



WHEC UPDATE

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

February 2010; Vol. 5, No. 2

THIS IS IT.... to borrow the title of the Michael Jackson film. IT is a new theme issue / annual report of year 2009 – Memorable Milestones. This is how it all began. One day we were having an informal editorial meeting (actually, our meetings are always informal), and we talked about how difficult it is to share wonderful work and research in reproductive health with the rest of the world, which in USA we take it for granted. Our pages were, and are, filled with cutting edge latest advances in reproductive health and health development. Our inventory was, and is, filled with exciting material. We kept looking; we kept talking. Then we decided to do IT. But what to call the theme issue / annual report of 2009? “The milestones *and* remembering the road”? “Memorable achievements, interesting journey”? “Our Initiative *on* the World Map”? Well, we *are* editors, so we edited. Memorable Milestones. And THIS IS IT.

Sometimes in life fantasy and reality merges and it is reflected in our work. Imagination enables us to create a more exalting and consoling human nature than what just a glance at reality allows us to perceive. I have tried to express my passions for the betterment of humanity and health development in both developed and developing countries by means of blue and violet – colors of **WomensHealthSection.com**. I hope expressions of my thoughts on women's status and health development in the world show, how strongly I am attached to them. Medical education comes in many sizes and shapes. In 2008, we took a quantum leap forward with the launch of WHEC Global Health Line. Equally impressive is online service which is available in 216 countries / territories and latest advances in Women's Health and Health Development are disseminated in six official languages of the United Nations. In response to a recent reader survey, we have added more modern pages on the site and refined color palette to achieve richer, more clinical and social tone. Our ultimate goal is to reassert evidence-based medicine worldwide. For me serving as Editor-in-Chief for *WHEC Update* and *WomensHealthSection.com* is a sacred trust. Whether you have been with us since the very beginning or just joined us, it is important for you to know that protecting that trust is my number one priority. As always, we welcome your comments and any suggestions on this e-learning educational project and program.

A mandate to change is a mandate for smart. The world is ready for change – that much is clear. For leaders of all kinds, this moment presents a rare opportunity. Our planet is not just getting smaller and flatter. It is also becoming smarter. And that means we have the potential to change the way the world literally works. Consider the changes already under way. Smart healthcare systems are helping to lower the cost of therapy by as much as 90%. The list is long, and the transformation is just beginning its benefits will be reaped not only by large companies – the engines of economic growth everywhere – and by individuals and communities around the world. Imagine how a smarter planet will transform *all* the things we seek. The ways we pursue economic growth, societal progress, environmental sustainability and cures for diseases. The way we interact with each other and with the world. The opportunity is before us, and the moment will not last forever. Will we seize it? As we look to stimulate our economies and rebuild our infrastructure, will we simply repair what is broken? Or will we be prepared for a smarter future? There are projects that change a policy and those that define it....

Join us at WHEC Global Health Line!

A Vision For All

Rita Luthra MD

Look Back at 2009 Achievements – Memorable Milestones:

Women's Health and Education Center (WHEC) completed 2009 on the high note. Our focus was on Women's Health and Human Rights and our readers all over the world liked the concept, very much. In the United States, we heard a great deal about hope this year. Looking over WHEC Initiative for Global Health accomplishments of the past year, I am pleased to report my own renewed hopes for a world with improved maternal and child health. Women's Health and Education Center (WHEC)'s approach is making a difference, on the ground and in the halls of power. WHEC works to improve maternal health which kills 1,600 women every day. We knit together our work in communities with advocacy at the regional, national and international levels. We provide immediate assistance where needed but we also work to plan the long-term to help developing countries create and sustain their own solutions while holding governments accountable for respecting their basic human rights. This unique approach brings lasting, sustainable change. WHEC Global Health Line; is part of global project of WHEC family that is serving with pride in 216 countries and territories. Our agenda emanates from these 216 communities around the world where we serve to provide improved and informed care in maternal and child health. We hope our efforts end the tragedy of obstetrical fistula for good. In the pages of *WomensHealthSection.com* you will read how our work in the United States and across the world comes together to make real, lasting change in poor communities.

I hope you are inspired by what your generous support has made possible in 2009. Read on and share in our hope. Your voice and your support – together with WHEC Initiative for Global Health – we can eliminate obstetrical fistulae for good. Thank you for being part of our work. Here is the summary of our achievements in 2009:

WomensHealthSection.com served 4.5 million readers in 216 countries / territories with an average of 20,000 visitors a day in 2009 with links to about 35,000 websites every month. On average 50,000 files, 3,500 URLs and 4,600 pages were accessed every month. It expanded from 12 to 22 sections in 2009 and we hope to continue to grow. In the spirit of growth in this digital age, *WomensHealthSection.com* was redesigned in 2009. We have rearranged content so that it is easier for you to find what you need. We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Top 10 Countries out of 216 Countries and Territories, where **WHEC Global Health Line** is accessed frequently: USA; Canada; China; Australia; Qatar; Russian Federation; Spain; U.K.; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes: Network; US Educational; Nonprofit organizations; US Government; US Military.

Top 5 User Agents out of 374: Microsoft (MSIE 8.0, 6.0 and 7.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); Opera (9.5, 9.6, 9.2)

Top 5 most popular sections out of 22: 1) WHEC Update; 2) Obstetrics; 3) Violence against Women; 4) Glossary; 5) Pain Management during Labor and Delivery.

Top 10 most read review articles out of 210: 1) Obstetrical Fistulae & Efforts of the United Nations; 2) Genetic Counseling and Genetic Screening; 3) Women's Health and Human Rights; 4) Obesity and Anesthesia; 5) Hormonal Contraception: The Challenges Ahead 6) The Pap Smear; 7) Antepartum Fetal Surveillance; 8) Domestic Violence during Pregnancy; 9) Pitfalls in Urodynamic Studies Interpretation; 10) Ectopic Pregnancy.

A Memorable Milestone: Our Initiative *WomensHealthSection.com* in 2009 became one of the UN entities, posted on CSO Net – ECOSOC Civil Society Network – [Projects on World Map](http://esango.un.org/irene/?page=map§ion=2&type=2) (<http://esango.un.org/irene/?page=map§ion=2&type=2>)

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 41 million readers worldwide and growing fast...)

Looking forward to 2010!

Your Questions, Our Reply:

How do low-income countries coordinate and strengthen the effectiveness of aid?

The Health Sector Round Table Process: It is an instrument that many low-income countries are using to coordinate and strengthen the effectiveness of aid. The situation is usually encountered before adoption of the process, when most countries have already formulated broad policies and plans. As a rule, donors are conducting or have contracted out studies on public expenditure, health ministry functions and structures, technical programs and other matters. These studies are often well conceived and the results are generally useful. However, ministries of health lack ownership of and involvement in them, and consequently the results are not captured by the state planning process. Little time may be available for consensus-building, a prescriptive approach is adopted by the donors towards the governments, and agreements reached may be less than optimal.

The round table process is designed to capture the studies conducted by donors so that the government concerned takes a leading role in health reform and development. Furthermore, at an early stage the process should examine the capacity of the ministry of health to participate in and conduct studies and acquire ownership of the results. The round table process is thus usually driven by the country's agenda and capacity to take the required steps. As a rule the process begins after a macroeconomic round table has been organized by United Nations Development Program (UNDP) or a consultative group meeting has been coordinated by the World Bank, at which:

- Consideration is given to the approach of the government in question to agreed macroeconomic benchmarks and the principles of good governance;
- Broad agreement on overall development policies is reached between the government and its main development partners;
- Donor agencies give an indication of financial and technical assistance;
- The government indicates specific sectors for in-country follow-up.

Women's Health and Education Center (WHEC) has participated in these round table discussions. We believe it is evidently a suitable instrument for countries wishing to strengthen the effectiveness of aid. With other appropriate inputs it can help to improve health development.

About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)
A Gateway to the UN System's Work on MDGs

ITU- International Communications Union

Market information and statistics

ITU is the leading United Nations agency for information and communication technology issues, and the global focal point for governments and the private sector in developing networks and services. For nearly 145 years, ITU has coordinated the shared global use of the radio spectrum, promoted international cooperation in assigning satellite orbits, worked to improve telecommunication infrastructure in the developing world, established the worldwide standards that foster seamless interconnection of a vast range of communications systems and addressed the global challenges of our times, such as mitigating climate change and strengthening cyber-

security. ITU also organizes worldwide and regional exhibitions and forums, such as ITU TELECOM WORLD, bringing together the most influential representatives of government and the telecommunications and ICT industry to exchange ideas, knowledge and technology for the benefit of the global community, and in particular the developing world. From broadband Internet to latest-generation wireless technologies, from aeronautical and maritime navigation to radio astronomy and satellite-based meteorology, from convergence in fixed-mobile phone, Internet access, data, voice and TV broadcasting to next-generation networks, ITU is committed to connecting the world. [International Telecommunication Union \(ITU\)](#) - Geneva, Switzerland

As a United Nations agency, the ITU has an obligation to identify, define, and produce statistics covering its sector - the telecommunication/ICT sector. This is in line with other specialized agencies that publish statistics covering their respective field of operations and forms part of the global statistical system of the UN. The collection of over 100 telecommunication/ICT indicators is one of the main activities of the division. The ITU's Market Information and Statistics (STAT) Division collects its Telecommunication/ICT data directly from governments by means of an annual questionnaire that is sent to the government agency in charge of telecommunications/ICT. This is usually the Ministry or the regulatory agency. A separate questionnaire is sent to all National Statistical Offices around the world to collect data on access to and use of ICTs by households and individuals. More and more countries today carry out ICT household surveys, which is important to complement infrastructure data and to measure progress towards the information society. The STAT Division verifies and harmonizes data, carries out research, and collects missing values from government web sites and operators' annual reports, particularly for countries that do not reply to the questionnaire. Market research data are also used to cross-check and complement missing values. The indicators/statistics published in this publication are used to back up ICT sections in inter-governmental publications such as the UNDP Human Development Report, the World Bank World Development Indicators and the United Nations Statistical Yearbook. Data are available in a number of formats including printed publications, CD-ROM, and by electronic download.

Collaboration with World Health Organization (WHO):

HRP - Special Program of Research, Development and Research Training in Human Reproduction

HRP is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health.

Mission: HRP research helps people lead healthy sexual and reproductive lives, by strengthening capacities of countries to provide quality information and services that enable people to protect their own reproductive and sexual health and that of their partners. Who we are and what we do: The UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction has been widely known for many years by the abbreviation, HRP.

Established by the World Health Organization (WHO) in 1972, HRP has a distinguished 35-year record of bringing together policy-makers, scientists, health-care providers, clinicians, consumers and community representatives to identify priorities in sexual and reproductive health and to find sustainable solutions. HRP is the only body within the United Nations system with a global mandate to lead research in human reproduction, a role endorsed by our cosponsors, the United Nations Development Program, the United Nations Population Fund, WHO and the World Bank.

Governance: HRP governance is structured on the basis of co-sponsorship by UNDP, UNFPA, WHO and The World Bank. HRP operates within a broad framework of intergovernmental and interagency cooperation and participation, and is administered according to a "Memorandum on

the Administrative Structure of the Special Program", which outlines its governance and operation. [Memorandum \[pdf 206kb\]](#)

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Collaboration with UN University (UNU):

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

Aid and Growth: Have We Come Full Circle?

The micro-macro paradox has been revived. Despite broadly positive evaluations at the micro and meso-levels, recent literature has turned decidedly pessimistic with respect to the ability of foreign aid to foster economic growth. Policy implications, such as the complete cessation of aid to Africa, are being drawn on the basis of fragile evidence. This paper first assesses the aid-growth literature with a focus on recent contributions. The aid-growth literature is then framed, for the first time, in terms of the Rubin Causal Model, applied at the macroeconomic level. Our results show that aid has a positive and statistically significant causal effect on growth over the long run with point estimates at levels suggested by growth theory. We conclude that aid remains an important tool for enhancing the development prospects of poor nations.

This paper has two main objectives. First, we attempt to provide a balanced assessment of the aid-growth literature, focusing on recent contributions. We observe that, while aid may have very high returns at times, there is an emerging consensus that expectations surrounding the average potency of aid have been too high. Second, we turn our attention to the fundamental empirical evaluation challenge: identifying the counterfactual. Using observational data, there is no way of identifying a plausible counterfactual without making assumptions that are bound to be debatable, in theory and in practice. We add new insights by framing the aid-growth debate in terms of potential outcomes (counterfactuals) taking motivation from the program evaluation literature. This helps clarify the conditions required for valid causal inference, and it motivates the application of robust empirical methods that have not been employed in the literature to date. The remainder of this paper is structured as follows. Section 2 provides a literature review with emphasis on the recent literature. Section 3 presents the aid-growth issue through the lens of the counterfactual framework developed in the program evaluation literature. Section 4 contains an application starting from the principal results obtained by RS08 and then casting the aid-growth problem in terms of the program evaluation literature.

To conclude, we return to the question posed in the title to this paper: has the aid and growth literature come full circle? Our response is 'no'. While the pendulum has swung to deep skepticism concerning the ability of aid to contribute to economic growth in the most recent literature, a series of important points of agreement have emerged. First, methodological advances have improved the profession's capacity to identify causal effects in economic phenomena. These advances in methods are beginning to be applied at the more aggregate level; in this regard, the supply side instrumentation approach of RS08 counts as a significant advance (with room for improvement as emphasized in Section 4). Second, these methodological advances highlight the serious challenges that must be surmounted in order to derive robust causal conclusions from observational data. In many important areas of inquiry, longstanding debates with respect to causal impacts persist despite improved methods and improved data availability. Third, the formation of reasonable expectations about the likely returns to foreign assistance has been greatly facilitated by the application of modern growth theory. Finally, there is an increasing recognition that many of the key interventions pursued by foreign aid will only result in positive growth outcomes over long time horizons. Unlike the relatively straightforward policy recommendation of maintaining low tariff barriers, the complex and idiosyncratic process of

managing aid to spark and sustain growth is subject to considerable learning. Nearly all participants in the aid-growth debate, not least these authors, recognize the potential for aid to do better, particularly in fostering productivity growth. The evidence indicates that sustaining foreign assistance programs at reasonable levels can be expected to enhance the living standards of more than a billion of the world's poorest people. Abolishing foreign aid, or drastically cutting it back, would be a mistake and is not warranted by any reasonable interpretation of the evidence. The challenge is to improve foreign assistance effectiveness so that living standards in poor countries are substantially advanced over the next three decades.

Publisher: UNU-WIDER; Authors: Channing Arndt, Sam Jones, and Finn Tarp; Sponsor: UNU-WIDER acknowledges the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for 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 of WomensHealthSection.com)

Constitution Of The World Health Organization:

(Continued)

CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

CHAPTER II – FUNCTIONS

Article 2

In order to achieve its objective, the functions of the Organization shall be:

- (a) to act as the directing and co-coordinating authority on international health work;
- (b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;
- (c) to assist Governments, upon request, in strengthening health services;
- (d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments;
- (e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;
- (f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;
- (g) to stimulate and advance work to eradicate epidemic, endemic and other diseases;
- (h) to promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries;
- (i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene;
- (j) to promote co-operation among scientific and professional groups which contribute to the advancement of health;
- (k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;

To be continued.....

Top Two Articles Accessed in January 2010:

1. Intrauterine Contraception;
<http://www.womenshealthsection.com/content/gyn/gyn030.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review.
2. Intrapartum Electronic Fetal Heart Rate Monitoring;
<http://www.womenshealthsection.com/content/obs/obs028.php3>
WHEC Publications. Special thanks to Dr. Peter von Dadelszen, MBChB, DPhil, Associate Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine) at the University of British Columbia (UBC) and Consultant in Maternal-Fetal Medicine, Children's and Women's Health Centre of British Columbia (CWHCBC), University of British Columbia, Department of Obstetrics and Gynecology, and Dr. Diane Sawchuck, RN, PhD, Knowledge Translation Scientist, Reproduction & Healthy Pregnancy Cluster, Child & Family Research Institute, Co-Investigator, Optimal Birth BC School of Population and Public Health, Adjunct Professor, School of Nursing, University of British Columbia, Vancouver, Canada for reviewing the manuscript and expert opinions.

From Editor's Desk:

Welcome to virtual health library in women's healthcare – 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 around the world. In this section, institutions, authors and NGOs can view and rate best practices 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. The most of our content is generally 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 plan development together. We build partnerships to last.

Information for authors, readers and reviewers:

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

The Women's Health and Education Center (WHEC) publishes papers on matters of women's health and health development with a special focus on Millennium Development Goal # 5 (Improve Maternal Health). This is a very broad field, and we consider a very wide range of papers, but the ones that survive peer review and are accepted for publication have some common features:

- The work described has some implications beyond where it was done.
- We learnt something from the paper.
- We think that our readers would learn something, or find the contents useful to them in their work.
- The work is novel, relevant and valid, and has been conducted in an ethical manner.

WHEC provides grants for the research/publications for the accepted paper for the translations in six languages to be included in *WomensHealthSection.com* and dissemination of the work worldwide to millions of our readers in health care. Authors of accepted papers are also invited to participate in Continuing Medical Education (CME) discussions and forums on WHEC Global Health Line.

Unsolicited manuscripts: For the sections – Research, Policy & Practice, and Lessons From The Field manuscripts must be accompanied by two paragraphs indicating what they add to the literature:

- A brief explanation of what was already known about the topic concerned;
- A brief outline of what we know as a result of your manuscript.

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.

We thank you for your support and interest in this project/program.

- [Best Practices Network](#)
- [Guidelines for Contributors](#)

Inquires at:

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Special Thanks:

WHEC thanks Dr. Monir Islam, Director of Making Pregnancy Safer Program, World Health Organization (WHO), Geneva, Switzerland for his encouragement, support and friendship. We are looking forward to a productive partnership and many more years of collaboration. I hope our efforts bring happiness and goodwill in the world. A good start for all of us.

Words of Wisdom:

Knowing is not enough; we must apply,
Willing is not enough; we must do.

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