



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)

Health is not a stand-alone phenomenon with clear boundaries. Diseases and health conditions have multiple causes, including social. They are interrelated with nature and nurture, and evolve over time. Health systems defy simple representation. A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. Delivering optimal health services depends critically on the incidence and prevalence of infections or chronic diseases, on social determinants and on resources available. As such, the global or local, health systems are complex networks that permeate all dimensions of human health. Complex health systems are composed of networks of interconnected components that influence each other, often in a non-linear fashion. Over the past ten years, our understanding of complex networks where **WomensHealthSection.com** is connected to these health systems and their properties has improved dramatically due to the development of a new arsenal of tools and technologies. These tools allow us to map the patterns of many real-life phenomena and help us to understand the mechanisms by which they can be influenced. Scientific literature has demonstrated very little overlap between disciplines involved in studying complex systems and those concerned with health system evaluation. Regionally or nationally, such a framework would optimize integration of the essential functions of the health system while encouraging collaborations to increase cross-pollination in health systems research. This provides a perspective capable of analyzing complex health issues of the 21st century. At the societal level, social interaction is the basis for the spread of pathogens, from influenza to HIV/AIDS, or individual behaviors, from obesity to illicit drug use. At the institutional level, the complex interaction between national and international organizations is the basis for designing and implementing policy decisions on governance, allocation of workforce, services and technologies, sharing information and distributing resources.

It is time we admitted that there is more to life than money and it is time we focused not just on gross domestic product (GDP) but on GWB – general well-being. British Prime Minister David Cameron recently announced plans to measure happiness as an indicator of national progress, instead of relying on GDP. The first happiness index of the British people is expected to be published this year. Happiness economics is slipping into the mainstream. France is pursuing the same path, as is Canada. But in Bhutan the idea is decades old. Gross national happiness has been part of the lexicon since the 1970s. One economic reason why politicians are examining mental well-being is the growing body of research revealed that happiness preserves good health. Studying disease as a way to predict risk factors for ill health is one of the pillars of public health research. How do governments objectively measure happiness or love, which are subjective states, and if they succeed, what should they do with their findings? "Happiness" is a loaded word in any lexicon, especially in the developed world where advertising often portrays a shopping mall as the path to bliss. Furthermore, there are cultural biases that reveal fundamental differences in our perceptions of happiness. Societies and individuals differ in the degree to which they believe that subjective well-being is a key attribute to a good life. Understanding the links between well-being and health is an important aspect of our work. This will help develop policies for promoting health in ageing populations, which are facing increasing chronic illnesses.

Are you happy?

Health Systems Planning and Policy

Rita Luthra MD

Your Questions, Our Reply

Which events should be notified to the World Health Organization? How reliable is International Health Regulations notification assessment process?

Reliability of Public Health Notification: The International Health Regulations (2005) (IHR), which entered into force in June 2007, are legally binding agreement between 194 States Parties, including states that are not Member States of the World Health Organization (WHO). Under the IHR, States Parties are required to notify WHO of “all events which may constitute a public health emergency of international concern”. The decision instrument defines an event as notifiable if it satisfies two or more of the following four criteria: (1) the event has a serious public health impact; (2) the event is unusual or unexpected; (3) there is significant risk of international spread; (4) there is a significant risk of international travel or trade restrictions. In addition, all cases of smallpox, wild-type polio, novel-subtype human influenza virus infection and severe acute respiratory syndrome (SARS) are “intrinsically” notifiable, without the need to apply the four criteria. Annex 2 of IHR is designed to heighten the sensitivity of the notification process and thus ensure a timely assessment of and response to critical public health events. The IHR stipulate that each State Party designate an office with which WHO can communicate at all times: the National IHR Focal Point (NFP). The NFPs receive guidance and training from WHO. They are responsible for contracting WHO about notifiable events and WHO recommends that they coordinate the notification assessment process, though they may not themselves be responsible for actually assessing the public health risk. The scope of IHR is intentionally broad and non-specific, which is a major strength that makes the IHR future-proof against new and unforeseeable threats.

Many studies suggest that, in the hands of professionals, Annex 2 is a sensitive instrument for identifying events that are notifiable to WHO under the IHR. A recent WHO audit revealed that in practice NFPs “are not yet a major source of early information to WHO on events”. This is unlikely to result from a malfunctioning of Annex 2 but instead may be due to barriers within countries. These barriers may include inadequate surveillance infrastructure or a poor flow of information within countries, perhaps resulting from limited resources or the administrative structure. In addition, political and economic consideration may also play a role. These considerations had already been recognized as important obstacles to reporting under the previous version of the IHR. The low specificity of the notification assessment process in Annex 2 when used by NFPs to identify an event not considered notifiable by the expert panel is not a major concern as long as the volume of notifications is low. However, WHO might want to consider whether guidance on the use of Annex 2 of the IHR should be expanded. For example, additional scenarios could be described and more specific criteria for common public health events and a clearer definition of terms such as “a significant risk of international spread” could be given. In addition, the variability observed in the use of the Annex 2 decision instrument by NFPs and the low self-reported frequency of its application in the past suggest that the proficiency of the NFPs in using Annex 2 could be further improved.

United Nations At A Glance

Regional Commissions ECA – Economic Commission of Africa

The Knowledge Sharing Project (KSP) on Poverty Reduction Strategies and Millennium Development Goals is an ECA-initiated project started in 2005, with support from the United Nations Department of Economic and Social Affairs (DESA). It is a direct product of a series of meetings of the [African Learning Group on Poverty Reduction Strategy Papers \(PRSP-LG\)](#), established in 1999 to provide a forum for the exchange of views and articulation of an African position on the Poverty Reduction Strategy Paper (PRSPs). The KSP is managed by the

MDGs/Poverty Analysis & Monitoring Section in the African Centre for Gender and Social Development.

Main Objective:

To strengthen knowledge sharing and peer learning among African policy makers engaged in the preparation and implementation of PRSPs or national development strategies (NDS). It seeks to assist them by providing a platform using information and communication technology such as e-mail and the World Wide Web for peer learning and knowledge sharing.

Specific objectives:

- To engage NDS and PRS practitioners in an ongoing debate with counterparts in other African countries on specific policy issues related to growth and poverty reduction challenges on the continent.
- To create a network of practitioners working on PRS in their respective countries to foster ongoing knowledge sharing and to expand access to available and emerging knowledge on poverty-focused policies, process and institutional set-ups.
- To create a platform for discussion on selected topics among NDS and PRS practitioners across African countries.
- To enable the practitioners access to documents on PRS/MDGs and related topics and to also be able to up-load documents to share with the community of practice.

Project Component:

The main components of the Project are as to:

- Create Country team knowledge network and identify focal points within specific PRS country units.
- Conduct Electronic Roundtables on key themes and issues raised during the Learning Group. Participants include PRS, and NDS practitioners, academia, policy and research institutions, international agencies and civil society advocacy networks.
- Provide research and training Support to the PRS process in Africa on demand. This would include training on technical and substantive issues related to the design and implementation of MDGs-based PRSPs and national development plans.

Collaboration with World Health Organization (WHO)

WHO multi-country survey on maternal and newborn health 2010-2012

Women who survive life-threatening conditions arising from complications related to pregnancy and childbirth have many common aspects with those who die of such complications. WHO is conducting a large, multi-country study to determine the prevalence of these maternal "near-miss" cases and to evaluate the quality of care in health facilities. The findings of this study will enable a more comprehensive dialogue with policy makers, professional and civil societies, health systems or health services administrators to promote best practices, improve quality of care and achieve better health for mothers and children.

Near-miss concept

Women who survive life-threatening conditions arising from complications related to pregnancy and childbirth have many common aspects with those who die of such complications. This similarity led to the development of the near-miss concept in maternal health. Exploring the similarities, the differences and the relationship between women who died and those who survived life-threatening conditions provide a more complete assessment of quality in maternal health care. The near-miss concept and the criterion-based clinical audit have been proposed as useful approaches for obtaining useful information on maternal and newborn health care. Based on that, WHO is conducting a large multi-country study with the main objectives of determining

the prevalence of maternal near-miss cases in health facilities, evaluating the quality of care using the maternal near-miss concept and the criterion-based clinical audit, and developing the near-miss concept in neonatal health. A total of 370 health facilities from 29 countries is taking part in this study and, by the end of 2011, over 275 000 observations about mothers and babies will have been produced. The findings of this study and other projects using similar approaches will enable a comprehensive dialogue with governments, professionals and civil societies, health systems or facilities for promoting best practices, improving quality of care and achieving better health for mothers and children.

Details: http://whqlibdoc.who.int/publications/2011/9789241502221_eng.pdf

Bulletin of the World Health Organization; Volume 90, Number 1, January 2012, 1-76 [Table of contents](#)

Collaboration with UN University (UNU)

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

Does Lack of Innovation and Absorptive Capacity Retard Economic Growth in Africa?

This paper reviews the innovative capabilities and absorptive capacities (AC) of African countries, and investigates whether they have played significant roles in the region's slow and episodic economic growth. Results from cross-country regressions covering 31 Sub-Saharan African countries suggest that growth in Africa is not simply a question of capital accumulation, fertility rates, aid dependency, and stable macroeconomic environment. It is also about strengthening the capacity of African countries to assimilate and effectively use knowledge and technology.

Contrary to the views held by many analysts, the growth of African economies does not depend so much on their ability to innovate, but rather on their capacity to absorb and effectively use new technologies. Beyond technological issues, the paper confirms the stylized facts that the size of the government and political stability are important for the growth performance of African countries.

Conclusions and policy implications

The preliminary conclusion from the empirical section of this paper is that it does matter for economic growth that Africa has weak AC. However, the ability to innovate is less important for growth in Africa than the ability to assimilate and effectively use new technologies. One major conclusion from this paper is that growth in Africa transcends the issues of capital accumulation, foreign aid, fertility, and stable macroeconomic policies. It is also about developing the capacity of African countries to generate, absorb, and use knowledge in ways that enhance their productivity and international competitiveness. In addition to addressing the stylized constraints to Africa's economic growth, policy makers and development practitioners should take seriously the need to strengthen the AC of African countries. Although many African countries recognize the need to invest more in science and technical (S&T) education, they do not seem to have systematic and well articulated S&T policies that focus their efforts on growth-enhancing scientific and technological development. It may, therefore, be necessary to consider S&T policies as part of the policy syndromes that inhibit growth in Africa. In designing and implementing growth-enhancing S&T policies, African countries have a lot to learn from the South Korean example. Of particular relevance to Africa are the creative ways in which the Korean state selectively intervened to strengthen the AC of Korean firms. The Korean example shows that good macroeconomic policy and investment in S&T are not necessarily antithetical. They both can be designed and implemented in ways that promote sustainable growth in Africa.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Author: Steve Onyeiwu; Sponsor: UNU-WIDER gratefully 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—DFID).

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

EVERY WOMAN EVERY CHILD

The Effort to Advance the Global Strategy

UN Secretary General's Invitation – [Every Woman Every Child - The Effort to Advance the Global Strategy](#)

Every Woman Every Child is an unprecedented global effort, spearheaded by UN Secretary-General Ban Ki-moon, to mobilize and intensify global action to improve the health of women and children around the world. Working with leaders from governments, multilateral organizations, the private sector and civil society, Every Woman Every Child aims to save the lives of 16 million women and children and improve the lives of millions more.

What is Every Woman Every Child?

[Launched](#) by UN Secretary-General Ban Ki-moon during [the United Nations Millennium Development Goals Summit in September 2010](#), Every Woman Every Child aims to save the lives of 16 million women and children by 2015. It is an unprecedented global effort that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. The effort puts into action the [Global Strategy for Women's and Children's Health](#), which presents a roadmap on how to enhance financing, strengthen policy and improve service on the ground for the most vulnerable women and children.

Why does this matter?

Every Woman Every Child provides a new opportunity to improve the health of hundreds of millions of women and children around the world, and in so doing, to improve the lives of all people. The health of women and children is critically important to almost every area of human development and progress, and directly impacts our success in achieving all of the [Millennium Development Goals \(MDGs\)](#), adopted by world leaders in 2000. Research has conclusively demonstrated that the health of women and children is the cornerstone of public health. Healthy women and children create healthy societies. Healthy societies, in turn, are the foundation upon which nations build successful economies and create prosperity for their people. And prosperity, as we know, is essential to political stability and social harmony.

What can be done?

Every Woman Every Child recognizes that all actors have an important role to play in improving women's and children's health. More than \$40 billion was pledged at the 2010 launch, and [numerous partners](#) have made additional, and critical, financial, policy and service delivery commitments, but more help is needed. The [Secretary-General](#) is asking the international community for the additional commitments necessary to take Every Woman Every Child past the tipping point. This would mean saving the lives of 16 million women and children, preventing 33 million unwanted pregnancies, ending stunting in 88 million children, and protecting 120 million children from pneumonia by 2015. This is an enormous and unprecedented undertaking. The stakes are high, and the cost of failure is great. But the rewards of success are greater still. They

include a better life for all of us, and a healthy future for women and children everywhere. Please explore these pages with the desire to ensure that every woman and every child have the same opportunities for health and life and ask yourself what you can do.

To be continued.....

Top Two-Articles Accessed in December 2011

1. Preventing Mother-to-Child Human Immunodeficiency Virus Transmission;
<http://www.womenshealthsection.com/content/obsidp/obsidp010.php3>
WHEC Publications. Special thanks to WHO and NIH for contributions and forums.
Compiled by WHEC writers and editors.
2. Obstetrical Fistulae and Efforts of the United Nations;
<http://www.womenshealthsection.com/content/urogvvf/urogvvf006.php3>
WHEC Publications. Special thanks to WHO, UN and World Bank for the contributions.

From Editor's Desk

The role of WHO in public health

WHO fulfils its objectives through its core functions:



- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.
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These core functions are set out in the 11th General Program of Work, which provides the framework for organization-wide program of work, budget, resources and results. Entitled "Engaging for health", it covers the 10-year period from 2006 to 2015.

The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations' system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being. 193 countries and two associate members are WHO's membership. They meet every year at the World Health Assembly in Geneva to set policy for the Organization, approve the Organization's budget, and every five years, to appoint the Director-General. Their work is supported by the 34-member Executive Board, which is elected by the Health Assembly.

Six regional committees focus on health matters of a regional nature.

More about WHO

www.who.int/about/en/

Words of Wisdom

A tiny little minute,
Just sixty seconds in it,
I did not choose it,
I can not refuse it,
It is up to me to use it.

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

