



WHEC UPDATE

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

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Sustainable Development

In an era of global population aging, this is not just good news for the individuals concerned and the societies in which they live; it may be a vital signal for us all. It suggests that we are slowly learning one of the most important lessons: not just how to live longer, but also how to stay longer in good health with less disability, and therefore, less dependence on others. In this edition of *WHEC Update* and **WomensHealthSection.com**, we offer a cautiously optimistic vision of the future. It gives us hope the longer life can be a prize worth winning. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and to all generations. Our past achievements and technological advances make us more optimistic about our future than perhaps at any stage in recent history.

In many ways, the face of humanity is being rapidly reshaped. Two main trends – increasing life expectancy and falling fertility rates – mean by 2025: the global population, about 5.8 billion in 1997, will increase to about 8 billion; there will never have been so many older people and so relatively few younger ones; the number of people aged over 65 will have risen from 390 million in 1997 to 800 million – from 6.6% of the total population to 10%; and the proportion of young people under 20 years will have fallen from 40% in 1997 to 32% of the total population, despite reaching 2.6 billion – an actual increase of 252 million. These demographic trends, which have profound implications for human health in all age groups, follow on the many positive changes that have occurred in the past 50 years. More people than ever before now have access to at least minimum health care, safe water supplies and sanitation facilities. Most of the world's children are now immunized against six major diseases of childhood – measles, poliomyelitis, tuberculosis, diphtheria, pertussis and neonatal tetanus. Together, these and related achievements should help humankind to step confidently across the threshold into the new century. However, the future will pose many new as well as continuing challenges.

The war against ill-health in the 21st century will have to be fought simultaneously on two main fronts: infectious diseases and chronic non-communicable diseases. Many developing countries will come under greater attack from both, as heart disease, cancer and diabetes and other “lifestyle” conditions become more prevalent, while infectious illnesses remain undefeated. Of this latter group, HIV/AIDS will continue to be the deadliest menace. The past few decades have seen the growing impact on health of poverty and malnutrition; widening health inequalities between rich and poor; the emergence of “new” diseases such as HIV/AIDS; the growing problem of antibiotic-resistant infections; and the epidemic of tobacco-related diseases. These are only some of the problems representing the unfinished agenda of global public health actions at the end of one century and requiring urgent action at the beginning of the next. HIV/AIDS could reverse some of the major gains achieved in child health over the last 50 years.

Women's health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination. Today, the status and well-being of countless millions of women worldwide remain tragically low. As a result, human well-being in general suffers, and the prospects for future generations are dimmer. In many parts of the world, discrimination against women begins before they are born and stays with them until they die. Many millions of women are made old before their time by the daily harshness in inequalities of their earlier lives, beginning in childhood. They experience poor nutrition, reproductive ill-health, dangerous working conditions, violence and lifestyle-related diseases, all of which exacerbate the likelihood of breast and cervical cancers, osteoporosis and other chronic conditions after menopause. In old age poverty, loneliness and alienation are common.

Crossing the Threshold

Rita Luthra, MD

Your Questions, Our Reply

What are the implications of aging population for all countries? How can we lead and respond to the healthcare needs of aging population, especially women?

Leading and Responding: Population ageing has immense implications for all countries. In the 21st century, one of the biggest challenges will be how best to prevent and postpone disease and disability and to maintain the health, independence and mobility of an ageing population. Even in wealthy countries, most old and frail people cannot meet more than a small fraction of the costs of the health care they need. In the coming decades, few countries will be able to provide specialized care for their large population of aged individuals. Some European countries already acknowledge that there is insufficient provision to meet with dignity the needs of all those over the age of 75, who currently consume many times more medical and social services than those under 75. Developing countries will face even more serious challenges, given their economic difficulties, the rapidity with which populations age, the lack of social service infrastructures, and the decline of traditional caring provided by family members. Many of the chronic conditions of old age can be successfully detected, prevented and treated, given sufficient resources and access to care. Worldwide, circulatory disease is the leading cause of death and disability in people over 65 years, but there is great potential for preventing and treating it.

Safeguarding the gains already achieved in health depends largely on sharing health and medical knowledge, expertise and experience on a global scale. Apart from establishing and expanding national health services based on primary health care, industrialized countries can play a vital part in helping solve global health problems. It is in their own interests as well as those of developing countries to do so. Increased international cooperation in health can be facilitated by a managed global network making use of the latest communication technologies. Global surveillance for the detection of the response to emerging infectious diseases is essential. As a result of increased global trade and travel, the prevention of foodborne infections in particular is of increasing importance. Wars, conflicts, refugee movements and environmental degradation also facilitate the spread of infections as well as being health hazards in themselves.

Concern for the older members of today's society is part of the intergenerational relationship that needs to be developed in 21st century. These relationships, vital for social cohesion, should be based on equity, solidarity and social justice.

Enhancing health potential in the future depends on preventing and reducing premature mortality, morbidity and disability. It involves enabling people of all ages to achieve over time their maximum potential, intellectually and physically through education, the development of life skills and healthy lifestyles. The health implications of healthy ageing – the physical and mental characteristics of old age and their associated problems – need to be better understood. Much more research is required in order to reduce disability among older age groups.

The young and old must learn to understand each other's differing aspirations and requirements. The young have the skills and energies to enhance the life quality of their elders. The old have the wisdom of experience to pass on to the children of today and of coming generations.

United Nations At A Glance

Permanent Mission of Armenia to the United Nations

The Republic of Armenia is a sovereign, democratic, social and legal state. The state power is administered pursuant to the Constitution and the laws based on the principle of separation of the legislative, executive and judicial powers.

On March 2, 2012, Armenia marked the 20th anniversary of her admission to the United Nations. Armenia's membership began during some of the most difficult times for the new Republic, still affected by a devastated earthquake, war and blockades. Since its independence, the Republic of Armenia has been resolutely committed to the purposes and principles of the Organization. Armenia's past and current memberships in and chairmanships of the main and functional bodies of the UN have allowed her to actively contribute, along with other Member States, to social, economic and sustainable development matters to achieve common objectives.

Sharing the values at the core of the United Nations, Armenia has held successful memberships in the UN Economic and Social Council and its functional commissions, including the Commission on Human Rights (now Human Rights Council), Commissions on Sustainable and for Social Development, Statistical Commission as well as other bodies of the UN. Furthermore, Armenia chaired the 2009-2011 session of the Commission on the Status of Women, reflecting the country's unwavering commitment to advancing gender equality and empowerment of women, and the 2012 session of the Special Committee on the Charter of the UN and on the Strengthening of the Role of the Organization. Armenia has also served on executive boards of UN funds and programs and has contributed to the UN peacekeeping operations and rendered humanitarian assistance through the Office for the Coordination of Humanitarian Affairs.

Joining the Millennium Declaration in September, 2000, Armenia made a commitment to include the Millennium Development Goals in its national long-term and strategic plans and undertake strategic programs to direct economic growth to human development. Building on her past achievements and embracing a vision of nurturing Armenia into a genuinely global nation, today the Government of Armenia is ready to assume an even greater role working together with the UN member states, civil society and the Armenian Diaspora worldwide to this end.

Below you can find the thematic division (according to the UN Treaties official classification) of the UN Treaties that Armenia is party to. Each thematic link contains the list of the UN documents of the relevant field, their status, date of Armenia's signature, ratification or accession, as well as a link to the full text of the treaty.

1. [Charter of the United Nations and Statute of International Court of Justice](#)
2. [Privileges and Immunities, Diplomatic and Consular Relations](#)
3. [Human Rights](#)
4. [Refugees and Stateless Persons](#)
5. [Narcotic Drugs and Psychotropic Substances](#)
6. [Health](#)

Details: <http://www.un.mfa.am/en/>

Collaboration with World Health Organization (WHO)

Sixty-seventh World Health Assembly

19-24 MAY | GENEVA, SWITZERLAND

The World Health Assembly is the supreme decision-making body for WHO. It generally meets in Geneva in May each year, and is attended by delegations from all 194 Member States. Its main function is to determine the policies of the Organization. The Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed

program budget. It similarly considers reports of the Executive Board, which it instructs in regard to matters upon which further action, study, investigation or report may be required.

Meetings of the governing bodies of WHO, including the subsidiary organs - 2014

<http://www.who.int/governance/calendar/2014/en/>

WHO Reproductive Health Update

Maternal and perinatal morbidity and mortality: Findings from WHO survey



The Multi-country Survey on Maternal and Newborn Health is the largest study to date assessing the management of severe maternal complications and the prevalence of maternal near miss. New analyses of the study data set covering a wide range of issues, including the major causes of maternal mortality and severe morbidity and social determinants of health, are presented in this special BJOG supplement freely available from the link below.

[Access the supplement](#) | [More on maternal and perinatal health](#)

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 92, Number 5, May, 309–384

Collaboration with UN University (UNU)

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

Evaluation of non-governmental development organizations

Randomized controlled trials (RCTs) are now widely used in development economics. However, their use is often resisted by non-governmental development organizations. The objections they raise differ between the three types of activities of such non-governmental organizations (NGOs): capacity building, advocacy, and service delivery. This paper discusses the objections and alternatives to RCTs for each type. RCTs might not be appropriate even for service delivery, the activity which would appear to be best suited to their use. This is because typically local NGO staff can use their discretion in selecting communities or individuals for participation in a service-delivery programme. A standard RCT does not mimic the use of private knowledge of local circumstances and can therefore be misleading.

NGOs are a major presence in African economies. In many ways, they attempt to do what governments are not able or willing to do. Their effectiveness has only recently begun to be assessed rigorously, e.g. by using RCTs to evaluate their activities. In this paper, we have argued that when deciding what can and cannot be evaluated using RCTs, it is important to distinguish between three types of activities of development NGOs: capacity building, advocacy, and service delivery. (Of course, many NGOs are involved in some combination of the three types.) It is generally accepted that service delivery activities can be evaluated rigorously. Nevertheless, it is commonly suggested that there is very little scope for rigorous evaluation of capacity-building and advocacy activities of NGOs. We have suggested that this position is exaggerated.

We have also argued that the case for RCT evaluations is overstated. The very nature of NGOs with their non-hierarchical organization, leaving considerable scope for discretion to staff in the field, makes it unlikely that RCTs will produce useful estimates, at least in situations where treatment heterogeneity is important. While the issue of essential heterogeneity may sound as an esoteric concern of econometricians, the problem is likely to be pervasive, certainly in the case of NGOs. We therefore very much agree with Ravallion's statement that: 'Essential heterogeneity is such an intuitively plausible idea that the onus on analysts should be to establish *a priori* grounds why it does not exist'. This suggests greater reliance on observational instead of experimental data. (As data availability improves, this will become easier to implement.) We have indicated how observational data can be used to evaluate NGO programmes when standard RCT methods would fail because of essential heterogeneity.

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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/>)

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (Continued)

Putting Girls' Education at the Heart of the Agenda



NEW YORK, 12 March 2014 – 'A serious gender imbalance in global education has left over 100 million young women in low and lower middle income countries unable to read a single sentence, and will prevent half of the 31 million girls out of school from ever enrolling.' These are among the main findings of the [Gender Summary of the latest UNESCO Education for All Global Monitoring Report](#) that was launched earlier this week at a side-event to the 58th session of the Commission of the Status of Women (CSW), and also framed the panel discussion at the event.

On 10 March, UNGEI joined partners, UNESCO Education for All Global Monitoring Report (EFA GMR), UNICEF, Education International (EI), Global Education First Initiative (GEFI) and Plan International to host '[To 2015 and Beyond: Putting Girls' Education at the Heart of the Agenda](#)'. Held at UNICEF House in New York, the meeting brought together members of international agencies, governments, NGOs and permanent missions to the United Nations.

Launch of the Gender Summary

UNICEF's Deputy Executive Director, Omar Abdi provided the welcoming remarks and stated, "Education has the power to transform lives, especially for girls, their families and their communities. Girls' education must be at the forefront of new education goals after 2015."

Pauline Rose, Former Director of the EFA GMR, then took the stage and presented the findings from the [Gender Summary of the 11th Annual Global Monitoring Report](#), highlighting the deep gender disparities within the global learning crisis. "By 2015, many countries will not have reached gender parity in education [out of the] 31 million primary school aged girls out of school, 55 per cent are expected never to enroll." Dr. Rose emphasized that this issue needs to be addressed from many perspectives, including more attention to teachers. "We need to put teachers at the heart of reform; teachers need to be trained in a gender-sensitive manner and need equal distribution of male and female teachers," said Dr. Rose.

#investinggirls

According to the new report, girls also need more female teachers, often for cultural reasons, and to provide a role model to keep them from dropping out of school. However, in Sub-Saharan Africa, female teachers make up less than 40 per cent of the total teaching workforce in all countries at the upper secondary level. Ms. Susan Hopgood noted, "We need quality teachers, quality gender-sensitive tools and quality environments."

The global learning crisis must be tackled by a range of actors. Mr. Thommessen highlighted the importance of civil society in program implementation. "The role of civil society is the difference between succeeding and not succeeding at the local level." Minister Cash from Australia noted how donor countries can contribute to the effort to get all girls in school and learning, "Donor countries must ensure gender concerns are integrated into all programs and continue to advocate."

This panel discussion along with the findings from the [Gender Summary](#) reinforced the importance of investing in girls' and women's education, not just for the individual, but for the whole of society. Getting all children in school, especially girls, increases the success in all other development areas such as poverty, health and nutrition. Minister Cash from Australia brought the message home: "Education is the vaccine of the 21st century."

To be Continued.....

Top Two-Articles Accessed in April 2014

1. Current Ovarian Cancer Management; <http://www.womenshealthsection.com/content/gyno/gyno026.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review. Gratitude expressed to the reviewers for their helpful suggestions.
2. Sexual Violence; <http://www.womenshealthsection.com/content/vaw/vaw013.php3>
WHEC Publications. Special thanks to WHO, NIH, US Department of Health and Human Services and CDC for the contribution. Worldwide service is provided by WHEC Initiative for Global Health.

From Editor's Desk

Ageing

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates.



This population ageing can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.

The world population is rapidly ageing

Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period.

Low- and middle-income countries will experience the most rapid and dramatic demographic change

It took more than 100 years for the share of France's population aged 65 or older to double from 7 to 14%. In contrast, it will take countries like Brazil and China less than 25 years to reach the same growth.

The world will have more people who live to see their 80s or 90s than ever before

The number of people aged 80 years or older, for example, will have almost quadrupled to 395 million between 2000 and 2050. There is no historical precedent for a majority of middle-aged and older adults having living parents, as is already the case today. More children will know their grandparents and even their great-grandparents, especially their great-grandmothers. On average, women live six to eight years longer than men.

How well we age depends on many factors

The functional capacity of an individual's biological system increases during the first years of life, reaches its peak in early adulthood and naturally declines thereafter. The rate of decline is determined, at least in part, by our behaviors and exposures across the whole life course. These include what we eat, how physically active we are and our exposure to health risks such as those caused by smoking, harmful consumption of alcohol, or exposure to toxic substances.

Even in poor countries, most-older people die of NCDs

Even in poor countries, most-older people die of non-communicable diseases such as heart disease, cancer and diabetes, rather than from infectious and parasitic diseases. In addition, older people often have several health problems at the same time, such as diabetes and heart disease.

Globally, many older people are at risk of maltreatment

Around 4-6% of older people in developed countries have experienced some form of maltreatment at home. Abusive acts in institutions include physically restraining patients, depriving them of dignity (by for instance leaving them in soiled clothes) and intentionally providing insufficient care (such as allowing them to develop pressure sores). The maltreatment of older people can lead to serious physical injuries and long-term psychological consequences.

The need for long-term care is rising

The number of older people who are no longer able to look after themselves in developing countries is forecast to quadruple by 2050. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems. Many require some form of long-term care, which can include home nursing, community care and assisted living, residential care and long stays in hospitals.

Worldwide, there will be a dramatic increase in the number of people with dementias such as Alzheimer's disease, as people live longer

The risk of dementia rises sharply with age with an estimated 25-30% of people aged 85 or older having some degree of cognitive decline. Older people with dementia in low- and middle-income countries generally do not have access to the affordable long-term care their condition may warrant. Often their families do not often have publicly funded support to help with care at home.

In emergency situations, older people can be especially vulnerable

When communities are displaced by natural disasters or armed conflict, older people may be unable to flee or travel long distances and may be left behind. Yet, in many situations they can also be a valuable

resource for their communities as well as for the humanitarian aid process when they are involved as community leaders.

Related links

- [About ageing and life-course](#)
- [Fighting stereotypes](#)

Words of Wisdom

Come, come, whoever you are,
Wanderer, idolater, worshiper of fire,
Come even though you have broken your vows a thousand times,
Come, and come yet again.
Ours is not a caravan of despair.

– Jalal ad-Dīn Muhammad Rumi (1207 -1273) 13th-century Persian poet

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

