



WHEC UPDATE

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

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Anniversary Edition

Where is “W”oman in Maternal Newborn and Child Health (MNCH)? Scientific evidence indicates that improving a woman’s health before pregnancy will improve pregnancy outcomes. However, for many years, our efforts have focused primarily on prenatal care and on caring for infants after birth. Our focus this year will be on the concept and practice of preconception care and translating population-based primary prevention data to individual patient care. The bridge between “think population, treat individual” in the instance of preconception care may be as straightforward as asking a single question about pregnancy risk or intent. Yet this simple concept has been difficult to practice on routine basis; the general population does not expect to be asked, and time taken to provide the appropriate counsel to a woman on the basis of her answer is not reimbursed. In some instances, the time that is needed to do these may require a separate counseling visit and more frequent medical visits to treat any conditions that she may have.

This year our focus is on developing *Practice Bulletins* which will soon appear in ***WomensHealthSection.com***, will clearly illustrate the benefits of preconception care to women and their families. However, without some significant changes in the current health care systems, it may remain yet another unrealized opportunity. Please feel free to send us your thoughts and suggestions and join the movement!

Preconception care is not a new concept. Despite the broad interest in preconception care, there has been only modest progress in the implementation of these concepts into clinical practice and development of research studies to advance practice. Existing research indicates that most women realize the importance of optimizing their health before pregnancy is planned, and that most physicians think preconception care is important. During the last 20 years, there has been a growing realization that the development of a comprehensive program to assess and modify medical, psychosocial, and behavioral risks before pregnancy could prevent poor pregnancy outcomes for women and infants. This kind of care can help women and couples make decisions regarding the timing of conception and can improve their health in readiness for pregnancy.

On 12th April 2013, our global health initiative Women’s Health and Education Center (WHEC) celebrates its 12th birthday. We hope our efforts translate into action at the “treat individual” level. Without our efforts and implementations of projects, preconception care will remain another example of; although science can prove the need for this essential service, is not done. It gives me great pleasure to present this special issue of *WHEC Update* featuring opportunities to improve women’s health at local levels worldwide. Their stories of survival, determination, and resilience are inspirational. And I thank them for allowing us to share their stories with us. Lot has changed since our journey on the global stage began, but one thing never has: our commitment to improve maternal and child health worldwide – A Promise Renewed.

We invite you to visit ***WomensHealthSection.com*** regularly to stay informed and explore the various opportunities through which you can contribute to the work of the Women’s Health and Education Center (WHEC) and the United Nations. We can pass no greater gift to the next generation than a healthier future. That is our vision.

Thank you for the support and friendship.

Women’s Health and Health Care
Rita Luthra, MD

Your Questions, Our Reply

What are the barriers to Preconception Care? Who should provide the Preconception Care?

Opportunities for Preconception Care: The slow growth of preconception care can be attributed to the many challenges that are faced in the provision of this care.

We believe barriers to the dissemination of preconception care are:

1. Those women who are most in need of services are those least likely to receive them;
2. The provision of services often is fragmented badly;
3. There is a lack of available treatment services for high-risk behaviors;
4. Reimbursement for risk assessment and health promotion activities is inadequate;
5. Health promotion messages are not effective unless received by a motivated couple;
6. Only a few conditions have data supporting intervention before conception rather than intervention early in pregnancy;
7. Many clinical training programs do not emphasize risk assessment and health promotion skills.

These barriers to the delivery of preconception care as part of clinical services are as relevant today as they were at the time they were penned.

National surveys indicate that 84% of women 18-44 years of age have had a healthcare visit during the past year and that most women of reproductive age obtain preventive health services during any given year, all of which offer opportunities to deliver preconception care. Because approximately one-third to one-half of women have more than one primary care provider (generally a family physician or internal medicine physician and an obstetrician/gynecologists), all providers who routinely see women for well-woman examinations or other routine visits have an important role to play in improving preconception health. A comprehensive preconception care program has the potential to benefit women who desire pregnancy by reducing risk, promoting healthy lifestyles, and increasing readiness for pregnancy. For women who do not desire pregnancy, a preconception care program reduces personal health risks and the risk of an unwanted pregnancy.

The time for a national discussion about how to incorporate preconception care and women's health into our healthcare systems is overdue. Equally needed is a national strategy to promote the necessary research, clinical demonstration programs, and community-based implementation that will make this care part of the fabric of health and healthcare in every country. If we hope to achieve better pregnancy outcomes, we must change the way we provide Maternal, Newborn, and Child Health services and add the "W" into MNCH.

The tragedy of this is that although local individuals suffer unnecessarily, so too do populations globally. Improving the health of "W"omen will improve the health of mothers and children. We must focus on improving the health of "W"omen before pregnancy and put the "W" in MNCH.

Welcome to join our efforts!

United Nations At A Glance

Bahrain and the United Nations

Permanent Mission of the Kingdom of Bahrain to the United Nations in New York

Welcome to the Website of the Permanent Mission of the Kingdom of Bahrain to the United Nations in New York. This website was designed with the intention of providing our guests with as much information about the Kingdom of Bahrain, and its work at the United Nations.

In addition, speeches or statements made by Bahraini Officials and members of the Bahrain delegation are included, which emphasize Bahrain's position on given issues.

This website contains various information and links on the Kingdom of Bahrain, Bahrain and the United Nations and Consular matters. I hope this website provides sufficient data of use to our guests.

On behalf of the Permanent Mission of the Kingdom of Bahrain to the United Nations in New York, I wish this website will be helpful to all.

Details: <http://www.un.int/wcm/content/site/bahrain/>

For more questions and information, email us at newyork@bahrainmission.org

Collaboration with World Health Organization (WHO)

World Health Day - 7 April 2013



World Health Day is celebrated on 7 April to mark the anniversary of the founding of WHO in 1948. Each year a theme is selected for World Health Day that highlights a priority area of public health concern in the world.

The theme for 2013 is high blood pressure.

About high blood pressure

High blood pressure – also known as raised blood pressure or hypertension – increases the risk of heart attacks, strokes and kidney failure. If left uncontrolled, high blood pressure can also cause blindness, irregularities of the heartbeat and heart failure. The risk of developing these complications is higher in the presence of other cardiovascular risk factors such as diabetes. One in three adults worldwide has high blood pressure. The proportion increases with age, from 1 in 10 people in their 20s and 30s to 5 in 10 people in their 50s. Prevalence of high blood pressure is highest in some low-income countries in Africa, with over 40% of adults in many African countries thought to be affected.

However, high blood pressure is both preventable and treatable. In some developed countries, prevention and treatment of the condition, together with other cardiovascular risk factors, has brought about a reduction in deaths from heart disease. The risk of developing high blood pressure can be reduced by:

- Reducing salt intake;
- Eating a balanced diet;
- Avoiding harmful use of alcohol;
- Taking regular physical activity;
- Maintaining a healthy body weight; and
- Avoiding tobacco use.

[Global atlas on cardiovascular disease prevention and control](#)

Collaboration with UN University (UNU)

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

The Omani and Bahraini Paths to Development: Rare and Contrasting Oil-based Economic Success Stories

Oman and Bahrain are Middle Eastern success stories. There are some key similarities. Both have followed pragmatic development strategies built on a stable foundation of strengthened governance structures and enhanced economic liberalization. These improvements occurred in somewhat different settings, with Oman developing in a more authoritarian environment, whereas Bahrain enjoyed greater democracy but somewhat less stability. While both countries have relied on oil revenues to support their development efforts, it appears that, in contrast to their less successful oil producing neighbors, each country had just enough oil to do some good, but not enough to do serious damage.

Oman has grown beyond the early stages of development. It has moved beyond its initial reliance on oil revenues towards a diversified economy and is entering a development stage where efficiency will become an increasingly important factor in determining economic success.

Bahrain's record, if a bit more erratic, is no less impressive. Despite the country's shifting economic policies over time, its broad focus on diversification has produced significant results in a social environment more hostile to cooperation and policy experimentation. Because Bahrain had an earlier start in concerted development planning, its economy is more advanced—moving beyond the World Economic Forum's efficiency-driven stage into an environment where innovative activity will play an increasingly important role. In this regard, the country is well positioned, with stable and efficient public institutions and advanced infrastructure.

Both Oman and Bahrain have enjoyed economic success because their governments made pragmatic choices at each phase of development, which allowed the countries to progress to higher levels of economic sophistication and welfare. Policies favoring improvements in economic freedom and governance clearly set these countries apart from their neighbors and go a long way in accounting for their superior growth records. These improvements occurred in somewhat different settings, with Oman developing in a more authoritarian environment, whereas Bahrain enjoyed greater democracy but somewhat less stability. However, the two countries also had one very important factor in common: each had just enough oil to do some good, but not enough to do serious damage. Still, both countries have relied on oil revenues to support their development efforts. The true test of the success of their development strategies may well be revealed by how well they fare if the oil price declines of late 2008 continue for a prolonged period.

Publisher: UNU-Wider; Series: WIDER Research Papers; Author: Robert Looney

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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)

Bahrain

External political interventions and the rise of the oil industry have permanently changed the traditional way of life in the Arab Gulf States in recent decades. The modernization process, which lasted for centuries in the West, has been compressed into decades, putting great stress on traditional societies. It has also influenced identities like tribal, family and religious loyalties, linguistic and ethnic to be more important than state citizenship. The common bonds of the Gulf peoples are now overshadowed by political differences between the new states. These factors, along with economic disparities, unstable oil prices and politicized religion have all contributed to existing tensions, which have exerted a direct toll on the situation of women and children in the Area.

The importance attained by the Gulf Countries stems principally from their massive energy deposits, holding 53 per cent of the world's known oil reserves and producing over a third of the world's daily output. Saudi Arabia ranks first with a 261 billion-barrel reserve, followed by the United Arab Emirates (98 billion) and Kuwait (96.5 billion). In addition, with 14 per cent of the world's reserves, the Gulf is also rich in natural gas. Qatar alone holds the world's third-largest reserves. In view of the uncertain oil market outlook and evolving trends in regional and international economics, Gulf Countries are faced with important challenges.

These are compounded by domestic developments, particularly the growing number of nationals ready to enter the labor market. Complicated by insufficient policy response to less favorable external conditions, risks include low rates of economic growth, rising unemployment and growing financial imbalances and indebtedness. If such conditions were supported by structural reforms, economic adjustment and financial stability, increased employment opportunities and sustained economic growth could be closer at hand.

Global Campaign for Education

Make it Right: Ending the Crisis in Girls' Education

http://www.ungei.org/resources/files/MakeltRight_Report_07.pdf

To be continued.....

Top Two-Articles Accessed in March 2013

1. Global Efforts to End Obstetric Fistulae (Part 1);
<http://www.womenshealthsection.com/content/urogvvf/urogvvf011.php3>
WHEC Publications. Special thanks to World Health Organization / The Fistula Foundation, The UN Population Fund / UNFPA for the contributions. Funding provided by Global Initiatives of Women's Health and Education Center (WHEC), and its partners to improve maternal and child health worldwide – Join the efforts!
2. Global Efforts to End Obstetric Fistulae (Part 2);
<http://www.womenshealthsection.com/content/urogvvf/urogvvf012.php3>
WHEC Publications. Special thanks to World Health Organization / The Fistula Foundation, The UN Population Fund / UNFPA for the contributions. Funding provided by Global Initiatives of Women's Health and Education Center (WHEC), and its partners to improve maternal and child health worldwide – Join the efforts!

From Editor's Desk

Family Planning Summit

High-level Meeting Reproductive Rights



Hosting organizations: DFID (Department for International Development) with the Bill and Melinda Gates Foundation

The UK Department for International Development (DFID) and the Bill and Melinda Gates Foundation, with participation by other partners (including technical assistance from UNFPA), are sponsoring a high-level event in London on World Population Day, July 11, to galvanize political commitment and financial resources from developing countries, donors, the private sector, civil society and other partners to meet the family planning needs of women in the world's poorest countries by 2020. The ultimate goal is to ensure women in developing countries have the same access to life-saving family planning information, services, and supplies as women in developed countries.

This section of the PMNCH website will highlight all Blogs, releases and actions related to the Family Planning Conference.

Details:

http://www.who.int/pmnch/media/news/2012/20120627_family_planning_summit/en/index3.html

NGO News

Join the e-discussion on "Building the future we want with science, technology and innovation (STI) and culture"

You are invited to participate in an open online discussion on "Building the future we want with science, technology and innovation (STI) and culture" from 18 February – 19 March, jointly organized by UNDESA, UNDP and UNESCO. The e-discussion brings together experts from within and outside of the UN system to formulate critical policy messages to the ECOSOC Annual Ministerial Review, being held in July 2013 in Geneva. You are invited to bring new thoughts and ideas to the policy debate, drawing on your experiences, in order to brainstorm on challenges and untapped opportunities in the use of STI and culture for sustainable development solutions.

<https://one.unteamworks.org/AMR2013>

Words of Wisdom

True, This! —
Beneath the rule of men entirely great,
The pen is mightier than the sword.
Behold
The arch-enchanters wand! — itself a nothing! —
But taking sorcery from the master-hand
To paralyse the Caesars, and to strike
The loud earth breathless! — Take away the sword —
States can be saved without it!

– English author Edward Bulwer-Lytton (1803 - 1873) in 1839 for his play *Richelieu*

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

