



## WHEC UPDATE

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

December 2012; Vol. 7, No. 12

### ***A Grand Collaboration***

Happy Holidays from all of us @ Women's Health and Education Center (WHEC)

Standardization of practice to improve quality outcomes is an important tool in achieving the shared vision of patients and their health care providers in every country. Protocols and checklists have been shown to improve patient safety through standardization and communication. It is clear that wide variation exists in many areas of practice within medical sciences / obstetrics and gynecology. Two types of variation are recognized by scholars in the field of medical process improvement. *Necessary clinical variation* is that which is dictated by, among others, differences such as a patient's age, ethnicity, weight, medical history, and desired outcomes of therapy. *Unexplained clinical variation* is that which is not accounted for any of these things. Elimination of variation in processes has been a cornerstone of improved performance and reliability over the past several decades in commercial aviation. In healthcare, a similar level of success has been achieved in the field of anesthesia, where adverse events have been significantly reduced over the past 25 years through standardization of patient monitoring, dispensing of inhaled gases, and medication administration. It is imperative that healthcare providers take a lead in designing and collaboratively implementing standardized protocols and checklists for their practices in the hospital and the office-setting. If physicians are not actively engaged in defining the process, it may be imposed on them from external sources.

Decision is the first step towards destiny. Our process to develop these ***WHEC Practice Bulletins*** and protocols is collaborative, inclusive, and multidisciplinary, and includes hospital administration working with and supporting health care providers, patient advocates, nurses, and support staff in their initiatives. Although the components of a particular checklist or protocol may be established at a national level and some requirements are mandated by regulatory agencies such as federal or state governments or the Joint Commission, they are adapted to the local practice settings; thus, we strongly encourage standardization of checklists or protocols within the institutions. Adverse outcomes often occur because of system deficiencies or inadequate safety measures that fail to prevent error from causing harm. We believe standardization is a process to be used to overcome system deficiencies, which, with data analysis, will decrease or prevent errors or reduce the likelihood of their recurrence. [Journals Surveyed](#)

When standardized care is used, quality increases, variation decreases, and cost decreases. Variation in processes of care is problematic because it leads to increased rates of error. Continuous quality improvement depends on a disciplined and well-defined data-driven process that is constantly monitored and improved. We hope our efforts and initiatives help to achieve the highest level of quality and safety in women's health care. Success means reaching the poor. It is indeed our pleasure to serve Least Developed Countries (LDCs) and Low Income Countries. Our initiative is very popular in all over Africa and this service / courses are provided free to LDCs identified by United Nations Development Program (UNDP).

We served 225 countries / territories and 12.2 million subscribers this year – a global phenomenon ....

Join the mission!

Making Health Care Safer

Rita Luthra, MD

## Your Questions, Our Reply

What is the secret of success and popularity of [Women's Health Section](#) worldwide? What are the future plans of this initiative to advance global health?

**A Timeless Concept:** *WomensHealthSection.com* – Knowledge that touches patients; is a vision for the Globalized World. The use of information science and telecommunications to support the practice of medicine when distance separates the caregiver from the patient is the way forward to make medical care more affordable and more accessible in every country. A strong and vital health workforce is an investment in health for today and the future. This portal has high quality e-Learning materials, and as a form of e-Health application in support of continuous education and awareness, the possibilities are endless.

*WomensHealthSection.com* educates health care professionals about conditions that are exclusive to women, more prevalent in women, or are diagnosed or treated differently in women versus men. This publication presents unbiased, comprehensive, concise, and clinically relevant review articles and practical sections. The articles are peer reviewed to maintain the highest quality and to verify clinical relevance, medical accuracy, and clarity of presentation. The most insightful and thought-provoking articles are now available in a single portal. All WHEC Practice Bulletins are reviewed 18 to 24 months after publication and are revised, reaffirmed, or withdrawn. Our goal is to promote excellence in the clinical practice of obstetrics and gynecology and closely related fields.

The emphasis on evidence-based medicine has taken on new and greater importance as the environment of clinical medicine grows more diverse, with increased access to more information by both physicians and patients and the changing allocation of resources. Practice guidelines are a formal synthesis of evidence, developed according to a rigorous research and review process. Each section is devoted to a particular series. These series are developed by committees of experts and reviewed by leaders in the specialty and the editorial board of the Women's Health and Education Center (WHEC). The contribution of the many groups and individuals who participate in the process is gratefully acknowledged. As the practice of medicine evolves, so too do WHEC Practice Bulletins.

Our physician's board identifies, evaluate, and synthesize evidence from the medical literature to produce practice guidelines. It is provided to serve as a readily available introduction to and overview of the topic. The guidelines are derived from the best available evidence of clinical efficacy and consideration of costs, with recommendations explicitly linked to the evidence. These evidence-based practice guidelines are intended to be a means of improving the quality of healthcare, decreasing its cost, and diminishing professional liability.

Welcome to the Working Group of WHEC! We hope our efforts help to standardize practice of medicine worldwide to improve outcomes and help to create Internet Classrooms / Global Virtual Library in Reproductive Health. Join the WHEC community, brought to you by Partners/Collaborators of WHEC. Follow us on: [WHEC Update](#)

Join the conversation @ WHEC Global Health Line

## United Nations At A Glance

### The Role of The United Nations in International Law

The United Nations was founded not only to save succeeding generations from the scourge of war and to reaffirm faith in fundamental human rights, but also to "establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained" (Preamble of the Charter of the United Nations).

Encouraging the development of international law as a way to regulate international relations has been a major objective of the United Nations since its very beginning.

In a globalized world, where people, commerce and ideas cross borders with ever increasing frequency, countries have long recognized that international norms and standards are essential for modern society to function. These international rules are spelled out in the more than 550 treaties that have been deposited with the Secretary-General of the United Nations, covering a wide range of subjects, such as: human rights, disarmament, refugees, the environment and the law of the sea. They are also contained in many other treaties deposited with governments or other entities.

The 2012 Treaty Event will provide an opportunity for Member States to demonstrate their continuing commitment to the central role of the rule of law in international relations by signing, ratifying or acceding to treaties deposited with the Secretary-General to which they are not yet a party. The Charter of the United Nations provides in Article 102 that "Every treaty and every international agreement entered into by any Member of the United Nations ... shall as soon as possible be registered with the Secretariat and published by it." The publication of treaties is designed to ensure transparency, accountability and fairness in international relations.

[English \[PDF\]](#), [French \[PDF\]](#)

[http://treaties.un.org/doc/source/events/2012/Press\\_kit/fact\\_sheet\\_2\\_english.pdf](http://treaties.un.org/doc/source/events/2012/Press_kit/fact_sheet_2_english.pdf)

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

Health in the post-2015 UN development agenda

As the 2015 target date for achieving the Millennium Development Goals approaches, there is wide debate as to what development goals the global community should set next. The United Nations Secretary-General (UNSG) Ban Ki-moon has appointed a High-level Panel to advise on the global development agenda beyond 2015. The Panel will deliver a report to the 2013 September General Assembly.

In support of this process, the United Nations Development Group is leading efforts to catalyze a "global conversation" on the post-2015 agenda through a series of global thematic consultations and more than 50 national consultations. The Governments of Sweden and Botswana, UNICEF and WHO co-convene the health thematic consultation

### **Global consultation on health**

The UN's global consultation on health will take place between October 2012 and February 2013. It will include a web-based consultation; the development of a series of background papers (both on lessons learned from the current MDGs as well as future directions); and a series of consultative meetings with Member States, non-governmental organizations (NGOs), private sector partners and academic and research institutions.

The process will culminate in a high-level meeting in late February 2013, involving governments, NGO coalitions, key UN partners and members of the UNSG's High-Level Panel. It will seek to incorporate ideas and lessons from other regional and country consultations, thereby building a powerful consensus around key issues and recommendations on health to feed into the inter-governmental process that will start later in 2013.

Call for papers: Health in the post-2015 development agenda

As part of the global health thematic consultation, interested individuals and groups are invited to submit "think pieces" on the positioning and role of health in the post-2015 agenda. The aim is to

garner experiences and lessons learnt from the health-related MDGs and consider how these can be harnessed to ensure that health remains intrinsic to the new development agenda.

[Call for papers: Health in the Post-2015 development agenda](#)

**Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 90, Number 12, December 2012, 869-944**

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

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

Aid as a Second-Best Solution: Seven Problems of Effectiveness and How to Tackle Them

Most rich countries developed without aid, and this ‘self-development’ has some intrinsic advantages. In today’s massively unequal world, however, such an approach would imply very low levels of human development for several generations for many poor countries. Aid can therefore usefully be thought of as a necessary but ‘second-best option’. The challenge then is how to manage this second-best option, particularly in the more aid-dependent states and the more fragile environments, in order to achieve sustainable results. The study examines seven problems that can limit the effectiveness of aid, and suggests possible ways of tackling them.

Until 1945, countries basically developed through using their own resources and through accessing international private capital flows. This was the history of most European countries, of North America, and of Japan after the Meiji restoration. This model has two key attractions: it guarantees ‘ownership’ of the development process by the local power structures, and it tends eventually through the social contract of taxation to encourage some form of democratic process, and thus an increasingly inclusive set of local power structures. At the same time, this self-financing model also involved highly exploitative relations with weaker countries by the colonial powers and others. The various imperial structures created in the period from 1700 to 1945 were usually strongly geared to the interest of the metropolitan country, and seldom involved significant resource transfers to poorer areas other than for defense. In the British Empire, for example, dependent territories were expected to finance not only their own recurrent costs and development expenditure, but also the costs, including the pensions, of expatriate civil servants posted to them. After 1945, first in Europe with post-war humanitarian aid (e.g. UNICEF) and subsequently under the Marshall Plan (Denmark received US\$385 million over 3 years, Sweden US\$347 million), and then in developing countries with the creation of bilateral aid programmes, IDA, UNDP etc., official concessional flows became significant for the first time in history. They are now not far short US\$150 billion a year, with the traditional donors of the OECD Development Assistance Committee (DAC), accounting for the bulk of the flows. There is much academic controversy over the effectiveness of these official concessional flows.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Authors: Richard Manning  
Sponsor: This working paper has been prepared within the UNU-WIDER project ‘Foreign Aid: Research and Communication (ReCom)’, directed by Tony Addison and Finn Tarp. UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for the Research and Communication (ReCom) programme. UNU-WIDER also acknowledges core financial support to UNU-WIDER’s work programme from the governments of Finland (Ministry for Foreign Affairs), the United Kingdom (Department for International Development), and the governments of Denmark and Sweden.

(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)*

A Letter from United Nations Secretary-General Ban Ki-moon

A Global Strategy for Women's and Children's Health

Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century. We must, therefore, do more for the newborn who succumbs to infection for want of a simple injection; for the young boy who will never reach his full potential because of malnutrition. We must do more for the teenage girl facing an unwanted pregnancy; for the married woman who has found she is infected with the HIV virus; and for the mother who faces complications in childbirth.

Together we must make a decisive move, now, to improve the health of women and children around world. We know what works. We have achieved excellent progress in a short time in some countries. These range from family planning and making childbirth safe, to increasing access to vaccines or treatment for HIV and AIDS, malaria, tuberculosis, pneumonia and other neglected diseases. The needs of each country vary and depend on existing resources and capacities. Often the solutions are very simple – clean water, exclusive breastfeeding, nutrition, and education on how to prevent poor health are only a few examples.

The Global Strategy for Women's and Children's Health meets this challenge head on. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These include:

- **Support to country-led health plans, supported by increased, predictable and sustainable investment.**
- **Integrated delivery of health services and life-saving interventions – so women and their children can access prevention, treatment and care when and where they need it.**
- **Stronger health systems, with sufficient skilled health workers at their core.**
- **Innovative approaches to financing, product development and the efficient delivery of health services.**
- **Improved monitoring and evaluation to ensure the accountability of all actors for results.**

I thank the many governments, international and non-governmental organizations, companies, foundations, constituency groups and advocates who have contributed to the development of this Global Strategy. This is a first step. It is in all our hands to make a concrete difference as a result of this plan. I call on everyone to play their part. Success will come when we focus our attention and resources on people, not their illnesses; on health, not disease. With the right policies, adequate and fairly distributed funding, and a relentless resolve to deliver to those who need it most – we can and will make a life-changing difference for every woman and every child.

***Ban Ki-moon***

**EWEC: An Umbrella Effort**

## Top Two-Articles Accessed in November 2012

1. Update on Colposcopic Terminology;  
<http://www.womenshealthsection.com/content/gynpc/gynpc008.php3>  
WHEC Publications. Special thanks to International Federation of Cervical Pathology and Colposcopy (IFCPC) for the assistance. The series on Cervical Cancer Prevention was funded by WHEC Initiatives for the Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC) to eliminate/reduce cervical cancer worldwide. Contact us if you wish to contribute and/or join the efforts.
2. End-of-Life Care: Pain Assessment and Management;  
<http://www.womenshealthsection.com/content/gyno/gyno021.php3>  
WHEC Publications. Special thanks to our partners in *Palliative Care* for developing *End-of-Life Care Series*. We welcome your suggestions and contributions.

## From Editor's Desk

**Commitments to Every Woman Every Child  
United States**

### 2010

The commitments detailed in this document build on important recent efforts, notably President Obama's Global Health Initiative (GHI), a \$63 billion initiative to help partner countries save lives and achieve sustainable health outcomes. Through the GHI, the United States will scale up efforts and achieve significant results in maternal and child health and family planning. The GHI sets out ambitious targets for improving maternal and child health to inspire an intensive effort, and will: reduce maternal mortality by 30 percent across assisted countries; reduce mortality rates for children under 5 by 35 percent across assisted countries; reduce child under-nutrition by 30 percent across assisted food insecure countries, in conjunction with the President's Feed the Future Initiative; double the number of at-risk babies born HIV-free, from a baseline of 240,000 babies of HIV-positive mothers born HIV-negative during the first five years of PEPFAR; and reach a modern contraceptive prevalence rate of 35 percent across assisted countries.

### 2012

USAID continues to focus its MCH resources on reducing maternal and child mortality in 24 countries, which represent more than 70% of the mortality. In 23 of these countries, USAID's family planning programs also make a substantial contribution to mortality reduction, through health timing and spacing of pregnancies as well as reduction in the lifetime risk of dying as a consequence of pregnancy and childbirth. In partnership with Feed the Future, USAID's nutrition programs reduce under-nutrition, a key determinant of maternal and child mortality. In countries in sub-Saharan Africa where malaria's contribution to maternal and child mortality is high, USAID's malaria programs make substantial contributions to overall mortality reduction. USAID's programs also build on partnership commitments launched at the June 2012 Call to Action.

### 2012—Born Too Soon

The United States Agency for International Development (USAID) is fully committed to saving newborn lives as part of a comprehensive maternal, newborn, and child health program through its investments in the U.S. Global Health Initiative. USAID has worked closely with Governments, UN Agencies, civil society organizations, professional associations, and the private sector to support efforts to generate evidence on high-impact newborn interventions and service delivery approaches, sparked the development of game-changing innovations to reduce maternal and neonatal mortality, supported the update of global guidelines and policies, worked with Governments to introduce them at the country level, increasingly engaged the private sector to be part of the solution, and built global public-private alliances to harness the resources and creativity of diverse organizations. USAID will continue to use these effective and inclusive

approaches to support selected high-impact and affordable interventions that can prevent and manage complications associated with preterm birth as part of an integrated newborn and child health program with the aim of ending preventable child death.

Details: <http://www.state.gov/secretary/rm/2010/09/147592.htm>

### **Partnership for Maternal, Newborn & Child Health (September 2011)**

The Partnership for Maternal, Newborn & Child Health (PMNCH) pledges to be an effective catalyst for transforming into action the commitments made to advance the Global Strategy for Women's and Children's Health. To do so, PMNCH's 400+ members commit to enable its seven constituency groups (government, donor / foundation, UN / multilateral, private sector, NGO, health care professional association, and academic and research training) to:

- Uphold shared principles for advocacy, action and accountability, including a core set of indicators integrated into country monitoring and evaluation mechanisms, so all partners are mutually accountable for the commitments and results agreed to in the Global Strategy for Women's and Children's Health;
- Broker multi-stakeholder processes to ensure inclusiveness and participation, and harmonization of existing efforts to ensure complementarities between partners' work;
- Play a central role in the operational work-plan of the Every Woman Every Child effort, including specific responsibilities for advocacy aligned with Global Strategy goals, mobilizing new commitments and promoting implementation of existing commitments;
- Play a key role in the work-plan of the Commission for Information and Accountability for Women's and Children's Health, including working closely with the independent Expert Review Group. PMNCH will advocate for key findings and recommendations of the Commission and contribute to the accountability process through the publication of the 2011 PMNCH report on Global Strategy commitments; and
- Monitor and report regularly on progress towards this commitment.

### **Words of Wisdom**

#### *Gitanjali*

Where the mind is without fear  
and the head is held high;  
Where knowledge is free;  
Where the world has not been  
broken up into fragments  
by narrow domestic walls; ...  
Where the clear stream of reason  
has not lost its way into the  
dreary desert sand of dead habit; ...  
Into that heaven of freedom,  
my Father, let my country awake.

– Rabindranath Tagore (1861-1941) Nobel Prize in Literature 1913

([http://www.nobelprize.org/nobel\\_prizes/literature/laureates/1913/tagore-bio.html](http://www.nobelprize.org/nobel_prizes/literature/laureates/1913/tagore-bio.html))

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

