



WHEC UPDATE

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

In this issue of *WHEC Update*, we look at some of the matters that need to be addressed in order to improve sexual health. The goal of this new, cross-cutting activity is to promote optimal sexual health and an affirmative view of sexuality for women, men and young people. The specific objectives are:

- To build the evidence-base for high-quality, non-discriminatory, acceptable and sustainable sexual health education and service programs; and
- To increase knowledge and understanding of the social and cultural factors related to harmful sexual practices in order to develop strategies to abolish these practices.

In response to this, we have collaborated with World Health Organization (WHO) Department of Reproductive Health and Research (the organizational unit which includes Human Reproduction [HRP]). We have started to look at sexual health as a separate area of work in its own right. We are grateful to our Physician's Board on WomensHealthSection.com and *WHEC Global Health Line* for their contributions and helpful suggestions for *Practice Bulletins* of this e-Health initiative. As a first step in this new approach we review and update definitions of sexual health and related concepts; identify challenges and opportunities in addressing sexual health; and define strategies that countries and regions might adopt in order to promote sexual health.

Until recently, sexual health was generally understood to be an integral part of reproductive health, and was dealt with as such in health programs. However, the emergence of the pandemic of human immunodeficiency virus (HIV) infection, increasing rates of sexually transmitted infections (STIs), and growing recognition of the public health importance of concerns such as gender-related violence and sexual dysfunction have highlighted the need to focus more explicitly on issues related to sexuality and their implications for health and well-being.

In our e-Health publications the articles (*Practice Bulletins*) reflect on promoting sexual health discusses what actions are needed in other sectors – education, legislation, etc. – in order to create a supportive environment for promotion of sexual health. These articles outlines experiences so far in integrating sexual health into primary health care services, and specific issues that have a tremendous direct impact on sexual health – traditional sexual practices and violence related to sexuality and gender.

One of the most significant developments of the past decade has been the acknowledgement of the complex, social, economic and political forces that influence people's vulnerability to sexual ill-health. It is clear that these issues go far beyond medical concerns. It is evident that efforts to change individual or group behavior are unlikely to be successful in improving sexual health if carried out in isolation. Underlying forms of exclusion and inequalities, and unequal access to education and health care – also have to be addresses.

Poverty and gender inequalities discriminate against girls and women. It often places them at disadvantage in terms of access to resources, goods, decision-making power, choices and opportunities. In some countries, the low level of control that young women have over their circumstances for their sexual health. They may be under severe pressure to marry early, begin childbearing immediately, and engage in sexual activity as a marital obligation. They also have unequal access to education. Join our efforts to raise awareness about sexual health – let us start the conversation.

Understanding Sexual Health
Rita Luthra, MD

Your Questions, Our Reply

What constitutes sexual health? What are latest definitions and how to integrate sexual health into primary health care services?

Promoting Sexual Health and Sexual Rights: The following definitions are drafted by the members of Technical Consultation on Sexual Health of WHO. These working definitions reflect an evolving understanding of the concepts and build on international consensus documents, such as the International Conference on Population and Development (ICPD) Program of Action.

Sexual Health: it is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexuality: it is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual Rights: this embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence:

- To the highest attainable standard of sexual health, and to access to sexual and reproductive healthcare services;
- To seek, receive and impart information related to sexuality;
- To sexuality education;
- To respect for bodily integrity;
- To choose their partner;
- To decide to be sexually active or not;
- To consensual sexual relations;
- To consensual marriage;
- To decide whether or not, and when, to have children; and
- To pursue a satisfying, safe and pleasurable sexual life.

We suggest, sexual health is broader and more encompassing than reproductive health. Rather than being a component, sexual health should in fact be seen as a necessary underlying condition for reproductive health, while at the same time being relevant throughout the life span and not only during the reproductive years. If we have to achieve sexual and reproductive health, people must be empowered to exercise control over their sexual and reproductive lives, and must have access to related health services. While these rights, and the ability to exercise them, constitute an important value in themselves, they are also a condition for well-being and development. The neglect and denial of sexual and reproductive health and rights are at the root of many health-related problems around the world.

United Nations At A Glance

Permanent Mission of the Central African Republic to the United Nations

Central African Republic (CAR) became Member State of the United Nations on 20 September 1960. It is a landlocked country in Central Africa. It is bordered by Chad to the North, Sudan to the northeast, South Sudan to the east, the Democratic Republic of the Congo and the Republic of the



Congo to the South and Cameroon to the west. The CAR covers a land area of about 620,000 square kilometers (240,000 sq. mile) and had an estimated population of around 4.7 million as of 2014.

Most of the CAR consists of Sudano-Guinean savannas, but the country also includes a Sahelo-Sudanian zone in the north and an equatorial forest zone in the south. Two thirds of the country is within the Ubangi River-basin (which flows into the Congo), while the remaining third lies in the basin of the Chari, which flows into Lake Chad. What is today the CAR has been inhabited for millennia; however, the country's current borders were established by France, which ruled the country as a colony starting in the late 19th century. After gaining independence from France in 1960, the CAR was ruled by series of autocratic leaders; by the 1990s, calls for democracy led to the first multi-party democratic elections in 1993. Ange-Félicx Patasse` became president, but was later removed by General Francois Bozize` in the 2003 coup. The CAR Bush War began in 2004 and despite a peace treaty in 2007 and another in 2011, fighting broke out between government, Muslim, and Christian factions in December 2012, leading to ethnic and religious cleansing and massive population displacement in 2013 and 2014.

Despite its significant mineral deposits and other resources, such as uranium reserves, crude oil, gold, diamonds, cobalt, lumber, and hydropower, as well as significant quantities of arable land, the CAR is among the ten poorest countries in the world. As of 2014, according to the Human Development Index (HDI), the country had the lowest level of human development, ranking 187th out of 188 countries.



Euclid University, in French "Pôle Universitaire Euclide", is an international and intergovernmental university whose historic headquarters are in Bangui (these remains in force even after the relocation of operations to the Gambia in 2013).

Euclid University did not actual begin as a university but rather as a cooperation program between the University of Bangui and other like-minded institutions, and its origins are linked to the international vision of Prime Minister Faustin Archange TOUADERA when he was rector University of Bangui (2003-2008).

First conceived to be an international extension of the University of Bangui in 2006 (still listed as such in some directories), EUCLIDE was redefined and formally constituted as an autonomous institution in 2008 by a constitutive intergovernmental agreement that is now registered with the UN Secretariat ([49006/49007](#)). The Central African Republic became a member State in 2010 and the headquarters agreement was signed in 2011. This legal framework extends to Euclid University the effect of the [UNESCO Regional Convention](#) on the Recognition of Studies, Certificates, diplomas, degrees and other qualifications in higher education, of which the Central African Republic is one of 22 signatories. EUCLID is among the few universities operating under public international law. In the 2011 "international list," the other institutions were the United Nations University (Japan), the World Maritime University (Sweden), the Institute of Maritime Law (Malta) and the European University Institute.

Details: <http://www.pmcar.org/en/index.asp>

Collaboration with World Health Organization (WHO)



WHO | Central African Republic

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/nutgrowthdb/database/countries/who_standards/caf_dat.pdf?ua=1

Statistics

Total Population (2013)	4,616,000
Gross national income per capita (PPP international \$, 2013)	600
Life expectancy at birth m/f (years, 2013)	50/52
Probability of dying under five (per 1,000 live births, 0)	not available
Probability of dying between 15 and 60 years m/f (per 1,000 population, 2013)	433/412
Total expenditure on health per capita (Intl \$, 2013)	24
Total expenditure on health as % of GDP (2013)	3.9

Toward Universal Health Coverage in Africa

Health is widely considered to be a fundamental human right, yet the sad truth is that far too many people around the world still do not have access to basic health care. Millions of Africans in particular are unable to access or afford the services they need to survive and thrive without incurring financial hardship.

The answer to this problem is clear: universal health coverage (UHC). For too long, the idea of achieving universal health coverage in Africa was perceived as a distant dream. Fortunately, the tide is turning.

This year, the international community formally enshrined universal health coverage in the new Sustainable Development Goals, which will guide development efforts through 2030. More than 100 low- and middle-income countries, home to three-quarters of the world's population, have taken steps to deliver universal health coverage. And the movement is gaining support beyond health experts, as over 300 economists recently endorsed a declaration calling for universal health coverage as a way to reduce extreme poverty and fuel economic growth.

In short, as we celebrate the second-ever Universal Health Coverage Day this week, it is apparent that the movement for health for all has reached a critical mass. The global community clearly recognizes that UHC is right, smart and overdue. While our collective commitments to UHC are promising and should be celebrated, now is the time to get serious about taking steps to achieve it.

Details: <http://www.afro.who.int/en.html>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 94, Number 3, March, 157–232

Collaboration with UN University (UNU)

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

Tourism and Economic Growth

Using a panel vector autoregressive model this paper investigates the dynamic and endogenous contribution of tourism to output based on a sample of 40 African countries for the period 1990–2006. Results from the study confirm tourism to be an important ingredient of African development although private investment, openness, and human capital remain the main drivers. Further analysis reveals the existence of a reverse causation from national income to tourism development, thus confirming both tourism-led economic development and economic-driven tourism growth. Tourism is private investment, education and income level is observed.

Results from the study confirm tourism to be an important element of African development although private investment, openness, and human capital remain the main drivers. While the tourist-led growth hypothesis is confirmed, interestingly a reverse causation exists as output level is seen to be also a

determinant of tourism thus supporting a bicausal and reinforcing relationship. Thus output level which relates to economic well-being and level of development is important in attracting tourist as well. These results are consistent with those obtained from Dritsakis (2004), Oh (2005), Kim, Chen, and Jang (2006), and Lee (2008). Moreover, in addition to income level, enhancing education attainment, social, political, and economic freedom and investment level would also imply a fostering in the level of tourism which may thus have indirect impact on growth. Additional tourism is positively linked to private investment and this presents another interesting indirect avenue for economic growth. Finally, the presence of bicausality between private investment, education, and income level is found.

A broad policy implication which may be drawn from this study is that African economies can improve their economic growth performance, not only by investing in the traditional sources of growth such as investment in physical and human capital and trade which remain the main ingredients, but also by strategically encouraging the tourism industry.

Publisher: UNU-WIDER; Authors: Boopen Seetanah, Kesseven Padachi, Sawkut Rojid;
The World Institute for Development Economics Research (WIDER) was established by the United Nations University (UNU) as its first research and training centre 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)

Central African Republic

What is GAP Project?

The Gender Achievements and Prospects in Education (GAP) report, a multimedia project, is more than a wake-up call. Building on the knowledge and observations of people who work in development and education, it is designed to assess progress towards gender parity in education by 2005 and universal primary education by 2015, highlight innovations, identify obstacles, generate discussion and give guidance. GAP begins at the point of agreed upon and established assessments and ends with a concrete action plan. It focuses on the challenge to get all children – girls as well as boys – into school, or know why they are not.

State of Girl's Education



Gender parity in education is the first milestone on the journey towards universal primary education. The overview examines the current global situation of girls and boys in education. It looks at the urgent need to reach the Millennium Development Goal of gender parity in education as the 2015 deadline approaches and passes, focusing on how all the Millennium Development Goals hinge upon achieving gender parity in education. [Ambitious Goals, Pragmatic Action](#) attempts to answer the question, "Can regions reach the next educational goal – universal primary education by 2015 – if they have missed the first deadline?" [No Easy Journey](#) identifies the barriers that have impeded progress towards reaching gender parity in education.

African Girls' Education Initiative: Partnership in Action

The African Girls' Education Initiative, the precursor to the United Nations Girls' Education Initiative, was a model partnership among countries, donor governments and UN agencies. Begun in 1994 with initial funding from Canada and later from Norway, it allowed for the expansion of the Global Girls' Education Programme in sub-Saharan Africa. The Initiative's goal was to improve the enrolment, retention, achievement and school completion of girls.

Originally the Initiative focused on 18 countries and expanded to 34 by 2000. It emphasized local participation in project planning and implementation, resulting in country-specific activities rather than a one-size-fits-all model. The African Initiative countries reviewed programme interventions to identify what would work based on their circumstances. Chad, for instance, adapted Colombia's 'Escuela Nueva' approach of multi-grade teaching. The results were impressive.

During the first two years of Chad's involvement, the number of girls enrolled in first grade jumped fourfold, the drop-out rate decreased from 22 per cent to 9 per cent and the number of female teachers increased from 36 to 787. In the 10 participating areas, girls' net enrolment was 18 percentage points higher than the national average.

In its six years, the Initiative reached more than 6,000 schools and literacy centers in West and Central Africa and some 60 districts and regions in 18 countries in Eastern and Southern Africa, demonstrating the power of partnerships.

Details: <http://www.ungei.org/gap/educationGlobal.html>

To be Continued.....

Top Two-Articles Accessed in February 2016

1. Sexual Violence; <http://www.womenshealthsection.com/content/vaw/vaw013.php3>
WHEC Publications. Special thanks to WHO, NIH, CDC for contributions and to our writers and editors for compiling the review.
2. Medical Liability: Coping with Litigation Stress;
<http://www.womenshealthsection.com/content/heal/heal021.php3>
WHEC Publications. The Women's Health and Education Center (WHEC) with its partners in health, has developed this curriculum which will enable and encourage medical schools and healthcare providers to include patient safety in their courses. The series on Medical Liability is funded by WHEC Initiative for Global Health.



UN-NGLS (Non-Governmental Liaison Service)

In 2016, The UN will appoint a new Secretary-General

Procedure of Selecting and Appointing the next UN Secretary-General

President Lykketoft has committed to running his Presidency in the most open and transparent manner possible. This also applies to the process of selecting and appointing the next United Nations Secretary-General.

The position of Secretary-General is one of great importance that requires the highest standards of efficiency, competence and integrity, and a firm commitment to the purposes and principles of the Charter of the United Nations. The President of the General Assembly and of the Security Council invite candidates to be presented with proven leadership and managerial abilities, extensive experience in international relations, and strong diplomatic, communication and multilingual skills.

Member States are invited to present candidates in a letter to the President of the General Assembly and the President of the Security Council.

The Presidents of the General Assembly and of the Security Council will jointly circulate to all Member States, on an ongoing basis, and publish on this webpage, the names of individuals that have been submitted for consideration.

Civil Society Engagement - <http://www.unngls.world/>

From Editor's Desk

WHO developing three 2016-2021 Global Health Sector Strategies for HIV/AIDS, Viral Hepatitis, and Sexually Transmitted Infections (STIs)

As the world looks to 2030, and prepares to meet the challenges of an ambitious set of Sustainable Development Goals, WHO is developing three global health sector strategies to cover: HIV/AIDS - viral hepatitis - sexually transmitted infections (STIs). The strategies will cover 2016-2021 and will be finalized for consideration by the 69th World Health Assembly in 2016.

Draft strategies for discussion at the next WHO Executive Board meeting in January 2016

STIs



The draft global health sector strategy on sexually transmitted infections describes an important component of the health sector contribution. It outlines actions for countries and for WHO. If implemented, these actions will accelerate and intensify the sexually transmitted infections response so that progress towards ending the epidemics becomes a reality.

HIV

The international community has committed to ending the AIDS epidemic as a public health threat by 2030 – an ambitious target of the 2030 Agenda for Sustainable Development adopted by the United Nations General Assembly in September 2015.¹ Interim targets have been established for 2020. This draft strategy describes the health sector contribution towards the achievement of these targets. It outlines both what countries need to do and what WHO will do. If implemented, these fast-track actions by countries and by WHO will accelerate and intensify the HIV response in order for the “end of AIDS” to become a reality.

Hepatitis

Viral hepatitis is an international public health challenge, comparable to other major communicable diseases, including HIV, tuberculosis and malaria. Despite the significant burden it places on communities

across all global regions, hepatitis has been largely ignored as a health and development priority until recently. This is the first global health sector strategy on viral hepatitis, a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development. It covers the first six years of the post-2015 health agenda, 2016–2021, building on the Prevention and Control of Viral Hepatitis Infection: Framework for Global Action, and on two resolutions on viral hepatitis adopted by the World Health Assembly in 2010 and in 2014.

Details: <http://www.who.int/reproductivehealth/STIs-global-strategy-Dec2015.pdf?ua=1>

Words of Wisdom

When Sorrow Walked With Me

I walked a mile with Pleasure,
She chatted all the way;
But left me none the wiser,
For all she had to say.

I walked a mile with Sorrow,
And never a word said she;
But, oh, the things I learned from her,
When sorrow walked with me.

– William Hamilton, (1665- - 24 May 1751) Scottish Poet

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

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

