional financing is still needed to achieve the goals of the Global Strategy and to reach the targets outlined by the Global Investment Facility and the Global Health 2035 report, particularly as a number of low-income countries with very high absolute numbers of maternal and child deaths and/or very high mortality rates, and poor access to reproductive health services continue to receive comparatively little donor support.

The unprecedented support catalyzed by the Global Strategy, a new mobilization and advocacy effort similar to the Global Strategy should be considered for the post-2015 era to finance the unfinished agenda of MDGs 4, 5 and 6 and achieve a "grand convergence" in global health.

We all at WHEC welcome this initiative to support and increase national capacity to take leadership on financing women's and children's health. We look forward to facilitating wide consultation among our partners and members from government and development partners, to NGOs, academia, health professionals and the private sector to realize this vision.

Join the efforts!

## United Nations At A Glance

### Bulgaria and the United Nations

Bulgaria became member state of the United Nations on 14 December 1955. Bulgaria is a Balkan nation with diverse terrain encompassing Black Sea coastline, rivers, including the Danube, and a mountainous interior. A cultural melting pot with Greek, Slavic, Ottoman and Persian influences, it has a rich heritage of traditional dance, music, costumes and crafts. At the foot of domed Vitosha Mountain is its capital, Sofia, dating to the 5th century B.C.E.



## Republic of Bulgaria

The first people inhabited the land of future Bulgarians still lived in the Stone Age, and the first known works of art dating from the end of the V-IV millennium BC and are associated with diverse and exquisitely decorated ceramics, idol figurines, clay models of temples, skillfully crafted flint tools. Among the findings stand petroglyphs in "Magura" cave and the rich necropolis near the town. Varna on the Black

Sea. The excavations revealed graves with more than 300 objects of pure gold - the oldest in Europe. The Thracian treasures have long since provoked admiration of the whole world and have been exhibited in many countries. Among them is the oldest gold treasure Vulchitrun. From this period it is made of pure gold Panagyurishte treasure. The greatest Rogozen treasure found in the northwestern part of Bulgaria, which contains 165 silver gilt court by the end of V and the first half of IV century. BC. Since the beginning of IV c. BC are two treasures - Vratsa and Borovo. Among the architectural monuments of old Bulgaria is Perperikon - storey palace and sanctuary in the Eastern Rhodopes, 15 km northeast of today's town of Kardzhali. It is located on 10,000 square meters and has more than 50 separate premises - halls, rooms, underground mausoleums with tombs, corridors, indoor staircases. A unique monument of Bulgarian monumental plastic arts is the Madara Rider in northeast Bulgaria - the only one in Europe of this period (VIII - IX in.). In 893, the capital of Bulgaria moved to Veliki Preslav, which was built to rival the capital of the great Roman Empire - Constantinople. The town is impressed with its numerous monasteries and domains of high aristocrats, all built of stone, marble and mosaics. The period of the reign of Tsar Simeon was called Golden Age of Bulgarian culture. Along with the architecture develop monumental sculpture, painting and crafts. Appear first Bulgarian writers Ioan Exarch, Constantine of Preslav, Free University, Kliment Ohridski and Naum. During the Second Bulgarian Kingdom Bulgarian arts blossomed. Masterpieces are the frescoes of the Boyana Church (1259), the frescoes of rock-hewn churches. Ivanovo and others. And numerous icons. Real wonders of the architecture are the Renaissance towns of Koprivshitsa and Plovdiv. After the liberation in 1878 in the architecturally remarkable center of the new capital with the Royal Palace, the National Assembly, the National Theatre, Temple-monument "Alexander Nevski". In the 70 years of the twentieth century is built imposing National Palace of Culture. In the early twentieth century. In Bulgarian art in genre and stylistic diversity.



Assisting Bulgarian citizens abroad is a major priority of the Ministry Foreign Affairs of the Republic of Bulgaria. New risks related to political instability, terrorism, organized crime, natural disasters, epidemics, industrial accidents, etc., Which affect a large number of Bulgarian citizens experiencing crisis situations abroad with consular nature, require the provision of specialized assistance. For this purpose, Ministry of Foreign Affairs of the Republic of Bulgaria in the month. March 2010

created a **Situation Centre**. Depending on the nature of the crisis, the Foreign Ministry to coordinate efforts to assist Bulgarian citizens with different ministries and departments as well as with our partners in the EU and NATO.

Details: <http://www.mfa.bg/embassies/usapr>

## Collaboration with World Health Organization (WHO)

### WHO | Bulgaria



The WHO Country Office, Bulgaria was established in the early 1990s in Sofia and serves as the focal point for WHO activities. The Office responds to requests from the host country in order to support policy-making for sustainable health development. This includes providing guidance, building up local relationships to implement technical cooperation, making standards and agreements, and ensuring that public health measures are coordinated and in place during crises.

The role of a WHO/Europe country office is to respond to requests from the host country to support policy-making for sustainable health development, taking a holistic health-system approach. This includes providing guidance, building up local relationships to implement technical cooperation, making standards and agreements, and ensuring that public health measures are coordinated and in place during crises.

The priorities for the Country Office are set out in the biennial collaborative agreement between WHO/Europe and the host country. The Office implements the agreement in close collaboration with national institutions and international partner agencies.

The WHO Country Office in Bulgaria was established in the early 1990s in Sofia. With a country team of two people, the Office serves as the focal point for WHO activities in Bulgaria.

### Improving maternal and child health: a priority for Bulgaria

The mortality of children under 5 years of age is 2–2.5% higher in Bulgaria than in the rest of the European Region. Lowering this rate is a key priority for the Ministry of Health of Bulgaria, and 80% of investments by the Ministry in the past 6 months have been for maternal and child care; future public health financing will also focus on infant and maternal health.

### The way forward

Areas of collaboration between the Regional Office and the Ministry of Health of Bulgaria were specified.

- The Minister of Health will present an action plan incorporating Health 2020 to the Bulgarian Parliament at the end of June.
- WHO will provide technical assistance to improve access to health care services for vulnerable populations, including Roma.
- Dr. Moskov expressed interest in developing a new report on "health systems in transition" for Bulgaria and also in EVIPNet (the WHO Evidence-informed Policy Network).
- WHO will provide technical assistance for the introduction of educational programmes for the prevention of tobacco use in schools and for stopping young people from starting smoking.

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

## **Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 9, September, 589-664**

### **Collaboration with UN University (UNU)**

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

#### **What works to improve the quality of student learning in developing countries?**

We conducted a systematic review to identify policy interventions that improve education quality and student learning in developing countries. Relying on a theory of change typology, we highlight three main drivers of change of education quality: first, supply-side capability interventions that operate through the provision of physical and human resources, and learning materials; second, policies that through incentives seek to change both teachers, household and student behavior and intertemporal preferences; and third, bottom-up and top-down participatory and community management interventions, which operate through decentralization reforms and knowledge diffusion and increased community participation in the management of education systems. Overall, our findings suggest that policy interventions are more effective in improving student performance and learning when two or more drivers of change are combined. Supply-side interventions are more effective when they are complemented with community

participation and/or incentives. Thus, idiosyncrasies, social norms and intertemporal preferences need to be factored in when designing education policies in developing countries.

This study has reviewed the available evidence on education policy to identify what work to improve the quality of student learning in developing countries. The review has focused on experimental and quasi-experimental studies of policies that have been funded with either foreign aid or national governments alone or with the support of donors. We have identified three drivers of change that improve under certain conditions student achievement performance and learning. The first driver of change is found to be related to supply-side considerations of education systems, through the provision of additional material and human resources. The second driver of change is associated with demand-side considerations that deal with behavior and intertemporal preferences of students and households. The third driver of change refers to bottom-up and top-down participatory and community management strategies, including decentralization reforms and community involvement in the school management.

The evidence reviewed suggests that interventions are more successful when two or more drivers of change are combined. Often, the mere provision of physical and human resources is ineffective in improving education quality, as unattended demand-related factors can undermine the full utilization of education services. Therefore, idiosyncrasies, social norms, and intertemporal preferences need to be factored in when designing education policies. Whenever demand for education is generated via community involvement or behavioral incentive programmes, the review of evidence suggests that it is crucial to upgrade simultaneously the infrastructure and administrative capabilities of education systems, in order to accommodate the increased demand without undermining quality. The growing literature on education policy based on experimental and quasi-experimental methods has helped us to better understand the underlying mechanisms at play in effective policy implementation. However, more work is still needed to examine the costs and social benefits of these policies to provide a more informed discussion for future post-2015 education policy strategies.

Publisher: UNU-WIDER; Authors: Serena Masino and Miguel Niño-Zarazúa; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

*(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)*

Gender Equality: The Missing Link? Rethinking the Internationally Agreed Development Goals beyond 2015



### **TODAY'S CHALLENGES FOR GIRLS' EDUCATION**

A detailed analysis underpins these recommendations. The report reviews data on six major questions:

1. Why do we care about girls' education?
2. What progress can we build on?
3. What do we face today in the effort to educate girls?
4. Why are girls behind?
5. What is working to address obstacles to girls' education?
6. What should we do to accelerate progress on girls' education?

A summary of the key findings for each question are presented below.

One approach that should be expanded and robustly supported is to apply a gender lens to education sector planning. In most developing countries, the Education Sector Plan (ESP) is a key policy tool for designing and planning implementation and monitoring in the education sector. It has the potential to guide the setting of priority goals, the mobilization of resources toward shared objectives, and enhanced accountability for realizing a common vision of education for all. Sound education sector planning is at the heart of the Global Partnership for Education model—and is the basis of support given by multilateral and bilateral organizations—and thus can be linked to major sources of external financing for education.

Applying a gender lens to the process of sector plan development—including sector analysis, plan preparation, and plan appraisal—can ensure that the key tools for national education system reform and associated policies and strategies promote effective actions that advance gender equality. Applying a gender lens helps to bring to the fore gender considerations in national policy and program: Is there coherence between the compulsory education law and age of marriage law? To what extent are these laws enforced? What gender-disaggregated data are used to analyze the sector challenges and to design the reform strategy? Do the data cover both enrolment and learning outcomes? Are there teacher policies to support women's effective engagement in the sector, such as maternity leave? Does the teacher training curriculum reflect gender-related challenges that teachers will encounter in the school and classroom? Is the girls' education strategy financed? Is the governance of scholarship schemes putting girls at risk of sexual exploitation? Are systems in place to monitor rates of school-related gender-based violence (SRGBV)?

The UNGEI-GPE Guidance for developing gender-responsive education sector plans provides a framework for understanding gender issues in education, including the identification of key concepts and tools to help in the analysis, design, and monitoring of education sector plans (UNGEI-GPE, forthcoming). This high-quality tool can be used across a range of contexts and its guidance should be regularly part of plan development processes.

Details: <http://www.ungei.org/resources/files/Todays-Challenges-Girls-Educationv5.pdf>

*To be continued.....*

## Top Two-Articles Accessed in August 2015

1. Benign Vulvar Skin Disorders: Part 1;  
<http://www.womenshealthsection.com/content/gyn/gyn035.php3>  
WHEC Publications. Special thanks to our reviewers for helpful suggestions and physician's board for the contributions.
2. Obstetric Anesthesia: Complications and Management;  
<http://www.womenshealthsection.com/content/obspm/obspm005.php3>  
WHEC Publications. Special thanks to the Department of Anesthesia for contributions and reviews.

## From Editor's Desk

### Open Working Group (OWG) proposal for Sustainable Development Goals



The Open Working Group (OWG) was established on 22nd of January 2013 by decision 67/555 (see [A/67/L.48/rev.1](#)) of the General Assembly. The Member States have decided to use an innovative, constituency-based system of representation that is new to limited membership bodies of the General Assembly. This means that most of the seats in the OWG are shared by several countries.

The Rio+20 outcome document [The Future We Want states](#) that, at the outset, the OWG will decide on its methods of work, including developing modalities to ensure the full involvement of relevant stakeholders and expertise from civil society, the scientific community and the United Nations system in its work, in order to provide a diversity of perspectives and experience. Member states represented in the Open Working Group:

#### African Group

1. Algeria / Egypt / Morocco / Tunisia
2. Ghana
3. Benin
4. Kenya
5. United Republic of Tanzania
6. Congo
7. Zambia/Zimbabwe

#### Asia-Pacific Group

1. Nauru / Palau / Papua New Guinea
2. Bhutan / Thailand / Viet Nam
3. India / Pakistan / Sri Lanka
4. China / Indonesia / Kazakhstan
5. Cyprus / Singapore / United Arab Emirates
6. Bangladesh / Republic of Korea / Saudi Arabia
7. Iran (Islamic Republic of) / Japan / Nepal

#### Latin American and Caribbean Group (GRULAC)

1. Colombia / Guatemala
2. Bahamas / Barbados
3. Guyana/Haiti/Trinidad and Tobago
4. Mexico / Peru
5. Brazil / Nicaragua
6. Argentina / Bolivia (Plurinational State of) / Ecuador

#### Western European and Others Group (WEOG)

1. Australia/Netherlands/United Kingdom of Great Britain and Northern Ireland
2. Canada / Israel / United States of America
3. Denmark / Ireland / Norway
4. France / Germany / Switzerland
5. Italy / Spain / Turkey

#### Eastern European Group

1. Hungary
2. Belarus / Serbia
3. Bulgaria / Croatia
4. Montenegro / Slovenia
5. Poland / Romania

#### UN System Technical Support Team

The Rio+20 outcome document [The Future We Want](#) requested the Secretary-General of the United Nations to ensure all necessary input and support to the Open Working Group from the United Nations system, including by establishing an inter-agency technical support team. This UN System Technical Support Team (TST) consists of over 40 UN entities and works under the umbrella of UN System Task Team on the post-2015 development agenda.

Co-chairs: UN-DESA and UNDP

Details: <https://sustainabledevelopment.un.org/focussdgs.html>

## Comings and Goings

Comings: [Robert S. Lyons](#) has accepted and joined us on the Board of Directors as Treasurer. He has been managing the finances of WHEC and The Women's Health and Education Organizations, Inc. (WHEO, Inc.) since 2008. Welcome aboard!

Goings: We all at WHEC and WHEO, Inc. thank Barbara Meehan for her services on the Board of Directors. She is with us and we will continue to work with her in different capacity.

## Words of Wisdom

Let us have faith that right makes might, and in that faith, let us, to the end, dare to do our duty as we understand it.

– Abraham Lincoln, 16<sup>th</sup> President of the United States (1809-1865);  
Cooper Union Address, February 27, 1860

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

<http://www.womenshealthsection.com/>

