



## WHEC UPDATE

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

February 2013; Vol. 8, No. 2

### ***Annual Project Report***

e-Health development must be holistic, evidence-based and people centered; it must take into account how people live within their own environments and respond to stakeholders' needs. Improved collaboration between networks could help attenuate the lack of resources and improve sustainability. There are three leading purposes of the health-related uses of information and communication technologies (ICT) in low- and middle-income countries: to extend geographic access to health care; to improve data management; and to facilitate communication between patients and physicians outside the physician's office. The need for more sustainable sources of funding, greater support for the adoption of new technologies, and better ways to evaluate impact are needed. The published literature review on e-Health systems are of these types – systems facilitating clinical practice, institutional systems and systems facilitating care at a distance – shows that e-Health can improve care in low- and middle-income countries, but that more research is needed on its economic benefits and impact on patient health. There is evidence that mobile health (m-health) can enable behavior change and improve health outcomes in resource-limited settings. The real change for the deployment of e-Health lies in establishing country-level best practices that are both cost-effective and supported by rigorous research and evaluation. Policy-makers and funders must promote, legislate and fund programs and interventions that integrate and build upon a common m-health framework. Further challenges facing e-Health are: creating a platform for knowledge sharing; scaling up interventions; designing integrated e-Health systems; conducting professional training on e-Health; integrating e-Health into the social and economic context, and building ICT into the health systems of the future.

What does it take to succeed? To succeed in a telehealth service it needs the following components: to be collaborative, to meet the real needs of local health professionals, to employ a simple technology and to have at least some face-to-face time. Experience has shown that data use workshops have strengthened the health management information systems by improving the quality of public health data and evidence of improved disease surveillance capacity despite resource constraints owing to an innovative sentinel system based on a short message service. The factors promoting or inhibiting the implementation of e-Health systems shows a growing research emphasis on "workability", or the work that health professionals must undertake to make e-Health systems function well in practice. In defining e-Health as "the cost-effective and secure use of information and communication technologies in support of health and health-related fields", the World Health Assembly adopted resolution WHA58.28 offered a definition that was comprehensive and generic, yet specific enough for researchers wishing to evaluate the impact of e-Health to know what to evaluate. Specifically, the resolution urged Member States to "mobilize multisectoral collaboration for determining evidence-based e-Health standards and norms, to evaluate e-Health activities, and to share the knowledge of cost-effective models, thus ensuring quality, safety and ethical standards and respect for principles of confidentiality of information, privacy, equity and equality".

We have learnt from our e-Health initiative – ***WomensHealthSection.com*** that throughout the world in terms of feasibility, acceptance and impact of processes is the clear demonstration. We strongly believe, e-Health can result in economic benefits and improve health outcomes. We would like to hear about your experiences to strengthen the commitment of high-level decision-makers to address e-Health interoperability issues and seek to widen the application of e-Health.

#### **Projects on World Map**

<http://esango.un.org/irene/?page=viewContent&nr=364&type=2&section=2>

Strengthening e-Health Systems

Rita Luthra, MD

## 2012 In Review - A Platform for Action

In September 2010, the United Nations Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health (Global Strategy). The Every Woman Every Child (EWEC) effort was established at the same time to advance the Global Strategy and mobilize and intensify global action to improve women's and children's health. The Global Strategy aims to increase visibility and political support, mobilize resources and catalyze a renewed effort to accelerate progress towards the achievement of MDGs 4 and 5. Its ultimate aim is to save 16 million lives in the world's 49 poorest countries by 2015. The Global Strategy estimated that US\$ 88 billion in additional resources would be required from 2011-2015 to reach the health MDGs in these 49 countries.

Women's Health and Education Center (WHEC) was invited by UN Secretary General Ban Ki-moon to participate in this initiative. It is our privilege to accept the challenge and get involved in this global movement. The WHEC Initiatives presents a roadmap showing how to enhance financing, strengthen policy and improve services on the ground for the most vulnerable women and children. It identifies six key areas for action:

- **Country plans** – country-led health plans supported by adequate investment;
- **Integration** – integrated delivery of health services and life-saving interventions;
- **Delivering services** – stronger health systems, with sufficient skilled health workers at the core;
- **Innovation** – innovative approaches to financing, product development and delivery of health services;
- **Human rights** – promoting human rights, equity and gender empowerment;
- **Results** – improved monitoring and evaluation to ensure accountability of all actors for results and resources.

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Share your knowledge, experience and talent with the whole world.

**Get the Big Picture!**

In 2012, our initiative proudly served **12.6 million** readers / subscribers in 225 countries and territories with an average of about 1 million visitors / subscriber per month; with links to about 75,000 websites and 95-102 search strings every month. On average 900,000 files, 7,600 URLs and 18,600 pages were accessed every month. It expanded from 22 to 28 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2012 for global dissemination. 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 15 Countries out of 225 Countries and Territories, where **WHEC Global Health Line / WHEC Net Work** is accessed frequently: USA; Canada; China; Australia; Argentina; Russian Federation; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; India; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes: US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 784: Microsoft (MSIE 8.0, 6.0 and 9.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); bingbot/2.0

Top 5 most popular sections out of 28: 1) Obstetrics; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Diagnostic Ultrasound.

Top 10 most read comprehensive review articles / Practice Bulletins out of 213: 1) End of Life Decision Making; 2) Psychiatric Disorders During Pregnancy; 3) Female Sexual Dysfunction; 4)

End-of-Life Care: Pain Assessment and Management ; 5) Stillbirth: Evaluation and Management ; 6) Medical Liability: Risk Management; 7)Medical Liability: Tort Reform; 8) Medical Liability: Coping With Litigation Stress 9) Sexual Violence 10) Exercise during Pregnancy and Postpartum

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 82 million readers / subscribers worldwide so far and growing fast...)

Looking forward to 2013!

A Promise to Keep

## Your Questions, Our Reply

The success of e-Health is lagging behind expectations; why is this so and how can we erase current doubts about the value of e-Health?

**Improving Credibility of e-Health:** Studies have shown health care innovation to be very complex and there is little evidence that e-health technologies can improve health care. The classic approach to e-Health development has generated skepticism because it is technology-driven; thereby fostering the notion that e-Health is merely about technological intervention. This has led to the design of stand-alone devices and device-based applications that ignore the complexity of real life. The classic model has also slowed the diffusion of innovations into care. Innovation calls for education and training rather than for specific applications. It also calls for better models of reimbursement and governance tailored to patient engagement and home care. The fallacy that implementing e-Health is a one-step process leads organizations to budget for implementation and to neglect maintenance. This often results in financial disaster, under-used technologies and stakeholder dissatisfaction. No wonder evaluations show disappointing results, not to mention the fact that classic evaluation methods are seldom appropriate for assessing e-Health interventions. e-Health's suboptimal impact and the rapid proliferation of emerging technologies point to the need to replace the classic e-health model with a new, "holistic" view that sees in e-Health a means for reforming health care by creating an infrastructure for participation and eliminating the traditional division of labor and time- and place-dependent delivery modalities.

Credibility is reinforced by experiences in developing countries, where e-Health projects seek mainly to expand health services to poor and remote rural areas. Tele-consultations among health-care professionals are educational and save transportation costs. Technologies designed for developed countries are often incompatible with developing countries' infrastructure, habits and culture. Local users must therefore develop their own e-Health interventions. Disease management projects should cease being "disease-centered" and become "people-centered", with a shift from institutional care to community- and home-based care. This would entail parallel changes in funding, training, administration and treatment formats.

Technological and social innovations go hand-in-hand, and the capacity for innovation is increasing in developing countries. This, together with a growth in local public-private research and development partnerships, may represent the only sustainable means of improving health systems' effectiveness in developing nations. Now it is time to recapitulate the lessons learnt. We need a holistic approach to e-Health development that is evidence-based and people-centered, that takes into account how people live within their own environments and that focuses on responding to stakeholders' needs and improving care.

Our experience with *WomensHealthSection.com* shows, e-Health's potential is far from being exploited, but its proven successes are reason for confidence.

Join the movement!

## **United Nations At A Glance**

### **Angola and The United Nations**

The Angolan Mission to the United Nations in New York is one of our three posts (along with our diplomatic missions in Geneva and Vienna) representing Angola's interests in the United Nations system.

Our Ambassador and Permanent Representative, Mr. Ismael Gaspar Martins, heads the Angolan Mission, which comprises of a team of diplomats and experts. The Mission provides the nucleus of Angolan delegations to UN conferences and meetings in New York, including regular and special sessions of the General Assembly.

In January 2003, Angola acceded to the Security Council as a Non-Permanent Member and its mandate expired in December 2004. In November 2003, the Republic of Angola presided over the Security Council and also participated in the ongoing work of the other organs of the UN, such as the General Assembly, ECOSOC, and the Trusteeship Council etc. and continues to monitor the activities of the UN's specialized agencies and programs. Yet, as far as the ECOSOC is concerned, on October 2005, Angola was elected as a member of the Council with a majority of 186 votes. For the first time in the history of the United Nations and as a peace-loving country, on May 12, 2006, Angola guaranteed its seat on the newly established Peace-building Commission. Subsequent to that, on June 23, 2006, Angolan ambassador to UN, Ismael Gaspar Martins, was elected by acclamation for a one-year term as Chairman of the Peace-building Commission, tasked with ensuring post-conflict peace.

Angola is firmly committed to the UN system. As an African nation, emerging from almost 30 years of civil war, Angola has substantial interest to having effective mechanisms for multilateral cooperation that complement our bilateral and regional relationships. The UN's importance to Angola can be seen in core areas, such as international peace and security (including arms control and disarmament) and the development of international legal instruments and norms. It is also found in the work of the UN's programs and technical agencies, which deal with issues such as the provision of humanitarian assistance, assistance to vulnerable groups such as women and children, and protection of the environment and sustainable development.

One of Angola's main priorities in the UN's agenda over the past years has been the question of peace in the world, Africa, and particularly in sub-Saharan region. Angola has actively supported the UN popular consultation process at the UN Security Council level, to restore order and stability around the globe.

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

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

Public health, innovation, intellectual property and trade

[Report on financing and coordination of research and development](#)

The Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) was established by the World Health Assembly (WHA) in 2010. The CEWG submitted its final report to the 65th World Health Assembly. The report is now available in English, French, Spanish, Russian, Arabic and Chinese.

The search for new, innovative and sustainable sources of funding, and making better use of existing resources for research and development for the specific health needs of developing countries, was an unfinished agenda of the negotiations that led to the Global Strategy and Plan

of Action on Public Health, Innovation and Intellectual Property (GSPA-PHI) agreed in 2008. Those negotiations themselves were the response of WHO Member States to the report, published in 2006, of the Commission on Intellectual Property Rights, Innovation and Public Health (CIPRH) which was established in 2003.

We in turn were asked by Member States to review the work of the Expert Working Group on Research and Development: Coordination and Financing, established on the recommendation of the GSPA-PHI, which reported in 2010. We therefore felt an obligation to produce a solid report, based on empirical evidence, while also ensuring that our processes were as transparent and open as possible. The report from this Consultative Expert Working Group seeks to bring this long running debate, if not to closure, to a head.

We hope our analysis of the current situation of R&D for health needs in developing countries, our assessment of various proposals for better financing and coordination, and our conclusions and recommendations will move this debate forward in a significant way. We believe our recommendations deserve serious consideration by WHO Member States, in particular the idea of securing implementation of our key recommendations through a binding international instrument. Agreement on this could have far-reaching effects on people suffering from all types of diseases in developing countries – now and into the future. In face of such complex challenges, a stronger multilateral response will help to improve millions of people's lives.

**Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 91, Number 2, February 2013, 81-156**

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

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

Does an Educated Mind Take the Broader View? A field experiment on in-group favouritism among microcredit clients.

A number of studies document an in-group bias in social dilemma situations. While group structure and dynamics are important in shaping in-group favouritism, less attention has been paid to individual characteristics affecting favouritism. Using data from dictator games conducted among 523 microcredit clients in Angola, this paper analyzes the effect of education on in-group favouritism. When addressing the endogeneity of education, we find that education increases in-group bias. This goes against the conventional view that education broadens the perspectives of an individual. In addition, our results suggest that in-group favouritism is related to gender, family background and access to particular forms of networks.

An important and related question is whether our results are particular to an Angolan context, or generalize to other countries. The uncovered effect of education on in-group favouritism may reflect the way in which the Angolan education system works rather than schooling more generally. A number of studies in sociology have analyzed how an education system may serve to reproduce rather than reduce social inequality. The high degree of economic inequality and social stratification in Angola may have resulted in an education system which highlights or triggers in-group inclinations in those exposed to it. However, the sociology of education in Angola does not appear to have been the subject of scientific inquiry. Understanding the mechanisms through which education affects other-regarding preferences and in-group biases is important from a policy perspective. As our data does not easily permit analysis of these issues, this is a matter for further research.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Authors: Ivar Kolstad and Arne Wiig; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research

programme by the governments of Denmark (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 <http://www.womenshealthsection.com/content/cme/>)*

## **United Nations Girls' Education Initiative (UNGEI)**

*The Effort to Advance the Global Strategy  
(Continued)*

### **Angola**

Few countries have endured like Angola. Forty years of almost continuous war devastated basic health and education services, attributed to one of the world's worst child mortality rates, crippled capacity and productivity, and destroyed the social and economic fabric of society. Almost half of Angola's children are out of school, 45 per cent suffer chronic malnutrition and a quarter of children die before their fifth birthday.

And so, following the signing of peace accords on 4 April 2002, agencies such as UNICEF have become an important plank in the platform of peace. For despite the enormity of the peacetime challenges now facing the government, UNICEF and the international community, Angola has the potential to enter a new phase of hope and renewal. The challenges are clear: create suitable conditions of resettlement for Angolans, reduce child mortality, advance child rights and restore systems of health and education across the country.

Two generations of Angolan children were lost as the country suffered decade after decade of civil war. But peace has brought great hope to Angolans. The challenge is to make it a peace worth living. UNICEF is supporting the national effort to rebuild systems across the country and 2003 saw the country's biggest-ever health and education campaigns. The National Measles Campaign immunized 7.1 million Angolan children, while the Back to School campaign benefited 500,000 children. However, the situation of children in Angola remains dire. There are as many landmines as children. A rising HIV/AIDS rate threatens all Angola's recovery efforts, 40 per cent of the Angolan population do not have access to safe water, basic health services are devastated, and more than 1 million children remain out of school.

Expectations are high among the Angolan people. Sixty per cent of the population is children, keen for change and a better future. That future is now being written.

### [HALF THE SKY](#)

*To be continued.....*

## **Top Two Articles Accessed in January 2013**

1. Nausea and Vomiting in Pregnancy;  
<http://www.womenshealthsection.com/content/obs/obs033.php3>  
WHEC Publications. Special thanks to our writers and editors for compiling the review. Gratitude expressed to the reviewers for helpful suggestions.
2. Health Literacy, e-Health and Sustainable Development;  
<http://www.womenshealthsection.com/content/heal/heal017.php3>  
WHEC Publications. Special thanks to WHO and UNESCO for the contributions. The series is sponsored by WHEC Initiative for Global Health and Literacy. We welcome your contributions. Join the efforts.

## From Editor's Desk

### WHO Forum on Health Data Standardization and Interoperability

As the specialized United Nations agency for health, WHO organized a Forum on Health Data Standardization and Interoperability at WHO Headquarters in Geneva 3-4 December 2012. Participants of the Forum included representatives from health data Standards Development Organizations (SDOs), WHO Member States, academic and research institutions, implementing partners, the donor community, and subject matter experts concerned with development, adoption and implementation of health data standards at national and sub-national level in addition to WHO technical programmes and regional offices.

As the major United Nations agencies for health and telecommunications respectively, the World Health Organization (WHO) and the International Telecommunication Union (ITU) have long recognized the importance of collaboration for e-Health in their global resolutions, which encourage countries to develop national e-Health strategies: this Toolkit supports those recommendations.

WHO defines e-Health as the use of information and communication technologies (ICT) for health. In its broadest sense, e-Health is about improving the flow of information, through electronic means, to support the delivery of health services and the management of health systems.

### e-Health at WHO

e-Health is the use of information and communication technologies (ICT) for health. The e-Health unit works with partners at the global, regional and country level to promote and strengthen the use of information and communication technologies in health development, from applications in the field to global governance. The unit is based in the department of Knowledge Management and Sharing in the cluster of Health Systems and Innovation.

The National e-Health Strategy Toolkit is an expert, practical guide that provides governments, their ministries and stakeholders with a solid foundation and method for the development and implementation of a national e-Health vision, action plan and monitoring framework.

### The need for national planning

Experience shows that harnessing ICT for health requires strategic and integrated action at the national level, to make the best use of existing capacity while providing a solid foundation for investment and innovation. Establishing the main directions as well as planning the detailed steps needed is essential to achieving longer-term goals such as health sector efficiency, reform or more fundamental transformation. Collaboration between the health and ICT sectors, both public and private, is central to this effort.

Ministries of health play a pivotal role, not only in meeting people's needs for care and protecting public health, but also in preserving health systems through uncertain times. Ministries of information technology and telecommunications are crucial to development in all spheres, and can make a vital contribution to the health sector.

Common goals and a predictable ICT environment enable coordinated action: building consensus on policy, facilitating better use of shared resources and involvement of the private sector, and investment in skills and infrastructure to improve health outcomes.

<http://www.who.int/ehealth/publications/overview.pdf>

For more information on this Forum and future programmes, please send email enquiries to

[whofhdsi@who.int](mailto:whofhdsi@who.int)

## **Words of Wisdom**

Enthusiasm is one of the most powerful engines of the success. When you do a thing, do it with all your might. Put your whole soul into it. Stamp it with your own personality. Be active, be energetic and faithful, and you will accomplish your object. Nothing great was ever achieved without enthusiasm.

– Ralph Waldo Emerson (1803-1882)

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

