



WHEC UPDATE

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

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Achieving Global Health

I have no doubt that 2015 will be a critical year for our initiative to advance global health agenda for the reproductive, maternal, newborn, child and adolescent health worldwide. As we continue to work together to achieve a vision of a world in which there are no preventable deaths of newborns, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential, will be a step closer. In 2014, we generated irrefutable evidence that investing in women, children and newborns yields broad economic, health and social benefits. We recognized that we can only make progress if underlying determinants of health, such as poverty, gender, environment, education, nutrition, water and sanitation, are taken into account and addressed at the National levels. The Women's Health and Education Center (WHEC) with its partners continues to serve as a platform to facilitate a common position for our communities and non-governmental organizations (NGOs). It generates a knowledge base, guide policy and investments, as well as advocate for and ensure accountability to improve the health of all people. Our experts in **WomensHealthSection.com** have advocated for and integrated shared targets for the post 2015 global development framework. We have helped to generate consensus and called for the inclusion of differentiated targets for countries based on their levels of development.

I am delighted to collaborate with the United Nations Foundation and *Every Woman Every Child* initiative of the UN Secretary General BAN Ki-moon since 2011. This forum is the witness how our partnership, through our members, can generate momentum and impressive results. This Forum presented a unique opportunity to increase our commitment to Millennium Development Goal (MDG) # 4 & 5 and consolidate our thinking for the post-2015 era. We have also generated and agreed plans and activities at the global, regional and country level through the active exchange of knowledge, information and experiences.

The principal mission of our collaboration to improve maternal and child health is to support its partners in aligning their strategic directions and catalyzing collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health. WHEC does this by providing the institutional platform that brings together and enhances the interaction of partners focused on improving the health of women and children, working across the reproductive, maternal, newborn and child health continuum of care. Our initiatives are based on three key priorities – knowledge, advocacy and accountability – supporting all partners to achieve better outcomes for women and children in high-burden countries.

- In the area of knowledge, WHEC works to increase access to and use of knowledge and innovations to enhance policy, service delivery and financing mechanisms, addressing key constraints to universal access to high-quality maternal and child health services in high-burden countries. We are proud to serve in 227 countries and territories to 13 million subscribers/year.
- In the area of advocacy, WHEC seeks to identify and mobilize additional resources for better quality of healthcare resources through partner engagement and by maintaining visibility of women's and children's health issues in policy and development forums, and promote consensus on evidence-based policy.
- In the area of accountability, WHEC strives to promote accountability for resources and results, leading to better information to monitor results, as well as better more systematic tracking of how resource commitments are actually allocated.

In achieving these objectives, we provide our partners a platform to discuss and agree on ways to align their existing and new activities. We promote continuum of care approach to improve women's and children's health. Join our efforts!

Continuum of Care

Rita Luthra, MD

Your Questions, Our Reply

How can Information and Communication Technologies (ICTs) help to improve Women's and Children's Health worldwide? What are the key obstacles for accelerating the use of ICTs in healthcare?

Catalyst for Women's and Children's Health: While a significant proportion of health systems globally rely on paper to exchange information, ICTs are increasingly being used in a multitude of ways and have begun to replace paper. However, increasing the use of ICTs requires an understanding of the larger health information system of a given country and any supportive electronic health (e-health) environment that may exist.

ICTs can be defined as technologies that provide access to information through telecommunications, and include networks, the Internet, wireless, mobile devices and other communications-related technology.

e-health can be defined as the use of ICTs for health (but this might also cover non-ICT policies that act as enablers, e.g. national standards for patient identifiers, or legislation for data privacy, etc.) – WHO definition. m-Health can be defined as the provision of health services and information via mobile technologies such as mobile phones – WHO definition.

Information and Communication Technologies (ICTs) can transform the way in which health services are accessed by and delivered to women and children (by governments and health service providers).

- Improving access and empowering users: ICTs can bring RMNCH health services closer to end-users and empower them by filling information gaps on how and where to access services.
- Reduce cost of service delivery: ICTs can enable governments to improve service coverage and do so at lower costs.
- Support capacity building of frontline health workers: ICTs can help frontline health workers perform their duties more effectively by improving access to information.
- Improving accountability: ICTs can help improve the state of Health Information Systems (HISs) and allow for better resource tracking.

Countries are realizing the importance of ICTs and are integrating them into their Health Systems. In a 2013 survey of CoIA countries, it was found that 69 per cent countries have implemented, at least partially, an electronic information system to register births, deaths, and causes of death. At the global level, the UN Commissions on Life-Saving Commodities (CoLSC) and Information and Accountability (CoIA) have made concrete recommendations for the increased use of ICTs in support of national efforts to improve women's and children's health. Still, the use of ICTs has so far been limited and few ICT enabled interventions have been successfully scaled up.

Summary of expected outputs

Assuming that all parts of this section have been completed, the following outputs should have been generated:

- A clear link between a health intervention and the health-service delivery function to which ICTs/m-Health might contribute;
- A list of potential ICT solutions for example pilots and projects;
- A definition of how the group views the success of a project; and
- An initial reality check on the viability of scaling up ICT.

Join the efforts and initiatives!

United Nations At A Glance

Botswana and the United Nations



MESSAGE BY HIS EXCELLENCY MR. CHARLES THEMBANI NTWAAGAE, AMBASSADOR AND PERMANENT REPRESENTATIVE OF BOTSWANA TO THE UNITED NATIONS

I am delighted to welcome you to the first website of the Permanent Mission of Botswana to the United Nations. Since Botswana joined the United Nations on 17 October 1966, this Mission has and continues to play a critical role in promoting and defending the national interests at the United Nations and its associated Councils. It was through this Mission that Botswana, in spite of its strategic vulnerability compounded by hostile geopolitical circumstances in Southern Africa from the 1960s to the '90s, asserted her principles of the right of every people to self-

determination.

This is hardly surprising because as a small state Botswana has always attached great importance to the utility and instrumentality of the United Nations in the advancement of international peace and security as well as economic and social progress in the world. Botswana has always believed in peaceful resolution of disputes. The United Nations has, and continues to be a very important vehicle in that regard.

His Excellency Sir Seretse Khama, the first President of the Republic of Botswana, said this eloquently in his first address to the United Nations General Assembly on 24 September 1969:

As a small poor country, we set particularly high value on our membership of the United Nations and those agencies which our budgetary restrictions have permitted us to join. I should like to emphasize the particular importance of the United Nations for states like Botswana which, because of development priorities, are obliged to restrict their bilateral contacts and keep their overseas missions to a bare minimum. Here in New York we can make contacts which would otherwise be difficult to achieve.

The United Nations has 192 Member States. This cosmopolitan community of nations work together to search for global consensus on the most pressing problems of our planet such as conflict, poverty, HIV/AIDS, terrorism, disarmament and non-proliferation, climate change, to mention but a few. Only the United Nations, due to its universality and legitimacy, can embark on this enterprise. Botswana must be ready, committed and proud to be part of this important task of building a more peaceful, just and prosperous world order.

The objective of this website is to give you, the visitor or the reader, an idea of purpose of this Mission - what it is doing and most importantly, what is happening at the United Nations. In this respect, we are happy to provide speeches of Botswana leaders from the 1960s to date. You will also find information about Botswana that is not necessarily related to the United Nations. That is how it should be, because this Mission is not just about the United Nations, but most fundamentally, it is about promoting the interests of Botswana abroad. Botswana is the land of the legendary Okavango Delta, the undulating sand dunes of the Kalahari Desert and it is home to unimaginable variety of wild life and fauna. It is our pleasant duty to let you know about these important places of interest of international acclaim and above all, the friendship and hospitality of the beautiful as well as peace-loving people of Botswana. Where we cannot provide such information we will always be happy to refer you to relevant websites that can help you in that regard.

Naturally, being the first website for this Mission, we will certainly count on your support and feedback to help us improve it further so that it could meet your interests and needs. This is *your website*. Together we can make it what it should be, so that citizens of Botswana and the world as a whole can, at the click of a mouse, access Botswana at the United Nations. Details: <http://www.botswanaun.org/>

Collaboration with World Health Organization (WHO)

WHO | Botswana



The Botswana Country Health Profile provides an overview of the situation and trends of priority health problems and the health systems profile, including a description of institutional frameworks, trends in the national response, key issues and challenges. Its purpose is to promote evidence-based health policymaking through a comprehensive and rigorous analysis of the dynamics of health situations and health systems in the country. The profiles are updated on a periodic basis

Life expectancy at birth for both sexes increased by 14 year(s) over the period of 2000-2012; the WHO region average increased by 7 year(s) in the same period. In 2012, healthy expectancy in both sexes was 9 year(s) lower than overall life expectancy at birth. This lost healthy life expectancy represents 9 equivalent year(s) of full health lost through years lived with morbidity and disability.

The strategic agenda focuses on the following key areas:

1. Strengthening health systems, in particular supporting the development and revision of national health plans, policies and legislation as well as supporting their implementation, monitoring and evaluation;
2. Supporting the development and review of programme-specific implementation plans in all key health programmes to ensure that they address the real health needs of the country and are in line with international standards and best practices;
3. Strengthening health sector responses to HIV/AIDS towards universal access and sustaining the efforts;
4. Scaling up interventions for malaria prevention and control towards the goal for elimination;
5. Intensifying efforts for TB control in terms of expanding DOTS and minimizing the emergence of drug-resistant TB;
6. Ensuring coordination and collaboration among programmes–HIV/AIDS, TB, malaria, and sexual and reproductive health services;
7. Strengthening epidemic preparedness and response, including implementation of the International Health Regulations and pandemic influenza preparedness;
8. Building upon and sustaining the successes achieved in addressing vaccine-preventable diseases and other efforts;
9. Increasing access to sexual and reproductive health, and maternal and child health, in order to attain overall improvements in people's health;
10. Building capacity in all health programmes for leadership, coordination, management and delivery of services at national and local levels;
11. Supporting the implementation of the Human Resources for Health Plan;
12. Involving all health sector stakeholders in the planning, implementation, monitoring and evaluation of health initiatives;
13. Emphasizing advocacy for hitherto neglected areas such as occupational health,

Non-communicable diseases, oral health, food safety, mental health, environmental health and the social determinants of health. In the implementation of this CCS, all three levels of WHO will work closely together to ensure that the overall goal is achieved.

Details: http://www.who.int/countryfocus/cooperation_strategy/ccs_bwa_en.pdf?ua=1

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 6, June, 361-436

Collaboration with UN University (UNU)

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

Botswana as a Role Model for Country Success

I argue that the economic success of Botswana can be explained by the historical development of its institutions which is related to the trajectory of the Tswana states over the past 200 years. These institutions created a much more stable and accountable government than elsewhere in Africa after independence with the desire and incentive to adopt good economic policies. There are two main lessons from this experience. The first is how successful an African economy can become using simple orthodox well-understood policies. The second is that successful development in Africa will be helped by a focus on the development of state institutions. Though Botswana inherited different institutions from elsewhere, it also built on these, in particular trying to create a national identity and to continually modernize and adapt institutions. There are many lessons for other African countries from these policy choices.

In any context, not just that of Sub-Saharan Africa, Botswana's experience would stimulate the questions: why has economic growth has been so strong, and why has the country been so democratic and politically stable? The main focus of my paper is an examination of the determinants of economic growth in Botswana and what other countries can learn from it. But as the discussion will emphasize heavily the institutions of the society, it is natural also to discuss the success of democracy in the country.

To see in a practical way how these lessons are useful, consider the reconstruction of the state in Sierra Leone following the end of the civil war in 2002. One of the first initiatives the new government undertook with the support of the British was to reinstate chiefship as the crucial local political institution. Chiefs in Sierra Leone are elected for life by an electoral college based on a franchise of taxpayers and have to be selected from a few 'ruling families' whose origins trace to the creation of indirect rule by the British. They have large powers in addition to their traditional roles in allocating land and custodians of customary law. For instance, they can command unpaid labour services and they play important roles in influencing national elections. The Botswana experience suggests that reinstating the powers and prerogatives of chiefs in Sierra Leone was almost certainly a mistake and impedes the ability of the country to construct the modern state which it so desperately needs.

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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)

Botswana



Botswana is a landlocked country in southern Africa with a total population of approximately 1.8 million people. Since independence in 1966, Botswana has had a stable, democratic government, sound economic policies, and a strong education system. Primary Net enrolment rate is around 85% and girls' participation in primary school is almost equal to that of boys.

The challenge is improving learning outcomes and providing a gender-sensitive environment that encourages girls to stay in school. HIV/AIDS pandemic is the most devastating emergency in the nation's history.

Barriers to girls Education

- Sexual violence is on the increase as a result of the lack of respect for girls among their peers and adult men.
- Orphans and child-headed households are on the increase. There are an estimated 65,000 children orphaned by the AIDS epidemic. It is estimated that a third of the children in Botswana will grow up without one or both parents.
- Social-cultural issues. Girls are consistently discriminated against as their education continues to be viewed as less important than boys'.
- Early Pregnancy results in girls dropping out of school before completing school

Key initiatives for girls' education

- Girls and Boys Education Movement (G-BEM) has disseminated the findings of a child-led human interest project called Telling The Story (TTS) project to 100 children representing categories of children across Botswana; resulting into the development of child-friendly, gender-sensitive criteria for Botswana schools.
- The regionally developed GEM manual was contextualized into Botswana's G-BEM manual and was used to conduct the initial 40 G-BEM Training of Trainers (TOT).
- "Ringling the Bell" project manual was revised and aligned to the Ministry of Education's curricular on Guidance and Counselling as well as HIV and AIDS.

Partnerships

Ministry of Education, Botswana Network of People Living with HIV/AIDS (BONEPWA), University of Botswana, young people, Girl Child Network, , Girls and Boys Education Movement (G/BEM), Community-based organizations and Non-Governmental Organizations in Ghanzi and Mahalapye.

Details: http://www.ungei.org/infobycountry/botswana_3490.html

To be Continued.....

Top Two-Articles Accessed in May 2015

1. Menopause: Managing Mood, Memory and Female Sexual Dysfunction; <http://www.womenshealthsection.com/content/gyn/gyn034.php3>
WHEC Publications. Special thanks to Natasha McKay, M.D., Department of Neurosurgery, Mercy Medical Center, Springfield, MA (USA) and Rashmi Balasubramanya, M.D., Department of Radiology, Mercy Medical Center, Springfield, MA (USA) for contributions.
2. Postpartum Hemorrhage; <http://www.womenshealthsection.com/content/obs/obs008.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review. Special thanks to WHO and NIH for the contributions.

From Editor's Desk

United Nations 70th Anniversary

[UN70 Videos](#)

<http://www.un.org/un70/en/content/photos>

Strong UN. Better World.

The 70th anniversary of the United Nations is an opportunity to reflect – to look back on the UN's history and take stock of its enduring achievements. It is also an opportunity to spotlight where the UN – and the international community as a whole – needs to redouble its efforts to meet current and future challenges across the three pillars of its work: peace and security, development, and human rights. [More](#)

WORKING WITH AND FOR WOMEN AND YOUNG PEOPLE

1. **Deepen the UN campaign to end violence against women** by enhancing support for countries to adopt legislation that criminalizes violence against women and provides reparations and remedies to victims, provide women with access to justice and pursue and prosecute perpetrators of violence against women.
2. **Promote women's political participation worldwide** by encouraging countries to adopt measures that guarantee women's equal access to political leadership, managing elections to promote women's engagement and building the capacity of women to be effective leaders. Place a special focus on the Secretary-General's seven-point action plan on women's participation in peacebuilding.
3. **Develop an action agenda for ensuring the full participation of women in social and economic recovery** through a multi-stakeholder partnership with government, the private sector and civil society. This should include recommendations on inheritance laws, wages, childcare, work-sharing and taxes.
4. **Address the needs of the largest generation of young people the world has ever known** by deepening the youth focus of existing programmes on employment, entrepreneurship, political inclusion, citizenship and protection of rights, and education, including on reproductive health. To help advance this agenda, the UN system will develop and implement an action plan, create a youth volunteer programme under the umbrella of the UN Volunteers and appoint a new Special Adviser for Youth.

Words of Wisdom

Women's and children's health is the shared cause and common responsibility of the entire mankind.

– Wen Jiabao; Former Premier of the State Council, People's Republic of China

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

<http://www.womenshealthsection.com>

