



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
November 2013; Vol. 8, No. 11

Making A Difference

Despite recognition in the Millennium Declaration of the importance of human rights, equality, and non-discrimination for development, the Millennium Development Goals (MDGs) largely bypassed these key principles. The fundamental human rights guarantees of equality and non-discrimination are legally binding obligations and do not need instrumental justifications.

Discrimination can both cause poverty and be a hurdle in alleviating poverty. Even in countries where there have been significant gains toward achieving the MDGs, inequalities have grown. The MDGs have supported aggregate progress—often without acknowledging the importance of investing in the most marginalized and excluded, or giving due credit to governments and institutions which do ensure that development benefits these populations. Recognition of this shortcoming in the MDGs has brought an increasing awareness of the importance of working to reverse growing economic inequalities through the post-2015 framework, and a key element of this must be actively working to dismantle discrimination.

Even in countries where there have been significant gains toward achieving the MDGs, inequalities have grown. The MDGs have supported aggregate progress – often without acknowledging the importance of investing in the most marginalized and excluded, or giving due credit to governments and institutions which do invest in these populations. Recognition of this shortcoming in the MDGs has brought an increasing awareness of the importance of working to reverse growing economic inequalities through the post-2015 framework, and a key element of this must be actively working to remedy discrimination.

The post-2015 framework should be grounded in the fundamental guarantee of equality and non-discrimination. It should embody the responsibility of states, when acting together or alone, to take proactive measures to identify and address entrenched discrimination, both direct and indirect. And it should embody the responsibility of states, international institutions, and corporations to avoid and remedy discrimination for which they are directly or indirectly responsible. The framework should go some way toward achieving this by including goals, targets, and indicators directed at reducing discrimination and ensuring that the social and environmental needs of the most marginalized communities are being addressed fairly, and at reducing wealth inequalities more broadly. Details are available in our educational program – ***WomensHealthSection.com*** and *WHEC Update*.

Governments and donors should ensure that their development strategies and projects are designed to consider at-risk groups and avoid any adverse rights impacts and develop accessible, effective accountability mechanisms for those discriminated against. Further, while non-governmental organizations, when operating as non-state actors, do not bear the same international obligations under human rights law as governments do, they do not function in a human rights void and should operate in a manner that promotes human rights. Governments are also required to ensure they enforce human rights on all within their jurisdiction. Thus, all actors engaged in development should adopt a rights-based approach to their work, which requires a specific action to ensure equality and non-discrimination in process and outcome.

A Human Rights Perspective

Rita Luthra, MD

Your Questions, Our Reply

Does the post-2015 framework guarantee equality and non-discrimination? What are the strategies and recommendations to achieve this goal?

The Post-2015 Framework Strategies and Recommendations: The development goals should be grounded in a fundamental guarantee of equality and non-discrimination. Targets and indicators should be designed to reduce existing inequalities, address entrenched discrimination, and realize the social and economic rights of the most in need while also remaining feasible, affordable, and implementable.

Human Rights Watch recommends:

- The post-2015 framework should emphasize the importance of development reaching the most marginalized populations, including indigenous peoples. It can go some way toward achieving this by including: A specific target of addressing the social and economic needs of the most marginalized or discriminated against groups in each country. The framework should establish the methodology for identifying marginalized or disadvantaged groups, but the groups identified would vary country to country.
- Indicators should measure realization of urgent social and economic needs of the most marginalized populations, including indigenous peoples.
- Indicators should measure respect of indigenous peoples' rights, including land and cultural rights, and recognize free, prior, and informed consent.
- Indicators which measure the achievement of each target for the most marginalized or discriminated against groups in each country.
- In order to achieve this, disaggregated data will be essential. It may not be feasible to disaggregate data by all potential grounds of discrimination. At a minimum, states and international institutions should collect disaggregate by gender, demographic group (i.e. ethnic background, language, religion), locale (rural / urban / slum household, state / territory), and age. States and international institutions should also analyze all existing disaggregated data.
- Indicators should look to identify structural discrimination, including consideration of discriminatory laws and discrimination by private actors. Considerations should include whether governments have non-discrimination laws that bind public and private entities (with a definition of discrimination consistent with international human rights law), require public and private institutions to develop non-discrimination action plans, and fully implement such laws and policies.



The post-2015 framework should emphasize the importance of development reaching the poorest. It can go some way toward achieving this by including:

- A specific target of addressing the social and economic needs of the poorest two wealth quintiles in each country.
- Indicators which measure the achievement of each target by wealth quintiles. This will require the collection of data along wealth quintiles.
- A specific target on reducing income inequalities within countries, with an emphasis on reducing the gap between the richest and poorest quintiles (20:20 gap) or between the top quintile and the bottom two quintiles (10:40 gap).

United Nations At A Glance

Burundi and The United Nations

Burundi was placed on the Peace Building Commission's (PBC's) agenda on 23 June 2006, following a referral from the Security Council. The PBC has worked with the government and international and local partners to address the country's peacebuilding priorities in the areas of good governance, strengthening the rule of law, community recovery, and land ownership.

In the enabling resolutions establishing the Peacebuilding Commission, resolution [60/180](#)  and resolution [1645 \(2005\)](#)  of 20 December 2005, the United Nations General Assembly and the Security Council mandated it:

- To bring together all relevant actors to marshal resources and to advise on and propose integrated strategies for post-conflict peacebuilding and recovery;
- To focus attention on the reconstruction and institution-building efforts necessary for recovery from conflict and to support the development of integrated strategies in order to lay the foundation for sustainable development;
- To provide recommendations and information to improve the coordination of all relevant actors within and outside the United Nations, to develop best practices, to help to ensure predictable financing for early recovery activities and to extend the period of attention given by the international community to post-conflict recovery.

www.burundi-un.org

Collaboration with World Health Organization (WHO)

WHO | Burundi

Country Cooperation Strategy at a glance

Increased burden of maternal and neonatal morbidity and mortality is due to the low rate (20%) of deliveries assisted by qualified staff and the even lower access to emergency obstetrical care, as well as the total fertility rate (6.8%) and low contraceptive prevalence.

An essential primary health package and adequate reference care in hospitals are lacking. These constraints are more critical than the number of health facilities (health centers and hospitals) in limiting access to and use of health care services. When services are available, financial constraints limit access for the poorest section of the population. Deficiencies of the health system parallel the serious shortage of qualified staff (1 doctor per 34 744 inhabitants and almost no specialists in the hinterland): inadequate logistics, insufficient public funding (5 purchasing power parities (PPPs) per inhabitant per year in 1997 and 1998, of which 1.5 from Government funds and 3.5 from donors, out of total health expenditure estimated at 12 PPPs), high share of funding borne by households while existing social insurance mechanisms cover less than 10% of the population.

Opportunities

The country is emerging from crisis, which would help break a vicious circle:

- A new national policy has been developed for the next ten years and has been adopted; it takes into account both short-term humanitarian needs and the Millennium Development Goals (MDGs);
- Gradual awareness at political level of the links between health and development;
- National programme for poverty reduction being developed; debt relief initiative with the Heavily Indebted Poor Countries (HIPC) funds;
- Participatory process leading to the design of a National Health Development Plan (PNDS);
- Several encouraging experiences taking place, namely: integrated surveillance, emergency obstetrical care, Integrated Management of Childhood Illness (IMCI), home-based care, and access to antiretroviral therapy (ART) for persons living with HIV/AIDS (PLWHA), community participation.

Challenges

Need to be involved in reconstruction and development efforts and mobilize simultaneously appropriate responses to humanitarian needs.

- Need to identify and combine short-term and longer term responses regarding human resources, in order to improve availability and quality of services;
- Need to increase financial resources for health within the framework of the National Poverty Reduction Plan currently in development, while fostering access for the most vulnerable groups;

- Need to ensure involvement and good coordination of other sectors that can/should contribute to the good health of the population;
- Need to develop strategies to reduce the populations' vulnerability, along with adequate prioritization

Details: <http://www.who.int/countries/bdi/en/>

WHO Reproductive Health Update

Consultancy opportunity

HIV/syphilis RDT research study coordinator

WHO seeks a consultant to work with the WHO STI team to lead the coordination of a series of operational research studies of new dual HIV/syphilis rapid diagnostic tests (RDTs). You would be working on a collaborative project with PATH and the Gates Foundation to finalize development of country-specific investment cases to eliminate mother-to-child transmission of syphilis in India, Nigeria, and Zambia. You must be willing to commit for at least 6 months, be based in Geneva, and able to travel up to 25% of time to focus countries. If you are interested, please send your CV and a brief statement of interest to newmanl@who.int by Wednesday 13 November 2013. To start as soon as possible after 1 December 2013. Please feel free to pass on information about this opportunity to interested colleagues.

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 91, Number 11, November, 797-896

Collaboration with UN University (UNU)

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

A Phoenix in Flames?

This paper challenges the idea that farmers revert to subsistence farming when confronted with violence from civil war. Macro-economic evidence on economic legacies of civil war suggests that civil wars, while obviously disastrous in the short run, do not need to have persistent effects on long term economic outcomes. New micro-level studies are ambiguous about the impact of civil war for welfare. Several studies find long lasting negative effects, particularly through reduced human capital formation while others for example report increased participation in collective action programs and the emergence of local institutions. We investigate to what extent individual incentives for investments are affected by civil war. Using several rounds of (panel) data at the farm and community level, we find that farmers in Burundi who are confronted with civil war violence in their home communities increase export and cash crop growing activities, invest more in public goods, and reveal higher levels of subjective welfare evaluations. We interpret this in the light of similar recent micro-level evidence that points to post-traumatic growth effects after (civil) war fare. Our results are confirmed across specifications as well as in robustness analyses.

The paper presents evidence that contrary to the conventional idea that wars are “development in reverse” war can have positive outcomes as well. Our outcomes contrast other micro level evidence regarding crop production and investments after civil warfare in e.g. Uganda and Mozambique, suggesting at the very minimum, that war impacts are context dependent. Indeed, the wars in Uganda and Mozambique were fought for different reasons and had a distinctly different character than the war in Burundi. That said, we do believe that, as foremost psychological and recent economic evidence shows, traumatic experiences, while clearly unwarranted, may have positive consequences as well. This may have profound implications for countries' post-war development paths.

Publisher: UNU-WIDER; Author: Eleonora Nillesen and Philip Verwimp; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Finnish Ministry for Foreign Affairs, and the financial contributions to the research programme by the governments of Denmark (Royal Ministry of

Foreign Affairs), Finland (Finnish Ministry for Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

(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)

Burundi

A 12-year civil war between Hutus and Tutsis has ended, and successful presidential elections in 2005 hold the promise of a new era of peace for the nation. UN peacekeeping troops remain stationed in Burundi. About half of the population is under age 18. Threats to Burundi's children include rape, child prostitution, child labor, recruitment into militias, internal displacement, kidnapping and landmines. Burundi's infant and under-five mortality rates remain among the highest in the world, due in large part to malaria, diarrhea, pneumonia and HIV/AIDS.

Burundian women face a lifetime risk of maternal death of 1 in 12. Approximately 27,000 children under age 15 have HIV/AIDS. Another 200,000 have been orphaned by the disease. The first national nutrition survey conducted in 18 years showed a reduction in malnutrition and an increase in breastfeeding for children under six months, but also revealed high incidences of vitamin A deficiency (28 per cent) in children under age five. Some 60 per cent of primary school-aged children have iodine deficiency.

Immunization rates for the deadliest childhood diseases have declined in recent years. Three quarters of primary schools lack potable water; 38 per cent of schools have insufficient latrines. A lingering conflict between the government and Hutu forces in the western provinces continues to threaten civilians. Recruitment of child soldiers is an urgent concern.

World Vision opens new school feeding project



World Vision Burundi has opened a new school-feeding project in the eastern part of Burundi. The opening ceremony was attended by the local governor, local senior managers of the education ministry, teachers representing the 26 schools to benefit from the project and staff of the World Food Programme (WFP) and World Vision. Jules Nsabimana Maguru, the commodities officer for World Vision Burundi said the project would be working in four communes of the province: Mishiha, Niagara, Cendajuru and Kigamba. Maguru said the goal of the school feeding project is to improve school enrolments, particularly girls, as well as reducing the school dropout rate. Maguru also indicated that a well-balanced meal would provide good health to the children, enabling them to concentrate in class.

As well as the school-feeding project, children will be sensitized on HIV and AIDS prevention and will learn new farming methods. World Vision will be providing fruit trees, and beans or pea seeds to be planted in school lands. Each of the beneficiaries will receive a daily average of 100 grams of cereals, 60 grams of pulses, 15 grams of vegetable oil and 3 grams of salt. While WFP is providing the food and World Vision is distributing it, the headmaster of each school and chosen teachers will be responsible for the daily management of the food. The school feeding project will encourage girls' attendance by giving a reward of 3.6 kilograms of vegetable oil to those who do not miss a class for a month.

Details: http://www.ungei.org/infobycountry/burundi_1408.html

To be Continued.....

Top Two-Articles Accessed in October 2013

1. The Diseases of Addiction: Opiate Use and Dependence;
<http://www.womenshealthsection.com/content/gynmh/gynmh013.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review and to U.S. Food and Drug Administration (FDA) for the contributions. This series is part of WHEC initiatives to advance Global Health.
2. The Diseases of Addiction: Disorders Relating to Alcohol;
<http://www.womenshealthsection.com/content/gynmh/gynmh011.php3>
WHEC Publications. Special thanks to our reviewers for helpful suggestions. This series is part of WHEC initiatives to advance Global Health.

From Editor's Desk

[Member States pledge to end sexual violence in conflict](#)



UNICEF/Olivier Asselin

World Health Organization (WHO) welcomes the Declaration of Commitment to End Sexual Violence in Conflict signed by 113 Member States attending the 68th UN General Assembly in New York. By signing the declaration, Member States pledged to end the use of rape and sexual violence as a weapon of war, which terrorizes communities during conflict and has very serious health consequences. The declaration sends an important message to the victims of these crimes that the international community has not forgotten them, and to the perpetrators of rape that they will be held to account.

WHO addresses violence against women, including sexual violence in conflict, by:

1. Building evidence on the magnitude, consequences and effective interventions to prevent and respond to such violence;
 2. Providing guidance and technical support to Member States to strengthen the role of the health sector in both prevention and response to such violence; and
 3. Working with partners to strengthen capacity for provision of comprehensive and timely health services including mental health care to survivors of violence to mitigate the long-term consequences of such violence.
- [Read more](#)
 - [Global and regional estimates of violence against women](#)
 - [Responding to intimate partner violence and sexual violence against women](#)

Stop Rape Now

The UN Action Multi-Donor Trust Fund (MDTF) was created in 2009 to mobilize funds to support the Secretariat of the UN Action network and a modest range of joint catalytic activities. The MDTF aims to:

- (i) Streamline joint programming,
- (ii) Strengthen governance and financial management systems, and
- (iii) Standardize reporting to donors.

The entities participating in UN Action appointed the Multi-Donor Trust Fund Office (MDTF Office) of the United Nations Development Programme (UNDP) to serve as the Administrative Agent for the UN Action MDTF. The MDTF was extended until December 2012 to synchronize with the duration of UN Action's Strategic Framework for 2011-2012. In 2010, nine new projects were funded from the MDTF, representing about 70% of UN Action's total expenditure.

<http://stoprapenow.org/uploads/files/63711.pdf>

Words of Wisdom

You can tell the condition of a nation by looking at the status of its women.

– Pandit Jawaharlal Nehru, First Prime Minister of India (1889-1964)

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

<http://www.womenshealthsection.com/>



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