



WHEC UPDATE

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

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Achieving Global Health

The recent waves of global shocks – food, fuel, and financial – have revealed a wide gap between the onset of a global crisis and the availability of actionable information for decision makers to protect the world's poorest and most vulnerable populations. Traditional statistics have been effective in tracking medium- to longer- term development trends, but – given the latency of the data generated – have little usefulness in generating the type of real-time information decision makers need in developing timely actions to help vulnerable populations cope with crises. Over the past few years, the world has changed in ways that have the potential to transform development. Spurred by innovations in technology and greater affordability of digital devices, the world is generating vast amounts of new information at an unprecedented rate. Some estimates suggest that the volume of information will increase ten-fold every five years. This new data has already found many applications in the private sector. Corporations use it to better understand their customers; spot new business trends, and makes investment decisions. Some have even suggested that data is becoming the "new raw material of business," on par with labor and capital. Businesses everywhere are mining big data to gain competitive advantage, and they are doing it in real time.

What makes this new data powerful is that it provides a real-time picture of the world. Moreover, it requires no costly surveys or questionnaires; it faces no time delays between when it is collected and when it becomes available. It is automatically generated as a by-product of populations' everyday interactions with their environment. It has the potential to provide decision makers with a real-time reading of our global initiative.

While the private sector routinely analyses this data in real-time to understand market trends and inform business decisions, the public sector has barely begun to come to terms with the potential of this new world of big data. The analytical tools and approaches used in the private sector need to be re-purposed to detect the "smoke signals" in the data that could alert the international community to economic stress in populations while there is still time to act effectively. Somewhere in this flood of real-time data are the faint, early signals – the "digital smoke signals" – that vulnerable communities are under stress. **WomensHealthSection.com** is basing its approach along similar lines, looking for collective changes in behavior, but extending it from the public health sector to cross-sectoral social impact monitoring in slow-onset crises. There is room for optimism and reasons for caution. Globally the availability of nationally representative data for skilled attendants at birth is high and data are available for 93.5% of all live births. From this we know that 61.1% of births worldwide are attended by a professional who, at least in principle, has the skills to do so. Extrapolating from data available on 58 countries representing 76% of births in the developing world, the use of a skilled attendant at delivery – the key feature of first-level care – increased significantly, from 41% in 1990 to 57% in 2005, a 38% increase between 1990 and 2005. We hope our efforts bring awareness to the availability and accessibility of quality professional maternal and newborn care services worldwide.

Data, Data Everywhere

Rita Luthra, MD

Your Questions, Our Reply

How is this initiative **WomensHealthSection.com** harnessing innovation to protect the vulnerable?

Project Outcomes: This global initiative **WomensHealthSection.com** is an innovation initiative of Women's Health and Education Center (WHEC) in collaboration with UN and WHO to harness new data and emerging technologies to detect – in real-time - what health care services and where and when populations are changing their collective behavior in response to crises. It is developing a 21st-century approach to crisis impact monitoring that enables decision makers to protect vulnerable populations with agile, targeted policy responses. It aims to strengthen our collective resilience to crisis-driven reversals in human health and development. Today we are swimming in an ocean of big data, which the private sector is already using to understand its customers and drive business decisions in real-time. Particularly with the explosion of mobile phone-based services in developing countries, communities around the world are generating real-time data in ever-increasing volumes. These new “data trails” – combined with our traditional data sources – hold tremendous promise for helping us detect the early signs of stress on vulnerable populations. To this end, it is pursuing a three-fold implementation strategy based on a systems approach:

- Pulse Monitoring Framework: an innovative approach to monitoring that combines new types of real-time data with traditional development indicators to detect early impacts of crises;
- Pulse Technology Toolkit: a free and open source toolkit – assembled largely out of existing technologies – for real-time monitoring, collaborative analysis and decision-making;
- Pulse Lab Network: a catalytic network of in-country innovation centers which will experiment with new tools, data and analysis, share what they learn with the global community, mainstream successful approaches into policymaking, and implement real-time crisis impact monitoring at scale.

Our Global Initiative will contribute to the international community's goals to:

- Better protect countries against development reversals: In an age of increasing global volatility, hard-won development gains are in danger of being eroded much faster than in the past. Real-time actionable information provided by the initiative will allow the international community to better integrate vulnerability and resilience considerations into their development policy and planning, and to understand the impacts of a crisis on vulnerable populations early on when there is still time to prevent irreversible harm.
- More effectively target development resources: In a climate of increasing fiscal austerity, decision makers at every level face pressures on limited resources. It will assist decision makers to plan and target interventions in times of crisis to ensure that those populations most at risk are protected from long-term harm.

Create a Page/Space in **WomensHealthSection.com**/WHEC Global Health Line
Join the movement!

United Nations At A Glance

Voices of Youth

Are you helping change the world for the better? Is your family, community or school making a difference? Are you trying to do something about climate change, child labor, endangered species or other issues? Have you benefited from the UN's work? Inspire others and share your experience. [Email us your story in 500 words or less and it may end up on our site.](#)

<http://www.voicesofyouth.org/>

Music Stars Team up to Score 8 Goals of Africa

The '8 GOALS FOR AFRICA' song is part of an awareness and advocacy campaign developed by the United Nations System in South Africa on the 8 MDGs.

End poverty by 2015 is the historic promise 189 world leaders made at the UN Millennium Summit in 2000 when they signed up to the Millennium Declaration and agreed to meet the Millennium Development Goals (MDGs) by 2015. The MDGs are an eight-point road map with measurable targets and clear deadlines for improving the lives of the world's poorest people. Ten years later our leaders are meeting again on 20 September in New York to review the progress; it is up to us to make sure world leaders keep their promise.

[Watch the music video!](#)

Collaboration with World Health Organization (WHO)

Data collection

Data collection is defined as the ongoing systematic collection, analysis, and interpretation of health data necessary for designing, implementing, and evaluating public health prevention programs. To develop effective prevention strategies, countries need to improve their information. In particular, countries need to know about the numbers and types of injuries that occur and about the circumstances in which those injuries occur. Such information will indicate how serious the injury problem is, and where prevention measures are most urgently needed.

[Full list of data collection publications and resources](#)

Data collection-related activities

Country demonstration projects

In order to develop effective injury prevention strategies, most countries need better information on the burden of injuries and violence in their communities. WHO has developed two sets of guidelines to assist countries to develop information systems for the systematic collection of data - the hospital-based injury surveillance guidelines and the community survey guidelines. VIP is providing technical and financial assistance to the following four countries to implement one or both of these information systems:

[WHO launches Guidelines for conducting community surveys on injuries and violence](#)

In addition, the Pan American Health Organization and the Centers for Disease Control in Atlanta, Georgia, are giving technical assistance to three Latin American countries to implement injury surveillance systems. For further information contact our regional advisor in the WHO Region of the Americas.

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 90, Number 6, June 2012, 401- 476

Collaboration with UN University (UNU)

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

How to spend it: The organization of public spending and aid effectiveness

As aid diminishes in importance, donors need a capacity that enables governments to improve the quality of their public spending. In this study I suggest three such organizational innovations: independent ratings of spending systems, Independent Public Service Agencies, and Sovereign Development Funds. These constitute a new donor instrument of influencing the modalities of public spending, alongside the volume of aid. With an additional instrument donors can escape the dilemma of having more objectives than instruments. How aid is spent may become more important than how much of it is spent.

The donor dilemma

In its simplest form, aid policy has the single instrument of the volume of aid. But in this case there is only room for a single objective: the international agreement around the Millennium Development Goals in 2000 can be seen as an attempt to reduce the objectives of aid to the single, overarching concept of meeting need. So structured, the attainment of the objective costs a certain amount, and the challenge is to co-ordinate donor pledging so as to overcome the free-rider problem inherent in raising this amount from national budgets for a global public good. This provided the intellectual underpinnings to the Gleneagles G8 Summit of 2005.

Aid is in danger of becoming prematurely irrelevant. On present donor practices, in those low-income countries that have reasonable economic governance it will become marginal, while in those that have inadequate economic governance it will be impotent.

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(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
(Continued)*

Commitments to Every Woman and Every Child GOVERNMENTS

China

China will continue to increase its domestic investment in women and children's health, through new policies and measures, and additional financing. New reforms now being implemented will provide basic health care insurance for all. There are also new measures which especially benefit rural women, including free breast and cervical cancer screening, hospital birth-delivery subsidies, and free folic acid supplements. Additional measures include free hepatitis B vaccination for all children under 15 years old, a national immunization program covering all children, and free services to prevent mother-to-child transmission of the HIV virus for all pregnant women. The government will also reimburse 90% of medical expenses for rural children who have congenital heart disease or leukemia.

<http://english.gov.cn/index.htm>

Comoros

Comoros commits to increase health sector spending to 14% of budget by 2014; ensure universal coverage for PMTCT by 2015; reduce underweight children from 25% to 10%; increase contraception prevalence rate from 13% to 20%; and the births that take place in health facilities from 75% to 85%. Comoros will also accelerate the implementation existing national policies including the national plan for reproductive health commodity security, the strategic plan for human resources for health, and the roadmap for accelerating reduction of maternal and neonatal mortality.

<http://www.beit-salam.km/>

Congo

Congo commits to reducing maternal mortality and morbidity by 20% by 2015 including obstetric fistula, by introducing free obstetric care, including free access to caesarean sections. Congo will also establish a new observatory to investigate deaths linked to pregnancy; and will support women's empowerment by passing a law to ensure equal representation of Congolese women in political, elected and administrative positions.

<http://www.un.int/wcm/content/site/congo>

To be continued.....

Top Two-Articles Accessed in May 2012

1. Profiling Domestic Violence;
<http://www.womenshealthsection.com/content/vaw/vaw007.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review.
2. End-of-Life Decision Making;
<http://www.womenshealthsection.com/content/heal/heal022.php3>
WHEC Publications. Special thanks to reviewers for helpful suggestions. Funding was provided by WHEC Initiative for Global Health.

From Editor's Desk

Mapping Best Practices

Knowledge synthesis and exchange and implementation research

In 2009, the Department of Reproductive Health and Research established two cross-cutting working groups on "Knowledge Synthesis and Exchange" and "Implementation Research". In 2010, owing to the intrinsic closeness of the objectives of the two groups, they were merged into a single entity.

With the overall aim of assisting WHO Member States in implementing best practices in a sustainable manner, the Department has adopted a knowledge-to-action framework as the conceptual basis for fostering integration and coalescence of several of the Department's activities. In addition, a comprehensive approach to knowledge creation and application in maternal and perinatal health has been developed. This approach, named "Guideline development, Research priorities, Evidence synthesis, Applicability of evidence, Transfer of knowledge" (G.R.E.A.T. project), reflects the dynamic relationship between the various components of the above-mentioned framework.

The G.R.E.A.T. Project

Policies, programmes and practices in global health care need to be based on the best available scientific evidence. However, in practice it has been difficult to get evidence-based knowledge implemented in all settings, and there remain large gaps in knowledge on how to overcome this

problem. In this context, lack of success with implementation of available knowledge has been recognized as a key impediment to the achievement of internationally-set targets in maternal and perinatal health. To tackle this problem, the Department has developed this new approach, which includes identification of priority problems, guidelines development and implementation activities. Click in the links below for more information:

[Knowledge to Action \(KTA\) framework and the G.R.E.A.T. project](#)

Words of Wisdom

There is only one step from the sublime to the ridiculous.

– Napoleon Bonaparte

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

