



## WHEC UPDATE

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

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States are responsible for delivering a variety of services to their populations, including education, health, and social welfare services. The provision of these services is essential to the protection of human rights such as the right to housing, health, education and food. Human rights principles dictate that public services should be available, accessible and culturally acceptable in order to secure the rights of the poorest and most marginalized. Good governance contributes to this goal by approaching individuals as actors in and not just beneficiaries of economic and social development. Our publication **WomensHealthSection.com** points to strategies and mechanisms that strengthen accountability, participation and inclusion in policymaking in order to lead to policies that reflect the needs of communities. These mechanisms also tend to lead to policies that are sensitive to local cultures and therefore more accessible and acceptable to various communities. The family protection initiative shows that social policy change favoring human rights protection is a long-term process, which requires deliberate discussion among stakeholders and awareness-raising among public. Building the capacity of State institutions is a useful tool in engaging policymakers and stakeholders in discussions about the content of policy, institutional mandates and the need for policy reform. There is also increased collaboration between different agencies working on family protection as well as awareness of how family protection relates to the work of each agency. However, important gaps in the delivery of services in many countries remain, including in referral and counseling services for women and children. A long-term strategy for dealing with perpetrators still needs to be developed.

The United Nations Commission on Human Rights emphasizes, in a number of resolutions, the importance of an environment conducive to the full enjoyment of all Human Rights. It also underlines that good governance and human rights are mutually reinforcing and that the former is a precondition for the realization of the latter. Good governance promotes human rights in a number of ways. It encourages public participation in government, inclusion in law-making and policy-making, and accountability of elected and appointed officials. It enables civil society to become actively involved in policy-making and leads to the wide representation of societal interests in decision-making. In this manner, disadvantaged groups, including women and minorities, are empowered to defend their rights. The result may be laws and policies that better respect cultural diversity, contribute to the resolution of social conflicts and tensions, and address the challenges of inequality and poverty. There are number of ways in which democratic institutions and processes can be reformed so as to better protect human rights. In many countries the low level of political representation and participation exacerbated the difficulties women face in defending their rights and arguing gender-sensitive legislation and public policy is unacceptable. It also violates the women's rights to participate, on equal terms with men, in the formulation of government policy and in its implementation, as well as their right to hold public office and perform public functions. Democracy is not synonymous with elections. Democracy relies on transparency, accountability, inclusion and participation in order to protect human rights.

Improving Service Delivery

*Rita Luthra, MD*

## Your Questions, Our Reply:

Why is dissatisfaction with health-services so widespread, even in wealthy countries offering the latest interventions? If health systems need improvement, what tools exist to measure performance and outcomes?

**Health System Performances:** The increasingly important influence of health systems in the daily lives of people worldwide is well known. To an unprecedented degree it takes account of the role of people as providers and consumers of health services, as financial contributors to health systems, as workers within them, and as citizens engaged in their responsible management, or stewardship. Health systems provide the critical interface between life-saving, life-enhancing interventions and the people who need them. If health systems are weak, the power of these interventions is likewise weakened, or even lost. Health systems thus deserve the highest priority in any efforts to improve health or ensure that resources are wisely used.

The achievement of these goals depends on the ability of each system to carry out four main functions: service provision, resource generation, financing, and stewardship. We have chapters in *WomensHealthSection.com* devoted to each function offer new conceptual insights and practical advice on how to assess performance and achieve improvements with available resources. We should learn as much as we can about them, but we should also propose mechanisms and programs to help ensure that these arrangements move us towards the goal of health for all. In doing so, we aim to stimulate a vigorous debate about better ways of measuring health system performance and thus finding a successful new direction for health systems to follow.

By shedding new light on what makes health systems behave in certain ways, Women's Health and Education Center (WHEC) also hopes to help policy-makers understand the many complex issues involved, weigh their options, and make wise choices. No single model of health care financing will apply everywhere. Principles must be adapted to the specific local context. More resources are needed, but money is only part of the picture. Progress will equally depend on getting policies right; making institutions that implement them function effectively; building health systems that work well and treat people fairly. Focal points of WHEC Initiative for Global Health are – clinical education, management training, and leadership development for the Working Group: government and community relations, health policy, and external affairs. Join us and be a part of this movement.

## About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)  
*A Gateway to the UN System's Work on MDGs*

### **UNICEF – United Nations Children's Fund**

Reduce child mortality

Targets by 2015: To reduce child mortality by two-thirds, from 93 children of every 1,000 dying before age five in 1990 to 31 of every 1,000 in 2015. Child survival lies at the heart of everything UNICEF does. About 29,000 children under the age of five – 21 each minute – die every day, mainly from preventable causes. More than 70 per cent of almost 11 million child deaths every year are attributable to six causes: diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth. These deaths occur mainly in the developing world. An Ethiopian child is 30 times more likely to die by his or her fifth birthday than a child in Western Europe. Among deaths in children, South-central Asia has the highest number of neonatal deaths, while sub-Saharan Africa has the highest rates. Two-thirds of deaths occur in just 10 countries. And the majority is preventable. Some of the deaths occur from illnesses like measles, malaria or tetanus. Others result indirectly from marginalization, conflict and HIV/AIDS.

Malnutrition and the lack of safe water and sanitation contribute to half of all these children's deaths. But disease isn't inevitable, nor do children with these diseases need to die. Research and experience show that six million of the almost 11 million children who die each year could be saved by low-tech, evidence-based, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets and improved family care and breastfeeding practices. These measures are the basis for UNICEF's actions to help children survive, carried through with hundreds of allies and via offices in the field – and well-travelled staff – all over the world. [Progress for Children: Child survival](#)

UNICEF responds by: Providing high-impact health and nutrition interventions. In partnership with governments, WHO and others, UNICEF aims to scale up proven, high-impact, cost-effective health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes. UNICEF is the world's largest purchaser of vaccines, procuring more than 40 per cent of all vaccines used in the developing world. While global immunization rates have risen from less than 20 per cent in the 1970s to about 74 per cent in 2002, millions of children must still be reached. UNICEF negotiates favorable prices and forecasts vaccines requirements to ensure sustainable supplies. Targets include increasing immunization coverage to at least 90 per cent at the national level and 80 per cent in all districts, with particular focus on reaching population groups with low coverage levels, and the final eradication of polio. When delivering vaccines UNICEF adds micronutrient supplements to offset malnutrition, another critical factor in child survival. Supplements of vitamin A taken every four to six months can reduce child mortality from all causes by as much as 23 per cent, measles deaths by 50 per cent and deaths from diarrhea by 33 per cent. Another target in this area is increasing the rate of children sleeping under mosquito nets to at least 60 per cent in malaria-endemic areas. Malaria is responsible for 10 per cent of all under-five deaths in developing countries.

According to the World Health Organization (WHO), poor neonatal conditions are the most prominent cause of young deaths. Four million babies per year die in the first week of life. In response, UNICEF advocates for and promotes programs to increase rates of exclusive breastfeeding. The strongest foundation of baby health is nutrition, and the best food for newborns is breast milk. Breastfeeding protects babies from diarrhea and acute respiratory infections, stimulates their immune systems and improves response to vaccinations, and contains many hundreds of health-enhancing molecules, enzymes, proteins and hormones. A mother's health is also critical to newborns, particularly in light of new research that suggests a sound neonatal environment is an important predictor of future health. Together with the WHO and United Nations Population Fund (UNFPA), UNICEF advocates and lends technical and financial support to comprehensive community health programs for expectant women. This would ideally include providing micronutrient supplements, vaccines, anti-malarial drugs and insecticide-treated bed nets. Improving family care practices: About 80 per cent of health care in developing countries occurs in the home – and the majority of children who die do so at home, without being seen by a health worker. Meanwhile, proper infant feeding and breast feeding are still not practiced by many families. As many as 40 per cent of child deaths could be prevented with improved family and community care – not high-tech health equipment, but access to solid knowledge, support and basic supplies.

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

Immunization against diseases of public health importance

Vaccines - which protect against disease by inducing immunity - are widely and routinely administered around the world based on the common-sense principle that it is better to keep people from falling ill than to treat them once they are ill. Vaccination is considered to be one of the most cost-effective health interventions. Through vaccination one dreaded disease, Smallpox was eradicated and poliomyelitis has been eliminated from most countries in the world. It is estimated that over 2.5 million deaths are averted through vaccination every year. Vaccination have an advantage in that they can be delivered with very high coverage even in the most

underserved areas, thereby preventing disease, disability and death in these marginalized populations. Appropriate policies and strong immunization systems are needed to ensure that potent vaccines are provided safely to every person who needs them. The main components of a well functioning immunization system include: service delivery; capacity to maintain vaccines at the right temperature (cold chain) and distribute them through the system in a timely manner (logistics); monitoring and surveillance; trained health workers; and programme planning and management.

This section provides links to the Global Immunization Vision and Strategy 2006-2015 or GIVS which describes strategies and key activities for countries to consider in developing policies for immunization and planning their national immunization programs. Various documents can be accessed, ranging from policy and resources materials, through training modules to detailed information on immunization for health workers. In response to challenges in global immunization, WHO and UNICEF developed the Global Immunization Vision and Strategy (GIVS). In brief, GIVS aims to assist countries to immunize more people, from infants to seniors, with a greater range of vaccines. GIVS is the first ever global ten-year framework to fight vaccine-preventable diseases through immunization. It covers the period 2006 to 2015.

GIVS has four main aims:

- To immunize more people against more diseases;
- To introduce a range of newly available vaccines and technologies;
- To integrate other critical health interventions with immunization; and
- To manage vaccination programs within the context of global interdependence.

GIVS contains a number of ambitious immunization goals. In addition, it provides over two dozen strategies from which countries can choose for implementation according to their specific needs. The Component Strategies: [http://www.who.int/immunization/givs/GIVS\\_strategies.pdf](http://www.who.int/immunization/givs/GIVS_strategies.pdf)

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

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

Can We Predict Vulnerability to Poverty?

There are alternative definitions of vulnerability to poverty. Most researchers prefer to define vulnerability as the probability of a household or individual falling into poverty in the future. Based on this definition and using household survey panel data from rural China, this paper attempts to assess the extent to which we can measure vulnerability to poverty. The assessment is based on comparisons between predicted vulnerability and actually observed poverty. We find that the precision of prediction, first, varies depending on the vulnerability line; our results suggest setting the line at 50 per cent in order to improve predictive power. Second, precision depends on how permanent income is estimated. Assuming log-normal distribution of income, it is preferable to use past weighted average income as an estimate of permanent income rather than using regressions to gauge permanent income. And third, prediction precision depends on the chosen poverty line. More accurate measurement of vulnerability to poverty is obtained with a higher poverty line of US\$2 instead of US\$1.

Conclusions and policy implications: The main objective of this paper is to assess the extent to which we can measure vulnerability to poverty. The assessment is based on comparisons between the predicted vulnerability and actually observed poverty. It is found that the precision of prediction:

- i) Varies depending on the vulnerability line. Our results suggest setting the line at 50 per cent in order to improve predictive power;
- ii) Depends on how permanent income is estimated. Assuming log-normal distribution of income, it is preferable to use past weighted average income as an estimate of permanent income rather than using regressions to gage permanent income;
- iii) Depends on the chosen poverty line. More accurate measurement of vulnerability to poverty is obtained with a higher poverty line of US\$2 instead of US\$1.

These findings may offer useful guidance for future research in measuring vulnerability. For example, when panel data are available, it is sufficient to use average income as an estimate of permanent income. As another example, researchers and policymakers should not use headcount ratio as the vulnerability line as it yields unexpectedly high vulnerability estimate. Under PPP US\$1 poverty line, use of headcount ratio as the vulnerability line would lead to 991 (when weighted average income is used as permanent income) and 2210 (when regression mode is used to estimate permanent income) households as vulnerable. They represent almost 43 per cent or 95 per cent of the sample households. Such a high estimate of vulnerability means that the research findings are of little value to policymakers. After all, it is not practical for developing countries to target over 90 per cent of households for vulnerability prevention. More importantly, use of headcount ratio as vulnerability line makes the prediction of vulnerability less accurate, thus making poverty or vulnerability policies less efficient. This paper only considers two different methods for estimating permanent income. Also, the exercise is limited to two poverty lines and two vulnerability lines. Although the assumption of log-normal distribution is not without justification, experiments with other assumptions are suggested. In fact, use of bootstrapping rather than any parametric assumption is an avenue worth exploring. All these represent good topics for future research.

Authors: Yuan Zhang and Guanghua Wan; Publication date: September 2008; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project from the Australian Agency for International Development (AusAID) and the UK Department for International Development (DFID).

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

## **Point of View:**

A resource in women's health

Recently launched, a resource in women's health is a not-for-profit initiative to present medical professionals worldwide with free and universal access to a vast and constantly updated, peer-reviewed resource of clinical information and guidance. The objective of this new internet site is to provide expert support to obstetricians, gynecologists and reproductive health professionals in their care of women. It is hoped that the site will be a useful resource for all clinicians and that, in addition, it may be of particular benefit to those working in low-resource settings where access to the latest textbooks and research is difficult. The site also includes an extensive section on laboratory tests, a video library of short surgical procedure clips, and a range of exceptional atlases on key topics to aid visual diagnosis. In addition there is also an important section on safer motherhood and a range of patient information leaflets that are available for down loading. All material on the site is peer reviewed.

In keeping with the site's ethos of freely shared information, there is also an opportunity for some interaction with other professional users. This takes the form of short commentaries on the text, provided by other professional readers, where these can add positively to reader information. No interactive contributions are accepted, however, without prior peer review and approval by the relevant authors and editors. To view the site visit: [www.glowm.com](http://www.glowm.com). The site is free and

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## **Universal Declaration of Human Rights:**

*All human beings are born with equal and inalienable rights and fundamental freedoms.  
(Continued)*

### **Article 7**

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

### **Article 8**

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

### **Article 9**

No one shall be subjected to arbitrary arrest, detention or exile.

*To be continued.....*

## **Top Two Articles Accessed in April 2009:**

1. Current Concepts in Pelvic Floor Anatomy;  
<http://www.womenshealthsection.com/content/urog/urog017.php3>  
WHEC Publications. Special thanks to Dr. Dr. Dr. R. K. Mittal, Pelvic Floor Dysfunction and Disorder Group, Division of Gastroenterology, University of California, San Diego VA Health Care Center, San Diego, CA (USA) for the assistance in preparing the manuscript.
2. Pitfalls in Urodynamic Studies Interpretations;  
<http://www.womenshealthsection.com/content/urog/urog019.php3>  
WHEC Publications. Series on Urodynamic Assessment was funded by the WHEC Initiative for Global Health.



## From Editor's Desk:

World Bank: Global Monitoring Report 2009

The Global Monitoring Report 2009 (GMR) warns that, although the first goal of halving extreme poverty by 2015 from its 1990 level is still reachable based on current projections, risks abound. The global financial crisis, the most severe since the Great Depression, is rapidly turning into a human and development crisis. The financial crisis originated in the developed world, but it has spread quickly and inexorably to the developing world, sparing no country. Increasingly it appears that this will not be a short-lived crisis. The poor countries are especially vulnerable, as they lack the resources to respond with ameliorative actions. The crisis poses serious threats to their hard-won gains in boosting economic growth and achieving progress toward the Millennium Development Goals (MDGs). Poor people typically are the hardest hit, and have the least cushion. For millions of them, the crisis puts at risk their very survival. At high-level meetings held in 2008 to mark the MDG halfway point, world leaders expressed grave concern that the world was falling behind most of the MDGs, with the shortfalls especially serious in human development, and issued an MDG Call to Action to step up development efforts. The UN secretary general noted that "we face nothing less than a development emergency." The U.K. prime minister spoke of a "global poverty emergency." These concerns were expressed before the onset of the full-blown global financial crisis. If there was a development emergency then, there surely is one now. The financial crisis threatens serious further setbacks and greatly increases the urgency for action.

**Mobilizing Private Aid for Development:** Private actors, particularly foundations and businesses, are becoming increasingly important players in development finance. Along with new resources, private participation brings innovation. Private giving has shifted from the traditional charity approach to one of active participation by private donors in the aid community, including bringing a business approach to development assistance. Among all the MDGs, the least progress has been made in improving maternal health, and a full achievement of the MDG 5 targets remains a challenging task. Every year, more than 500,000 women die from complications during pregnancy, childbirth, or in the six weeks after delivery. Most of these women live in low-income countries. Progress in Sub-Saharan Africa—a region with the highest maternal mortality rate—has been negligible. Improving the access to and quality of births attended by skilled personnel, providing prenatal care, and reducing the number of pregnancies (particularly among adolescents) can all contribute to reducing the number of maternal deaths.

**Develop a Global Partnership for Development Millennium Development Goal 8:** According to preliminary estimates, the share of official development assistance (ODA) in GNI rose from 0.28 in 2007 to 0.30 in 2008, but falls below the 0.33 level reached in 2005. ODA in 2005 was boosted by the exceptional debt-relief initiatives for heavily indebted poor countries (HIPC). Donors will need to increase programmable aid (which excludes debt relief) in order to meet the 2010 aid target to increase total aid by \$50 billion overall and aid to Sub-Saharan Africa by \$25 billion a year (in 2004 dollars). The HIPC Initiative and Multilateral Debt Relief Initiative (MDRI) have drastically decreased the debt burdens of many low-income countries, but maintaining long-term debt sustainability will be difficult. Mobile phone subscriptions have more than doubled in low- and middle-income countries, but large gaps remain for improving access to technologies such as broadband Internet. Substantial infrastructure investments by the private sector will facilitate the growth of information and communications infrastructure and access to mobile phone technology. Details: <http://go.worldbank.org/AR2V89HT70>

**Special Thanks:**

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**Words of Wisdom:**

Eliminate fear, conquer worry, avoid anger, omit depression, shun hate, steady cheerfulness, cultivate hope, develop courage, exhibit confidence, assume success, live simply, maintain buoyancy, control self, think health – yours.

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