



WHEC UPDATE

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

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Anniversary Edition

A bit of background history will be useful to understand the foundation of *WHEC Global Health Line / WHEC Network*. On April 12, 2001 Women's Health and Education Center (WHEC) came into being to undertake various projects / programs in maternal and child health with the United Nations (UN) and World Health Organization (WHO) – and the birth of a movement. It has been an incredible journey. I will treasure the experience. As a healthcare provider, it should be our duty to serve our communities and make the world a better place to live for everyone – a global responsibility. This month we celebrate the mission's 14th birthday.

To advance *Every Woman Every Child*, a strategy launched in 2011 by The United Nations Secretary General BAN Ki-moon – Women's Health and Education Center (WHEC), and other UN organizations are joining partners from the public, private and civil society sectors in a global movement to accelerate reductions in preventable maternal, newborn and child deaths. When it comes to women's health and healthcare, no technique bears more fruit than divining a theme and developing variations. The journey to producing ***WomensHealthSection.com*** began in 2002 based on a combination of frustration on the one hand and a desire to contribute on the other. We were frustrated by some common challenges and organization blockages that seemed, all too frequently, to get in the way of some really talented people in excellent organizations contributing the most that they could. After 14+ years, engaged with a range of non-governmental organizations (NGOs) at all levels, we felt that we should and could make a small contribution toward expediting progress for those who are already strengthening their national and international organizations or prodding complacent organizations into reflection and hopefully action.

Forward planning can be a challenging process for large international development and relief agencies. A good strategic planning process can be challenging, engaging, and energizing. It is truly satisfying when the process works well, as it provides the opportunity for very different views, beliefs, and assumptions to be discussed, enriched, and realigned.

Getting the process right is paramount. A poorly designed process will do little more than expose and emphasize deep divisions across the organization, and limiting achievement of meaningful benefits. Unfortunately, it is sometimes possible to produce a plan that seems to be, to both the initiated and external stakeholders, a very reasonable explanation of what the organization is there to do and where it is heading, but misses the real value that a robust strategic review can provide.

In a rapidly changing world, International NGOs (INGOs) are constantly striving to enhance effectiveness and accountability. Looking at evolving structures of INGOs I sometime question – Is there a right answer? Structure is about aligning each part of the organization to contribute effectively to the delivery of the overall mission. It includes the order and discipline necessary to achieve this aim. However, structure is also an important contributor to the “glue” that binds everyone in the organization together to focus on the delivery of that mission. In the planning and management of change, we believe it is important to gain a deep understanding of this “glue” and ensure that it is strengthened in the process of change; not undermined. For the purposes of simplification, we believe there are two broad categories of “glue”: enabling and motivating. Observations of INGOs and the lessons have drawn from decades of thought about organizational structures and performance lead us to conclude that: there is no single correct answer.

Building A **Better** International NGO [INGO]

Rita Luthra, MD



10 March 2015 – *A day to remember*. It was indeed a privilege and an honor to be invited and attend this UN Secretary-General hosted event, **Saving Lives, Protecting Futures**, an *Every Woman Every Child* high-level event from 10:30am-11:45am on Tuesday, March 10, 2015 in the ECOSOC Chamber at the United Nations Headquarters in New York and the launch of Progress Report on the Global Strategy for Women's and Children's Health. The Strategy, and the *Every Woman Every Child* movement that grew out of it, have contributed to a dynamic and growing momentum to accelerate the attainment of the Millennium Development Goals (MDGs).

A pivotal moment occurred in 2010, when the United Nations Secretary General BAN Ki-moon launched the *Global Strategy for Women's and Children Health* (Global Strategy), primarily to accelerate progress towards achievement of MDGs 4, 5 and 6, which were lagging furthest behind. As a result of five years of hard work and innovative partnership under the *Every Woman Every Child* movement, the momentum for progress and change has grown steadily. Our task now is to nurture and build on this forward motion and on the lessons learned, until we finally end the preventable deaths of pregnant women, newborns, children and adolescents in all parts of the world.

The *Global Strategy* has played an especially valuable role in bringing new attention and action to areas where progress has lagged the most, such as newborn survival, stillbirths, family planning, adolescent health, and access to life-saving commodities. This has translated into a rapid growth of global advocacy efforts and initiatives emerging since 2010, such as the Commission on Life-Saving Commodities, A Promise Renewed, Family Planning 2020 and Every Newborn Action Plan, to name a few.

Innovation is central to the *Global Strategy*. This includes research and development of new technologies, as well as operational innovation to ensure existing and new technologies deliver the greatest possible benefit for the health of women and children. The *Global Strategy* has improved coordination, coherence and accountability, bringing together diverse partners and constituencies. Important initiatives have merged. Gains achieved in 2010-2015 validate the vision of the *Global Strategy*. Sharp reductions in illness and death among women and children can be achieved. This momentum should inspire the world as it aims to achieve even more ambitious outcomes within the next generation under the Sustainable Development Goals (SDGs).

Although the task ahead is considerable, the exhilarating news from experience with the *Global Strategy* is that we now know that the goal of ending preventable deaths among women and children and ensuring their ability to thrive is achievable. To transition to this even more ambitious and transformative agenda, new skill sets and more innovative partnerships will be required. The diverse partnership that the *Global Strategy* has helped assemble and the accountability principles on which it is based will be even more important as the world's ambitions for women's, children's and adolescent's health become even greater in the post-2015 era.

Financial commitments to the *Global Strategy* have reached nearly US \$ 60 billion, with more than US \$ 34 billion distributed to date. Official development assistance for health has grown modestly in recent years, but funding for reproductive, maternal, newborn and child health has sharply risen, increasing by 25%. Domestic public sector spending on reproductive, maternal and child health rose by 50% from 2006 to 2012, with robust increases in the 49 focus countries.

We can make this concept a reality.

Details: http://www.everywomaneverychild.org/images/March_10_EWEC_Progress_Report_FINAL.pdf

Join the movement; we welcome everyone

In Memory Of A Friend And A Mentor

I will never forget the friendship and kindness of [Dr. Francis H. Boudreau](#), Chairman (Past) of the Department of the Obstetrics and Gynecology; St. Elizabeth's Medical Center, and Chair (Past) of Massachusetts (MA) section of The American College of Obstetrics and Gynecology (ACOG).

I met Dr. Francis Boudreau at St. Elizabeth's Medical Center; Boston, MA while I was doing residency in Obstetrics & Gynecology. To have a friend and a mentor and the experience he provided me and the insights he shared of the practical knowledge of practice of medicine, is priceless to me. I have spent many night calls in labor and delivery suites at St. E's with him, tackling many difficult cases and situations. His courage and wisdom were an inspiration to me. We all have a teacher or a colleague, someone patient and wise, who understood you when you were searching; helped you see the world as a more profound place, gave you sound advice to help you make your way through it. For me, that teacher was Dr. Fran Boudreau. He was very proud of this initiative, which I undertook with the United Nations and accompanied me to the meetings at the United Nations and encouraged me to continue on this path.

We will miss you; but we will never forget you.

Thanks for everything
Rita Luthra, MD

Your Questions, Our Reply

What is the role of midwives in improving maternal and child health in developing countries? Why retention of midwives, especially in rural areas, is a major challenge for many countries? Does this threaten to negate all the hard work and resources invested in their training?

Essential Role of Midwives: In a way, these health workers are the warriors on the front-line of health care, battling to ensure that women survive childbirth and that babies are born safely even in the most marginalized areas. Midwifery, a practice so ancient that it features in early Egyptian and Roman scrolls, is seeing a long awaited increase in global attention. Decades of neglect of the role of midwives, either because of the over-medicalization of pregnancy care or a lack of resources, has left a legacy of high rates of maternal and newborn mortality in developing countries. While these rates have fallen in recent years, more progress must be made in Asia and sub-Saharan Africa, where fewer than 50% of all births are assisted by a skilled birth attendant.

Now, grassroots, government and international initiatives are coming together to put midwives at center stage in reproductive health programs in countries like Ethiopia and Somalia. But for these efforts to succeed, investment in midwifery must be sustainable, covering more than just the initial training.

In 2011, the United Nations Population Fund (UNFPA) published a report – *The state of the world's midwifery 2011: delivering health, saving lives* – that offered a comprehensive look at midwifery around the globe. Its analysis of 58 countries showed that there was a global shortage of an estimated 350,000 midwives, at least a third of whom were needed in the world's poorest countries.

Regional efforts to improve midwifery have increased with the launch this year of the Confederation of African Midwives Associations to advocate for better education and regulation of midwives.

Midwifery has come to the fore since maternal and newborn health was made the focus of two of the Millennium Development Goals (MDGs). And there is another reason for renewed attention: the world is facing an acute shortage of health-care workers. Overall, WHO estimated in 2006 that the world needs 4.2 million more health workers, with 1.5 million of those needed in African countries alone. Increasing the number of skilled health workers is even more important now that countries are striving towards universal health coverage. The growing support for task shifting, in which duties are redistributed so that

doctors and nurses are not overburdened, has also created a greater demand for workers with midwifery skills.

In developing countries especially, midwives are often at the bottom of the ladder of the health system. Midwives should be at the heart of the continuum of care, whether in terms of screening women for HIV infection, tuberculosis and malaria or of detecting early signs of non-communicable diseases through routine antenatal checks, such as measuring blood pressure and testing for diabetes. In a community-based midwife-led unit, for instance, traditional birth attendants could undertake basic tasks under the supervision of a midwife. This ensures that hospitals only see the women who need treatment for a pregnancy or childbirth complication. Midwives are a pillar of reproductive health programs and it is crucial to understand their role in the health system and support them.

Join our efforts in training of midwives in low- and middle-income countries.

United Nations At A Glance

Permanent Mission of Peru to the United Nations

Regional Preparatory Meeting for Latin America and the Caribbean on “Science and Technology for Development”, 9 January 2013, Lima

A regional preparatory meeting on the theme “Science and Technology for Development” was held on 9 January 2013, in Lima, Peru, in preparation for the Annual Ministerial Review of the UN Economic and Social Council on “Science, technology and innovation, and the potential of culture, for promoting sustainable development and achieving the Millennium Development Goals” was held in Geneva in July 2013. The meeting was organized by the United Nations Conference on Trade and Development (UNCTAD) in cooperation with the United Nations Department of Economic and Social Affairs (UNDESA) during the 2012-2013 inter-sessional panel of the ECOSOC Commission on Science and Technology for Development (CSTD), held on 7-9 January 2013.

The meeting brought together delegates of CSTD member States and a diverse group of stakeholders from governments, private sector, academia, NGOs and the United Nations system to discuss the role of science and technology in promoting sustainable development and achieving the Millennium Development Goals (MDGs).

Summary

During the 2012-2013 Inter-sessional Panel of the Commission for Science and Technology for Development (CSTD), in Lima, Peru, one of the sessions explored issues related to the ECOSOC 2013 Annual Ministerial Review, which will focus on the role of Science, Technology and Innovation, and the potential of culture, for promoting sustainable development and achieving the Millennium Development Goals. The Inter-sessional Panel was hosted by the Government of Peru from the 7th to 9th of January 2013, and chaired by Ambassador Miguel Palomino De La Gala (Chair of the CSTD 2012-2013).

This session included presentations by UNDESA, ECLAC and UNCTAD, followed by discussions on key policy messages and recommendations to be delivered to ECOSOC, as well as regional challenges and priorities.

Details: <http://www.un.int/wcm/content/site/peru/pid/2604>

Collaboration with World Health Organization (WHO)

WHO | Peru



As of the year 2011 Peru had a population of 29.4 million inhabitants. Since 2001, it has recorded sustained GDP growth higher than the average rate for Latin America. Given the country's territorial challenges and vast areas where access to any service is difficult, this growth has not entailed significant improvement in socioeconomic conditions, as significant gaps still exist, mainly in rural and marginal urban areas.

Health & Development

The good economic performance achieved in recent years, together with targeted social spending and social programs has made significant progress possible in the fulfillment of the Millennium Development Goals, such as: (1) reduction in extreme poverty from 23% to 12.6% (1991-2008); (2) reduction of infant mortality from 53 per 1000 live births to 17 per 100 live births (1993-2010); and (3) reduction in chronic malnutrition from 26.5% to 17.9% NCHS (1999 – 2010). Efforts made by the country to implement health insurance made it possible to extend coverage to a total of 54.1% of the population in 2008, with 30.3% corresponding to Comprehensive Health Insurance (Spanish acronym: SIS) and 18.9% to Social Security (EsSalud), thereby increasing health service coverage and the application of the comprehensive model within the framework of renewed primary healthcare.

Despite these achievements, the sector faces the following challenges: (1) the increased public financing continues to be among the lowest in the region; (2) the persistence and increased risk of communicable diseases (leading cause of mortality); (3) non-communicable chronic diseases and external causes, particularly road crashes; (4) adolescent pregnancy (12%); (5) and high prevalence of MDR tuberculosis and extremely resistant TB, whose concentration in Lima and Callao is also one of the highest in the region.

Opportunities:

- Framework Law on Universal Insurance / Essential Health Insurance Plan issued in April 2009;
- Development and decentralization of the healthcare system and creation and strengthening of the Intergovernmental Commission on Health and regional health systems;
- Creation of the National Health Superintendence Process of developing human resources for PHC, allocation of new human and financial resources to strengthen primary healthcare and foster greater participation of civil society;
- Development of sectorial proposals in the National Health Council aimed at reducing segmentation and fragmentation of the system;
- Determinants approach and beginnings of multi-sectorial, national, regional and local plans and actions for human development;
- Comprehensive healthcare model based on family and community health with a renewed PHC approach;
- Roundtables, workshops and shared decisions on financing healthcare and determination of per capita amounts for healthcare;
- Agreement among political parties on healthcare.

Challenges

Immediate challenges

- Reduction of social and health inequalities;
- Reduction of maternal and infant mortality, tackling the gaps at the regional and provincial level;
- Comprehensive, collective effort to control prevalent infections: TB, malaria, dengue, HIV/AIDS, bubonic plague, and rabies, among others;
- Promotion of healthy lifestyles;

- Guarantee universal access to services as a citizen's right to healthcare, through subsidized and contributive insurance;
- Emergency and disaster preparedness networks at the regional and local level.

Protect achievements

- Child malnutrition reduced 9% in 2011 as a public policy goal;
- National "Creceer" Strategy, Juntos Program and Ministry of Health incorporated the social determinants approach and multi-sectoriality at the regional, local and community level, with sustainable, monitored interventions;
- Harmonized, articulated, integrated international cooperation, and providing technical support for internal restructuring of the MINSAs;
- Capacity building in the governing body, management and operation, in a decentralized context;
- United Nations system coordinated for human development through innovative, effective social policies.

New challenges

- Financial sustainability by means of an increase in national healthcare spending to 7 % of GDP;
- Strengthening of regional and local governments for local management of healthcare with a social determinants approach;
- Social and domestic violence prevention and mental health policies and programs;
- Promotion of road safety

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

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 4, April, 209-284

Collaboration with UN University (UNU)

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

Transfers and Development: Easy Come, Easy Go?

Contrary to the popular notion that money that is easily earned, is also easily spent, economic theory holds that income is fungible. Drawing on the concept of mental accounting, this study theoretically explores when such a link between spending behavior and the effort dispensed in obtaining income is plausible. Empirically, it is found that the marginal propensity to consume from unearned income is about three times larger than that from earned income, based on household panel data from rural China, with the difference more pronounced when unearned income is transitory and smaller than earned income. The policy implications are real.

Behavioral economists are calling attention to consumption phenomena that violate the income fundability assumption underpinning most economic modeling and policy advice. They argue that people code income in different mental accounts, establishing an explicit link between the source of income and spending behavior. This paper has explored the existence of such accounts with respect to the effort dispensed in earning income both through theoretical modeling and empirical estimation. This potential link between spending and earning—more specifically the notion that there is pain/disutility in spending hard-earned money—has not received much conceptual or empirical attention in the economic literature despite longstanding and deeply embedded references across the world's cultures to the importance of such a link in understanding human spending behavior. The empirical results, based on five-year household panel data from rural China support the notion that unearned income tends to be consumed more, while earned income tends to be saved, contradictory to the fundability assumption, but consistent with the theoretical predictions derived from utility optimization with mental accounting depending on the origin of income. These tendencies are quantitatively significant with the MPC from unearned income

three times larger than that from earned income, and more pronounced when unearned income is transitory and smaller than households' earned income. They are slightly less pronounced among the richer segments of the population, but largely robust to the gender composition of the household. Careful consideration of several competing hypotheses supports the psychologically grounded choice theory of mental accounting based on the (un)earned origin of income as a plausible contender to understand these observations. The findings bear on important ongoing policy debates both in western and southern economies such as the effectiveness of economic stimulus packages and the optimal modalities of safety nets (e.g. employment generating programmes or cash transfers) as well as aid programmes (loans or grants). The results also highlight the importance of the relative size of the transfer in relation to other income sources, with relatively small transfers more likely to be spent, and large ones more likely to be saved, an important insight, for example in considering the effects for consumer demand of extending tax cuts across the board, as in the US in 2010. The behavioral patterns observed here are obviously not the only consideration in determining the optimality of the different policy instruments. Nonetheless, mental accounting based on the effort dispensed in obtaining income emerges as a fruitful line of inquiry in examining consumption and saving behavior in other contexts and settings and heeding the much ignored age-old saying "easy come, easy go" might be time well spent in future theoretical and empirical work.

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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)

Peru: Background



During 2002, Peru had the fastest growing economy in the region with an estimated Gross Domestic Product growth rate of 4.5 per cent according to the Economic Commission for Latin America and the Caribbean (ECLAC). However, unemployment is still very high and poverty reduction strategies have not had sustainable results.

Children continue to be the most vulnerable and unprotected citizens. Of the 3.8 million people living in extreme poverty, 2.1 million are children. Of the total 10.2 million under-18 population, more than 6.5 million live below the poverty line. The social sector ministries suffered a setback in their capacity for action due to reorganizations of the administrative structure and reduction of public spending budget. Socio-economic disparities and exclusion continue to characterize the country affecting more children and adolescents who are not benefiting from the economic growth mentioned earlier.

Toward High-quality Education in Peru: Standards, Accountability, and Capacity Building (2007)

Peru has been making great strides in educational coverage over the last few years. However, Peru faces problems with inequality in education which cannot be explained solely in economic terms. Other factors, such as linguistic or cultural discrimination or a lack of attention to pedagogical development for the poor, seem to be at work to create this inequality. There is a lack of a set of quality standards in education. Also, there is virtually no accountability and monitoring of performance levels in Peruvian education, and

insufficient teacher training. Consequently, the World Bank has recently published a book on improving education quality in Peru.

The book has three main recommendations. First, it is necessary to generate basic standards, quality goals, and quality measurement systems. Second, once quality can be measured, a clear system of accountability should be implemented based on these standards and quality goals. Third, once there are standards and systems of accountability, investment is needed to strengthen the institutional capacity of the providers.

This book is a valuable resource for those working in the field of emergency education because useful parallels with the INEE Minimum Standards on Education in Emergencies, Chronic Crises, and Early Reconstruction can be drawn.

Details: http://www.ungei.org/resources/1612_2310.html

To be Continued.....

Top Two-Articles Accessed in March 2015

1. Psycho-Oncology Services for Gynecologic Cancer; <http://www.womenshealthsection.com/content/gynmh/gynmh014.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review and gratitude is expressed to our reviewers for helpful suggestions. Funding is provided by WHEC Initiatives for Global Health.
2. Emergency Contraception; <http://www.womenshealthsection.com/content/gyn/gyn031.php3>
WHEC Publications. Special thanks to WHO and NIH for contributions.

From Editor's Desk

World Health Day 2015: Food safety

7 April 2015 - World Health Day

Background



Unsafe food is linked to the deaths of an estimated 2 million people annually – including many children. Food containing harmful bacteria, viruses, parasites or chemical substances is responsible for more than 200 diseases, ranging from diarrhea to cancers.

New threats to food safety are constantly emerging. Changes in food production, distribution and consumption; changes to the environment; new and emerging pathogens; antimicrobial resistance - all pose challenges to national food safety systems. Increases in travel and trade enhance the likelihood that contamination can spread internationally.

The topic for World Health Day 2015 is food safety

As our food supply becomes increasingly globalized, the need to strengthen food safety systems in and between all countries is becoming more and more evident. That is why the WHO is promoting efforts to improve food safety, from farm to plate (and everywhere in between) on World Health Day, 7 April 2015.

WHO helps countries prevent, detect and respond to foodborne disease outbreaks - in line with the *Codex Alimentarius*, a collection of international food standards, guidelines and codes of practice covering all the main foods and processes. Together with the UN Food and Agriculture Organization (FAO), WHO alerts countries to food safety emergencies through an international information network.

Five keys to safer food

Food safety is a shared responsibility. It is important to work all along the food production chain – from farmers and manufacturers to vendors and consumers. For example, WHO's *Five keys to safer food* offer practical guidance to vendors and consumers for handling and preparing food:

- Key 1: Keep clean
- Key 2: Separate raw and cooked food
- Key 3: Cook food thoroughly
- Key 4: Keep food at safe temperatures
- Key 5: Use safe water and raw materials.

World Health Day 2015 is an opportunity to alert people working in different government sectors, farmers, manufacturers, retailers, health practitioners – as well as consumers – about the importance of food safety, and the part each can play in ensuring that everyone can feel confident that the food on their plate is safe to eat.

Details: <http://www.who.int/campaigns/world-health-day/2015/campaign-toolkit-en.pdf?ua=1>

Words of Wisdom

Love me – I love you

Love me – I love you,
Love me, my baby;
Sing it high, sing it low,
Sing it as may be.

Mother's arms under you;
Her eyes above you;
Sing it high, sing it low;
Love me – I love you.

– Christina Georgina Rossetti (1830 – 1894)

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

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

