



WHEC UPDATE

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

Happy New Year from all of us at Women's Health and Education Center (WHEC)

Let us go ahead and declare 2014 will be a big year for all of us. The feasibility and acceptability of using video Internet communication to teach and evaluate surgical skills in a low-resource setting is enjoyable and helpful. In resource-limited countries, where there are often few trained surgeons to care for a large population, it is often difficult to meet surgical training needs with on-the-job learning. The global burden of surgical disease has been increasingly recognized as a significant issue, and although it is shown to be a cost-effective area of intervention, has not been a priority in global health. One of the limitations of training in Africa, as with many resource-challenged countries, is the ratio of skilled attending surgeons to the number of patients served, as well as the number of trainees.

Inadequate access to health care is a significant factor that contributes to decreased life expectancy for pregnant women. Improving the care available by increasing the level of surgical skills acquisition and number of skilled providers fits with the Millennium Development Goal 5 of decreasing maternal mortality. Additionally, skills acquisition as an area of critical importance and the capacity of training is insufficient to meet the human resource needs for maternal and newborn health in Africa is well documented. It has been noted that some of the medical officers in resource-limited countries at the district hospital or health centers have no skills for maternal and newborn care, despite the critical role they are expected to play at this level. We have plans for remote teaching and learning of basic surgical skills aimed at interns who will soon practice independently in remote settings as part of expansion of our e-Health Project:

WomensHealthSection.com. We hypothesized that remote teaching would be superior to standard teaching for learning basic surgical skills. If effective, this teaching modality could provide a mechanism for participating in global health training without travel and reduce the teaching burden on already strained local faculty.

There are several potential advantages to learning basic surgical skills in a laboratory setting. Simulation allows for repetitive and deliberate practice, rather than observatory learning. Errors can be tolerated and corrected in a skills session. Additionally, developing and solidifying basic skills outside the operating room allows for a higher baseline skill level, and thus, has potential to improve learning when in the operating room. Many studies in recent years have confirmed that ex-vivo technical skills training improves technical skills in the operating room and improves cognitive retention of clinically relevant information provided verbally in the operating room. To make a skills training program more sustainable and available, the use of remote teaching is a viable option. This potentially allows faculty, residents, and students who are not able to travel to participate in global health education.

At present, there are several challenges with this type of teaching and training programs. To perform this successfully, reliable (fast) Internet access is essential. Slow-Internet, dropped calls, or work-related issues and time-zones differences makes scheduling a challenge and requires some planning and commitment on both sides. Overall, it is encouraging to show that basic surgical skills and patient management can be improved with a low-cost remote teaching model. We believe that this basic technology can be applied to many different surgical skills and teaching modalities. With the use of Internet cameras to help guide arm movement and body mechanics, there are many more potential surgical applications (ultrasonography and laparoscopy) and other learning opportunities (remote case discussion, Morbidity and Mortality conference). This type of teaching is a good way to foster ongoing collaboration and to help build a meaningful relationship between departments with significant geographic constraints.

Internet Surgical-Skills Training Sessions

Rita Luthra, MD

Your Questions, Our Reply

What are the issues and way forward for improved sexual and reproductive health in the African Region?

Policies and Strategies: Sexual health is the experience of the ongoing process of physical, psychological and socio-cultural well-being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely counselling and care related to reproduction and sexually transmitted diseases. Reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes.

Sexual and reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Sexual and reproductive health encompasses human rights that are recognized in national laws, international human rights documents and other consensus documents. These rights rest on the basic right of men and women to have access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant.

In the African Region, sexual and reproductive health faces major challenges that include: maternal mortality and morbidity, infant mortality, unsafe abortion, unwanted pregnancies, family planning, infertility, sexually transmitted and reproductive tract infections including HIV/AIDS, cervical cancer and the other cancers of the reproductive tract, harmful practices and violence against women and children and sexual and reproductive health problems affecting young people.

Of the 529,000 maternal death that occur globally every year, 48% are in the African Region. In sub-Saharan Africa, it was estimated in 2005 that there were 900 maternal deaths per 100 000 live births. The lifetime risk of maternal death from pregnancy related complications is 1 in 26, compared with 1 in 100 in Asia, 1 in 160 in Latin America and Caribbean, and 1 in 4 000 in industrialized countries. Among the factors that contribute to maternal death are pregnancies that are too early, too close, too late and/or too many. Nevertheless, the contraceptive prevalence among married women in sub-Saharan Africa is low, estimated at 13%, in spite of the evidence of the pivotal role of family planning in improving maternal and new born health. About 25% of unsafe abortions are among teenagers 15 to 19 years old, the highest in the world.

With regards to HIV/AIDS infection, the heterosexual transmission is the highest among adults in the African region. Among the youth, there are 4 infected women for every man infected with HIV.

Cervical cancer is known as a complication of sexually transmitted human papilloma virus (HPV) infection. Estimated at 22%, it is the commonest cancer in women in the African Region and one of the leading causes of death among women. Fifty percent of the cases are diagnosed late, although 80% of the deaths from cervical cancer can be prevented if timely detected.

In line with the above, the Sexual and reproductive health (SRH) Programme supports the 46 countries of the Region to ensure that all individuals – women and men, young and old – have universal access to comprehensive care which includes the constellation of methods, techniques and services that contribute to the reproductive health well-being throughout the life cycle of men and women in Africa.

United Nations At A Glance

Albania and the United Nations

Welcome to the United Nations in Albania!

As a family of specialized agencies, the UN in Albania works closely with the Government and other partners including civil society, academia and the private sector, to fight poverty, strengthen the rule of law, promote human rights and fundamental freedoms, protect the environment and support economic and social reforms.

In harmonizing these actions, the UN in Albania takes its inspiration from the [United Nations Charter](#), the overarching instrument of the UN, as well as more recent agreements reached by world leaders, such as the [Millennium Declaration](#) that address many of the complex challenges the world faces.

Through a coherent country [programme](#), the UN fully supports and works towards the complementary agendas of: Albania's goal of European Union integration, national priorities expressed in the National Strategy for Development and Integration and the Integrated Planning System, as well as harmonization and aid effectiveness. This includes Albania's commitment to achieving the Millennium Development Goals (MDGs).

Albania is unique in the world in that following a request from the Albanian Government to the United Nations, Albania was selected as one of eight countries around the world to pilot UN efforts to Deliver as One UN in January 2007. The Delivering as One concept builds on the existing reform agenda set by UN member states, which asked the UN to accelerate its efforts to increase the coherence and effectiveness of its operations in the field.

As the pilot phase of Delivering as One came to an end in 2011, and the efforts of the Albanian government, the United Nations Country Team (UNCT) and international partners to lay the foundations for a new way of working together showed concrete results, including increased alignment with national priorities, improved joint programming, increased efficiency gains and cost savings.

The conceptualization and formulation of the next Delivering as One Programme took into account national priorities and the role of the UN in an EU pre accession middle-income country, and culminated in the signing of the [Government of Albania–United Nations Programme of Cooperation 2012–2016](#).

The Programme of Cooperation 2012-2016 is the overarching programme document for 20 United Nations agencies, articulating UN contribution to Albania's national priorities in areas such as governance, rule of law, economy, environment, regional and local development and inclusive social policy.

The Programme of Cooperation deepens the UN Delivering as One approach and seeks greater coherence and simplification through the results-oriented programme management arrangements, with the aim of strengthening national ownership, reducing the reporting burden, and increasing harmonization. The Government has affirmed its commitment to the continuation of the Delivering as One approach and reiterated that there is no going back to business as usual. Building on lessons learnt and results of the Country-Led Evaluation and of the Independent Evaluation of Delivering as One, the UN Country Team, under the new programme cycle, continue to work together with partners towards further strengthening of the systems put in place.

Details: <http://www.un.org.al/>

Collaboration with World Health Organization (WHO)

WHO | Albania

Albania Health Care System

The Government of Albania is the major provider of health care services in the country through a network of 51 general and districts hospitals, 564 health centers and 1582 Maternal Child Health (MCH) clinics called Health Posts. The public sector service, in terms of its distribution of skills, is reasonably balanced except for the number of specialists. The number of beds available (10,197) for a population of 3 million is high for a country like Albania. Overall there is a fairly low utilization of hospital beds (54%) and there appears to be a generally adequate hospital capacity to meet expected needs for the growing population in the short to medium term. The change in philosophy around health care delivery to a Family physician based health service would suggest that there will be specialist over-staffing in the short to medium term. Hospital bed occupancy rates are low and declining in the rural areas and at districts' level. Local Government own primary health centers (PHC) facilities in the rural areas. In Urban areas, Health facilities are owned by the Ministry of Health (MOH).

Policy questions are:

- Should government continue financing 34% of the Total Health Expenditures (THE)?
- Should the household continue financing 59% of the Total Health Expenditures (THE)?
- What is the role of the Health Insurance Institute in financing of the Albanian health system?
- Should donors continue with this level of disbursement or should the level of their funding be reduced or increased?

Details: <http://www.who.int/nha/country/Albania%20NHA03%20Final%20Draft.pdf>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 92, Number 1, January, 1-76

Collaboration with UN University (UNU)

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

Measuring Food Security Using Respondents' Perception of Food Consumption Adequacy

Food security is a complex and multi-dimensional phenomenon. As such, its measurement may entail and benefit from the combination of both 'qualitative-subjective' and 'quantitative-objective' indicators. Yet, the evidence on the external validity of subjective type information is scarce, especially using representative household surveys. The aim of this paper is to compare information on self-perceived food consumption adequacy from the subjective modules of household surveys with standard quantitative indicators, namely calorie consumption, dietary diversity and anthropometry. Datasets from four countries are analyzed: Albania, Indonesia, Madagascar and Nepal. Simple descriptive statistics, correlation coefficients, contingency tables and multivariate regression show that the 'subjective' indicator is at best poorly correlated with standard quantitative indicators. The paper concludes that while subjective food adequacy indicators may provide insight on the vulnerability dimension of food insecurity, they are too blunt an indicator for food insecurity targeting. An effort towards developing improved subjective food security modules that are contextually sensitive should go hand in hand with research into how to improve household survey data for food security measurement along other dimensions of the phenomenon, particularly calorie consumption.

An effort towards developing subjective food security modules should go hand in hand with research into how to improve household survey data for food security measurement along other dimensions of the phenomenon, particularly calorie consumption. The recent trend in a number of countries such as Brazil, Yemen and Bangladesh to redesign a food security index based on local conditions and notions of food

consumption is an important step forward, and should be encouraged in other countries carrying out LSMS-type household surveys.

This surely is not an easy task. The US food security module is the product of several years of methodological advances and of field testing. It measures the sufficiency of household food through food-related behaviors as directly experienced by people. One of its main drawbacks is that, while its *internal* validity and consistency have been extensively tested (at the population level, not at the level of an individual household), its *external* validity has not. The inclusion of a contextually sensitive module similar to that of the US into household surveys in developing countries, reflecting also future vulnerability, provides an excellent opportunity to validate externally 'subjective' indicators, both at the population level and at the level of the individual household.

Publisher: UNU-Wider; Authors: Mauro Migotto, Benjamin Davis, Gero Carletto, and Kathleen Beegle; Sponsors: The governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of 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)*

UNGEI AT 10

A Journey to Gender Equality in Education

The United Nations Girls' Education Initiative (UNGEI) is 10 years old. Launched in Dakar, Senegal, in 2000 by then United Nations Secretary-General Kofi Annan, UNGEI promotes girls' education and works for gender equality in education through a network of partners at the global, regional, national and sub-national levels. Over the course of the decade, UNGEI has faced various challenges and dealt with numerous constraints, while also achieving significant successes. This report is an overview of the current state of girls' education and gender equality. It includes a summary of UNGEI activities and functions, a review of remaining challenges and a sketch of the future direction of UNGEI. This is not an evaluation of UNGEI, but rather a documentation of its activities and its value-added function in advancing the Millennium Development Goals as they relate to gender, education, poverty reduction and the Education for All goals.



This account is based on an analysis of UNGEI historical documents and responses to an informal internal survey of UNGEI focal points at the global, regional and country levels. At the global level, focal points are usually officials responsible for gender in education in their respective organizations. At the regional and country levels, they are usually, though not necessarily, officials of the United Nations Children's Fund (UNICEF). The UNGEI Global Advisory Committee oversaw the survey and provided comments on the report, with assistance from the UNGEI Secretariat. In this self-analysis, UNGEI seeks to further galvanize its actions and contribute to ongoing efforts to realize the right of all girls to education, as measured by gender parity and equality in education. If the global community succeeds in eliminating gender disparities and achieves gender equality in and through education, not only will females be able to experience richer lives, but the societies in which they live will enjoy numerous benefits, including better health and reduced poverty.

This report has benefited from the insights and contributions of many individuals and institutions. We are grateful, first, to Dr. Elizabeth Heen and the Annual Report Working Group, who provided overall guidance and oversight in the preparation of the report and offered many detailed suggestions for improvement. The current members of the Annual Report Working Group are the Africa Network Campaign on Education for All, the United Kingdom's Department for International Development, the

Norwegian Agency for Development Cooperation, the United Nations Children’s Fund (UNICEF) and the Swedish Agency for International Development Cooperation. We also sincerely thank Dr. Jyotsna Jha, an independent consultant, who prepared the report. We are grateful to the members of the UNGEI Global Advisory Committee for their rich contributions. In addition, we thank the UNGEI focal points and their colleagues at the regional and country levels who provided specific input in the form of documents and responses to the survey. Finally, we appreciate the contributions of the research and editorial team at UNICEF.

Details: http://www.ungei.org/resources/files/UNGEI_at_10_EN_050510.pdf

To be continued.....

Top Two-Articles Accessed in December 2013

1. Genetic Counseling and Genetic Screening;
<http://www.womenshealthsection.com/content/obs/obs026.php3>
WHEC Publications. Women's Health and Education Center (WHEC) expresses gratitude to Dr. John P. O'Grady, Professor, Obstetrics and Gynecology, Tufts University School of Medicine, Medical Director Mercy Perinatal Service, for his priceless contribution in preparing the series on Genetics and The Prenatal Testing.
2. Medical Disorders and Contraception;
<http://www.womenshealthsection.com/content/gyn/gyn025.php3>
WHEC Publications. The series on Contraception is funded by WHEC Initiative for the Global Health. We also thank the reviewers for their useful comments towards improving the Practice Bulletin.

From Editor’s Desk



“We cannot have young people growing up without the knowledge, skills and attitudes to be productive members of our society. Our societies cannot afford it. And neither can business. Business needs a creative, skilled, innovative workforce.

... And investing in education creates a generation of skilled people who will have rising incomes and demands for products and services – creating new markets and new opportunities for growth.

... Corporate philanthropy is critical, but we need more companies to think about how their business policies and practices can impact education priorities.

You understand investment. You focus on the bottom-line. You know the dividends of education for all”.

– UN Secretary-General Ban Ki-moon

The Smartest Investment: A Framework for Business Engagement in Education

This Framework makes the case that education is not only good for society but also good for business. It provides practical advice on how business can be an effective partner in improving education systems and learning worldwide while delivering business objectives.

Using concrete examples, the Framework sets out a three-part process for engagement: helping businesses to make the case internally about why they should engage in education; selecting appropriate activities; and acting in a responsible manner. It also identifies five drivers that support education while benefitting business:

- Fostering innovation in education;
- Addressing operational risks;
- Improving brand leadership and enhancing corporate reputation;
- Boosting employee morale and retention;
- Developing capacity of future employees.

The Framework supports the Secretary-General's [Global Education First Initiative](#), which aims to put every child in school, improve the quality of learning, and foster global citizenship.

Details:

http://www.unglobalcompact.org/docs/issues_doc/development/Business_Education_Framework.pdf

Words of Wisdom

Don't miss out on your blessings because they are not packaged the way that you expect.

– Anonymous

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

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

