



## WHEC UPDATE

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

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### *Leadership Development Series*

Most people *think* they know what good leaders look like. Despite all the studies that have been done trying to find out what makes an effective leader, the fact remains that there is still a great deal that we do not understand. For instance, there seems to be very few, if any, traits that continually differentiate leaders from non-leaders. And there is a lot of conflicting evidence that makes it hard to generalize from. But there is an interesting twist: While leadership researchers may have difficulty agreeing on what makes a leader, the average person on the street does not seem to have problem. Lay people have little difficulty describing what they *think* leaders look like. People regularly identify effective leaders as having common traits such as intelligence, outgoing personalities, strong verbal skills, aggressiveness, and industriousness. In addition, effective leaders are generally thought to be consistent or unwavering in their decisions. Debates among U.S. presidential candidates and assessments of the performance of U.S. presidents provide illustrative examples. Every four years, Americans vote to elect a president. Since 1960, these elections have been preceded by widely televised debates. Presidential candidates spend 90 minutes discussing issue, responding to question, and trying to “look presidential”. Looking like a leader in these beauty contests is viewed by the candidates and their staffs as critical to a campaign’s success. The eventual losses by Richard Nixon (1960), Gerald Ford (1976), Michael Dukakis (1988), and Al Gore (2000) have often been attributed to their inability to project the leadership traits that television audience was looking for in their next president. Voters seem to look for certain “leader” traits in their presidents – such as determinedness, decisiveness, and truth-worthiness – and they use the debates as an important indicator of whether candidates have those traits.

The message here is somewhat Machiavellian: Even if you cannot *be* a leader, you can at least *look* like one! You can attempt to shape the perception that you are smart, personable, decisive, verbally adept, aggressive, hard-working, and consistent in your statements and actions. Will this guarantee leadership success? That we cannot say. But if you can successfully project these traits, you will increase the likelihood that your bosses, colleagues, and employees will *view you* as someone who is an effective leader.

The essence of leadership is TRUST. When we trust someone, we assume they will act honestly and truthfully, and be reliable and predictable. We also assume they will not take advantage of our trust. Trust is the essence of leadership because it is impossible to lead people who do not trust you. Part of the leader’s task has been, and continues to be, working with people to find and solve problems, but whether leaders gain access to the knowledge and creative thinking they need to solve problems depends on how much people trust them. Trust and trust-worthiness modulate the leader’s access to knowledge and cooperation. When employees trust a leader, they are willing to be vulnerable to the leader’s actions – confident and their rights and interests will not be abused. People are unlikely to look up to or follow someone whom they perceive as dishonest or who is likely to take advantage of them. Honesty, for instance, consistently ranks at the top of most people’s list of characteristics they admire in their leaders. It is an absolutely essential component of leadership.

So, how do you build trusting relationships?

Truth about Leadership

Rita Luthra, MD

## Your Questions, Our Reply

Why have management-studies tended to downplay emotions? How do you read someone's emotions?

**Don't Ignore Emotions:** Emotions are part of our lives. That is, we not only think, we feel. But the field of management has been guilty for a long time of treating employees as if they are non-emotional. All work behavior is assumed to be fully rational. While this makes for simpler analysis of workplace behavior, it also creates highly unrealistic and inaccurate assessments. We can offer two possible explanations. The first is the *myth of rationality*. Since the late 19<sup>th</sup> century and the rise of scientific management, organizations have been specifically designed with the objective of trying to control emotions. A well-run organization was viewed as one that successfully eliminated frustration, fear, anger, love, hate, joy, grief and similar feelings. Such emotions were the antithesis of rationality. So while managers knew that emotions were an inseparable part of everyday life, they tried to create organizations that were emotion-free. That, of course, was not possible. The second factor was the belief that *emotions of any kind were disruptive*. When emotions were considered, the discussion focused on strong negative emotions – especially anger – that interfered with an employee's ability to do his or her job effectively. Emotions were rarely viewed as being constructive or able to stimulate performance-enhancing behaviors.

Studies of emotional intelligence (EI) – the ability to cope with situational demands and pressures – have found that people with high EI scores are better at relating to others. In hiring, especially in jobs that demand a high degree of social interaction, you should look for people with high emotional intelligence. Most motivation theories propose that individuals engage in rational exchange: trading effort for pay, security, promotions, and similar rewards. But people aren't cold, unfeeling machines. Their perceptions and calculations of situations are filled with emotional content that significantly influences how much effort they exert. For instance, people who are highly motivated in their jobs are emotionally committed. If you want employees who are motivated and will sustain their effort, you need to get them emotionally immersed in their work as well as physically and cognitively.

Finally, few issues are more intertwined with emotions than interpersonal conflicts at work. Whenever conflicts arise, you can be fairly certain that emotions are also surfacing. The manager, who ignores the emotional elements in conflict, focusing singularly on rational and task concerns, is unlikely to be very effective in resolving those conflicts.

## United Nations At A Glance

The UN has 4 main purposes

- To keep peace throughout the world;
- To develop friendly relations among nations;
- To help nations work together to improve the lives of poor people, to conquer hunger, disease and illiteracy, and to encourage respect for each other's rights and freedoms;
- To be a centre for harmonizing the actions of nations to achieve these goals.

Main Bodies:

The General Assembly is the main deliberative organ of the UN and is composed of representatives of all Member States. The work of the United Nations year-round derives largely from the mandates given by the General Assembly. A revitalization of the Assembly is under way to enhance its role, authority, effectiveness and efficiency.

General Assembly Subsidiary Bodies (<http://www.un.org/en/ga/about/subsidiary/> )

The subsidiary organs of the General Assembly are divided into categories: Boards, Commissions, Committees, Councils and Panels, and Working Groups and others.

After discussing the items on the agenda, seeking where possible to harmonize the various approaches of States, the subsidiary organs present their recommendations, usually in the form of draft resolutions and decisions, to a plenary meeting of the Assembly for its consideration.

### [General Assembly Sixth Committee \(Legal\)](#)

Current information on agenda items, summaries of work, and documents.

## **Collaboration with World Health Organization (WHO)**

Improving national capacity to track maternal mortality towards the attainment of the MDG5

An African regional workshop

In sub-Saharan Africa existing data is limited for reliable maternal mortality estimates. The maternal mortality ratio (MMR) for the majority of the countries in sub-Saharan Africa presented in Trends in Maternal Mortality 1990 to 2008 is derived from a hierarchical/multilevel regression model to obtain internationally comparable national MMRs. Considering the limitations of available maternal mortality data, it is crucial to support national capacity for improved generation of reliable and valid data to facilitate future estimates of MMR, especially in the countries of sub-Saharan Africa.

An African regional workshop themed Improving national capacity to track maternal mortality towards the attainment of the MDG5 was held from 7 to 10 December 2010 in Nairobi, Kenya. The workshop was organized by the World Bank, UNICEF, WHO, and UNFPA with participants attending from 19 anglophone and 16 francophone countries. This dissemination workshop, like those previously held in Dakar (2007) and Bangkok (2008) increased mutual understanding on approaches used for developing MMR estimates.

### [Improving national capacity to track maternal mortality towards the attainment of the MDG5](#)

African regional workshop

**Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 90, Number 8, August 2012, 557-632**

## **Collaboration with UN University (UNU)**

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

Contested Relationships: Women's Economic and Social Empowerment, Insights from the Transfer of Material Assets in Bangladesh

This article examines the relationship between women's economic and social empowerment in the context of extreme poverty. It is based on the findings of primary fieldwork on the char islands of north-west Bangladesh, investigating the processes resulting from the implementation of the Chars Livelihoods Programme (CLP). The first phase of the CLP, funded by the UK government's Department for International Development (DFID), operated from 2004-2010. Its central activity was the transfer of approximately £100s' worth of investment capital to targeted extremely poor households. This investment capital was given specifically to a woman within that household and the majority of these female beneficiaries used it to purchase cattle. This article argues that interventions which adopt primarily an economic entry point can contribute to women's

empowerment beyond the economic realm, including in terms of changing intra-household relationships and increasing women's self-esteem. Clearly interventions beyond the economic sphere are needed to ensure that this empowerment is sustainable and can contribute to changing social norms. However, the contribution which practical gender needs make in providing a basis for extremely poor women to achieve their future strategic gender needs should not be underestimated.

Gender has become increasingly prominent in debates about poverty. The 'feminization of poverty' thesis, which came to predominance during the late 1970s and 1980s, stresses how the majority of poor people are female and that women are more likely to live in extreme poverty than men. Since then, repeated emphasis on the links between women and poverty has led to a focus on reducing poverty primarily through women. 'Entry-points' for development interventions are contentious, hard choices have to be made and priorities set. The extent to which development activities which reduce income poverty can contribute to gender empowerment goals though, is a debated area. This article investigates the contribution which a development intervention using predominantly an economic entry-point can make to empowering women.

While asset transfer programme (ATP) and social development are contributing to the process of individual empowerment they are operating in a favorable enabling environment where the wider structures which constrain empowerment are already beginning to break down. Certainly, for the process of empowerment for individual women on the chars to continue and to extend into the socio-cultural dimension it is essential for these wider normative structures which can constrain the possibilities for empowerment to continue to break down.

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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)*

### **Ethiopia**

Ethiopia will increase the number of midwives from 2050 to 8635; increase the proportion of births attended by a skilled professional from 18% to 60%; and provide emergency obstetric care to all women at all health centres and hospitals. Ethiopia will also increase the proportion of children immunized against measles to 90%, and provide access to prevention, care and support and treatment for HIV/AIDS for all those who need it, by 2015. As a result, the government expects a decrease in the maternal mortality ratio from 590 to 267, and under-five mortality from 101 to 68 (per 100,000) by 2015. <http://www.mfa.gov.et/>

### **France**

France announced 500 million euros for the period 2011-2015 to support the Muskoka initiative. Furthermore, France announces this week an increase by 20 % of its contribution to the Global Fund to fight AIDS, TB and Malaria over the period 2011-2013 (1.080 billion euros as compared to 900 million euros for the previous triennium).

2011

France made a substantial commitment to the Global Strategy for Women's and Children's Health in 2010, and during 2011 it has been greatly strengthened. France has allocated EUR 19 million per year to the World Health Organization, UNFPA, UNICEF and UN Women in support of their joint initiatives on women's and children's health. In addition, the increase of the French contribution to the GAVI Alliance for the period 2011-2015 amounts to EUR 100 million, and the increase of its contribution to UNAIDS amounts to EUR 60 million per year. 100% of the contribution to GAVI and 46% of the contribution to UNAIDS - a total of EUR 47 million per year - directly supports MDG4 and MDG5. Finally, France, through its international development agency, will allocate EUR 48 million per year towards national and multi-country projects to improve the development of health systems. <http://www.diplomatie.gouv.fr/fr/>

### **Gambia**

The Gambia commits to increase the health budget to 15% of the national budget by the year 2015; and to implement its existing free maternal and child health care policy, ensuring universal coverage of high quality emergency maternal, neonatal and child health services. Special attention will be accorded to rural and hard-to-reach areas. Efforts will be intensified to increase the proportion of births attended by skilled professionals to 64.5%, ensure reproductive health commodities security, scale up free Prevention of Mother-to-Child Transmission (PMTCT) services to all reproductive health clinics and ensure universal access to HIV prevention, treatment, care and support services, including social protection for women, orphans and vulnerable children. Furthermore, The Gambia will continue to maintain the high immunization coverage for all antigens at 80% and above at regional levels, and 90% and above at national levels, while seeking to increase access of all children, particularly in the most vulnerable communities, to high impact and cost-effective interventions that address the main killers of children under five.

*To be continued.....*

## **Top Two-Articles Accessed in July 2012**

1. Recurrent Pregnancy Loss;  
<http://www.womenshealthsection.com/content/obs/obs030.php3>  
WHEC Publications. Special thanks to the reviewers for helpful suggestions.
2. Medical Liability: Tort Reform;  
<http://www.womenshealthsection.com/content/heal/heal020.php3>  
WHEC Publications. Medical Liability Series is funded by WHEC Initiative for Global Health. Special thanks to writers, reviewers and editors for compiling the series.

## **From Editor's Desk**

### **UN Launches Commission on Life-Saving Commodities for Women and Children**

UNICEF and UNFPA, the United Nations Population Fund, today launched a high-level commission to improve access to essential but overlooked health supplies that could save the lives of millions of women and children every year.

"Making sure that women and children have the medicines and other supplies they need is critical for our push to achieve the MDGs," said Secretary-General Ban Ki-moon. "The Commission will tackle an overlooked but vital aspect of health systems, and ensure that women and children are protected from preventable causes of death and disease."

President Goodluck Jonathan of Nigeria and Prime Minister Jens Stoltenberg of Norway will serve as founding co-chairs of the Commission on Life-saving Commodities for Women and Children, which will also include global stakeholders from the public, private and civil society sectors. UNICEF Executive Director Anthony Lake and UNFPA Executive Director Dr. Babatunde Osotimehin are vice-chairs of the Commission, which is part of the United Nations Secretary-General's Every Woman Every Child movement to support achievement of the health-related

### **Millennium Development Goals (MDGs)**

Availability, accessibility and affordability of contraceptives for family planning and other life-saving health supplies is also an essential part of well-functioning health systems that are able to serve people in an equitable manner. Some 215 million women currently have an unmet need for family planning in developing countries. Meeting this unmet need would result in 53 million less unintended pregnancies and approximately 100,000 less maternal deaths every year. The Commission will focus on high-impact health supplies that can reduce the main causes of child and maternal deaths, as well as innovations that can be scaled up, including mechanisms for price reduction and supplies stability.

The Commission will pursue the following outcomes:

- Reducing financial barriers to access through social protection mechanisms, such as fee waivers, vouchers and social insurance, and global financial mechanisms, such as pooled procurement;
- Creating incentives for international and local manufacturers to produce and innovatively package overlooked supplies;
- Identifying fast-track regulatory activities to accelerate registration and reduce registration fees for a special list of products to encourage a focus on quality medicines.

The Commission will advocate at the highest levels to build consensus around priority actions for increasing the availability, affordability, access and rational use of overlooked health supplies that will prevent premature death and disease among children under five years old and women of childbearing age.

[Link to Frequently Asked Questions on Commission](#)

### **Words of Wisdom**

Be content with what you have;  
rejoice in the way things are.

When you realize  
there is nothing lacking,  
the whole world belongs to you.

– Lao Tzu

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

