



## WHEC UPDATE

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

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### *New Perspectives*

Established in 2000, the eight Millennium Development Goals (MDGs) represent a global commitment to eliminating poverty. MDG 4 and MDG 5 are devoted to child and maternal health, with 2015 targets of a two-thirds reduction in the 1990 mortality rate for children under 5 years of age, a three-quarters reduction in the 1990 maternal mortality rate and universal access to reproductive health services. Although some promising gains have been made worldwide, in 2008, about 358,000 mothers and 8.8 million children under 5 years of age lost their lives, many from preventable or treatable conditions. The African Region is falling behind in MDG child and maternal health targets. In many countries these are advancing too slowly, stagnating and deteriorating. Access to services such as antenatal care and skilled birth attendance in the African Region are among the lowest in the world. Improving maternal and child health requires health systems to be strengthened through both long-range investments (e.g. development of health facility infrastructure and programs to retain health workers) and initiatives that can be rapidly deployed (e.g. community immunization days, vitamin A campaigns and distribution of insecticide-treated bed-nets). In 2010, the *Countdown to 2015 decade report* made a special appeal for improving the child and maternal health situation in sub-Saharan Africa, calling for renewed and accelerated political and financial commitment to MDG 4 and MDG 5 in this region.

Achieving the child and maternal health MDGs will require policy and program planners to identify and reach those who are most in need of health services. To maximize and improve progress towards the MDG targets in Africa, it is important to have strong national and regional monitoring systems that can identify which populations are benefiting from programs and initiatives, and which are not.

Measurements of service coverage capture both provision and use of services and interventions, since they express the percentage of people receiving a specified service or intervention among those requiring that service. The health service coverage gap represents an estimate of the increase in coverage needed to achieve universal coverage for a given service. The ability of a program or initiative to reduce health service coverage gap is an important indicator of success; comparing the gap across populations can help to target action to reduce disparities. One of the objectives of our e-Health publication, *WomensHealthSection.com*, is to measure the magnitude of within-country service coverage gap of maternal and child health indicators and to quantify the contribution of this inequality to the national coverage gap within sub-Saharan African countries.

Our experience so far suggests a comprehensive monitoring program may help countries to identify relevant forms of inequality and allow for health service initiatives to be targeted accordingly, where appropriate. Between 1990 and 2006, patterns of inequality in developing countries have remained largely unchanged. This trend has been cited as a major contributor to the lack of progress on the child and maternal health MDGs. As the deadline for the MDGs approaches, attention is increasingly turning to child and maternal health. Now, more than ever, is the time for strong policies and for interventions that will maximize their impact. Further delineation of the coverage gap within countries is needed to more accurately define the current reach of child and maternal health services and to inform programs and policy direction.

Towards Universal Health Coverage

Rita Luthra, MD

## Your Questions, Our Reply

How to fix health systems in developing countries? Are randomized controlled trials in monitoring efficiency of health care systems helpful in achieving MDGs?

**Assessing Health System Interventions:** The health systems play a vital role in achieving global goals for maternal, neonatal and child survival and for reducing HIV infection, tuberculosis and malaria. The type of research providing the best evidence on the effectiveness of health system interventions is a matter of controversy, with quantitative and qualitative approaches often pitted against each other, although researchers are increasingly aware of the limitations of randomized studies and of the value of mixed methods approaches.

Research is needed to help identify interventions that will improve the capacity or functioning of health systems and thereby contribute to achieving global health goals. Well conducted, randomized control trials (RCTs), in-so-far as they reduce bias and confounding, provide the strongest evidence for identifying which interventions delivered directly to individuals are safe and effective. When ethically feasible, they can also help reduce bias and confounding when assessing interventions targeting entire health systems. However, additional challenges emerge when research focuses on interventions that target the multiple units of organization found within health systems. Hence, we cannot complacently assume that randomization can reduce or eliminate bias and confounding to the same degree in every instance. While others have articulated arguments in favor of alternative designs, we believe our efforts help people understand why the potential value afforded by RCTs may be threatened. Specifically, we suggest six points to be borne in mind when exploring the challenges entailed in designing or evaluating RCTs on health system interventions:

1. The number of units available for randomization;
2. The complexity of the organizational unit under study;
3. The complexity of the intervention;
4. The complexity of the cause-effect pathway;
5. Contamination;
6. Outcome heterogeneity.

We suggest that the later may be informative and that the reasons behind it should be explored and not ignored. Based on improved understanding of the value and possible limitations of RCTs on health system interventions, we need broader platforms of research to complement RCTs.

## NGO News

Committee on NGOs at its 2013 regular session, which closed on 8 February 2013, recommended with note the quadrennial reports of 277 non-governmental organizations. Women's Health and Education Organization which is non-profit entity of Women's Health and Education Center (WHEC) was one of them (listed on page 14). It is indeed our pleasure and privilege to thank you and share this success with you. A good start!

<http://csonet.org/content/documents/e201332parti.pdf>

**Update: 21-30 January 2013: 2013 Regular Session, Committee on NGOs**

### *Summary*

At its 2013 regular session, held from 21 to 30 January and on 8 February 2013, the Committee on Non-Governmental Organizations had before it 355 applications for consultative status, including 130 applications deferred from earlier sessions. Of the non-governmental organizations submitting those applications, the Committee recommended 159 for consultative status, deferred

180 for further consideration at its resumed session in 2013, and closed consideration without prejudice of 15 applications that had failed to respond to queries over two consecutive sessions. It also took note of one non-governmental organization that had withdrawn its application. The Committee also had before it 6 requests for reclassification of consultative status; it recommended granting 3 of those requests.

The Committee considered 5 requests for change of name; it took note of 4 of those requests. It also had before it 299 quadrennial reports, of which it took note of 277. The Committee heard 21 representatives of the 47 non-governmental organizations that attended the session.

The present report contains three draft decisions on matters calling for action by the Economic and Social Council.

By draft decision I, the Council would:

- (a) Grant consultative status to 159 non-governmental organizations;
- (b) Note the withdrawal of the application by one non-governmental organization;
- (c) Reclassify the consultative status of three non-governmental organizations;
- (d) Note that the Committee decided to take note of the change of name of four non-governmental organizations;
- (e) Note that the Committee took note of the quadrennial reports of 277 non-governmental organizations, including new and deferred reports.
- (f) Close without prejudice consideration of the request for consultative status made by 15 non-governmental organizations after the organizations had failed to respond to queries over the course of two consecutive sessions.

By draft decision II, the Council would take note of the withdrawal of consultative status requested by one non-governmental organization.

By draft decision III, the Council would take note of the present report.

**NEW: [Click here](#) to see an advance unedited copy of the official report adopted on 8 February**

## United Nations At A Glance

### Argentina and the United Nations

ARGENTINA DESCRIBES BROAD EFFORTS TAKEN SINCE 2003 TO PROTECT, PROMOTE CIVIL, POLITICAL RIGHTS, AS HUMAN RIGHTS COMMITTEE TAKES UP FOURTH PERIODIC REPORT

Speaker Says Country Determined to Overcome Dictatorship's Lingering Impact; Experts Acknowledge Strides Taken by Government, but Highlight Areas of Concern

#### Argentina's Report

Introducing his country's fourth periodic report, head of the delegation EDUARDO LUIS DUHALDE, Secretary of Human Rights of Argentina, said his Government gave high importance to the protection of all fundamental rights, as well as to the important work of the Committee and other human rights monitoring bodies. From 2003, the Government had placed a priority on the protection and promotion of human rights, including through the strengthening of his Office.

The many laws and actions undertaken showed that such rights were a fundamental pillar of the restructuring of the democratic State of Argentina. That endeavor was not simply complying with conventions and treaties, it also meant recovering the country's ethical foundations and,

ultimately, elaborating relevant policies that ensured the rights of all citizens. He added that Argentina had also contributed to the strengthening of the regional and international human rights system.

Argentina's actions to improve human rights had been very transparent, and the Government had worked to ensure that those responsible for rights violations were punished. The Government promoted dialogue with petitioners and the wider citizenry. Moreover, it had maintained, since 2002, an open invitation to all special procedures and mechanism of the United Nations system to visit the country. Argentina was convinced that all three levels of government, with civil society's help, had made significant strides. But those efforts did not always lead to immediate improvements, since various legislative changes must be accepted by all sectors of society. Here he acknowledged that, among other obstacles that needed to be surmounted, the Government needed to do more to publish those changes throughout the entire population of more than 40 million people, spread over 23 provinces and the autonomous region of Buenos Aires.

Highlighting the human rights improvements over the past few years, he said perhaps the most critical advance had been the recovery of the independence of the Supreme Court of Justice, which for years had been subordinate to the executive branch. A network of high-quality and independent judges had been appointed and Congress had moved to repeal the "Clean Slate Act", another measure that had been backed by the military in the 1980s. He said that restructuring the rule of law also included making improvements to the functioning of the police, security and armed forces.

The programme of "Truth, Justice, Memory and Restoration" had continued apace and involved bolstering political, social and economic rights for all. The fight for "memory" and against impunity could not be stopped, he said, noting that the illegal repression of the dictatorship had affected many citizens. Citing the convictions that had been handed down in the case of political kidnapping victim Julio Lopez and the indictment of a number of officials from Argentina's notorious Naval Mechanic's School, or "ESMA", for their responsibility in the kidnapping and torture during the military dictatorship, he declared: "These actions have reaffirmed the conviction that justice will not be stopped."

Continuing, he said the Secretariat of his Office had launched 60 trials for crimes against humanity, reiterating society's calls for justice and building an inclusive democracy that ensured a more humane and just future for all. He added that some 100 people had been sentenced for crimes of terrorism against the State. On the issue of persons disappeared during the military dictatorship, he noted a number of actions that had been taken, especially to locate such persons or to identify remains. The work of the Human Rights Office, the Ministry of Health and a team of forensic specialist had made it possible to identify a vast number of remains, an exercise that had, at the very least, provided some sense of closure to the families of the victims.

The Government had also enacted a new communication services law to address concerns regarding freedom of expression and opinion in the media, he said. Further, women were enjoying wider participation in the Government and now held key positions in strategic ministries, including of defense and tourism. Ongoing campaigns aimed to ensure that women were treated equally in labor matters. He said there were also programmes to prevent impunity and provide victims with legal advice. A national institute had been established to combat racism and xenophobia.

Details: [enaun.mrecic.gov.ar](http://enaun.mrecic.gov.ar)

## Collaboration with World Health Organization (WHO)

### Argentina

Child malnutrition estimates by WHO Child Growth Standards.

Below you can open the data and reference tables for this country based on the WHO Child Growth Standards. This database is regularly being updated. To open the tables click on the links below:

<http://www.who.int/gho/countries/arg.pdf>

#### HEALTH SITUATION ANALYSIS AND TRENDS SUMMARY

[GENERAL SITUATION AND TRENDS](#) | [SPECIFIC HEALTH PROBLEMS](#) | [RESPONSE OF THE HEALTH SYSTEM](#)

#### GENERAL SITUATION AND TRENDS

General Background: Argentina is in the middle of a global crisis provoked by different factors (economical, social, and cultural) all of them intertwined. The increasing polarization, impoverishment and social inequities have grown since the end of the 90's, due to an important economic recession. As a consequence of unemployment and income reduction, half of the Argentine families lack a steady income to assure a basic package of goods and services. However, since the end of 2003 and with more emphasis on the first trimester of 2004, the Argentine economy shows sings of recuperation.

In the last years, the Social Security lack of financing, the main axis of the Argentine Health system, brought to the collapse all health institutions. The country faces two serious health challenges; to overcome the sanitary emergency and to close the gap that statistical means occult, and define the margins of inequity between the richest and poorest sectors of the population.

Demography: According to the National Census of Population, Homes and Households, which was carried out in the last months of 2001, the Argentine population is of 37,944,014 inhabitants, with a yearly population growth rate of 10.1/1000.

The country has a territorial area of 3,761,274 sq km, and it has land boundaries with five countries: Brazil, Chile, Paraguay, Peru and Uruguay. Argentina is integrated by 23 provinces and the Federal Capital. 89.4% of the population lives in urban areas (Census 2001 INDEC); ranges oscillate from 100% as in Buenos Aires (3,050,030 inhabitants) to 66.1% in Santiago del Estero (735,935 inhabitants).

What is the impact of the economic crisis on the health of the most vulnerable population?  
Access to medical care, drugs, health promotion and preventive measures: The man to woman ratio is of 95 men to 100 women, and the trend keeps diminishing. The percentage of people above 65 years of age is of 9.9%, and the proportion of people under 15 is 28.3%. For the period 2000-2005, the total fertility rate is of 2.44; during the period 1990-1992 the life expectancy at birth is of 71.93 years for men and of 75.5 years for women.

**Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 91, Number 3, March, 157-236**

## Collaboration with UN University (UNU)

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

Did Trade Openness Affect Income Distribution in Latin America? Evidence for the years 1980–2010

This paper offers a medium-term perspective for analyzing the trade openness–inequality relationship in Latin America. We present three contributions. The first is that we assemble a database on income distribution indicators systematically estimated from household surveys with emphasis on within-country consistency of methodology, definitions, and coverage for the years 1980–2010. This 30-year database allows observing clearly that the increases in inequality throughout the 1980s and 1990s decades have been almost totally counteracted by the improvements during the first 10 years of the twenty-first century: 75 per cent of the deterioration in income distribution was reversed in the first decade of 2000. The second is an estimation of the association between trade openness and income distribution over the 30-year period. Our central conclusion in this regard is that greater trade openness is associated with contemporaneous increases in inequality in the region. The third is that trade openness contributed – together with other factors – to the increase in inequality during the 1980s and 1990s, but once fully implemented it did not lead to further rises in inequality, and did not represent a permanent obstacle to improvements in income distribution triggered by other factors such as greater education levels across the population.

The paper offers three contributions. The first is to assemble a database on income distribution indicators systematically estimated from household surveys with emphasis on within-country consistency of methodology, definitions, and coverage. This 30-year database allows observing clearly that the increases in inequality throughout the decades of the 1980s and 1990s have been almost counteracted by the improvements in the 2000s decade: 75 per cent of the deterioration in income distribution was reversed during the first ten years of the twenty-first century.

The second is an estimation of the association between trade openness and income distribution over the 30-year period. Our central conclusion in this regard is that greater trade openness is associated with contemporaneous increases in inequality in Latin America. The drastic reductions in average tariffs observed during the 1980s and 1990s mirror the sharp deterioration in income distribution over the same years.

The third result is that that once enough time is allowed for the economy to adjust to openness, no further pressure over inequality is observed, and the liberalization of trade in previous decades did not represent a permanent obstacle for improvements in income distribution thereafter. One example is the prevalence of the inequality-reducing forces generated by the secular increases in the skill level of the population, which seem to have dominated the arena in the distributional dynamics in Latin America during the 2000s decade.

Publisher: UNU WIDER; Series: WIDER Working Paper; Authors: Miguel Székely, and Claudia Sámano; Sponsors: UNU-WIDER 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)*

### **Argentina**

As a paradoxical consequence of the financial crisis in Argentina, public opinion and civil society organizations have become more aware of children, especially the poorest among them. To reduce poverty, the Government has implemented social programmes at an estimated cost of \$1,225 million annually. The main programme is called the Heads of Household Plan, which grants a subsidy to unemployed heads of households with children under 19 years of age. The Plan covers 1.8 million people and costs about \$365 million per year.

The worsening of the social situation prevents the country from achieving some of the Millennium Development Goals. The percentage of people living daily on less than \$1 has increased significantly, while living conditions have deteriorated for slum-dwellers. Soup kitchens in schools and school grants to the poorest students have kept most of the children in the classrooms. The Government provides drugs to HIV-positive people free of cost. Long-term trends show a moderate increase on HIV incidence, while maternal mortality and teenage pregnancy rates remain the same.

### **Women Matter - In All of the Millennium Goals**

In Argentina, the gender perspective was presented through the work of two experts, who made recommendations and underscored how much has yet to be done. One of the studies, by Claudia Giacometti -- "The Millennium Goals and Gender Equality. The Case of Argentina" -- pointed to the lack of adequate indicators that would reveal gender inequality, many aspects of which remain hidden. There is a lack of systematic information in sensitive areas for monitoring gender problems and their correlation with poverty, Giacometti said.

The expert pointed to the wide disparities between the living conditions of women in the cities -- where the Permanent Household Survey of the National Institute of Statistics and Censuses draws its data -- and those who live in rural areas. She also noted the lack of surveys measuring the use of time, to analyze how much of the responsibility for domestic work falls on women; the lack of systematic data on sexual and reproductive health; and the lack of statistics broken down by gender to show what proportion of decision-making positions in the public and private spheres are held by women.

However, it is not enough to disaggregate data by sex. New indicators need to be designed, and all social development problems should be discussed with a gender equality focus, said participants at the seminar. "This does not imply that women are seen as vulnerable, but that they must be seen as subjects with rights," said Rico. Over the last three years, Argentina has curbed its alarming indices of poverty and extreme poverty, and improved its health services. The goal of universal primary education is also close to being met, as it is in a large part of Latin America. Participation by women in productive employment has also increased, but this is not true for all sectors.

The president of the National Women's Council, Maria Colombo, told IPS that the government is making progress towards fulfilling the MDGs, and that it plans to include recommendations from women's groups in its second national report. "We know that we have to go beyond what is stated in the goals, but they are a start," she acknowledged. "The MDGs are like a navigation chart, an opportunity to make progress. But we must emphasize that social inequalities are exacerbated when they overlap with gender inequalities, and that this presents major challenges," Ana Falú, director of UNIFEM for Brazil and the Southern Cone region, remarked to IPS.

*To be continued.....*

## **POINT OF VIEW**

### **Applying Human Rights to Improve Access to Reproductive Health Services**

Universal access to reproductive health is a target of Millennium Development Goal (MDG) 5B, and along with MDG 5A to reduce maternal mortality by three-quarters, progress is currently too slow for most countries to achieve these targets by 2015. Critical to success are increased and sustainable numbers of skilled healthcare workers and financing of essential medicines by governments, who have made political commitments in United Nations forums to renew their efforts to reduce maternal mortality. National essential medicine lists are not reflective of medicines available free or at cost in facilities or in the community. The WHO Essential Medicines List indicates medicines required for maternal and newborn health including the full range of contraceptives and emergency contraception, but there is no consistent monitoring of implementation of national lists through procurement and supply even for basic essential drugs. Health advocates are using human rights mechanisms to ensure governments honor their legal commitments to ensure access to services essential for reproductive health. Maternal mortality is recognized as a human rights violation by the United Nations and constitutional and human rights are being used, and could be used more effectively, to improve maternity services and to ensure access to drugs essential for reproductive health.

*International Journal of Gynecology and Obstetrics* 119 (2012) S55-S59

Full text of this article can be downloaded here: <http://ssrn.com/abstract=2197487>

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

1. Recurrent Pregnancy Loss;  
<http://www.womenshealthsection.com/content/obs/obs030.php3>  
WHEC Publications. Special thanks to our writers and editors to compile the review and reviewers for helpful suggestions.
2. Inherited Thrombophilias in Pregnancy;  
<http://www.womenshealthsection.com/content/obsmd/obsmd018.php3>  
WHEC Publications. Gratitude is expressed to [Dr. John R. Higgins](#), Professor of Obstetrics and Gynaecology, Head of College of Medicine and Health, University College Cork, Cork University Maternity Hospital, Wilton, Cork, Ireland for serving as reviewer and helpful suggestions in compiling the manuscript.

## From Editor's Desk

### Technical cooperation with countries

The Department of Reproductive Health and Research (RHR) works closely with countries to strengthen their capacity to undertake research and programme activities in sexual and reproductive health, both to respond to national needs and to contribute to regional and global efforts.

Goal: To ensure that each country has adequate capacity to develop and carry out the research and programme development activities required to elevate the national sexual and reproductive health programme to a key position for contributing to the achievement of the MDGs and other internationally agreed development goals and their respective targets.

### Africa Build

The project aims to use information technology to improve capacity for health research and education in Africa. It seeks to provide innovative learning and research opportunities to individuals and institutions throughout the continent.

### Project Summary

AFRICA BUILD is a Coordination Action aiming to support and develop advanced Centers of Excellence in health care, education and research in the African countries, through Information Technologies. This project is supported by the EU's Seventh Framework Programme (FP7-ICT). AFRICA BUILD started 1st August 2011 and will run for a period of 36 months.

This support will come, in the initial phases, from established research centers located at EU countries, including WHO, the leading medical organization at a worldwide level. For later phases, a significant challenge of this CA is to generate virtual communities of African researchers that can continue these initial efforts by creating, developing and exchanging, collaboratively, new knowledge, methods, informatics tools and data. The AFRICA BUILD vision aims to address fundamental problems in health research and education in a low income geographical area like Africa, providing innovative solutions by optimizing and sharing resources through the use of novel technologies.

[First Fact Sheet of the project](#)

<http://sanger.dia.fi.upm.es/africafiles/FactSheet.pdf>

## Words of Wisdom

There is nothing either good or bad, but thinking makes it so.

– *Hamlet*, scene ii, by William Shakespeare (1564-1616)

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

