



## **WHEC Update**

### **Briefing of worldwide activity of the Women's Health and Education Center (WHEC)**

March 2019; Vol. 14. No. 03

### ***New Perspectives***

Public funds are essential for universal health coverage (UHC). Budget allocation and execution of rules and practices are crucial to support progress towards that goal. Specifically, the way budget is presented and organized determines how resources flow to and reflect sector priorities. The Women's Health and Education Center (WHEC) in collaboration with the World Health Organization (WHO) and the United Nations (UN), provides technical guidance on both why and how to improve the effectiveness of budgeting reforms in the health sector.

No country has made significant progress towards UHC without increasing the extent to which its health system relies on public revenue sources. Framing the approach to health financing policy in this way places the health sector within the overall public budgeting system and underscores the crucial role that the budget plays, or should play, for UHC. Historically, health financing discussions have been largely driven by demands to raise revenues and find new sources of funds, with much less discussion of overall public sector financial management and budgeting issues.

An understanding of the core principles of public budgeting is essential for those who have an active interest in health financing reform because the budget is a primary instrument for strategic resource allocation. Even in contexts where health insurance funds manage a core part of health expenditure, budgeting rules continue to influence flows of funds and transfers to purchasing agencies and/or health facilities.

Promoting and protecting health is essential to human welfare and sustained economic and social development. This was recognized more than 40 years ago. Health-for-All would contribute both to a better quality of life and also to global peace and security. Not surprisingly, people also rate health one of their highest priorities, in most countries behind only economic concerns, such as unemployment, low-wages and a high cost of living. As a result, health frequently becomes a political issue as governments try to meet people's expectation.

There are many ways to promote and sustain health. Some lie outside the confines of the health sector. The "circumstances in which people grow, live, work and age" strongly influence how people live and die. Education, housing, food and employment all impact on health. Redressing inequalities in these will reduce inequalities in health.

But timely access to health services – a mix of promotion, prevention, treatment and rehabilitation – is also critical. This cannot be achieved, except for a small minority of the population, without a well-functioning health financing system. It determines whether people can afford to use health services when they need them.

Closing this coverage gap between rich and poor in 49 low-income countries would save the lives of more than 700,000 women between now and 2030. In the same vein, rich children live longer than poor ones; closing the coverage gap for a range of services for children under the age of five, particularly routine immunization, would save more than 16 million lives. Health financing is an important part of broader efforts to ensure social protection in health.

Share your thoughts and point of view on ***WHEC Global Health Line (WGHL)***

Budgeting in Health  
**Rita Luthra, MD**



## Your Questions, Our Reply

Why universal health coverage (UHC)? Where are we now? How to fix health budgeting at national and international level for universal health?

**UHC Financing Concepts and Implications for Policy:** Developing the health financing systems that all people have access to services and people do not suffer financial hardship paying for them is essential for rich and poor countries alike. All countries seek to improve equality in the use of health services, service quality and financial protection for their populations. Hence, the pursuit of UHC is relevant to every country. Health financing policy is an integral part of efforts to move towards UHC, but for health financing policy to be aligned with the pursuit of UHC, health system reforms need to be aimed explicitly at improving coverage and the intermediate objectives linked to it, namely, efficiency, equality in health resource distribution and transparency and accountability.

We suggest the following:

Firstly, robust public budgeting in health, especially through the development of multi-year plans, is likely to improve **predictability** in the sector's resources, which in turn increases the likelihood that defined plans can be translated in policy actions on the ground.

Secondly, proactive engagement of health ministries in the budgeting process can facilitate **alignment** of budget allocations with sector priorities, as laid out in national health strategies and plans. In doing so, allocative efficiency within the sector's resource envelope can be improved.

Thirdly, if budgets are better defined, budget **execution** can improve, which means that underspending – a common issue in low income countries – can decrease in the sector (i.e. budget is implemented according to plan, which is defined and articulated with national priorities).

Fourthly, if the health budget is formulated according to goals and the execution rules align with this logic, it will allow a certain degree of spending **flexibility** and make budgets more responsive to sector needs.

UHC can be justified from a political perspective as a reflection of underlying values such as social cohesion, the belief in every individual's right to the highest attainable level of health, or as a "right to health" or "right to equitable access to health services," specified in many national constitutions. But from a narrower health systems performance perspective, UHC as defined in *The world health report 2010* is desirable because it embodies both a final goal of health systems and intermediate objectives with strong links to ultimate goals.

The combination of UHC goals and intermediate objectives can be used to set the direction of health financing reforms in any country, with contextualized into specific and measurable objectives for that country. "Health financing for universal coverage" implies that reforms in collection, pooling, purchasing and benefit design are aimed specifically at improving one or several of those objectives and goals, as measured at the population or system level.

All health financing systems perform these functions and that is why, as stated in *The world health report 2010*, every country can do something to move towards UHC.

Join our efforts!



## Commission on Population and Development – 52<sup>nd</sup> Session 1-5 April 2019

### Review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development. 1-5 April 2019

It is indeed our pleasure to share with you the Statement of Women’s Health and Education Center, which is received by Secretary-General is being circulated in accordance with paragraph 36 and 37 of Economic and Social Council resolution 1996/31. **E/CN.9/2019/NGO/3**


#### Title: **Affordable contraception counseling and services to improve compliance and achieve 2030 Sustainable Development Agenda**

The Women’s Health and Education Center (WHEC), grounded in the vision of equality as enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action, and peace and security. The WHEC Global Health Line (WGHL) aims to establish in collaboration with programs in low- and middle-income countries to improve maternal and child health, in collaboration with the developed countries, of mutual benefit and mutual respect, through its LINK (Learning and Innovation Network for Knowledge and Solutions) Access Project. Its syllabus is designed to promote the use of a broad understanding of women’s and children’s health: seek science and technology-based solutions to development challenges; and encourage the next generation, especially girls and women, to have education in science, mathematics and technology.

<http://www.womenshealthsection.com/content/documents/N1901016.pdf>

It is available in all six languages of the UN. <https://documents.un.org/>  
Symbol: E/CN.9/2019/NGO/3

Join the initiatives of WHEC with the United Nations and the World Health Organization to promote Health and Human Rights and achieve our common goals. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations.



### **EVERY WOMAN EVERY CHILD** 2017 PROGRESS NARRATIVES FOR COMMITMENTS MADE TO THE EVERY WOMAN EVERY CHILD GLOBAL STRATEGY (2016-2030) NARRATIVES FROM EVERY WOMAN EVERY CHILD NON-STATE COMMITMENT-MAKERS

FOR HEALTHY AND EMPOWERED WOMEN, CHILDREN AND ADOLESCENTS

[https://www.who.int/pmnch/activities/advocacy/globalstrategy/2016\\_2030/2018-progress-narrative-updates.pdf](https://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/2018-progress-narrative-updates.pdf)

The Women’s Health and Education Center’s (WHEC’s) action and progress is stated on **page 88**. There are 3 leading purposes of the health-related uses of information and communication technologies (ICT) in low- and middle-income countries:

1. To extend geographic access to health care;
2. To improve data management; and
3. To facilitate communication between patients and physicians outside the physician’s office.

We thank you for your friendship and support!!



## United Nations at a Glance

### Permanent Mission of Grenada to the United Nations

Grenada became Member State of the United Nations on 17 September 1974

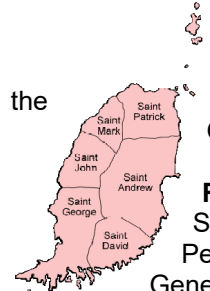


**Grenada** is a sovereign state in the southeastern Caribbean Sea consisting of the island of Grenada and six smaller islands at the southern end of the Grenadines island chain. It is located northwest of Trinidad and Tobago, northwest of Venezuela and southwest of Saint Vincent and the Grenadines. Its size is 348.5 sq. kilometers (134.6 sq. mi), and it had an estimated population of 107,317 in 2016. Its capital is St. George's. Grenada is also known as the "Island of Spice" due to its production of nutmeg and mace crops, of which it is one of the world's largest exporters. The national

bird of Grenada is the critically endangered Grenada dove.

Christopher Columbus sighted Grenada in 1498 during his third voyage to the Americas. Although it was deemed the property of the King of Spain, there are no records to suggest the Spanish ever landed or settled on the island. French settlement and colonization began in 1650 and continued for the next century. On 10 February 1763, Grenada was ceded to the British under the Treaty of Paris. Independence was granted on 7 February 1974, under the leadership of Eric Gairy, who became the first Prime Minister of Grenada.

As a Commonwealth realm, Queen Elizabeth II is Queen of Grenada and Head of State. The Crown is represented by a Governor-General, currently Cecile La Grenade. Day-to-day executive power lies with the Head of Government, the Prime Minister. Although appointed by the Governor-General, the Prime Minister is usually the leader of the largest party in the Parliament.



Grenada is divided into six parishes.

Tourism is Grenada's main economic force. English is the country's main language, but main spoken language is either of two creole languages (Grenada Creole English and Grenada Creole French).

#### Role in UN

Statement of Mr. Elvin Nimrod, Minister for Foreign Affairs, Legal Affairs, Carriacou and Petit Martinique Affairs and Local Government of Grenada on 22<sup>nd</sup> Plenary Meeting of General Assembly. A/72/PV.22

[http://www.un.org/ga/search/view\\_doc.asp?symbol=A/72/PV.22](http://www.un.org/ga/search/view_doc.asp?symbol=A/72/PV.22)

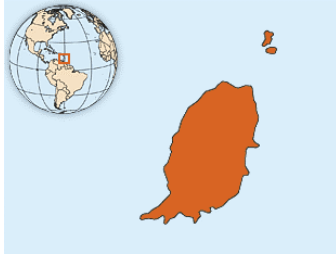
Extreme weather events disproportionately affect our planet's most vulnerable, such as women, children and the elderly. Therefore, Grenada advocates that special attention be paid to those groups. As we assess the physical damage caused by such disasters, let us never forget the psychological toll they take on survivors. We reiterate Grenada's commitment to the Paris Agreement on Climate Change. Speaking in his capacity as Chair of the World Bank's Small States Forum in June, Grenada's Prime Minister lamented the withdrawal of key partners from the Agreement. Therefore, we encourage them to reconsider.

In May 2017 the International Monetary Fund (IMF) reported that "Grenada has continued with steadfast implementation of reforms and made progress toward achieving the key program goals." On finance, proud to report that Grenada's structural adjustment program has been highly commended locally, regionally and internationally.

Details: <https://www.un.int/grenada/>

# Collaboration with World Health Organization (WHO)

## WHO | Grenada



In 2002 World Health Organization (WHO) announced the introduction of the Country Focus Initiative (CFI) using the country cooperation strategy (CCS) as the nationally agreed framework, to focus the work of WHO in the countries it serves. The CCS combines a realistic assessment of country's needs with sub-regional, regional, and global priorities.

At the end of 2003, the Pan American Health Organization, Regional Office of the World Health Organization (PAHO/WHO), approved an initiative for the development of a cooperation strategy for 10 countries in the eastern Caribbean namely: Antigua & Barbuda, Barbados, Dominica, **Grenada**, Saint Lucia, St. Kitts & Nevis, St. Vincent & the Grenadines and the three United Kingdom Overseas Territories (UKOT) of Anguilla, British Virgin Islands, and Montserrat.

### Health and development issues and challenges

Through the consultation process the countries identified their key issues and challenges, which fall into four broad areas:

1. Strengthening leadership for national health development;
2. Strengthening health system infrastructure;
3. Assessing and responding to vulnerability;
4. Addressing specific priority health conditions.

### Development financing

With the national income of these countries in the upper middle and higher income groups, the flow of official development assistance has decreased significantly. Traditional donors have increasingly restricted their involvement in health to the area of HIV/AIDS; and have directed most funding towards regional institutions.

Critical issues and challenges in development financing relate to the need to strengthen national:

1. Capacities to develop, manage, and evaluate investment plans to address their health priorities;
2. Mechanisms to manage externally provided resources

The assistance of the Regional Office will be needed for the information management and communication needs of the Country Program Offices (CPOs) in order to support enhanced technical cooperation (TC).

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

# Bulletin Board

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## WHEC Data Protection Policy

### VI. Rules for Personal use

1. The following rules supplement §6 of Operational Circular No. 1 (OC1) “Use of WHEC Computing and Network Facilities” and cover personal use of WHEC Computing and Network Facilities.
2. Personal use is defined as any use which does not come within the professional duties of the user.
3. Personal use of the computing and network facilities is tolerated or allowed provided:
  - a. It follows the present operational circular and not detrimental to official duties, including those of other users;
  - b. The frequency and duration are limited and there is a negligible use of WHEC resources;
  - c. It does not constitute a political, commercial and/or profit-making activity;
  - d. It is not inappropriate or offensive;
  - e. It does not violate applicable laws.

The President / Director-General of the WHEC shall have discretion in deciding whether these conditions are met.

4. Subject to the condition under §3 above, the following are allowed:
  - a. The use of WHEC Computing and Network Facilities for social activities related to WHEC Events and associated newsgroups and authorized media groups.
  - b. Personal Web Pages on WHEC Computing and Network Facilities, as per their contracts with WHEC.
5. Subject to the conditions under §3 above, the following are tolerated:
  - a. The personal use of electronic mail (e-mail).
  - b. The exchange and sale of personal belongings between members of the personnel via Internet newsgroups (or news-markets) or authorized media groups.
  - c. The browsing of web-pages or reading the newsgroups unrelated to official duties.

### **At WHEC, You are responsible for securing your personal computers (PCs), data, systems & services.**

However, *being responsible* and being capable of *assuming responsibility* are two completely different issues. Even if you are bound to follow the Computing and Network Rules, you might lack knowledge, means and expertise to do so. Therefore, this document puts all relevant information at your disposal. If this is **not** sufficient, you might want to consult your own legal and financial experts and advisors.

- THE WOMEN'S HEALTH AND EDUCATION CENTER (WHEC);
- THE WOMEN'S HEALTH AND EDUCATION ORGANIZATION, Inc. (WHEO, Inc.)



## Collaboration with UN University (UNU)

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

### **Access to what?**

Legal agency and access to justice for indigenous peoples in Latin America

In this study the author calls for primary focus on expanding and strengthening alternative, community-based justice system, as a strategy for securing the full benefits of legal agency to indigenous and other culturally distinct groups. The author does so because what lies within the formal justice system – the very system to which so many well-meaning programs promise access is, for these groups and their members, often partial justice at best.

Many of the substantive justice claims of the indigenous are simply incommensurable with the substantive content of state-based law. Increasing access to that law, therefore, still falls short of legal agency. Efforts to increase the space governed by autochthonous justice are more likely to produce true legal agency for both the communities and their members, although they raise important issues for included subgroups, such as women or culturally non-conforming groups. Somewhat paradoxically, indigenous groups' engagement with the very apex of formal systems, through constitutional litigation, has been one avenue for increasing that space, thus reflecting the exercise of collective legal agency in the pursuit of collective and individual legal agency.

Perhaps the greatest successes have come in the more structural constitutional cases. In many countries indigenous peoples have acted collectively, successfully exercising their legal agency within the formal state system to expand their individual and collective agency in alternative spaces such as the community justice systems or the consultation processes that are required by international law. This dual action – enhancing legal agency at the very top by strengthening constitutional justice and using that to enhance legal agency at the very bottom by strengthening community justice systems and the Free Prior Informed Consent (FPIC) process, among others – has produced some notable advances in legal agency for indigenous peoples across the region. We should not overlook the many ways in which they have been denied the fruits of these advances, through violence and intimidation, lack of compliance and discrimination, but it is undeniable that indigenous groups in Latin America have made significant strides in securing greater legal agency over the last decades.

Publisher: UNU-WIDER; Author: Daniel M. Brinks; Sponsors: The UNU-WIDER is funded through income from an endowment fund with additional contributions to its work program from 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>

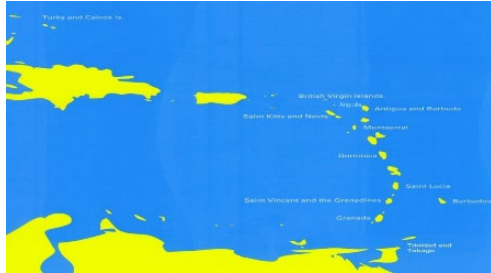




## United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy (continued)*

### About the UNICEF Office for Eastern Caribbean Area



The UNICEF Office for the Eastern Caribbean Area (ECA) has a Multi-Country Program of Cooperation with 12 countries in the Eastern sub region.

This includes eight independent states: Antigua and Barbuda, Barbados, the Commonwealth of Dominica, **Grenada**, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines and Trinidad and Tobago.

The United Kingdom Overseas Territories covered by the ECA Office are: Anguilla, Virgin Islands (UK), Montserrat and the Turks and Caicos Islands. These countries are covered from our base in Bridgetown, Barbados without posted presence in Castries, Saint Lucia and Port of Spain, Trinidad.

### Programs

For period 2015-2020 the Office will be focusing on supporting governments and other partners to ensure that:

1. Accurate and current data on the situation of children and women is available; and
2. Fostering an enabling, child-friendly and protective environment, reducing the vulnerabilities of girls and boys and their families to social, environmental and economic risks and enhancing their participation.

The support is built on the realization that all children have an equal opportunity to realize their rights, to survive, develop and reach their full potential, without discrimination, bias or favoritism, but will advocate for the most disadvantaged to receive the extra care and support needed.

Evidence-based advocacy and capacity-building for equity-sensitive policy and program development.

The overall goal of this component is to support governments in the Eastern Caribbean Area to ensure that equity-sensitive sub-regional and national policies, programs and budget allocations are made with reliable disaggregated data on the actual situation of girls and boys and their families in line with CRC, CEDAW and SDGs.

This component will build capacity in the sub-region to gather, disseminate and use social data for national policy for national policy decision-making. The objective is to ensure quality social services for all, especially the poor and disadvantaged, in line with international standards.

### Lifelong learning and protection

The priorities will be on:

1. Keeping girls and boys in and connected to school;
2. Child equity;
3. Gender equality, and
4. Violence and HIV prevention

Other efforts to strengthen the protective environment will focus on laws, policies, services and programs compliant with the CRC, CEDAW and other international standards.

<https://www.unicef.org/where-we-work#G>

*To be continued....*



## Two Articles of Highest Impact, February 2019

*Editors' Choice – Journal Club Discussions*

*Our friendship has no boundaries. We welcome your contributions.*

1. Newborn Male Circumcision;  
<http://www.womenshealthsection.com/content/obsnc/obsnc005.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Editorial Board at WHEC invites your contributions for its series on Newborn Care.
2. Newborn Screening Program in the United States;  
<http://www.womenshealthsection.com/content/obsnc/obsnc003.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Editorial Board at WHEC invites your contributions for its series on Newborn Care.



### From Editor's Desk

*New Initiatives, New Collaborations, New Directions*

#### Implementing Best Practices



Implementing Best Practices (IBP) initiative is a unique international partnership dedicated to scaling up what works in family planning and other areas of reproductive health. The partnership was initiated in 1999 by the World Health Organization (WHO), United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and nine cooperating agencies. Its membership has now grown to more than 45 organizations that include donors, international technical assistance organizations, and regional and national partners. WHO/RHR hosts IBP Secretariat.

The IBP consortium engages the global SRH community to implement and scale up effective practices and global guidelines through its convening power and neutral platform for knowledge-sharing and collaboration.

In early 2000, ten international agencies met with WHO/RHR and analyzed the literature review and the lessons learned through country experience. Together they developed the first IBP strategy to support the effective dissemination, adaptation and utilization of technical tools and guidelines. This became known as the DAU process – Disseminate, Adapt, and Utilize.

The development of the DAU strategy led to an informal partnership between Engender Health, FHI, INTTRAH/Prime, IPPF, JHU/CCP, JHPIEGO, Public Health Institute, MSH, Pathfinder International, USAID, and WHO/RHR. The partners agreed to harmonize approaches and base their role on implementing the DAU process through the application of the USAID MAQ Initiative's synergy of interventions.

After reviewing the DAU process the partners decided that rather than focusing largely on introducing and implementing technical guidelines, the revised process would embrace a larger range of issues. A country's needs and priorities would decide which issues received attention. The DAU process itself would become less linear. Experience in country would receive more attention, and best practices already developed



would be identified, highlighted and shared. Knowledge would be shared and exchanged in all directions.

By early 2001 the partners had adopted the new name – the Implementing Best Practices (IBP) Initiative. In 2002, the Women’s Health and Education Center (WHEC) with its collaborating partners and academic institutions launched the e-Health platform, **WomensHealthSection.com**, knowledge that touches patients, to provide reproductive health research worldwide.

### **Partner, Publish & Promote**

The Journal, **WomensHealthSection.com** contains a number of innovative and successful best practices from non-governmental organizations (NGOs), participating institutions, their faculty, and UN entities in specific fields of work, network with organizations around the world, and promote their own work to a global audience. Users can also submit papers, manuscripts, photographs representative of their work which will be available for fellow users to browse.

Most of our work is commissioned, but if you have a great idea for a commentary, editorial, public health review, news story, interview, book review, or public health classic, we would be happy to consider your proposal.

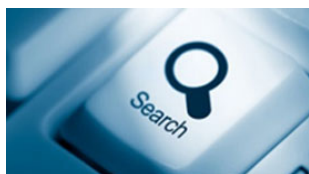
We are embarking on a new era in medicine and health care. As you know the information superhighway has much information to offer to the health care providers all over the world.

### **What sort of papers/research do we want, publish and fund?**

<http://www.womenshealthsection.com/content/whec/practices.php3>



### **National Institutes of Health – Office of Budget**



#### **Funding**

National Institutes of Health (NIH) offers funding for many types of grants, contracts, and even programs that help repay loans for researchers. Learn about these programs, as well as NIH’s budget process, grant funding strategies, and policies, and more.

The Office of Budget (OB) advises and supports the Director of the National Institutes of Health (NIH) on budget policy issues affecting the NIH, the medical research community and the public. The OB is responsible for:

- Devising alternative budget policy scenarios for NIH Leadership consideration and developing associated NIH-wide budget projections in response to continuously evolving budget formulation and execution requirements.
- Validating and consolidating component organizations’ estimates and justification materials comprising annual budget submissions or special funding requests.
- Maintaining active and efficient communications with key external stakeholders – such as the Department of Health & Human Services (HHS), the Office of Management & Budget (OMB) and the Congress.
- Monitoring and coordination NIH Budget activities of the 27 NIH Institutes and Centers (ICS).

The two branches that comprise the OB organization are:

- Budget Formulation, Presentation & Reporting Branch;
- Budget Execution and Modeling Branch.

Office of Budget MISSION:

To support the NIH mission to uncover new knowledge and transform health care with responsive, accurate, and timely budget and performance management information.

**FY 2019 President’s Budget:**

In February 2018, President Trump submitted to Congress his FY 2019 budget request for all Federal agencies – FY 2019 President’s Budget (PB) – including the proposed budget for the National Institute of Health (NIH) of \$ 25.6 billion. The original PB request was revised by the Administration to account for recent enactment of the Bipartisan Budget Act of 2018 (BBA) which adjusted spending caps. The PB amended for the budget addendum increased the NIH request by nearly \$ 9.2 billion to \$ 34.8 billion, or \$0.6 billion more than the FY 2017 Program Level of \$ 34.2 billion.

Visit the links of the Budget Request for more information on the NIH request

<https://officeofbudget.od.nih.gov/pdfs/FY19/br/Overview.pdf>

 **Words of Wisdom**

If the United Nations once admits that international disputes can be settled by using force, then we will have destroyed the foundation of the organization and our best hope of establishing a world leader.

- Dwight D. Eisenhower (14 October 1890 – 28 March 1969), 34<sup>th</sup> President of the United States

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

<http://www.WomensHealthSection.com>

