



## WHEC UPDATE

**A Newsletter of worldwide activity of Women's Health and Education Center (WHEC)**

November 2008; Vol. 3, No. 11

Nothing is more out of date than the notion that doctors cannot learn from their patients. Addressing health care disparities through health literacy is a noble undertaking. We continue to develop and participate in programs aimed at reducing disparities in health care. As part of these efforts, we want to work with participating healthcare providers, institutions and their staff to offer culturally sensitive, innovative and cost-effective health-related solutions. Culture is a lens through which people see their world. Every professional encounter with a patient involves three cultures: that of patient, that of healthcare provider and that of environment. Women's Health and Education Center (WHEC) is involved in number of activities at international, national and local communities. Development is a process; it takes skill, time and patience to achieve the final results. Every month in these pages, we trace that process, telling you stories of projects' evolution, from their inception to their completion. With the WHEC Global Health Line, we can take you even more deeply into the process. We hope you will check it frequently, and find it very helpful to your missions and much more. Speaking of our e-learning publication **WomensHealthSection.com**, we are excited to tell you about some other features we have added, all with an eye to keeping you posted on the world of health and development. Our Continuing Medical Education (CME) page brings the spotlight on projects of your friends, colleagues and institutions. This will help you, somewhere along the line, to view and vote for your favorite projects and programs. Winners and the beneficiaries of **WomensHealthSection.com** are its: Visitors.

Public health is an excellent mix of health and social sciences. Currently, public health education programs are densely concentrated in high-income countries. Not only these schools continue to train large number of students from low- and middle-income countries, but they also promote innovations and partnerships in their national contexts that document what is possible, given that schools, associations of schools and public health institutes around the world share some similar challenges. Public health education has come of age – it has become an attractive area for many students. During the first of the 20<sup>th</sup> century, public health schools tended to be in rich, industrialized countries and focused on only the national health systems. Today there are schools for public health studies in Bangladesh, China, Benin, Brazil, The Democratic Republic of the Congo, Ghana, India, Kazakhstan and Thailand, to name but a few, covering international public health issues and local concerns. These schools offer courses in international health, maternal and child health, nutrition, public health program management and biomedical laboratory science. How schools manage responsibilities, opportunities and demands in different national contexts and national health systems and how they increase their meaningful links to regional or global networks are therefore critical to a school's relevance, quality and competitiveness. The global nature of health raises many challenges and opportunities for public health training themes and new information tools. The phenomenon of placing global health within the sphere of foreign policy has catalyzed new partnerships and training programs to equip graduates with health diplomacy skills. We feel that it is very important, that the students are given exposure to the real life.

Shaping Public Health Education

Rita Luthra, MD

## **Your Questions, Our Reply:**

WHEC has funded this e-learning project for the last seven years; how will you guarantee the longevity of the network?

**Development of Health Information Systems:** The founding grant of US \$ 2 million from The Foundation has been augmented by the other donors, but it will obviously cost much more to transform and build effective global-network to promote – Women's Health. It is time to shift the ownership of health information to countries and institutions, instead of letting donors and disease-specific programs run the agenda. This mechanism within countries for joint planning and action by all the partners is uniquely positioned to help transform information systems because it is a network. The health sector needs the data that is controlled by the national statistical offices to be able to make health-related decisions. In general the statistical services in countries are managed by governments and they are used to serve the needs of government officials, so it is rare that the statistics are systematically disseminated to citizens. It is rare [also] that citizens see it as their right to be able to hold their government accountable using the statistics.

Countries and institutions have always received support from donors and disease-specific control programs that are targeted to achieve the outcomes that these programs care most about. It is rare that support is received to strengthen the system so that countries can pursue the results that they are most committed to. There is new commitment globally to strengthening health systems in countries. There is increasing recognition that investment solely through disease-control programs has left countries with systems that are dysfunctional.

We need to be very strategic in mobilizing the sources of funding. We are excited about the new global commitment to strengthen health systems. Women's Health and Education Center (WHEC) has pledged 5% of its income to support and finance, projects / programs accredited by the UN and WHO in women's health, education and research. This translates into more than 1 million dollars, being invested every year in your communities, for women's health, education and research projects. This portal will stay open for anyone who qualifies. Many of our most important partners are convinced that we can harness the immense potential benefits of information and technology to transform health outcomes for the developing world. Join us and be a part of this global movement.

## **About NGO Association with the UN:**

The Millennium Declaration, signed by world's leaders of 189 countries in 2000, established 2015 as the deadline for achieving most of the Millennium Development Goals (MDGs). The majority of MDG targets has a baseline of 1990, and is set to monitor achievements over the period 1990-2015.

Millennium Development Goal (MDG): Overview – Progress at the MDG mid-point

The Millennium Declaration set 2015 as the target date for achieving most of the Goals. As we approach the midway point of this 15-year period, data are now becoming available that provide an indication of progress during the first third of this 15-year period. This report presents the most comprehensive global assessment of progress to date, based on a set of data prepared by a large number of international organizations within and outside the United Nations system. The results are, predictably, uneven. The years since 2000, when world leaders endorsed the Millennium Declaration, have seen some visible and widespread gains. Encouragingly, the report suggests that some progress is being made even in those regions where the challenges are greatest. These accomplishments testify to the unprecedented degree of commitment by developing countries and their development partners to the Millennium Declaration and to some success in building the global partnership embodied in the Declaration. The results achieved in the more successful cases demonstrate that success is possible in most countries, but that the

Millennium Development Goals (MDGs) will be attained only if concerted additional action is taken immediately and sustained until 2015. All stakeholders need to fulfill, in their entirety, the commitments they made in the Millennium Declaration and subsequent pronouncements. The following are some measures of the progress that has been achieved:

- The proportion of people living in extreme poverty fell from nearly a third to less than one fifth between 1990 and 2004. If the trend is sustained, the MDG poverty reduction target will be met for the world as a whole and for most regions.
- The number of extremely poor people in sub-Saharan Africa has leveled off, and the poverty rate has declined by nearly six percentage points since 2000. Nevertheless, the region is not on track to reach the Goal of reducing poverty by half by 2015.
- Progress has been made in getting more children into school in the developing world. Enrolment in primary education grew from 80 per cent in 1991 to 88 per cent in 2005. Most of this progress has taken place since 1999.
- Women's political participation has been growing, albeit slowly. Even in countries where previously only men were allowed to stand for political election, women now have a seat in parliament.
- Child mortality has declined globally, and it is becoming clear that the right life-saving interventions are proving effective in reducing the number of deaths due to the main child killers – such as measles.
- Key interventions to control malaria have been expanded.
- The tuberculosis epidemic, finally, appears on the verge of decline, although progress is not fast enough to halve prevalence and death rates by 2015.

Group of 8 industrialized nations to live up to their 2005 pledge to double aid to Africa by 2010 and European Union Member States to allocate 0.7 per cent of gross national income (GNI) to official development assistance (ODA) by 2015. In spite of these commitments, ODA declined between 2005 and 2006 and is expected to continue to fall slightly in 2007 as debt relief declines.

### **Collaboration with World Health Organization (WHO):**

The Civil Society Initiative: Working to connect WHO with nongovernmental and civil society organizations

The Civil Society Initiative (CSI) fosters relations between WHO and nongovernmental and civil society organizations and is responsible for the administration of formal relations as set out in the Principles governing relations between WHO and nongovernmental organizations (NGOs). Counterparts at each WHO Regional Office serve in the same capacity. WHO country offices may also work with NGOs at the national level. The objectives of WHO's relations with NGOs are to promote the policies, strategies and activities of WHO and, where appropriate, to collaborate with NGOs in jointly agreed activities to implement them. WHO may also seek to harmonize intersectoral interests among various sectoral bodies concerned in a country, regional or global setting.

Details: [http://www.who.int/civilsociety/ngo\\_pages\\_un/en/index.html](http://www.who.int/civilsociety/ngo_pages_un/en/index.html)

**Bulletin of the World Health Organization; Volume 86, Number 11, November, 817-908 [Table of contents](#)**

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

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

## Does Aid Mitigate External Shocks?

This paper investigates the role of aid in mitigating the adverse effects of commodity export price shocks on growth in commodity-dependent countries. Using a large cross-country dataset, we find that negative shocks matter for short-term growth, while the ex ante risk of shocks does not seem to matter. We also find that both the level of aid and the flexibility of the exchange rate substantially lower the adverse growth effect of shocks. While the mitigating effect of aid is significant in both countries with pegs and countries with floats, the effect seems to be smaller for the latter, suggesting that aid and exchange rate flexibility are partly substitutes. We investigate whether aid has historically been targeted at shock-prone countries, but find no evidence that this is the case. This suggests that donors could increase aid effectiveness by redirecting aid towards countries with a high incidence of commodity export price shocks.

This paper empirically investigates the role of aid in mitigating the adverse effects of commodity export price shocks on growth in commodity-dependent countries. Adverse price shocks can have negative effects, both ex ante and ex post. Ex ante, proneness to shocks increases uncertainty about future returns, which might reduce investment and hence growth, a problem sometimes referred to as vulnerability. Ex post, realized shocks can harm economic growth in the short run through their effect on aggregate demand or a government's fiscal position. Aid might mitigate these effects through two distinct routes. Where aid can be made shock-contingent, it acts like insurance. However, even if aid is not responsive to the realization of shocks, it might finance precautionary expenditures which make the economy more resilient to shocks, a proposition first seriously advanced by Guillaumont and Chauvet (2001). Potentially, each form of aid might mitigate either effect. Aid as insurance directly compensates realized adverse shocks whereas aid for precautionary spending reduces their cost to the economy. Both thereby make the economy less vulnerable. Since insurance is the most appropriate solution to risk where it is feasible, shock-contingent aid has some evident attractions. However, it faces three impediments. First, administratively it is generally only feasible to compensate the government of the country suffering the adverse shock. Where the shock affects the private sector such as export agriculture, compensation to government will cushion the macro economy but, through the exchange rate effect, it will compound the shock to its primary recipients. Second, aid disbursements are generally slow, so that entitlements triggered by a shock are only likely to reach the economy some years later. This was exemplified by the STABEX shock-contingent instrument of the European Commission, the disbursements from which were so heavily lagged that they were on average pro-cyclical. Third, shock-contingent aid would only reduce the costs of vulnerability if it was regarded as a credible long-term commitment, yet aid policies are widely perceived to be subject to fashion.

UNU WIDER Series: WIDER Discussion Paper Volume: 2008/06. Authors: Paul Collier and Benedikt Goderis Publication date: July 2008

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)*

## United Nations Charter:

*We the Peoples of the United Nations .... United for a Better World  
(Continued)*

### CHAPTER XVI MISCELLANEOUS PROVISIONS Article 102

1. Every treaty and every international agreement entered into by any Member of the United Nations after the present Charter comes into force shall as soon as possible be registered with the Secretariat and published by it.

2. No party to any such treaty or international agreement which has not been registered in accordance with the provisions of paragraph 1 of this Article may invoke that treaty or agreement before any organ of the United Nations.

#### Article 103

In the event of a conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.

#### Article 104

The Organization shall enjoy in the territory of each of its Members such legal capacity as may be necessary for the exercise of its functions and the fulfillment of its purposes.

#### Article 105

1. The Organization shall enjoy in the territory of each of its Members such privileges and immunities as are necessary for the fulfillment of its purposes.
2. Representatives of the Members of the United Nations and officials of the Organization shall similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connection with the Organization.
3. The General Assembly may make recommendations with a view to determining the details of the application of paragraphs 1 and 2 of this Article or may propose conventions to the Members of the United Nations for this purpose.

### CHAPTER XVII

#### TRANSITIONAL SECURITY ARRANGEMENTS

#### Article 106

Pending the coming into force of such special agreements referred to in Article 43 as in the opinion of the Security Council enable it to begin the exercise of its responsibilities under Article 42, the parties to the Four-Nation Declaration, signed at Moscow, 30 October 1943, and France, shall, in accordance with the provisions of paragraph 5 of that Declaration, consult with one another and as occasion requires with other Members of the United Nations with a view to such joint action on behalf of the Organization as may be necessary for the purpose of maintaining international peace and security.

#### Article 107

Nothing in the present Charter shall invalidate or preclude action, in relation to any state which during the Second World War has been an enemy of any signatory to the present Charter, taken or authorized as a result of that war by the Governments having responsibility for such action.

*To be continued...*

### Top Two Articles Accessed in October 2008:

1. Normal Values in Pregnancy;  
<http://www.womenshealthsection.com/content/obs/obs025.php3>  
WHEC Publications. Special thanks to the editorial board for compiling this very helpful tool for Women's Health and Education Center (WHEC).
2. World Health Organization's Commission on Macroeconomics and Health: A Short critique; <http://www.womenshealthsection.com/content/heal/heal007.php3>  
Author: Debabar Banerji; Professor Emeritus; Jawaharlal Nehru University, New Delhi (India).

## From Editor's Desk:

Note from Abdo Yazbeck, Program Leader, Health and AIDS

Dear Colleagues,

I apologize for the delay of our Newsletter, but as you will see in [section 5](#) below, we had quite a busy last six months which meant the team was traveling and delivering our program and was not able to put together the newsletter on time for a January date. In addition to the long list of courses and activities, the [Health and AIDS team](#) was very proud to launch two knowledge products under the Reaching the Poor Project. The two products are described briefly in [section 2](#) of this newsletter. In [section 3](#), you will find a brief description of a very interesting Ministerial Capacity Development program being launched which is financed by the Bill and Melinda Gates Foundation. Finally, as we do in each Newsletter, please find in [section 4](#) a listing of many of the upcoming courses and events we are planning for the first 6 months of 2009. Hope to hear from you soon or to see you at one of our courses.

Abdo Yazbeck

Program Leader

Health and AIDS Team

## India: Decreasing Stigma against HIV/AIDS in India - Better Social Affairs reporting (ongoing)

Partners: BBC World Service Trust

Description: The media sector in India not only is one of the most dynamic and fastest growing in the world, but also has a key role to play in helping foster social change. A better informed public will become more directly involved in issues relating to social development, and help ensure that public officials and elected representatives are held accountable. Coverage of social affairs in the India media is irregular, of variable quality, and often not well customized to the targeted audience. This reflects a larger systemic problem where many young reporters have had no training in covering scientific issues or in social subjects where issues like stigma and discrimination against people living with HIV/AIDS are major parts of the story. It is essential that these issues are tackled as early as possible in the career of a journalist, and therefore the focus of this project is on improving the quality of training in social affairs journalism at three of India's journalism colleges. The World Bank Institute and BBC World Service Trust are partnering with schools of journalism in India to build capacity and develop curricular for better social affairs reporting. Contact: Isabel Rocha Pimenta: [irochapimenta@worldbank.org](mailto:irochapimenta@worldbank.org)

## Special Thanks:

WHEC thanks Dr. Ronald S. Gibbs, Professor and Chairman, Department of Obstetrics and Gynecology, University of Colorado Health Sciences, Denver, CO (USA) for the priceless support, friendship and contribution. Our team at Women's Health and Education Center (WHEC) truly enjoyed working with you. Hope to develop many concepts in women's health for a long time to come. Thanks again.

## Words of Wisdom:

To grow is necessary. To outgrow is necessary. To leave behind the good for the sake of the better is necessary.

\*\*\*\*\*

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