



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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Before & After Issue

Our annual July edition of **WHEC Update**, which is the most popular edition, with our millions of readers around the world, addresses the need for a global platform for health-internet-access to improve maternal, newborn and child health (MNCH), worldwide. The public health benefits of data sharing have been widely recognized over the past decade. A recent statement signed by over 30 research funders, non-governmental organizations (NGOs), Women's Health and Education Center (WHEC), Women's Health and Education Organization (WHEO, Inc.) / [WHEC Global Health Line](#) and publishers of health information, highlighted the importance of rapidly sharing information in public health. We present a global health-oriented approach to the operation of data platforms, through three operating principles designed to reflect the rights and interests of all stakeholders while protecting the overarching public health objectives of the International Health Regulations (2005). First, all data platforms should have an explicit ethical and legal framework governing data collection and use. Second, results generated from additional analyses should be made public within a reasonable time-frame. Third, platform operators should develop and publish terms for data-use, describing how each of the above principles will be applied to the data they receive, host and distribute.

WHEC has developed a core set of principles for the sharing of data and results for public health with special focus on women's health and health development. Clinical trials present specific considerations because trial participants accept the unquantifiable risks of research in exchange for advances in knowledge. Ethical principles oblige rapid and full reporting of the data from clinical trials to prevent exposing additional participants to unnecessary risk. This reporting imperative is even more important in the context of maternal, newborn and child health. A three-step process for maximizing the utility of information from clinical trials could include universal prospective registration, timely public disclosure of results, and timely data sharing. A global platform for health-internet-access for MNCH can facilitate information sharing, and prior agreement on the principles set out here will speed the flow of information when it is most urgently needed. When put into practice, these principles will protect individuals' rights while maximizing the substantial benefits for advancing Sustainable Developments. WHEC encourages all health data providers to adopt these principles and is working with the United Nations (UN) and World Health Organization (WHO), to implement them for data supplied to improve MNCH.

These terms should cover management of potential new intellectual property, and describe the process by which access to data is granted. The data platform operators are not the owners of the data, but fulfil important roles of stewardship and service provision. The increased provision of surveillance and research data means that central data repositories and inclusive of data curation services. These are needed to provide the infrastructure for data sharing. One perceived impediment to the early sharing of data is that the data providers may earn no credit for their work if analyses are first published by others. WHEC considers that health research data are a global public good. But that data providers are also entitled to due credit for their work. Finding an effective way to assign credit and thus protecting the interests of data providers - including government agencies, individual scientists, academic institutions and consortia – may determine the success of the proposed data platform. Such recognition may range from acknowledgement to co-authorship or sharing of intellectual property. And it should be determined in a fair and systematic fashion. Arrangements that concern data originating from low- and middle-income countries could include plans to build future local capacity for data management and analysis.

We look forward to a meaningful collaboration

Data Sharing Platforms
Rita Luthra, MD

Your Questions, Our Reply

What is the role of drug vendors in improving health care services in Africa or low-income countries?

Global Shortage of Physicians: The suggestion that drug vendors could deliver basic health services to underserved populations must, however, be tempered by concerns about quality assurance. Several studies have shown that vendors have poor knowledge of health, health care and drugs, often dispense drugs improperly and may provide services beyond their legal scope of practice. Moreover, some studies found that there may be no difference in knowledge or stocking practices between vendors with and without medical training, which suggests that training may not ensure high-quality care. If drug vendors are to be effectively engaged in helping achieve public health goals, it is essential to consider establishing complementary and supportive structures. These structures will ensure a minimum level of quality, provide appropriate medical training, oversight and accountability, and strengthen links to higher-level health services.

Both specialized emergency care and basic health-care services depend on the presence of a well-staffed and well-trained, health-care workforce. Yet, despite the high burden of disease in sub-Saharan Africa, many countries have a shortage of health workers that is projected to persist well into the future. New strategies for developing a robust health-care workforce are needed to help achieve universal health coverage and health equity.

Studies have shown that front-line health workers, including community health workers, can improve access to – and the equity of – health services. Community access to trained health workers and essential health-care products are core elements of patient-centered health-care systems in places without access to formal health care. In sub-Saharan Africa, people often seek care from drug vendors (i.e. patent and proprietary medicine vendors) for common but potentially deadly illnesses, such as malaria and diarrhea. Although vendors are not always recognized as front-line health workers, they provide the first and the main point of care in many communities. In some settings, training drug vendors to provide high-quality basic services, such as the treatment of common childhood illnesses and malaria, may offer a cost-effective way of delivering community-based health programmes.

Any national plan or policy to deliver quality-assured, health-care services and products through patent and proprietary medicine vendors' shops depends on knowledge of the characteristics, stocking practices and coverage of these shops. The integration of patent and proprietary medicine vendors into the formal health-care system could increase access to high-quality, primary health-care services throughout Africa and low-income countries. The sector has a large capacity and recent health policy changes are supportive. Policy-makers should consider encouraging drug vendors with medical training to participate in health interventions because they may be able to offer high-quality services, particularly with appropriate training and monitoring. A formal system for registering drug vendors with a regulatory body would help support continuing medical education.

The cooperation between the National Association of Patent and Proprietary Medicine Dealers and the Pharmacist Council of Nigeria is required to develop mechanisms that both raise drug vendors' standards and facilitate regulatory compliance (e.g. by increasing drug vendors' registration with the Pharmacist Council of Nigeria). If drug vendors are to perform more advanced tasks, professional organizations of community health extension workers, doctors, nurses and midwives will need to be consulted to define parameters under which drug vendors of different trainings levels and/or professional competencies can operate.

Formalizing links between qualified drug vendors and other health professionals, including pharmacists and facility-based professionals, could improve access to prescription-only medicines and higher-level care in a complementary fashion. Such links could also increase adherence to best practice, as described in treatment guidelines, and facilitate referrals. Direct competition between accredited drug vendors and community pharmacists would probably be limited because pharmacies are concentrated in urban areas and offer a full range of over-the-counter and prescription medications.

United Nations At A Glance

Permanent Mission of the People's Republic of China to the UN

China became UN Member State of 24 October 1945

The "Belt" and "Road" initiatives are the continuation and development of the spirit of the ancient Silk Road.



Over 2,000 years ago, the industrious and brave people on the Eurasian continent opened several trade routes connecting major civilizations across Asia, Europe and Africa. Together, they were referred to as the "Silk Road" by succeeding generations. Despite repeated strife and wars in Eurasia, traffic on the Silk Road, with sound of camel bells and endless flows of caravans and ships, never stopped completely. Transportation and technologies were so backward back then, yet nothing would keep merchants, the wise, the learned and envoys from travelling across mountains and rivers amid untold difficulties, and exploring the Silk Road with utmost resilience and courage. Countries large and small along the routes had all reaped considerable benefits from the Silk Road. China learnt a lot from other countries, and so did these countries from China. Such links of mutual emulation via the Silk Road made exchanges of goods, know-how, people and ideas possible, promoted the economic, cultural and social progress in the various countries, facilitated dialogue and integration of different civilizations, and left behind brilliant pages in human history.

Moving into the 21st century, an era that is dominated by the themes of peace, development and cooperation but continues to feature a complex international and regional landscape, the Silk Road has become all the more important and precious as a symbol of peace, cooperation, openness, inclusiveness, mutual learning and resilience. If our ancestors could treat each other with respect as equals, work for mutual benefit and rise above occasional hostility 2,000 years ago, it is all the more pressing for us today to carry this invaluable legacy forward. It is all the more crucial for the international community to embrace the spirit of the ancient Silk Road, bring it up to date, instill greater dynamism, and realize its value in this new age, thus creating a new material and cultural wealth for humanity.

Statement by Ambassador Wang Min, Deputy Permanent Representative of the People's Republic of China to the UN at the 69th Session of the UN General Assembly On item 62(a) NEPAD: Progress in Implementation and International Support, and item 62(b), Causes of Conflicts in Africa and Promoting Lasting Peace and Sustainable Development:



The pursuit of peace and development by African countries is at a critical juncture. With their booming economy, African countries have made remarkable progress in the implementation of NEPAD and maintained stability and the momentum of development. As a result of the effect of the international financial crisis, local regional conflicts and hotspot issues, especially the recent Ebola outbreak in West Africa, the humanitarian crisis in Africa is exacerbating. All this has posed daunting challenges to Africa's endeavor for peace, stability and development.

The development of Africa is an integral part of international cooperation for development. The development of Africa can help achieve global prosperity. The international community should attach great importance to and carry out strategic cooperation with Africa. In this connection, China wishes to make the following proposals:

First, the development of Africa should be the priority of post-2015 development agenda. The international community should help Africa speed up the attainment of the MDGs. In preparing the post-2015 development agenda, priority should be given to the needs of Africa. Developed countries should honor their ODA commitments, provide the African countries with financial and technical assistance, and

help them with capacity building. Developing countries should strengthen South-South cooperation as a supplement to North-South cooperation. The international community should work to improve the environment for Africa's development, including increasing support in financing, trade and debt reduction and cancellation.



NATIONAL EMBLEM

Secondly, the international community must join hands to help the West African countries cope with the Ebola epidemic. The current outbreak of Ebola epidemic is spreading in West Africa, posing a serious threat to local people's lives and health. It has become a common challenge of non-traditional security for the international community. The top priority is to implement the UN strategy in response to Ebola and strongly support the work of UNMEER. It is necessary to send more medical personnel and experts to the affected area, provide protective gears and material, help treat the affected, improve the screening and testing capability and help the local communities in Ebola prevention and control. Countries should increase assistance to Africa to help it enhance capacity building in the area of public health.

Thirdly, the efforts of African countries to realize peace and stability should be supported. The international community should uphold the purposes and principles of the UN Charter, and, on the basis of full respect for the sovereignty, independence and territorial integrity of the African countries concerned, make active efforts to promote peace and facilitate negotiations with a view to finding peaceful settlements to disputes. The international community should strengthen coordination and collaboration with the AU and other African regional organizations help Africa strengthen institutional building in the area of collective security, and support the settlement of African issues by Africans through African means.

Details: <http://www.china-un.org/eng/>

Collaboration with World Health Organization (WHO)

WHO | China

Health Situation



Over the past decades, people's health in China has improved significantly. From 1990 to 2012, life expectancy at birth rose from 67 years to 75 years, and infant and under-five mortality rates dropped from 42 to 12 per 1,000 live births and from 54 to 14 per 1,000 live births in 2010, with hospital births commonplace. Despite overall achievements, there are large variations in health outcomes between urban and rural areas, across population groups and between geographic areas.

China is experiencing a rapid epidemiological transition. Incidence of and mortality due to communicable diseases have dropped, and China is well on the way to eliminating malaria, measles and various neglected tropical diseases. However, disease control efforts for viral hepatitis, tuberculosis and HIV/AIDS remain important as well as managing the risks of major outbreaks of communicable diseases and the importation of non-endemic diseases. The incidence of the major non-communicable diseases has risen sharply. Malignant neoplasms, heart diseases, cerebrovascular diseases and chronic lung diseases are major causes of death.

Significant demographic changes in China's population of more than 1.3 billion people include decreasing fertility rate, ageing population and increased number of migrant workers. While a remarkable reduction in poverty has been achieved, rapid industrialization and urbanization have led to severe air, water and soil

pollution, food safety concerns and unmet needs for healthcare. Health disparities caused by social inequality are being addressed through health care reforms since 2009.

China contribute significantly to global health by continually improving the health outcomes of its own population, while health cooperation and with other developing countries offers valuable lessons while China engages further in global health work and governance.

Cooperation for Health

With successful economic development, China's status as a beneficiary of development aid is changing. According to the Organization for Economic Cooperation and Development, net official development assistance disbursement received by China as a percentage of Gross National Income has decreased from 0.12% in 2001 to 0.01% in 2010. The health sector is observing a similar trend. Many development partners have recently reduced and withdrawn bilateral support to China.

There are 21 United Nations System organizations represented in China, including WHO. They work together as part of the United Nations Country Team in order to support China in its development. The United Nations Development Assistance Framework covers 2011-2015.

Details: <http://www.who.int/gho/countries/chn.pdf?ua=1>

Bulletin Board

Every Woman Every Child

Every Woman Every Child is an unprecedented global movement that mobilizes and intensifies international and national action by governments, the UN, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents. The movement puts into action the [Global Strategy for Women's, Children's and Adolescents' Health](#), which presents a roadmap on ending all preventable deaths of women, children and adolescents within a generation.



Women's Health and Education Center

The Women's Health and Education Center (WHEC) aims to improve women's health through education and advocacy, particularly in developing countries, and through their e-learning platform on [WomensHealthSection.com](#).

2011

The Women's Health and Education Center (WHEC) aims to improve women's health through education and advocacy, particularly in developing countries. [WomensHealthSection.com](#), launched in cooperation with the UN, provides information on everyday issues associated with women's health. This e-learning

initiative is active in 220 countries, linked to 30,800 courses in the developing world, and receives 25,000-30,000 visitors per day. As a web-enabled platform, it allows for multiple forms of collaboration worldwide. WHEC will cover the costs of the research and development of our e-learning initiative. Continuing medical education services will be provided free to the countries identified by the UNDP as Least Developed Countries. WHEC remains committed to providing health education and advocacy regarding improving neonatal health outcomes. We will also provide evidence-based medical information to in-country partners and health care providers in Africa and Latin America, to reach 3 million people with reproductive health information, especially family planning, by 2015. WHEC will continue its commitment to create health-promoting schools, recognizing that adolescents find themselves under strong peer pressure to engage in high risk behavior. The spread of HIV/AIDS among adolescents is growing phenomenon, while the traditional problem of sexually transmitted 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.

Link: <http://www.everywomaneverychild.org/commitments/all-commitments/women's-health-and-education-center>

Collaboration with UN University (UNU)

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

China's international development finance: Past, present, and future

China is emerging as perhaps the most globally significant development finance provider, going far beyond concessional foreign aid. With China's initiatives to create and foster new multi-lateral finance institutions, and to work in terms of large economic landscapes in Africa, Eurasia, and Latin America, it becomes important to understand how China's own experience with rapid industrialization/urbanization processes and regional development is influencing its visions and financial instruments for development across the world. This paper examines how China's domestic development experiences have informed its approach to development finance abroad and explores what kinds of challenges and opportunities China will bring as it moves to the center stage of international development finance.

In this paper, we attempt to chart China's development finance across its distinct categories, how these various modalities began, and how they have evolved over time. We then ask how China's global development role might evolve in the coming decades as China moves to fulfil its objective of becoming a moderately prosperous nation of 1.5 billion people by mid-century through wide-ranging interrelated reforms. At one level, these reforms involve managing the macroeconomic challenges of rebalancing its real economy towards more consumption and less investment. At another level, they simultaneously involve shifting employment into higher productivity activities and new kinds of value-creation with Chinese entrepreneurial firms working on a global scale. While at a third level, China's agenda involves wide-ranging reforms of the financial system, state enterprises, and social protection.

To harness China's growing financial power as a force for good, the international development community needs to take advantage of China's proactive move to utilize triangular co-operation and multi-lateral development institutions (Berglöf 2015). As China moves to work with others and as its common interest in effective states and markets becomes more evident and unavoidable, a decisive move at the highest level to provide significantly greater transparency in Chinese development finance would need to be made (Xu and Carey 2015a). With the transformation paradigm now embedded in the UN 2030 Agenda for 'Transforming the World', China's presidency of the G20 in 2016 provides the context for such a decisive shift in the embedded practices of China's development co-operation.

Publisher: UNU-WIDER; Authors: Jiajun Xu, and Richard Carey; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom. The World Institute for Development Economics Research (WIDER) was established by the United Nations University (UNU) as its first research and training center and started work in Helsinki, Finland in 1985. The Institute undertakes applied research and policy analysis on structural changes affecting the developing and transitional economies, provides a forum for the advocacy of policies leading to robust, equitable and environmentally sustainable growth, and promotes capacity strengthening and training in the field of economic and social policy-making. Work is carried out by staff researchers and visiting scholars in Helsinki and through networks of collaborating scholars and institutions around the world.

*(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)*

China: Background



The world's most populous nation is making great strides towards attaining the Millennium Development Goals. Yet, while China is on track to achieve its education goal of universal access to compulsory education ahead of the target year of 2015, a number of major obstacles remain before children's rights to complete their schooling and receive a quality education can be fulfilled.

The Chinese Government has embarked on a new Five-Year National Development Plan, which calls for greater focus on the rights of children plus new investment in health and education. China's goal is to provide nine years of compulsory education for every child and to eradicate illiteracy. It has already taken significant steps in this direction, such as allocating special funds for schools in poor and minority areas, especially in western China. But significant challenges remain. Children drop out of school each year because of poverty and because educational quality is low. School completion rates for girls in some parts of China are lower than for boys due to gender attitudes, and children of migrant families face severe challenges in completing their basic education.

In September 2006, the Government of China announced that it would provide nine years of free compulsory education to all rural school-aged children by the end of 2007. The Central Government announced that it would implement this policy by covering 80 per cent of rural students' tuition fees and "Miscellaneous Fees," with Provincial Governments covering the remaining 20 per cent. The Government also declared that it would ensure free textbooks for every rural student. However, even with the Central Government's renewed commitment, there will still be expenses relating to compulsory education not covered by the Government. For example, expenses such as the cost of student workbooks, supplementary learning materials, and insurance are not included under the term "Miscellaneous Fees" and will therefore have to be paid by students and their families.

Barriers to girls' education

- More than 30 million children under 6 have no access to early childhood services;
- Disparities exist in access to and provision of education between eastern and western China;
- More than 3.27 million children, the majority girls or members of ethnic minority communities, do not go to school due to poverty or low quality of education;

- The highly unbalanced sex ratio of 117 boys to every 100 girls highlights deeply embedded gender biases in China's social and cultural milieu, which affect girls' inclusion in education, especially at higher levels. An estimated two thirds of China's school-age children who are not enrolled in school are girls. When girls are enrolled, they are usually the first to drop out of school when economic pressures affect their families. Less than 50 per cent of girls who graduate from primary school complete secondary education;
- Language of instruction is the major hurdle for ethnic minority children due to low investment in bilingual education and lack of professionally qualified, ethnic minority teachers;
- 24 million children of migrant families are unable to afford the high cost of education in host areas, despite a policy providing subsidies;
- About 30 million 'left behind' children in rural areas are also facing new threats and vulnerabilities, such as drug abuse and AIDS;
- Despite the government's intensive efforts to upgrade teacher qualifications, significant numbers of China's 10 million schoolteachers remain underqualified. Major challenges include weaning teachers from traditional teaching methods and developing appropriate competency standards;
- 95 per cent of educational expenditure goes towards teachers' salaries, leaving insufficient funds for quality inputs such as teacher training and learning resources;
- Government investment in education is only 2.8 per cent of GDP, while funds for Early Childhood Development are less than 1 per cent of GDP.

UNGEI in action

In China, a Working Group on Girls' Education and Gender Equality has been established under the aegis of the United Nations Theme Group on Basic Education and Human Resource Development. It is led by the UK Department for International Development and UNICEF.

Key initiatives

Recent Government efforts:

- The revised compulsory education law (2006) calls for nine years of free, compulsory education. Already the law has abolished tuition and miscellaneous fees for all rural students and guarantees free textbooks and subsidies for room and board;
- The new curriculum aims to improve children's learning outcomes. Inducting rural schools into the national Modern Distance Education programme should help to improve access to modern learning resources in the country's poorest areas;
- The underlying goals of the national education policy are to offer quality basic education and to achieve equilibrium between rural and urban areas in human-centered and well-rounded development for children. UNICEF is working to improve the quality of basic education in the poorest and most remote areas of western China, especially for disadvantaged groups, with the focus on achieving gender equality and improving learner outcomes. The programme promotes child-friendly, gender-responsive, safe and healthy learning environments that lead to higher enrolment and retention rates and better learner outcomes. Innovative strategies and educational approaches are being piloted to:
 1. Ensure the best start to children's lives through early childhood development;
 2. Promote holistic and well-rounded development of children in basic education;
 3. Protect and empower out-of-school children by developing their life skills.

The Education and Child Development Programme of Cooperation has been implemented in 14 provinces of western and central China through the following four projects:

1. Policy Planning and Monitoring for Educational Disparity Reduction;
2. Early Childhood Development;
3. Child-Friendly Schools and Learner Quality;
4. Non-formal Education.

Details: <http://www.unicef.cn/en/>

To be continued.....

Top Two-Articles Accessed in June 2016

1. Contraception and Mental Health;
<http://www.womenshealthsection.com/content/gynmh/gynmh015.php3>
WHEC Publications. Special thanks to WHO and NIH for the contributions and to our writers and editors for compiling the review.
2. Inherited Thrombophilia in Pregnancy;
<http://www.womenshealthsection.com/content/obsmd/obsmd018.php3>
WHEC Publications. Gratitude is expressed to [Dr. John R. Higgins](#), Professor of Obstetrics and Gynaecology, Head of College of Medicine and Health, University College Cork, Cork University Maternity Hospital, Wilton, Cork, Ireland for serving as reviewer and helpful suggestions in compiling the manuscript.

From Editor's Desk



Human Reproduction Programme (HRP) – the UNDP/UNFPA/UNICEF/WHO/World Bank Special programme of research, development and research training in human reproduction) is the only body within the United Nations system with a global mandate to lead research in sexual and reproductive health and rights and to conduct research capacity strengthening as a core activity.

HRP contributes to global work to help people lead healthy sexual and reproductive lives by supporting and coordinating research on a global scale and conducting research in partnership with countries to provide the high-quality information needed to achieve universal access to effective care and to enable people to protect and promote their own health.

Current Project Brief

One of the initiatives and collaboration of Women's Health and Education Center (WHEC) with WHO / World Bank – is to improve adolescents health. One gap identified by countries is the need for specific recommendations and guidance in addressing sexual violence among children and adolescents. The guidelines provide recommendations for health care providers and managers on identification and clinical care of women suffering from partner violence and sexual violence. They also provide guidance on how to train providers and deliver and manage services for addressing the physical, including sexual and reproductive health, as well as mental health consequences experienced by survivors of intimate partner violence and sexual violence.

A significant proportion of clients that health care providers see who experience violence are children, including young adolescent girls, and there is an urgent need to provide specific guidance for this population. This project will address this gap and develop clinical and policy guidelines for responding to sexual violence against children and adolescents. These guideline will contribute to improving adolescent sexual and reproductive health.

Guidelines for responding to sexual violence against children and adolescents

Details: <http://www.who.int/reproductivehealth/projects/>

Words of Wisdom

A Mother's Love

Extract from The Dream

Sweet is the image of the brooding dove!
Holy as Heaven a mother's tender love!
The love of many prayers and many tears,
Which changes not with dim declining years,
The only love which on this teeming earth
Asks no return from Passion's wayward birth;
The only love that, with a touch divine,
Displaces from the heart's most secret shrine
The idol SELF.

– Caroline Elizabeth Sarah Norton (22 March 1808 – 15 June 1877), English feminist, Social reformer and author of the early and mid-nineteenth century.

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

