



## WHEC UPDATE

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

May 2012; Vol. 7, No 5

### *Sustainable Development*

The launch of the Global Strategy for Women's and Children's Health and the pledge of US \$ 40 billion at the United Nations Leader's Summit for the Millennium Development Goals (MDGs) in 2011, was a very important outcome from the MDG Summit. At last, maternal health is starting to attract some attention. Working in a global organization that talks about women and health every day, the question that civil society asked was: "Now that governments have met, is there going to be action?" There is a lot of excitement about the US \$ 40 billion but a pledge is not a pledge until the words have been translated into implementable action. The Commission on Information and Accountability for Women's and Children's Health has identified critical indicators and this will help to outline practical outcomes and development tools to help countries to prioritize actions. The composition of the Commission was good as it allowed input from governments at the highest level, experts from different sectors, a good representation from civil society, women's organizations and youth networks. Our philosophy of working is to always ask: how does it affect the women in the rural areas? We at **WomensHealthSection.com** represent the voices of women from the communities. The Strategy talks about women's health as beneficiaries of services, not as decision-makers and leaders in health. We need more focus on allowing women to contribute their knowledge, perspectives and ideas. They already contribute so much both in the health workforce and as citizens. And women's health is not just maternal health and their reproductive role. There is a range of issues beyond maternal health that remain on the periphery, yet they are important.

In Africa, mobile phone coverage is high so it should be possible to give all community birth attendants a mobile phone in their basic kit. They can use this phone to call for assistance if there are complications, make appointments for follow-up at a health-clinic or simply use the phone to record the birth. This kind of technology could also help to collect vital registration information. It is a question of choice: policy-makers may decide to buy one military tanker or a helicopter or, for the same amount of money, train thousands of midwives and provide them with mobile phones for a year. A nation that prioritizes its people in terms of their health and education is much more secure than one that prioritizes a stronger military. Communities influence policy-makers – the more communities have access to health information, the more they can demand quality services. A country may have all the laws, big referral hospitals and sophisticated laboratories, but if the people in the rural areas do not have basic information, they may not be able to access or demand these services. Once awareness is raised, this creates demand for the services and citizens can start to shape priorities for national budgeting and policies.

Women's Health and Education Center (WHEC) is a progressive women's rights organization that at the same time looks forward to work within faith communities. In fact working and addressing sensitive reproductive health issues in the constraints of a faith-based organization allows us to lift some of the positive aspects of culture and faith to advance women's rights while at the same time addressing the things that need to change within the traditions. Faith-based organizations have historically played an important role in providing maternal and newborn health services in African countries. As an organization, we are very comfortable working with women on sexual reproductive health and rights issues. Some issues are sensitive, such as pregnancy termination and same-sex relationships. We need policies that protect their rights. At times public policy forgets that people are just looking for basic dignity and respect – it is not that complicated.

Tackling Women's and Children's Health

Rita Luthra, MD

## Your Questions, Our Reply

Is social media helpful to public health specialists? Should public health be making more use of such media?

**Mixed Uptake:** Social media – networking web sites such as Facebook, Twitter, QQ in China, blogs, e-mail forums and video-sharing web sites – have only been around a few years. Using social media may seem easy but users say it is time-consuming and can backfire when health messages become distorted, such as when they are re-tweeted. That can jeopardize organizational reputations and undermine the credibility of their information. Due to the nature of social media and the interaction on social media platforms, we can be sure of what we say but we just can't be sure how it will be changed by others. When it comes to public health, information must be accurate, timely and reliable. It is possible to protect sound public health information and advice via social media. You have to provide the correct information but then you must have mechanisms in place to follow up and respond, reply and re-tweet if the messages are getting distorted. Not all public health organizations have embraced social media as enthusiastically. While getting evidence-based health information and messages out to the public via social media may seem simple, the challenge is in listening and responding to questions and rumors in a timely way. Social media may help people who are concerned about similar issues to come together, to work together, to have a unified voice. That is an area that public health has not really adapted to yet, in terms of mobilizing social networks to promote a particular cause. In social media the importance of “source credibility” is questionable. Where the information is originating from – whether it comes from one's friends, companies trying to sell a product or public health agencies – becomes that much more critical. Not every user will check sources and many will be confused by the multitude of conflicting information. For example, there are more than 900 videos on YouTube expressing a wide range of views on vaccination and many blogs and web sites suggesting the links between smoking and lung cancer are myths. Social media and the web give people a forum to express their views, but these are debates that may never reach a conclusion. For public health specialists this can be difficult ground.

In countries with low internet bandwidth, e-mail is easier to use for virtual networking than social-networking web sites. We are developing e-mail discussion forum@**WomensHealthSection.com** – it aims to promote 'health information for all' with a focus on the developing world. We believe our 'medical media' can bring large numbers of people together to discuss, explore, and learn around a focus of common purpose. We believe widely-available health information from reliable sources is “fundamental to global health improvement”. Measuring the success of public health campaigns is often hard enough. But measuring the impact of social media beyond counting the number of re-tweets or using web-based tools (as available now), which measures online influence, would require more time and a new method. Theoretically, you can establish evaluation metrics for virtually anything; but when it comes to public health, it is extremely difficult to measure the impact, because it takes years to see the impact on health.

Create a page/space on WHEC Global Health Line and share your expertise in public health with the world. We get more than 1 million visitors per month (12-13 millions a year) and it is accessible in 222 countries. Let us create *Intelligent Internet...*

Join the conversation @ [WomensHealthSection.com](https://www.WomensHealthSection.com)!

## United Nations At A Glance

### ESCWA – Economic and Social Commission for Western Asia

The idea of establishing a specialized website on Arab youth NGOs was raised in view of the shortage in communication and cooperation among NGOs at the national and regional levels, with concerned official bodies, and with the United Nations System in general. The website,

entitled: Arab Youth Directory (AYD) aims to serve as a platform for those involved to connect and network, to coordinate efforts and projects throughout the region, to establish partnership, and to exchange experiences and good practices. The long-term objective of this project is to enhance youth NGOs' capacity building, and to empower them to participate in the formulation and implementation of youth policies; and to enable them to develop mechanism for national and regional cooperation. The potential for regional cooperation, particularly through networking of youth organizations, both governmental and non-governmental, is considered essential and will contribute to establishing the necessary mechanisms for youth development.

ESCWA is keen to broaden the scope of the Arab Youth Directory. Through the questionnaire posted on the Website, AYD would allow NGOs, official bodies and United Nations agencies to introduce themselves, and their youth related activities and projects. A number of such concerned stakeholders have already completed the questionnaire and are covered within AYD. For update purposes, ESCWA wishes to encourage all involved stakeholders to access the questionnaire key link, complete and submit the requested information, in order to be included on-line within the Directory. The Chat Forum of AYD is accessible to all, it provides users with the opportunity to interact directly with civil society groups, youth NGOs, youth related official bodies, and young people themselves regarding pertinent and priority youth issues and concerns. AYD will continuously maintain itself as the forum for updates, comments, suggestions, and challenging debates.

<http://www.escwa.un.org/ayd/un.asp>

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

### **Sixty-fifth World Health Assembly**

Date: 21–26 May 2012

Location: Geneva, Switzerland

The Sixty-fifth session of the World Health Assembly will take place in Geneva during 21–26 May 2012. At this session, the Health Assembly will discuss a number of public health issues such as universal health coverage, Millennium Development Goals, non-communicable diseases, mental disorders, nutrition and adolescent pregnancy.

The nomination of Dr Margaret Chan to be WHO Director-General for a second term will be submitted for approval.

The Health Assembly will also discuss the programme budget, administration and management matters of WHO

Documentation

[Provisional agenda \[pdf 34.4kb\]](#)

[Complete documentation](#)

**Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 90, Number 5, May 2012, 321-400**

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

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

Foreign Aid and Democratic Development in Africa

Over the past two decades, donors increasingly linked foreign aid to democracy objectives in sub-Saharan Africa. Yet systematic research on this topic typically focuses on how aid influences democratic transitions. This study investigates whether and how foreign aid affects the process of democratic consolidation in sub-Saharan Africa by examining two potential mechanisms: (1) the use of aid as leverage to buy political reform, and (2) investment in the opposition. We test these mechanisms using five dependent variables that capture different aspects of democratic consolidation. Using survival analysis for the period from 1991 to 2008, we find that democracy and governance aid has a consistently positive effect on democratic consolidation. Economic aid, on the other hand, has no effect on democratic consolidation.

To improve our understanding of what accounts for democratic deepening in Africa we build on the existing literature in two ways. First we distinguish among different purposes of aid by analyzing economic aid flows alongside aid flows that are earmarked specifically for democracy promotion. The latter category of aid comprises assistance to strengthen public institutions and the civil society sector. To date, most of the empirical work that investigates the link between aid and democracy measures aid at its highest level of aggregation, grouping all categories of aid together. More recently, however, scholars have begun narrowing their scope to focus specifically on how democracy and governance aid influences democracy to better understand the channels through which foreign aid may affect democracy. Second, we look at different stages of the democratic trajectory by presenting empirical analyses that assess the link between aid and transitions to multiparty politics and the relationship between outside financial assistance and democratic consolidation.

Publisher: UNU-WIDER; Authors: Simone Dietrich and Joseph Wright; Sponsors: This working paper has been prepared within the UNU-WIDER project 'Foreign Aid: Research and Communication (ReCom)', directed by Tony Addison and Finn Tarp. UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for the Research and Communication (ReCom) programme. UNU-WIDER also acknowledges core financial support to UNU-WIDER's work programme from the governments of Finland (Ministry for Foreign Affairs), the United Kingdom (Department for International Development), and the governments of Denmark and Sweden.

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)*

## **EVERY WOMAN EVERY CHILD**

*The Effort to Advance the Global Strategy  
(Continued)*

### **Commitments to Every Woman and Every Child GOVERNMENTS**

#### **Canada**

As Chair of the G8, Canada made maternal, newborn and child health a priority for the G8 Muskoka Summit in June 2010. At the Muskoka Summit, Prime Minister Stephen Harper committed C\$1.1 billion in new and additional funding for women's and children's health as part of the Muskoka Initiative. Prime Minister Harper also confirmed renewal of existing resources of C\$1.75 billion, meaning Canada will provide C\$2.85 billion for MNCH by 2015. Canada will focus its efforts on improving the services and care needed to ensure healthy pregnancies and safe delivery, and placing a particular emphasis on meeting the nutritional needs of pregnant women, mothers, newborns and young children. Canada will work to increase access to the high-impact, cost-effective interventions that address the leading killers of children under the age of five. Canada will also commit an additional \$540 million over three years to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This is in addition to a total of \$978.4 million that Canada has

committed and disbursed to the Global Fund since 2002.

<http://www.pm.gc.ca/eng/media.asp?id=3479>

### **Central African Republic**

Central African Republic commits to increase health sector spending from 9.7% to 15%, with 30% of the health budget focused on women and children's health; ensure emergency obstetric care and prevention of PMTCT in at least 50% of health facilities; and ensure the number of births assisted by skilled personnel increase from 44% to 85% by 2015. CAR will also create at least 500 village centers for family planning to contribute towards a target of increase contraception prevalence from 8.6% to 15%; increase vaccination coverage to 90%; and ensure integration of childhood illnesses including pediatric HIV/AIDS in 75% of the health facilities.

### **Chad**

Chad commits to increase health sector spending to 15%; provide free emergency care for women and children; provide free HIV testing and ARVs; allocate of US\$10million per year for implementation of the national roadmap for accelerating reduction in MNC mortality; strengthen human resources for health by training 40 midwives a year for the next 4 years, including creating a school of midwifery and constructing a national referral hospital for women and children with 250 beds; and deploying health workers at health centers to ensure delivery of a minimum package of services. Chad also commits to pass a national human resources for health policy; increase contraception prevalence to 15%; ensure 50% of the births are assisted by a skilled birth attendant; and increase coverage of PMTCT from 7% to 80%, and pediatric HIV coverage from 9% to 80%. <http://www.primature-tchad.org/>

*To be continued.....*

## **Top Two-Articles Accessed in April 2012**

1. The Ethical Concept of the Fetus as a Patient;  
<http://www.womenshealthsection.com/content/obs/obs019.php3>  
Authors: [Frank A. Chervenak, M.D.](#); Given Foundation Professor and Chairman; Department of Obstetrics and Gynecology; Weill Medical College of Cornell University, New York, New York (USA) and [Laurence B. McCullough, Ph.D.](#); Professor of Medicine and Medical Ethics, Associate Director for Education; Center for Medical Ethics and Health Policy; Baylor College of Medicine, Houston, Texas (USA)
2. The Diseases of Addiction: Opiate Use and Dependence;  
<http://www.womenshealthsection.com/content/gynmh/gynmh013.php3>  
WHEC Publications. Special thanks to writers, editors for compiling the review and reviewers for helpful suggestions. Funding provided by WHEC Initiatives for Global Health.

## **From Editor's Desk**

### **Global strategy to stop health-care providers from performing female genital mutilation**

UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, MWIA, WCPA, WMA

#### **Overview**

This global strategy against medicalization of female genital mutilation (FGM) has been developed in collaboration with key stakeholders, including UN organizations and health-care professional bodies, national governments and NGOs. The strategy is intended for a broad audience of policy-makers in governments, parliamentarians, international agencies, professional associations, community leaders, religious leaders, NGOs and other institutions.

About the global strategy against medicalization of female genital mutilation

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Details: [http://whqlibdoc.who.int/hq/2010/WHO\\_RHR\\_10.9\\_eng.pdf](http://whqlibdoc.who.int/hq/2010/WHO_RHR_10.9_eng.pdf)

## **Words of Wisdom**

Healthy citizens are the greatest asset any country can have.

– Sir Winston Churchill

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

