



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)

Tribute to UN Secretary-General BAN Ki-moon



Thank you for your efforts to improve health and status of women worldwide.

It is a privilege and honor for all of us @ WHEC to advance the causes of peace, health and development. We thank you for your support.

Thanks again.

UN Secretary-General António Guterres



We all @ WHEC are looking forward to work with you to improve Maternal & Child Health, worldwide. We hope our efforts bring happiness and goodwill in the world.

<http://webtv.un.org/watch/secretary-general-designate-ant%C3%B3nio-guterres-appointment-process-of-the-secretary-general-designate-general-assembly-60th-plenary-meeting/5244650403001>

Our alliance with The Partnership for Maternal, Newborn & Child Health (The Partnership, PMNCH) represents the communities from: academic, research and training institutions, adolescents and youth, donors and foundations, healthcare professional associations, multilateral organizations, and non-governmental organizations (NGOs), partner countries and the private sector.

The Partnership of The Women's Health and Education Center (WHEC) was formed in 2005 to bring together the reproductive, maternal, newborn and child health with the mandate to strengthen alignment and consensus building to support the achievement of the Millennium Development Goals (MDGs), especially MDGs 4 and 5, calling for the reduction of under-five child mortality and maternal mortality. The Partnership focused particularly on the importance of delivering the full continuum of care spanning sexual and reproductive health needs and rights of women and adolescents, pregnancy care, safe delivery, the first weeks of life and the early years of life.

Our contributions have played an important role in the *Every Woman Every Child* movement since the launch of the first *Global Strategy for Women's and Children's Health* (2010-2015) by the UN Secretary-General in 2010. In 2015, The Partnership championed the consultation process and mobilized a broad range of stakeholders from countries, regional bodies and global partners for the creation of an updated *Global Strategy for Women's, Children's and Adolescent's Health* (2016-2030), coinciding with the adoption of the Sustainable Development Goals (SDGs).

The UN General Assembly adopted the 2030 Agenda for SDGs that established global development priorities for the next 15 years. We were closely involved in advocacy related to the development of SDGs throughout the year, including through the Partnership's Post-2015 Working Group representing more than 600 healthcare providers and their organizations, ensuring that the SDGs emphasize areas in which progress has lagged, such as stillbirths, newborns, sexual and reproductive health and rights, and adolescent, health gain efforts to strengthen development.

Advocacy and knowledge dissemination are central to our efforts to improve maternal and child health. Working with partners, WomensHealthSection.com / WHEC Global Health Line produces knowledge summaries that synthesize recent scientific evidence in a concise and user-friendly format to support advocacy, policy and practice on issues related to the continuum of care for the full spectrum of women's, children's and adolescent's health. While most of advocacy work in 2016 was focused on Post-2015 development agenda and consultations to develop the updated *Global Strategy* and the Global Financing Facility (GFF), its knowledge generation and dissemination work continued, both to support these activities and to inform broader advocacy efforts to strengthen the continuum of care for women's, children's and adolescent's health.

Promoting accountability for resources and results remains focal point of our efforts and it continues to produce evidence and knowledge to develop new initiatives. We will continue to work in the year ahead to ensure that the new foundations for progress laid in this eventful year will result in achieving the world we want by 2030.

We hope our efforts accelerate efforts to improve the health and the lives of every woman, child and adolescent, everywhere.

Developing Strategies to Deliver 2030 Agenda

Rita Luthra, MD

Your Questions, Our Reply

How can we strengthen civil society and private sector engagement in the Global Financing Facility (GFF)?

Global Financing Facility (GFF) Investors Group: Following the launch of the GFF in July 2015, an Investors Group was established to guide and ensure effective complementary financing of Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) investment cases; to create an enabling environment for long-term financial sustainability of SRMNCAH and health programs; to mobilize additional domestic and international (including private sector) resources and ensure effective financing for investment cases; and to monitor the performance of the GFF and foster learning among co-investors based on country experiences.

The Partnership facilitated the nomination of two civil society representatives and one private sector representative to the Investment Group. The Partnership Secretariat provides support to these representatives in their constituency engagement and preparation for GFF Investors Group meetings, convening regular meetings and briefings of all members as well as information-sharing processes within its constituency groups and through its web and social media platforms.

Strengthening civil society and private sector engagement in the GFF, has been central to our efforts in 2015 and 2016. Ensuring the close engagement of these two constituencies (NGOs and Private Sector) in the GFF, is a priority for us. Meaningful engagement of civil society in SRMNCAH country platforms is critical for achieving the goals of the *Global Strategy* and the SDGs. Multi-stakeholder country platforms are the core of the *Global Strategy* architecture, as well as a key space for aligning resources through the GFF.

The Partnership has been closely involved in the GFF process since the beginning. In 2014-2015, the Partnership participated in the GFF Oversight Group that was responsible for guiding the design phase of the Facility. To support the development of the GFF, the Partnership organized a broad constitution process to enable the dissemination of information and inputs from stakeholder groups to GFF planners.

The Partnership consultations reflected a strong commitment by stakeholders to accountability and recommended that the GFF should seek to build a much broader coalition of partners among donors, countries and health and non-health sector stakeholders, and that it should develop a political advocacy strategy to foster better understanding about the GFF within and beyond the health sector. Some respondents recommended that the GFF should develop a set of operating principles that incorporated the promotion of human rights; transparency and openness; the promotion of multi-sectoral collaboration; the inclusion of civil society in global / country-based accountability processes, and that eligibility for funding should extend to all elements of the *Updated Global Strategy*, including sexual and reproductive health rights.

As a result of these engagements, a GFF private sector engagement strategy is currently under development. Ensuring appropriate country level engagement and representation of the private sector remains a challenge. The Private Sector constituency continues to work with the GFF to ensure that the private sector is able to fully leverage its capabilities and to define criteria and priorities for targeted private sector GFF investments.

You are welcome to join the efforts of The Women's Health and Education Center (WHEC) and our collaboration with The Partnership and GFF.

Database of THE PARTNERSHIP: Members & Constituencies for the development of **MNCH Essential Knowledge Portal** to advance the causes of peace, health and development;

<http://www.who.int/pmnch/about/members/database/whec/en/>

United Nations at a Glance

Permanent Mission of Croatia at the United Nations

Republic of Croatia became UN Member State on 22 May 1992



Croatia, officially the **Republic of Croatia** is a sovereign state between Central Europe, Southeast Europe, and the Mediterranean. Its capital city is Zagreb, which forms one of the country's primary subdivisions, along with its twenty counties. Croatia covers 56,594 square kilometers (21,851 square miles) and has diverse, mostly continental and Mediterranean climate.

Croatia's Adriatic Sea contains more than thousand islands.

The country's population is 4.28 million, most of whom are Croats, with the most common religious denomination being Roman Catholicism.

The Socialist Federal Republic of Yugoslavia was an original Member of the United Nations, the Charter having been signed on its behalf on 26 June 1945 and ratified 19 October 1945, until its dissolution following the establishment and subsequent admission as new Members of Bosnia and Herzegovina, the Republic of Croatia, the Republic of Slovenia, The former Yugoslav Republic of Macedonia, and the Federal Republic of Yugoslavia.

The Republic of Bosnia and Herzegovina was admitted as a Member of the United Nations by General Assembly resolution [A/RES/46/237](#) of 22 May 1992.



The Republic of Croatia was admitted as a Member of the United Nations by General Assembly resolution [A/RES/46/238](#) of 22 May 1992.

The Republic of Slovenia was admitted as a Member of the United Nations by General Assembly resolution [A/RES/46/236](#) of 22 May 1992. By resolution [A/RES/47/225](#) of 8 April 1993, the General Assembly decided to admit as a Member of the United Nations the State being provisionally referred to for all purposes within the United Nations as "The former Yugoslav Republic of

Macedonia" pending settlement of the difference that had arisen over its name.

The Federal Republic of Yugoslavia was admitted as a Member of the United Nations by General Assembly resolution [A/RES/55/12](#) of 1 November 2000.

On 4 February 2003, following the adoption and promulgation of the Constitutional Charter of Serbia and Montenegro by the Assembly of the Federal Republic of Yugoslavia, the official name of "Federal Republic of Yugoslavia" was changed to Serbia and Montenegro. In a letter dated 3 June 2006, the President of the Republic of Serbia informed the Secretary-General that the membership of Serbia and Montenegro was being continued by the Republic of Serbia, following Montenegro's declaration of independence.

Montenegro held a 21 May 2006 referendum and declared itself independent from Serbia on 3 June. On 28 June 2006 it was accepted as a United Nations Member State by General Assembly resolution [A/RES/60/264](#).

Details: <http://un.mfa.hr/en/>

Three women in top posts of UN Secretary-General António Guterres' team



The United Nations Secretary-General, António Guterres announced that he has appointed Amina J. Mohammed of Nigeria as the UN deputy chief, on his office as the 9th chief of the Organization in January 2017.

He also announced the appointment of Maria Luiza Ribeiro Viotti of Brazil as his Chef de Cabinet and that he has created the position of Special Advisor on Policy and appoint Ms. Kyung-wha Kang of the Republic of Korea to this new role.

“These appointments are the foundations of my team, which I will continue to build, respecting my pledges on gender parity and geographical diversity.” he said.

Details: <http://www.un.org/apps/news/story.asp?NewsID=55810#.WFvvxZUzWUum>

Collaboration with World Health Organization (WHO)

WHO | Croatia



The WHO Country Office, Croatia was founded in Zagreb in November 1992 in order to provide support for policy-making on sustainable health development. The Country Office works to assess the health needs and priorities in collaboration with the Ministry of Health and Social Welfare. In addition, it works to identify priority areas for WHO collaboration and implementation along with coordinating WHO input to the national health authorities. In 2012, the first ever organ transplant in Montenegro took place with the leadership of the Croatia Regional Health Development Centre.

The Office is the focal point for WHO activities in Croatia. The country team consists of two staff members and its main responsibilities are:

- To assess the country's health needs and priorities, in collaboration with the Ministry of Health and Social Welfare;
- To help identify priority areas for WHO collaboration and implement WHO policy in the country;
- To monitor implementation of the biennial collaborative agreements between WHO/Europe and Croatia;
- To coordinate WHO input to the national health authorities; and to liaise with WHO collaborating centres and projects, and with other United Nations and international agencies.

The priorities for the Country Office are set out in the biennial collaborative agreement between WHO/Europe and the host country. The Office implements the agreement in close collaboration with national institutions and international partner agencies.

Child malnutrition estimates by WHO Child Growth Standards

Below you can open the data and reference tables for this country based on the WHO Child Growth Standards. This database is regularly being updated. To open the tables click on the links below:

http://www.who.int/nutgrowthdb/database/countries/who_standards/hrv.pdf?ua=1

Details: <http://apps.who.int/gho/data/node.country.country-HRV>

Bulletin Board

Best Practices Network

Welcome to the virtual health library in women's health care – Guidelines for Women's Health



The Women's Health and Education Center (WHEC)'s policy on competing interests:

Competing interests arise when authors, reviewer, or editors have personal, commercial, political, academic or financial interests that are not fully apparent and that may influence their professional judgment on a paper's content or suitability for publication. The WHEC recognizes that the desirable expertise of authors, writers and reviewers also makes them prone to acquiring competing interests in their subject area.

The WHEC also requires authors, editors and reviewers to disclose their competing interests, upon submission or review of a paper for any section of the journal. Authors' competing interests statements will be taken into consideration when a final decision is made to accept or reject a paper, but will not stand as the only criterion for rejection without the editors first seeking further clarification from the authors.

The WHEC asks reviewers to decline the invitation to review a paper if they feel that they may have a conflict of interest that would impede their objectivity, and to declare any potential competing interests when accepting the invitation to review.

The editors and editorial advisers are obliged to declare any competing interests to WHEC, and preclude themselves from handling papers in such interests collide. The WHEC's usual time span on conflict of interests is for three years preceding the disclosure, but authors, reviewers and editors are asked to declare any relevant competing interests that they may have outside of this period.

In addition, The WHEC requires that authors explicitly state all sources of funding for research or writing activities. This information should be included in the acknowledgements section of the paper, and the methods section of the paper should include the role of the funding source as regards the design, execution, and analysis of the study, and the decision to submit the paper for publication.

Submitting and Publishing Clinical Trials on WomensHealthSection.com:

The registration of all interventional trials is a scientific, ethical and moral responsibility. This will improve research transparency and will ultimately strengthen the validity and value of the scientific evidence base. Clinical trials sponsored by pharmaceutical companies should follow specific guidelines; available at: <http://www.gpp-guidelines.org> . All human trials that are phase 2a and above must be registered with a

clinical trial registry of World Health Organization (WHO); available at: <http://www.who.int/ictrp/en> or National Institutes of Health (NIH), United States; available at: <http://clinicaltrials.gov/>

Authors should provide the name of the trial registry, the registry URL, and the trial registration number at the end of the abstract.

Please note: Submit your contributions in a Microsoft Word compatible format (*.doc) and in English only.

Thank you.

[License for publication](#)

(http://www.womenshealthsection.com/content/documents/publication_license.pdf)

Collaboration with UN University (UNU)

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

Getting Infrastructure Priorities Right in Post-Conflict Reconstruction

In this paper, an attempt is made to identify some key challenges for infrastructure sectors in post-conflict reconstruction. In spite of the Hague and Geneva Conventions, infrastructure can be damaged in conflicts, and reconstructing infrastructure is often essential to sustain recovery. Conflicts erode governance institutions, weaken public expenditure management systems, and increase transaction costs making it difficult for principals to monitor their agents. Infrastructure includes both 'hard' and 'soft' assets of societies and the rebuilding of social institutions and capacity of communities is as crucial as reconstructing roads and bridges.

A framework is developed here for assessing alternative infrastructure policies for their impact on three key dimensions of (i) governance and state rebuilding, (ii) conflict prevention and peace, and (iii) poverty reduction. Drawing upon evidence from evaluation studies including Afghanistan, Bosnia-Herzegovina, Croatia, East Timor and Rwanda, a number of policy tensions and action points for policymaking in infrastructure sectors in post-conflict contexts are identified.

There are three main reasons why post-conflict reconstruction (PCR) is relevant to development discourse. First, conflict is an important challenge to development in a world where conflicts predominantly exist in the developing countries. Second, the poor are often the main victims of conflicts. Third, conflicts influence aid priorities and thus have a crowding-out effect.

Publisher: UNU-WIDER; Author: P. B. Anand; Sponsor: UNU-WIDER acknowledges the financial contributions to its research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy

(Continued)

The 'boys are better at math' mindset creates gender gap in sciences

We know how important it is to get more girls interested in STEM -- science, technology, engineering and math – to not only provide them with innovative and well-paying career opportunities in a highly competitive world, but to also bring diversity to those fields.



While women took home 57% of bachelor's degrees in all fields in 2013, women earned just 43% of the degrees in math and just 19% and 18% of the degrees in engineering and computer science respectively, according to the National Girls Collaborative Project.

One big reason why more women aren't lining up to enter STEM fields and become engineers and scientists is math, said Jo Boaler, a professor of mathematics education at Stanford.

You have probably heard people say they are just bad at math, or perhaps you yourself feel like you are not “a math person.” Not so, says Stanford mathematics education professor Jo Boaler, who shares the brain research showing that with the right teaching and messages, we can all be good at math. Not only that, our brains operate differently when we believe in ourselves. Boaler gives hope to the mathematically fearful or challenged, shows a pathway to success, and brings into question the very basics of how our teachers approach what should be a rewarding experience for all children and adults.

<https://www.youtube.com/watch?v=3icoSeGqQtY&feature=youtu.be>

To be continued.....

Two-Articles of Highest-Impact, December 2016

1. Update on Colposcopic Terminology; <http://www.womenshealthsection.com/content/gynpc/gynpc008.php3>
WHEC Publications. The series on Cervical Cancer Prevention was funded by WHEC Initiatives for the Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC) to eliminate/reduce cervical cancer worldwide. Contact us if you wish to contribute and/or join the efforts.
2. Female Sexual Dysfunction; <http://www.womenshealthsection.com/content/gyn/gyn032.php3>
WHEC Publications. Special thanks to WHO and NIH for the contributions and our writers / editors for compiling the review.

From Editor's Desk



The Dag Hammarskjöld Library provides research and information to support the work of United Nations Member States. As an integral part of the UN Organization, the Library also aids in the dissemination of UN information to a wider public audience through online services, and a global depository library network.

The Dag Hammarskjöld Library is part of the United Nations headquarters and is connected to the Secretariat and conference buildings through ground level and underground corridors. It is named after Dag Hammarskjöld, the second Secretary-General of the United Nations.

The Library has specialized in two major areas. Firstly, it is the main depository for United Nations documents and publications and maintains a selected collection of materials of the specialized agencies and United Nations affiliated bodies. Secondly, the Library collects books, periodicals and other materials related to the Organization's programmes of activities.

Delivering professional information research

The Library provides professional information research to delegates and UN staff, as well as limited research for librarians, researchers, and the general public. To serve delegates and UN Secretariat staff, the Library provides access to thousands of print and digital resources, including books, newspapers, e-journals, and e-books covering all geographic regions and many languages. The Library catalogue and Research Guides are easy-to-use online tools to search these resources.

Our [Ask DAG](#) service provides quick answers and research tips, and our hands-on training programme teaches attendees how to access UN official documents, as well as how to use Library resources more effectively.

Providing access to the UN's institutional knowledge

Behind the scenes, Library staff are working to make UN information more accessible to all. The Library collects print and digital copies of UN documents, publications and a variety of other material produced by the Organization, such as maps and press releases. The Library's digitization programme serves two vital functions: it preserves fragile historical documents, and allows them to be accessed online by many users without damage to the original record (status of digitization).

To improve discoverability, the Library catalogues and indexes millions of items that help form the Organization's institutional memory. This makes them accessible to the greater public by developing a variety of research tools including the Digital Library, Index to Speeches, Voting Records, Index to Proceedings and the UN Documentation Research Guides.

The Dag Hammarskjöld Library encourages the dissemination of UN institutional knowledge by maintaining a network of 360 United Nations depository libraries in 135 Member States and territories.

Supporting UN-wide collaboration

The Library collaborates with other UN libraries to make UN knowledge widely accessible, and offers access to high-value resources to the UN Community as a whole.



The United Nations System Electronic Information Acquisition Consortium (UNSEIAC), supports the on-going efforts towards a more effective Organization by providing an electronic information purchasing and management mechanism for UN funds, programmes, and agencies.

Ask Dag: Database of frequently asked question - <http://ask.un.org/>



Our collective efforts are making a difference to the health and well-being of women, children and adolescents around the world.

As we look ahead to an exciting new year, we have an opportunity to reflect on what we have done well and what we can do much better.

The Sustainable Development Goals give us opportunities for more meaningful partnership, action and accountability.

Let's bring this to bear in 2017!

Details: <https://library.un.org/>

Words of Wisdom

Life demands from you only the strength you own. Only one feat is possible – not to have run away.

- [Dag Hjalmar Agne Carl Hammarskjöld](#) (29 July 1905 – 18 September 1961), Swedish diplomat, economist, and author, who served as the second Secretary-General of the United Nations. He is one of only four people to be awarded a posthumous Nobel Prize.

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

<http://www.WomensHealthSection.com>

