



## WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)  
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### *Lessons From The Field*

On 24<sup>th</sup> October 2015 our e-Health initiative **WomensHealthSection.com / Women's Health and Education Center (WHEC) Global Health line** celebrates its 13<sup>th</sup> Birthday – a Global Strategy to improve maternal and child health worldwide. New and exciting opportunities for using information and communication technologies have great potential to help countries improve birth and death registration systems. Projects across sub-Saharan Africa and Asia are increasingly demonstrating the feasibility of using mobile devices to track and support maternal care in facility and community settings, often starting with the registration of pregnancies. A national maternal health surveillance and response system should draw upon two main sources of information. Within the health system, facilities should be required to report all deaths of women during pregnancy, delivery and the postpartum period. Reporting systems, preferably internet-based, should be linked to review and action. Several countries have made maternal death a notifiable event and this can, if enforced, work together with technology to enhance maternal death surveillance.

This approach not only takes advantage of innovations in statistics reporting, but simultaneously improves response mechanisms to avoid future deaths. Our experience shows, over the past 15 years, many low-income countries have introduced action-oriented review mechanisms, described under various names including maternal death enquiry, review or audit. These require analysis of the circumstances of each death, identification of avoidable factors and action to improve care at all levels of the health system, from home to hospital. Much of the responsibility for follow-up actions lies with district and local health authorities. At the same time, active civil society engagement is needed to ensure that the circumstances surrounding each death are fully elucidated and that there are comprehensive and feasible recommendations for follow-up action. This linking of mortality surveillance with remedial action is the center-piece of an accountability framework.

We are working with close collaboration with Reproductive Health Research division of the WHO. In 2006, the WHEC began to develop scientifically based practice guidelines, in the form of Practice Bulletins, with a view to improving maternal health. The guidelines are derived from the best available evidence of clinical efficacy and with consideration given to costs, with recommendations explicitly linked to the evidence. These evidence-based clinical practice guidelines are intended to be a means of improving the quality of health care, decreasing its cost and diminishing professional liability. They are proscriptive in nature and, therefore directive in approach. We serve about 13 to 14 million subscribers in 227 countries and territories.

In September 2010, the UN Secretary General launched the Global Strategy for Women's and Children's Health, focusing on the 49 lowest-income countries where maternal and child mortality rates are highest – also known as *Every Woman Every Child Initiative*. It is indeed a pleasure and privilege to participate in this global initiative. Our e-Health Continuing Medical Education (CME) project/program is given free to these countries via *WHEC Global Health Line*. With 2015 marking the start of the five-year commitment to the Sustainable Development Goals (SDGs), this new Reproductive Health Action Plan reaffirms the Women's Health and Education Center (WHEC's) commitment to helping countries mobilize the financing and the technical expertise they will need to achieve the target of MDG # 5: to reduce maternal mortality and achieve universal access to reproductive health by 2030.

We welcome everyone!

An Incredible Journey  
**Rita Luthra, MD**

## Your Questions, Our Reply

What are the challenges of evaluation of large-scale programs in resource-limited countries? Are there new tools to help with this?

**A Context-Sensitive Approach:** Recent experience in evaluating large-scale global health programs has highlighted the need to consider contextual differences between sites implementing the same intervention. Traditional randomized controlled trials (RCT) are ill-suited for this purpose, as they are designed to identify whether and intervention works, not how, when and why it works. Evaluations of large-scale public health programs should not only assess *whether* an intervention works, as randomized designs do, but also *why* and *how* an intervention works. There are three main reasons this need:

- First, challenges in global health lie not in the identification of efficacious interventions, but rather in their effective scale-up.
- Second, health systems are constantly changing, which may influence the uptake of an intervention. To better and more rapidly inform service delivery, ongoing evaluations of effectiveness are needed to provide implementers with real-time continuous feedback on how changing contexts affect outcomes.
- Third, study designs built to evaluate the efficacy of an intervention in a controlled setting are often mistakenly applied to provide definitive ruling on an interventions' effectiveness at a population level. These designs, including the RCT, are primarily capable of assessing an intervention in controlled situations that rarely imitate "real life".

The need for new evaluation designs that account for context has long been recognized. Standardization and flexibility are important requirements to successfully capture the role of context, and it is also the most difficult to accomplish. It requires developing new qualitative and quantitative approaches, metrics and reliable data collection processes in conjunction with implementers, supervisors and researchers.

The "driver diagram" is a tool commonly used by implanter to understand the key elements that need to be changed to improve delivery of a health intervention in a given context. Beginning with the outcome or aim, an implementation team works backward to identify both the primary levers or "drivers" and the secondary activities needed to lead to that outcome. Driver diagrams are used in many contexts to assist health system planners to implement change effectively. The driver diagram is not without limitations and has not traditionally been used to understand contextual barriers to implementation. Its linear nature is both a shortcoming and an asset as it provides a useful mechanism for organizing complex contextual data but perhaps over-simplifies the same in the process. Its use by program designers and implementers makes it a useful candidate for bridging the work of implementers and evaluators. While the driver diagram is a useful place to start, our panel of experts suggest, the creation of additional evaluation tools that can capture the role of context as it impacts on population-level health and evaluation communities in closer relationship and dialogue is needed.

New models for rapidly implementing efficacious interventions at scale are urgently needed; new ways of understanding their impact are also needed. Through the use of continuous data collection, iterative feedback loops and an acute sensitivity to contextual differences across projects, we can more thoroughly assess the population-level health impacts of interventions already proven to be efficacious in controlled research environments. Further studies are needed to develop and test the tools in the context of real-time service delivery programs.

# United Nations At A Glance

## Burkina Faso and the United Nations

**Burkina Faso** became Member State of the United Nations on 20 September 1960.



It is a landlocked country in West Africa around 274,200 square kilometers (105,900 sq. mi) in size. It is surrounded by six countries: Mali to the north; Niger to the east; Benin to the southeast; Togo and Ghana to the south; and Ivory Coast to the southwest. Its capital is Ouagadougou. As of 2014, its population was estimated at just over 17.3 million.

Formerly called the Republic of Upper Volta, the country was renamed "Burkina Faso" on 4 August 1984 by then-President Thomas Sankara. Residents of Burkina Faso are known as *Burkinabè*. French is an official language of government and business.

Before the conquest of what is now Burkina Faso by the French and other colonial powers during the late 19th century the country was ruled by various ethnic groups including the Mossi kingdoms. After gaining independence from France in 1960, the country underwent many governmental changes. Today it is a semi-presidential republic. Blaise Compaoré was the most recent president and ruled the country from 1987 until he was ousted from power by the popular youth upheaval of 31 October 2014.

Although Burkina Faso has not yet suffered any terrorist attack, the Government provides support for victims of terrorism in other countries through the Ministry of Foreign Affairs and Regional Cooperation. The country participates and is involved in all regional and multilateral efforts supporting the fight against terrorism and, thereby, providing assistance for victims of that scourge. Organizations likely to work with victims of terrorism are, inter alia, CONASUR, the European Union, the Red Cross, Plan Burkina Faso and United Nations Volunteers.

MICHEL KAFANDO (Burkina Faso) noted that with many global crises occurring all at once, the international community was wondering if it would be able to achieve the Millennium Goals by 2015. In that light, last week's high-level Millennium Development Goals review gave hope for commitments to the poorest countries. However, the world could only take on a "more human face" to deal with social issues if there was a healthy and calm climatic environment.

To that end, he welcomed the Climate Conference in Copenhagen in December 2009, despite the fact that no concrete agreement had been reached on greenhouse gas emissions. The Conference had nevertheless pushed forward the debate on providing assistance to poor countries, as well as measures to reduce deforestation. He hoped assistance commitments made would be fulfilled, and he was hopeful for success at the next meeting of the Parties to the United Nations Framework Convention on Climate Change in Cancun. Flooding and other climate disasters had reminded the world just how fragile the environmental balance was.

Conflict resolution, particularly in Africa, remained a major challenge. While some crises had more or less been overcome, others continued to be matters of serious concern. Highlighting political progress made in Togo and Côte d'Ivoire, he then turned to Guinea and called on all political players in that country to enable it to open up quickly to democracy. Burkina Faso was concerned with the current instability in Somalia, as insurgents continued to launch attacks against interim forces and the African Union Mission in Somalia (AMISOM). He urged the international community to make good on commitments to support Somalia in its rehabilitation process. Efforts to end piracy in the high seas, including in Somalia, would not last unless the root causes were addressed. Extreme poverty served as the "most fertile soil" for such crime, he noted.

Turning to Western Sahara, he welcomed the impetus of the Secretary-General to draw attention to the situation, and called for continued dialogue to realistically settle the ongoing dispute. Scourges such as drugs and narcotic trade often opened the door to more problems. Combined efforts were needed to combat money-laundering, terrorism, the proliferation of nuclear weapons and transnational organized crime. "Collective efforts must be taken to secure peace and security," he stressed, urging all States to join in. On the issue of United Nations reform, he said it had been on the agenda for many years and some progress

had been made. He hoped, however, that other aspects of the reform would be achieved in due time, particularly within the Security Council. [Source: GA/11005](#)

## Collaboration with World Health Organization (WHO)

### WHO | Burkina Faso



A number of improvements have been noted in the standard of health of the population. With reference to Millennium Development Goals (MDG) 4 and 5, maternal and infant mortality rates have declined.

Burkina Faso has made significant progress on MDG 6. The prevalence of HIV infection is 1%, the percentage of people with AIDS and eligible for ARV therapy is 74.05%, and the reporting rate for new tuberculosis cases per 100 000 of population is 30.7%, with a fatality rate of 8.1%. Malaria is still the main cause of

death and morbidity, accounting for 47% and 27% of all consultations at primary health-care facilities and medical centers and hospitals respectively.

The main challenges facing Burkina Faso are: (1) the need to strengthen the health system to drive forward implementation of priority health interventions; (2) the need to improve the quality of health care; (3) the need to improve financial access to health care for the poorest and most vulnerable; (4) the need to reduce maternal, neonatal and infant and child mortality rates; (5) the need to reduce the double burden of communicable and non-communicable diseases through prevention, case management, and research and surveillance, including implementation of the International Health Regulations; (6) the need to routinely take account of the social determinants of health as an essential component for improving the health of populations; (7) the need to improve the availability and affordability of quality, safe and efficient health products; (8) the need to adopt a health financing strategy, to give effect to the universal health insurance scheme and the various initiatives on subsidies and free medical care; and (9) the need to develop a strategy for health promotion that includes community health.

### Health Policies and Systems

WHO, in its role as technical partner of reference in the health sphere, has provided the Ministry of Health with the necessary technical and occasionally financial support to develop policies, strategies and plans to strengthen the health systems. This support has helped Burkina Faso to develop the relevant strategic documents, in particular a situation analysis on human resources for health, a draft national development plan on human resources for health and a triennial plan. To this end, WHO has made international expertise available to the Ministry of Health. In the same area, the Country Office has supported the development and/or finalization of the following documents:

The community health policy designed to expand the range of health delivery options; the strategic plan for the development of telemedicine in Burkina Faso; the blueprint for the Yalgado Ouédraogo National Hospital Centre; the strategic plan for the management of medical emergencies; the definition of the Medicare basket for universal health insurance; the development and dissemination of the national pharmaceutical policy and its strategic plan for 2012-2016, in which the identified priority actions are fully in line with WHO pharmaceutical strategy guidelines; the strategic plan for pharmaceutical supply; and the blood transfusion policy. Furthermore, with a view to help ensure coherence between the different levels of the health-care system, WHO has provided technical and financial support to the technical review of the 2013 and 2014 action plans for Regional Health departments, districts and hospitals. Burkina Faso also carried out the STEPS survey in 2014.

### Cooperation for Health

In Burkina Faso, the financing of health is regarded as a challenge by the Ministry of Health. Moreover, at the request of the Ministry of Health, WHO has supported the carrying out of a situation analysis by providing an

international expert, a local consultant and financial support through the Providing for Health (P4H) initiative. The report of this study will be used to develop a financing strategy for health geared towards universal health coverage.

As regards the implementation of the universal health insurance scheme launched by the Government, WHO has supported the definition of a health care package, and also policy and technical dialogue, the development of the draft legislation, and the production of documentation on this subject. To mobilize financial resources for the implementation of the 2011-2020 National Health Development Plan, WHO contributed financially and technically to the organization of a donor round table to finance the 2013-2015 tranche of the National Health Development Plan, which yielded pledges by donors. In regard to making health services more affordable for the population, technical support was provided during discussions on the plan to exempt children under 5 from medical fees, and in monitoring the implementation of results-based funding and the national strategy for subsidizing deliveries and emergency obstetric and neonatal care.

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

## **Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 10, October, 665-740**

### **Collaboration with UN University (UNU)**

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

#### **Aid and environment in Burkina Faso**

The main objective of the paper is to determine the actual aid flows that have an environmental focus in Burkina Faso. The environment literature highlights important environment issues in air, land and water, including deforestation, desertification, irreversible negative effects on biodiversity, and urbanization issues. It implies serious adverse consequences on wellbeing in developed countries, but also in developing countries in particular. The negative impact of climate change in Burkina Faso is particularly worrying because of the country's dependence to subsistence agriculture, its high vulnerability to natural disasters, its lack of adequate healthcare and other adaptation/resilience capacities. Stakeholders, including Burkina Faso's government and donors in environment and development areas, acknowledge the urgent need of facing these challenges efficiently, the first of which seems to be deciding how to finance the environment strategies. Of the €8 million needed per year, the government's investment in environment is less than 1 per cent. The financing alternative could be aid, but donor support to the sector in Burkina Faso is considered insufficient. Furthermore, efficiency in environmental project implementation is more worrying.

The main problem affecting donor support to the environment sector in Burkina Faso is the efficiency of project implementation rather than the level of funding. Many factors impede the success of the environmental projects, including (poor) quality of project design, weak implication of local context (expertise, realities, beneficiaries, etc.), and transparency in the project management, including project funds. In this regard, some suggestions for improving efficiency in environmental projects in Burkina Faso could include:

- Development and implication of local expertise in environmental project implementation;
- Priority for locally adapted environmental projects;
- Transparency in environmental project management, including project funds;
- Efficient coordination between environment stakeholders in the country;
- Rigorous impact evaluation of environmental projects to avoid replicating wrong approaches; and
- Best national and local governance, particularly in environment and related sectors.

Publisher: UNU-WIDER; Author: Yiriyibin Bambio; Sponsor: UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and

Sweden (Swedish International Development Cooperation Agency—Sida) for ReCom. UNU-WIDER also gratefully acknowledges core financial support to its work programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

*(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)*

### **Burkina Faso**



Although Burkina Faso has begun to make some socio-economic progress, the situation of women and children has yet to show substantial improvement. The country has been forced to cope with a host of recent challenges, including a major locust infestation; outbreaks of meningitis, yellow fever and cholera; the spread of HIV/AIDS; civil conflict in neighboring Côte d'Ivoire; falling export prices; and surging fuel costs. Poverty remains pervasive, increasing the vulnerability of children.

#### **Issues facing children in Burkina Faso**

- Only 41 per cent of births are attended by trained medical personnel;
- The nutritional status of children under age five is deteriorating. Malnutrition is especially concentrated in the northern regions that border Niger. More than 44 per cent of children suffer delayed or stunted growth;
- Burkina Faso is one of only 12 countries where guinea worm has not yet been eradicated;
- HIV/AIDS continues to spread among young people. An estimated 120,000 children have been orphaned by HIV/AIDS;
- School enrolment rates are very low, especially among girls;
- Almost two thirds of teens and young adults under age 24 are unemployed;
- Many girls are still subjected to genital mutilation, a practice that causes lifelong damage.

Burkina Faso has come a long way in addressing the education needs of its children. In 2000, just 44 per cent were enrolled in primary schools. By 2010, this had increased to almost 75 per cent. In the last decade, the Government of Burkina Faso has also stepped up efforts to reach the Millennium Development Goal of eliminating gender disparity in primary and secondary education by 2015.

#### **More girls attending school**

Statistics show they are working, particularly in primary education. Last year, the boy-to-girl student ratio at primary school level stood at 0.94, up from 0.7 in 2000. Mussa Kabore, Deputy Director of Amitié A, a primary school in Zorgho, central Burkina Faso, says the nationwide abolishment of fees in public primary schools three years ago has been a major factor in increasing enrolment rates. "Parents no longer feel that they have to choose which children should receive an education," he says. "Parents are sending their children, both girls and boys, to school."



#### **Achieving gender parity**



By strengthening and intensifying current efforts, there is a real chance that Burkina Faso could achieve gender parity at primary school level by 2015. Achieving such a goal is important for Burkina Faso's progress, says Mr. Kabore: "I believe that if we educate girls, we will educate this nation."

There is still more to be done, however, on narrowing the gender gap in secondary education. Eighteen per cent of secondary-school aged boys are enrolled in secondary school compared to 13 per cent of girls. The issue of how to ensure children from poorer households have equal access to education is another challenge. To tackle this, the Government is distributing free school kits – backpacks, exercise books and stationery – to all primary school children who attend public schools.

UNICEF is also focusing its efforts on government-identified priority areas across the country. Little by little, gender parity is slowly becoming closer to a reality.

Details: [http://www.ungei.org/infobycountry/burkinafaso\\_1326.html](http://www.ungei.org/infobycountry/burkinafaso_1326.html)

*To be continued.....*

## Top Two-Articles Accessed in September 2015

1. Women's Health and Human Rights;  
<http://www.womenshealthsection.com/content/heal/heal015.php3>  
WHEC Publications. Special thanks to UN, WHO and The World Bank for the contributions
2. Nausea and Vomiting in Pregnancy; <http://www.womenshealthsection.com/content/obs/obs033.php3>  
WHEC Publications. Special thanks to our writers and editors for compiling the review and to the reviewers for the helpful suggestions.

## From Editor's Desk



His Holiness Pope Francis visited United Nations Headquarters on the morning of Friday, 25 September.

## The need for prevention and mediation among the themes in Pope's historic UN statement

Pope Francis delivered a [historic address](#) at the United Nations today, touching on the major themes occupying the leaders from around the world gathered in New York for the 70th anniversary session of the General Assembly. From climate change to the fight against drug trafficking to the sustainable development goals the Assembly is endorsing today, the Pontiff delivered a message of cooperation and solidarity grounded on the norms and laws promoted by the world body since its creation in 1945.

Francis looked back to the adoption of the UN Charter to link his well-known interest in environmental protection and human rights to the imperative of preventing violent conflict. "War is the negation of all rights and a dramatic assault on the environment," he said. "If we want true integral human development for all, we must work tirelessly to avoid war between nations and between peoples."

The Pope placed great emphasis on the international rule of law and the need for consultation and dialogue to resolve conflict. “[T]here is a need to ensure the uncontested rule of law and tireless recourse to negotiation, mediation and arbitration, as proposed by the Charter of the United Nations, which constitutes truly a fundamental juridical norm.”



“The experience of these seventy years since the founding of the United Nations in general,” he said, “and in particular the experience of these first fifteen years of the third millennium, reveal both the effectiveness of the full application of international norms and the ineffectiveness of their lack of enforcement.”

“When the Charter of the United Nations is respected and applied with transparency and sincerity, and without ulterior motives, as an obligatory reference point of justice and not as a means of masking spurious intentions, peaceful results will be obtained,”

the Pontiff continued.

The Pope’s focus on armed conflict and the need to prevent it echoed words spoken in the Assembly hall almost exactly 50 years ago. On 4 October 1965, the first Pope to address the United Nations, Paul VI, [said](#) from the same lectern that the high point of his message was clear: “[T]he words which you expect from us and which we cannot pronounce without full awareness of their gravity and solemnity: Never one against the other, never, never again. Was it not principally for this purpose that the United Nations came into being: against war and for peace?” Paul VI then quoted the late United States President John Kennedy, who had said four years earlier: “Mankind must put an end to war, or war will put an end to mankind.”

Details: <http://webtv.un.org/news-features/public-service-announcement-psa/watch/pope-francis-visits-the-united-nations/4495002201001>

## Words of Wisdom

A bird doesn’t sing because it has an answer, it sings because it has a song.

– Maya Angelou, American poet, civil right activist and professor (4 April 1928 – 28 May 2014)

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

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

