



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 @ Women's Health and Education Center (WHEC)

Our focus for 2015 is on Adolescent Health. Adolescence and young adulthood offer opportunities for health gains both through prevention and early clinical intervention. Yet development of health information systems to support this work has been weak and so far lagged behind those for early childhood and adulthood. With falls in the number of deaths in earlier childhood in many countries and a shifting emphasis to non-communicable disease risks, injuries, and mental health, there are good reasons to assess the present sources of health information for young people. The worst adolescent health profiles are in sub-Saharan Africa, with persisting high mortality from maternal and infectious causes. Risks for non-communicable diseases are spreading rapidly, with the highest rates of tobacco use and overweight, and lowest rates of physical activity, predominantly in adolescents living in low-income and middle-income countries. Even for present global health agendas, such as HIV infection and maternal mortality, data sources are incomplete for adolescents.

We propose a series of steps that include better coordination and use of data collected across countries, greater harmonization of school-based surveys, further development of strategies for socially marginalized youth, targeted research into the validity and use of these health indicators, advocating for adolescent-health information within new global health initiatives, and a recommendation that every country produce a regular report on the health of its adolescents.

Children should not feel afraid or in danger at home or in school. A keener focus on the development and human rights of adolescents would both enhance and accelerate the fight against poverty, inequality and gender discrimination. Adolescence is an age of opportunity for children, and a pivotal time for us to build on their development in the first decade of life, to help them navigate risks and vulnerabilities, and to set them on the path to fulfilling their potential. The world is home to 1.2 billion individuals aged 10–19 years. These adolescents have lived most or all of their lives under the Millennium Declaration, the unprecedented global compact that since 2000 has sought a better world for all.

In recent months, Women's Health and Education Center (WHEC) has begun to refocus its work towards achieving the Goals by redoubling its efforts in pursuit of equity for children, giving priority to those most disadvantaged within countries and communities. While much of the initial drive of the refocus has centered on promoting greater equity in young child survival and development, addressing inequity in adolescence is equally important and challenging.

It is in this phase of life, the second decade that inequalities appear most glaring. Disadvantage prevents the poorest and most marginalized adolescents from furthering their education with secondary schooling, and it exposes them, girls in particular, to such it exposes them, girls in particular, to such protection abuses as child marriage, early sex, violence and domestic labour – thus curtailing their potential to reach their full capacity.

The development of good information systems, like WomensHealthSection.com has underpinned advances in health in other age groups. There is growing evidence that it can promote effective responses to the health problems of young people, including the prevention of traffic injury, adolescent alcohol misuse, underweight and malnutrition, and the creation of social, neighborhood, and school contexts necessary for healthy development.

Health of the World's Adolescents

Rita Luthra, MD

Your Questions, Our Reply

What are the recommendations to achieve a more complete picture of young people's health?
What interventions do you recommend for better adolescent healthcare worldwide?

Health-policy Interventions for Adolescent Health: It is our view that there are wide international variations in almost all aspects of adolescent health. These differences exist both between and within regions. The poorest regional health profiles were for young people in sub-Saharan Africa where mortality, HIV infection, and role transitions linked to health risk (e.g. early childbirth) were high. There were notable regional differences that include high death rates from violence in Latin America and wide variations in rates of suicide and deaths due to traffic related injury.

There is clear evidence that risks for later life non-communicable diseases are spreading rapidly worldwide, with the highest rates of tobacco use and overweight, and lowest rates of physical activity, predominantly in adolescents living in low-income and middle-income countries.

Women's Health and Education Center (WHEC) has three sets of recommendations to achieve these goals:

Indicator development and measurement

- Research is needed into the measurement of neglected aspects of adolescent health including mental health, health system functioning, and risk and protective factors in adolescents' immediate social contexts;
- There is a need for consensus on the most valid definitions of indicators that are at present well measured but where comparability is limited by the use of different thresholds or age categories;
- Further work to achieve harmonization between surveys, both those that have an international focus and those that are focused within countries will ensure best use of available data collections;
- There is need for consensus around a core set of global indicators of adolescent health that should in turn provide the technical specifications for optimum data collection.

Extending data coverage

- There is a need to extend data coverage of major health problems affecting young people including injury and HIV where good indicators exist but where coverage, even in countries with endemic problems, is poor;
- Strategies are needed to collect data on socially marginalized young people, including those out-of-school, out-of-home, and in juvenile detention, not captured in present systems.

Leadership and coordination

- The UN and its agencies need to have a central role in aligning systems of data collection, drawing in expertise from academia and globally oriented research institutes to develop strategies to fill the present gaps in knowledge;
- Supported by this coordination, every country should be encouraged to produce a report on the health of its young people to guide the plans of government and non-government agencies working towards their healthy development;
- Within future global health initiatives tackling non-communicable diseases, mental health, sexual and reproductive health, and injury, there is a need for explicit data strategies to guide policies for young people including age and sex disaggregation of data and capture of risk processes during the adolescent years.

Join our efforts; we welcome everyone.

United Nations At A Glance

Belize and the United Nations

Belize is a country on the eastern coast of Central America. It is the only country in Central America whose official language is English, though Belizean Creole (Kriol) and Spanish are also commonly spoken. Belize is bordered on the north by Mexico, to the south and west by Guatemala, and to the east by the Caribbean Sea. Its mainland is about 290 km (180 mi) long and 110 km (68 mi) wide. With 22,800 square kilometers (8,800 sq. mi) of land and as of 2014 a population of 340,844, Belize has the lowest population density in Central America. The country's population growth rate of 1.97% per year (2013) is the second highest in the region and one of the highest in the Western Hemisphere.

Belize's abundance of terrestrial and marine species and its diversity of ecosystems give it a key place in the globally significant Mesoamerican Biological Corridor. Belize has a diverse society, with many cultures and languages. Originally part of the British Empire, it shares a common colonial history with other Anglophone Caribbean countries. It became the Member State of the United Nations on 25 September 1981



UNLIREC participates in high-level meetings in Belize to discuss implementation of WMD-related instrument (UNSCR 1540)

In October 2013, UNLIREC received funding from the US Department of State to roll out a technical assistance programme in the Caribbean region to strengthen the implementation of United Nations Security Council Resolution 1540(2004), which establishes legally binding obligations on all UN Member States to have and enforce appropriate and effective measures against the proliferation of nuclear, chemical, and biological weapons (WMD). Following consultations with the donor, the CARICOM Secretariat and other stakeholders, UNLIREC selected five countries for the first phase of the training, including Belize.

During a joint mission with the US Department of State's Regional Advisor of the Export Control and Related Border Security (EXBS) Program from 18-21 August 2014, UNLIREC visited Belize to conduct high-level meetings with key stakeholders in the country to present the EXBS Regional Program and UNLIREC's 1540 Programme as one of its components.

During discussions with the Attorney General Ministry, the Ministry of Foreign Affairs, the Ministry of National Security, the Belize National Coast Guard, the Department of Customs and Excise, the Port of Belize and the Belize Defense Force, officials expressed a keen interest in actively engaging in the activities conducted by both EXBS and UNLIREC, and indicated the importance of the objectives of those programmes for Belize.

Both UNLIREC and EXBS look forward to collaborating further with the Government of Belize in efforts to strengthen export control and border security, as well as the country's implementation of Resolution 1540 (2004).

Belize Fire Arm Act; details:

<http://www.unlirec.org/documents/caribe/belize/firearmsactchapter143ofthesubstantivelawofbelize.pdf>

Collaboration with World Health Organization (WHO)

WHO | Belize



Country Cooperation Strategy at a glance

Belize is an independent country on the Caribbean coast of Central America, comprising 95% mainland and 5% cayes, with a total land area of 22,700 km². The population is ethnically and culturally diverse, with a majority of Mestizos (48.7%) and Creoles (24.9%); populations of indigenous Maya (10.6%) and Garinagu (6.1%); and other minorities, including Mennonites, East Indians, and

Chinese. Belize is home to the longest healthy barrier reef in the Western Hemisphere and lies in the subtropical geographic belt. It obtained its independence from Britain in 1981 and has a parliamentary democracy based on the British Westminster system, with a Governor General who represents the British monarch as head of state, a Prime Minister, and a Cabinet. It is the only English-speaking country in Central America. Belize has an open economy based primarily on agriculture and services, and relies heavily on forestry, fishing, and mining as primary resources, although there is an increasing dependence on the tourism industry. There has been an increase in inward remittances as a percentage of gross domestic product (GDP) over the period 2000–2006, and one of the great expectations for the economy comes from the discovery of oil in 2006. As a member of both the Caribbean Community (CARICOM) and the Central American Integration System (SICA), Belize is in a unique position to take advantage of initiatives in both regions in pursuit of its national health development goals and to foster collaboration and cooperation between them.

Opportunities:

- Belize Health Agenda 2007-2011
- National Poverty Elimination Strategy and Action Plan 2007-2011;
- Multiple other policy frameworks for action in health;
- Decentralized health administration;
- Renewal of Primary Health Care;
- Planned formulation of a national development plan, "Horizon 2030".

Challenges:

- Effective strategies for reduction of health inequities, including poverty alleviation, gender equity, health promotion, and progressive realization of the right to health;
- Enhanced performance by the national health authority of the Essential Public Health Functions, including public health leadership, managerial capacity, health financing, and social protection;
- Adequate numbers, categories, and distribution of human resources for health;
- Effective mechanisms for inter-sectoral collaboration and social participation;
- Taking a program, budget, or sector - rather than a project - approach to health development.

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

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 1, January, 1-64

Collaboration with UN University (UNU)

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

Foreign Direct Investment in Small Island Developing States

The role of foreign direct investment (FDI) in small island developing states (SIDS) is an issue that has been neglected until relatively recently. The reasons for this lack of interest are unsurprising, given both the low absolute volume of capital flows involved and the general neglect of issues relating directly to SIDS in the mainstream theoretical and empirical economics literature. For SIDS themselves however, FDI represents an important additional source of investment capital and a potentially critical contributor to growth and development. This paper represents one of the first attempts to analyze the determinants of the inflows of FDI to SIDS. The analysis is undertaken in the context of the existing literature on the determinants of FDI inflows, incorporating insights drawn from recent research on the determinants of growth in small states.

FDI is identified in the growth literature as providing a critical impetus to economic growth because it embodies technology, knowhow and organizational techniques in addition to financial capital. As such, FDI offers a potentially important means of stimulating growth in developing countries. This paper attempts to investigate the determinants of FDI in Small Island developing states (SIDS). The initial overview of the data on FDI in SIDS highlights several important points, notably the highly skewed distribution of FDI inflows and the existing FDI stock. Discounting the distorting effects of Malta and Singapore, FDI inflows and stocks in SIDS still remain dominated by the largest countries while most other SIDS are host to low absolute levels of FDI. There still appear to be size, income and location biases with respect to relative inflows of FDI, whether expressed as a proportion of GDP or gross fixed capital formation—although it is important to note that these do not, in general, appear as significant in the empirical analysis.

Publisher: UNU-WIDER; Author: Robert Read; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by The Australian Agency for International Development (AusAID), the Finnish Ministry for Foreign Affairs, and the UK Department for International Development—DFID. UNU-WIDER also acknowledges the financial contributions to the research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), and Sweden (Swedish International Development Cooperation Agency—SIDA)

(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)*

LEARNING FROM GIRLS' EDUCATION AS AN ORGANIZATIONAL PRIORITY: A Review of UNICEF Evaluations and Studies, 2000–2005



In 2002, UNICEF adopted the four-year medium-term strategic plan (MTSP) 2002–2005, its first strategic business plan with a rights-based framework and a results-based orientation. Girls' education was the first of the plan's five priorities. The three targets to be met in four years under this priority focus on girls' access to school, the development of child-friendly, gender-sensitive schools and gender parity in achievement.

UNICEF headquarters subsequently requested an analytic desk review of the studies, evaluations, assessments and reviews in education that country and regional

offices around the world had supported from 2000 through 2005. The twofold purpose of the review is to contribute to an assessment of UNICEF's organizational performance in the key priority area of girls' education and to strengthen UNICEF's knowledge base on girls' education. The period reviewed effectively covers the first five years since the launch of the Dakar Declaration on Education for All and the United Nations Girls' Education Initiative (UNGEI).

Several countries in Latin America and the Caribbean conducted studies of educational access, including Brazil, Dominica and Ecuador, which evaluated a communication and mobilization programme in its coastal region. Brazil studied education in its rural areas and examined job skills training at the secondary education level. Guatemala and Nicaragua conducted studies of children and adolescents outside or excluded from the school system. Country offices in the region also conducted studies on quality education and effective schools for children living in poverty (Argentina, Chile). Two countries evaluated early alert systems that were able to mobilize quickly to determine, for example, if enrolment had dropped in particular areas of poor and low-income communities.

Studies of education system issues in Latin America and the Caribbean examine public and private education (Haiti), and the education expenditures of central government and their cost-effectiveness (Ecuador). In addition to Peru's assessment of girls' achievement in a bilingual programme, four documents from **Belize**, Haiti and Surinam specifically address gender issues. Bolivia, designated one of UNICEF's 25 acceleration countries, conducted a situation analysis of girls' education in preparation for designing an intervention strategy; two documents researched factors that affect girls' education; the fourth reviewed the statistics on the situation of girls and women in formal and non-formal education in Haiti.

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

To be continued.....

Top Two-Articles Accessed in December 2014

1. Women's Health and Human Rights;
<http://www.womenshealthsection.com/content/health/heal015.php3>
WHEC Publications. Special thanks to WHO, UNFPA and the World Bank for the contributions. We thank our writers, editors for compiling the review and to our reviewers for the helpful suggestions.
2. Human Trafficking and Exploitation;
<http://www.womenshealthsection.com/content/vaw/vaw014.php3>
WHEC Publications. Special thanks to, WHEC Global Health Initiative, for providing the funding and support for the research and development for this series of articles. We invite our partners to join us in eliminating this global human rights atrocity.

From Editor's Desk



67/205. Towards the sustainable development of the Caribbean Sea for present and future generations

The General Assembly,

Reaffirming the principles and commitments enshrined in the Rio Declaration on Environment and Development, the principles embodied in the Declaration of Barbados, the Programme of Action for the Sustainable Development of Small Island Developing States, the Johannesburg Declaration on Sustainable Development, the Plan of Implementation of

the World Summit on Sustainable Development (Johannesburg Plan of Implementation) and the outcome document of the United Nations Conference on Sustainable Development, entitled "The future we want", as well as other relevant declarations and international instruments, *Recalling* the Declaration and review document adopted by the General Assembly at its twenty-second special session.

Calls upon Member States to improve, as a matter of priority, their emergency response capabilities and the containment of environmental damage, particularly in the Caribbean Sea, in the event of natural disasters or an accident or incident relating to maritime navigation;

Requests the Secretary-General to submit a report to the General Assembly at its sixty-ninth session, under the sub-item entitled "Follow-up to and implementation of the Mauritius Strategy for the Further Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States" of the item entitled "Sustainable development", on the implementation of the present resolution, including a section on the possible legal and financial implications of the concept of the Caribbean Sea as a special area in the context of sustainable development, including its designation as such without prejudice to relevant international law, taking into account the views expressed by Member States and relevant regional organizations.

<http://www.preventionweb.net/files/resolutions/N1249090.pdf>

Bridging the gap: A conversation about family planning and climate change

Source(s): [Woodrow Wilson Center's Environmental Change and Security Program \(ECSP\)](#)

Rapid population growth can be a contributing factor to both greenhouse gas emissions and vulnerability to climate stresses. Early childbearing, high fertility rates, and short birth intervals are associated with poor maternal and child health outcomes as well as lower educational attainment and work force participation, which directly impede women's ability to participate and invest in climate change adaptation. However, the positive benefits of voluntary family planning, either for emissions reductions or adaptation, have not figured prominently in climate policy discussions or those related to improving access to family planning.

To address this gap, the Population Reference Bureau and World-watch Institute formed an international Population Dynamics and Climate-Compatible Development Expert Working Group to identify policy opportunities to increase investment in family planning in climate-sensitive development initiatives.

You may watch the recording of the presentation about the working group's report and discussion with select working group members at link under additional information.

Words of Wisdom

Those who cannot remember the past are condemned to repeat it.

– George Santayana (1863-1952) Philosopher, essayist, poet and novelist

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

