



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
December 2015; Vol. 10, No. 12

A Grand Collaboration

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

The United Nations at 70 and young at 70. A revolutionary idea to change the landscape of a fragile multilateral scene was introduced 70 years ago. Establishing the United Nations was the necessary response for a world recovering from the devastation of two world wars. The idea was simple, yet very bold; a global body to promote the principles of "faith in fundamental human rights, in the dignity and worth of the human person...and to social progress and better standards of life". Looking at the world today, we see that the United Nations has done justice to most of its responsibilities in upholding these principles. However, much work remains, particularly in regard to the inclusion of the world's youth in development and decision-making processes.

Looking back, moving forward. The turn of the century marked a major milestone in development, when political leaders revised the terms of development cooperation. The United Nations Summit in 2000 convened the largest gathering of world leaders, which saw Heads of State adopt a new framework for human development, the United Nations Millennium Declaration. A year later, a set of eight Millennium Development Goals (MDGs) distilled from the declaration was presented to the General Assembly of the United Nations. While there was criticism on what was not included in the MDGs and what should have been emphasized more, such as economic growth, governance, the MDGs represented a fulcrum for a new development collaboration between developed and developing nations.

As the Secretary-General of the United Nations BAN Ki-moon phrased it in his Stanford address; "There is no plan B because there is no planet B. Both science and economics tell us that we need to change course – and soon". *Every Woman Every Child*, is one such bold initiative. It provides the foundation that enables families and societies to thrive. Improving the health and well-being of women and children everywhere in one of the best investments we can make. Looking back over the five years of the *Global Strategy for Women's and Children's Health*, I am proud that we are in the forefront of this movement and we have contributed to a dynamic and growing momentum to accelerate the attainment of the MDG # 4 and 5 (Reduce child mortality; Improve maternal health). Let us therefore resolve to build on the progress we have made so we can end the preventable deaths in women and children within a generation. Together, let us make history and leave no one behind. The *Global Strategy for Every Woman Every Child* has been an unprecedented and successful driver of joint and coherent advocacy, improving collaboration and elevating the issues of reproductive, maternal, newborn and child health to new heights both globally and in the hardest hit countries. We want to generate dozens of "out-of-the-box" ideas (to benefit women's and children's health). Through the saving lives at birth is a grand challenge. We are calling on the inventors and innovators, creative thinkers, whoever they are and whatever their expertise, to help us get beyond the barriers ... We will target our funding toward advances that can work in the developing world.

Encourage young people because as a constituency, they are the custodians of hope, with aspirations uncorrupted by experience. It is this generation of adolescents and youth who can imagine a world without AIDS, without the death of mothers, where men and women are given equal opportunities and where adolescent girls are protected from child marriage. Gains achieved in 2010-2015 validate the vision of the *Global Strategy*. This momentum should inspire the world as it aims to achieve even more ambitious outcomes within the next generation. Let us do this.

Welcome to **WHEC Global Health-line** and **WomensHealthSection.com!**

Can East meet West?
Rita Luthra, MD

Your Questions, Our Reply

Patchy progress and widening gaps – what went wrong? Is there financial protection to ensure universal access?

Working as one to deliver a healthy future for all: The health of mothers and children is a priority that emerged long before the 1990s – it builds on a century of programs, activities and experience. What is new in the last decade, however, is the global focus on the MDGs and their insistence on tracking progress in every part of the world. Moreover, the nature of the priority status of maternal, newborn and child health (MNCH) has changed over time. Whereas mothers and children were previously thought of as targets for well-intentional programs, they now increasingly claim the right to access quality care as an entitlement guaranteed by the state. In doing so, they have transformed maternal and child health from a technical concern into a moral and political imperative.

The proper technical strategies to improve MNCH can be put in place effectively only if they are implemented, across programs and service providers, throughout pregnancy and childbirth through to childhood. It makes no sense to provide care for a child and ignore the mother, or to worry about a mother about a mother giving birth and fail to pay attention to the health of the baby. To provide families universal access to such a continuum of care requires programs to work together, but is ultimately dependent on extending and strengthening health systems.

Although an increasing number of countries have succeeded in improving the health and well-being of mothers, babies and children in recent years, the countries that started off with the highest burden of mortality and ill-health made least progress during the 1990s. Technical choices are still important, though, as in the past programs have not always pursued the best approaches to make good care accessible to all. Too often, programs have been allowed to fragment, thus hampering the continuity of care, or have failed to give due attention to professionalizing services. Technical experience and the successes and failures of the recent past have shown how best to move forward.

Funding is the killer assumption underlying the planning of maternal, newborn and child health care and of a solution to the human resource crisis, a fact that donors and governments are often reluctant to acknowledge. Ensuring universal access to maternal, newborn and child health care, however, is not merely a question of increasing the supply of services and paying health care providers. For services to be taken up, financial barriers to access have to be reduced or eliminated and users given predictable financial protection against the costs of seeking care: universal access has to go with financial protection. Only then can health services be made universally available on the basis of need rather than on the basis of people's ability to pay, and households and individuals protected from financial hardship or impoverishment.

With time, most countries tend to widen prepayment and pooling schemes and move towards universal financial protection, in parallel with the extension of their health care supply networks. It can take many years, however, to move from a situation of limited supply of services, high out-of-pocket payments and exclusion of the poor to a situation of universal access and financial protection. Countries at varying stages of economic development and in different social and political contexts have different problems and may resort to other schemes to shore up supply of, and access to, services. They may levy user fees or implement a variety of prepayment and pooling schemes for selected population groups.

Join our efforts to attain universal access to improve maternal and child health.

We welcome everyone on **WHEC Global Health-line** and **WomensHealthSection.com!**

United Nations At A Glance

The Permanent Observer Mission of the Holy See (Vatican) To The United Nations

The term "[Holy See](#)" refers to the supreme authority of the Church that is the Pope as Bishop of Rome and head of the college of Bishops. It is the central government of the Roman Catholic Church. As such, the Holy See is an institution which, under international law and in practice, has a legal personality that allows it to enter into treaties as the juridical equal of a State and to send and receive diplomatic representatives. As noted above, it is the "Holy See" that is present at United Nations Headquarters in New York and at UN centers abroad, as well as at other international organizations such as the European Community, the Organization of American States, the African Union, etc. Currently, the Holy See maintains full diplomatic relations with one hundred seventy-seven (177) countries out of the one hundred ninety-three (193) member countries of the UN.

About the Holy See Mission



The Holy See Mission at the United Nations in New York follows attentively and with interest the work of the United Nations Organization. In this forum, the Holy See Mission communicates the centuries' experience of the Catholic Church to humanity, and places this experience at the disposal of the United Nations to assist it in its realization of peace, justice, human dignity and humanitarian cooperation and assistance.

The experience and activity of the Holy See is directed towards attaining freedom for every believer and seeks to increase the protection of the rights of every person, rights which are grounded and shaped by the transcendent nature of the person, which permit men and women to pursue their journey of faith and their search for God in this world.

In its activities at the United Nations, the Holy See Mission works to advance freedom of religion and respect for the sanctity of all human life – from conception to natural death – and thus all aspects of authentic human development including, for example, marriage and family, the primary role of parents, adequate employment, solidarity with the poor and suffering, ending violence against women and children, poverty eradication, food, basic healthcare and education.

A Short History of the Diplomacy of the Holy See

As the Holy See is an active participant in international diplomacy, it is only fitting at the outset of this web site, to offer the visitor some brief reflections on the Holy See's diplomacy, with particular emphasis on its representation at the United Nations.



Since the fourth century, and well before the constitution of the Papal States, the Apostolic See has sent and received [diplomatic missions](#). On 11 February 1929 the Holy See and Italy resolved the "Questione Romana" following the cessation of the Papal States by signing the Lateran Treaty. By means of this Treaty, [Vatican City State](#) came into existence. Article 12 of the Treaty notes that diplomatic relations with the Holy See are governed by the rules of International Law. Years later, the Vienna Convention on Diplomatic Relations (1961), convened for the purpose of codifying diplomatic law, went even further by formally recognizing the practice accepted by any receiving State regarding the precedence of the representative of the Holy See within the Diplomatic Corps (Art. 16, §3).

Vatican City is the physical or [territorial](#) base of the Holy See, almost a pedestal upon which is posed a much larger and unique independent and sovereign authority/rule: that of the Holy See. The State of Vatican City itself also possesses a personality under international law and, as such, enters into international agreements. However, it is the Holy See which internationally represents Vatican City State. In fact, when the Holy See enters into agreements for Vatican City State, it uses the formula: "acting on behalf and in the interest of the State of Vatican City." In October 1957, in order to avoid uncertainty in its relations with the United Nations, it was affirmed that relations are established between the United

Nations and the Holy See. And it is the Holy See which is represented by the Delegations accredited by the Secretariat of State to international organizations.

Details: <http://www.holyseemission.org/about/paul-VI-speech-at-the-un.aspx>

Collaboration with World Health Organization (WHO)

PMNCH | Catholic Medical Missions

And accompanying "Work-plan and Budget" documents

This document sets out the Strategic Framework for the operations of the Partnership for Maternal, Newborn & Child Health (the Partnership) over the course of 2012 to 2015. It draws on discussions and conclusions from a number of Board meetings, as well as extensive consultations with the Partnership's members. It also reflects the Board's decision to recognize the entire reproductive, maternal, newborn and child health (RMNCH) Continuum of Care as the operational context for the Partnership.



On the right, find links to the Strategic Framework document by chapter, and a link to download the full document in pdf format. As well, find link to the archive of PMNCH Work-plan and Budget documents which accompanying this 2012-15 Strategic Framework.

The context for this Strategy is the success of the Partners in delivering the objectives in the Strategy and Work-plan 2009 to 2011, which has contributed to major achievements in women's and children's health during this period. However, many opportunities and challenges are left for the global health community in terms of reducing child mortality (Millennium Development Goal 4) and improving maternal health (MDG 5), as well as in working towards achieving all the other MDGs. Key opportunities arise from the important political and financial commitments (e.g. the United Nations Secretary-General's Global Strategy for Women's and Children's Health, and the Campaign for the Accelerated Reduction of Maternal Mortality in Africa). Challenges include pressures on the global economy, other health priorities, an increasing tendency to focus on single health issues, and the challenges of the current global health aid architecture.

The Partnership's value proposition arises from its being the only platform that brings together all of the many Partners in the global health community focused on improving the health of women and children and promoting the Continuum of Care. The Partnership's activities are guided by its Vision and Mission:

- Vision: The achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond.
- Mission: Supporting Partners to align their strategic directions and catalyze collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care.

Details: <http://www.who.int/pmnch/about/members/database/cmmb/en/>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 12, December, 817–892

Collaboration with UN University (UNU)

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

On the fertility transition in Africa

Income, child mortality, or education?

A consensus among social scientists is that fertility rates in Africa are declining. What determines these declines? I present fresh evidence that shows education, especially for women, is an important determinant of the fertility transition in Africa. This finding is consistent with the predictions of the unified growth theory and sheds important insights in explaining the sustained income growth Africa has experienced since 1995. The paper also shows that the effects of income per capita and child mortality on fertility rates are non-robust and inconsistent with the predictions of the unified growth theory.

This paper offers two main contributions to the existing literature. First, to the best of my knowledge, this is a first study to test the unified growth theory using pan-African data. Second, applying remotely sensed lights data, the paper investigates the determinants of fertility transition at the sub-national level. The use of lights data has one main advantage in studying fertility transition in Africa: they are good proxies for sub-national income data, especially in Africa where these data are lacking or unreliable. Further, sub-national analysis allows controlling for unobserved country fixed effects that naturally cannot be handled in a country-level setting, as is the case in most of the previous studies on fertility transition.

To summarize, this paper examined the determinants of declining fertility rates in Africa between 1994 and 2010. While the empirical results in this paper have broad implications for policy in Africa, the results should be interpreted with one caveat in mind—the estimates do not necessarily reflect the underlying dynamics and persistence of the effects of education on the fertility transition in Africa. Besides, it is unclear how the fertility transition empirically affects structural transformation, labour markets, and the overall economic growth in Africa. These are relevant and potential areas for informing and shaping policy in Africa and, thus, interesting for future research endeavors.

Publisher: UNU-WIDER; Author: Anthony Mveyange; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom. The World Institute for Development Economics Research (WIDER) was established by the United Nations University (UNU) as its first research and training center and started work in Helsinki, Finland in 1985. The Institute undertakes applied research and policy analysis on structural changes affecting the developing and transitional economies, provides a forum for the advocacy of policies leading to robust, equitable and environmentally sustainable growth, and promotes capacity strengthening and training in the field of economic and social policy-making. Work is carried out by staff researchers and visiting scholars in Helsinki and through networks of collaborating scholars and institutions around the world.

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

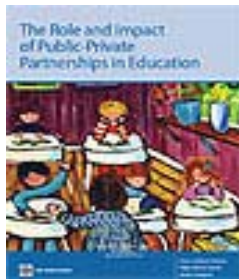
United Nations Girls' Education Initiative (UNGEI)

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

The Role and Impact of Public-Private Partnerships in Education

The World Bank document

Education is widely believed to be critical for any nation's economic, political, and social development. It is widely believed to help people escape from poverty and participate more fully in society and in the market place. These are a few of the reasons why governments around the world assume the responsibility for providing and financing education, especially basic education. But this responsibility is a large and complex one for any government to meet adequately, which is why it is important for governments to explore diverse ways of financing and providing educational services.



The concept of a public-private partnership (PPP) recognizes the existence of alternative options for providing education services besides public finance and public delivery. Although there are many forms of PPPs, including partnerships where private organizations support the education sector through philanthropic activities and high engagement ventures, this study examines PPPs in which the government guides policy and provides financing while the private sector delivers education services to students. In particular, governments contract out private providers to supply a specified service of a defined quantity and quality at an agreed price for a specific period of time. These contracts contain rewards and sanctions for nonperformance and include situations in which the private sector shares the financial risk in the delivery of public services.

The difference in difference method compares beneficiaries and non-beneficiaries before and after the program. Its key assumptions are that the trend in the outcome of interest before the intervention is equal for beneficiaries and non-beneficiaries, and that all non-observable variables that explain the outcome of interest are time-invariant. Propensity score-matching estimators take a slightly different approach. This method assumes that program participation can be fully explained by a large array of observable characteristics measured at a baseline. Based on this information, the treatment and control groups are constructed and their outcome measures compared. The biggest challenge in using both difference in difference and propensity score-matching is obtaining the large array of baseline data needed to ensure the statistical similarity of the two groups.

Details: http://www.ungei.org/infobycountry/files/Role_Impact_PPP_Education.pdf

To be Continued.....

Top Two-Articles Accessed in November 2015

1. First Trimester Ultrasound Applications;
<http://www.womenshealthsection.com/content/obsdu/obsdu009.php3>
WHEC Publications. Special thanks for our writers and editors for compiling the review and physician's board for the helpful suggestions.
2. Stillbirth: Evaluation and Management;
<http://www.womenshealthsection.com/content/obs/obs032.php3>
WHEC Publications. Gratitude is expressed to [Dr. Robert M. Silver](#), Professor of Obstetrics and Gynecology, Chief, Division of Maternal-Fetal Medicine, University of Utah Health Sciences Center, Salt Lake City, UT (USA) for contributions and helpful suggestions in preparing the manuscript. Special thanks to the Board of Directors for providing the funding for research and development

From Editor's Desk

The United Nations at 70



"The United Nations is the hope and home of all humankind. The Charter is our compass."

—**Secretary-General Ban** in [remarks](#) at ceremony to commemorate the 70th anniversary of the UN Charter, San Francisco, 26 June 2015

To celebrate the 70th anniversary of the United Nations, the Dag Hammarskjöld Library is presenting an exploration of the seventy key documents that have shaped the United Nations and our world.

Each month we will add new documents honoring the historic breadth of the Organization's work in the areas of peace and security, humanitarian assistance, development, and human rights.

The *70 Years, 70 Documents* exhibit can also be viewed on the first floor of the Dag Hammarskjöld Library building now until late 2015.



1948: Adoption of Universal Declaration of Human Rights

At the end of the Second World War, the international community vows never to allow such atrocities again. World leaders agree to complement the UN Charter with a "universal bill of rights." The Commission on Human Rights, chaired by Eleanor Roosevelt, is charged with drafting the document. The 18 members of the Commission are from various political, cultural and religious backgrounds. Two years later, the UN General Assembly adopts the Universal Declaration of Human Rights on 10 December 1948 in Paris.

The core principle of the Universal Declaration of Human Rights is embodied in Article 1, "All human beings are born free and equal in dignity and rights."



General Assembly resolution 802 (VIII): United Nations Children's Fund (UNICEF)

The UN International Children's Emergency Fund (UNICEF) was founded in 1946 for an immediate purpose – giving relief to children in countries devastated by world war. By the early 1950's, the emphasis of UNICEF activities had moved from aiding children in Europe to developing countries such as Guatemala (pictured) and from emergency to long-range programmes for economic and social development. To reflect this shift, the General Assembly unanimously adopted Resolution 802 (VIII), which renamed the organization the United Nations Children's Fund, but kept the now-famous acronym. It also amended the fund's temporary nature. No longer an "emergency" agency; UNICEF was empowered to continue its mission to support children all over the world.

Details: <http://www.un.org/un70/en/content/TakeAction>

Words of Wisdom

Oh East is East, and West is West, and never the twain shall meet,
Till Earth and Sky stand presently at God's great Judgment Seat;
But there is neither East nor West, nor Border, nor Breed, nor Birth,
When two strong men stand face to face, though they come from the ends of the earth!

– Joseph Rudyard Kipling (1868-1936); The Ballad of East and West; English poet writer and novelist

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

<http://www.womenshealthsection.com/>

