



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
May 2016; Vol. II, No. 5

Sustainable Development

The synergy between education and health is evident. Education and health are, quite simply, the drivers of change and development. While the importance of education is compelling, the current reality is discouraging. United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 250 million children around the world do not acquire basic numeracy and literacy skills, even after spending three or more years in school. The greatest learning deficits are among children who live in extreme poverty, in slums and remote areas, and in fragile and conflict-affected environments, as well as children from ethnic minorities and lower castes, and those who have disabilities.

We must develop better and more sustainable financing models to achieve lasting results in both education and health. Public-private partnerships have helped to drive developments in global health. Another model with great potential is results-based financing. There is emerging evidence that this approach can bring about excellent results in the health sector in terms of increased coverage and quality of services, as well as strengthening key health system functions. Crucially, it has the potential to reach underserved populations in middle-income, low-income and fragile states.

Better education leads to better health. There is clear evidence that investing in a girl's education has important economic multiplier effects. Educated women are less likely to die in childbirth and more likely to send their children to school. A child whose mother can read is 50% more likely to live past the age of five. Educated young women have smaller families and healthier children. Education is thus an investment not only in a girl's future, but also in her family, and in society as a whole. It enables young people to contribute to economic growth and to share fully in the associated benefits.

I am encouraged by the global determination to speed up the reduction in maternal and child mortality. Much has been achieved since world leaders unanimously adopted the Millennium Declaration 15 years ago, with the aim of fighting poverty in all its forms. Since then, extreme poverty has been halved, more children survive their fifth birthday, fewer women die due to complications of pregnancy and childbirth, and never before have so many children been enrolled in school. Still more than 58 million children do not attend school and many women and children are still dying or are left behind due to conflict and lack of service delivery.

This will not be possible without sustained and coordinated investments. We need to look for new partnerships and new funding mechanisms. We have seen that this approach works in the field of global health. A healthy system for future needs new knowledge and information technologies that provide more efficient and rapid solutions to our health problems and make us globally connected and able to manage both acute outbreaks of diseases, as well as making use of science and new evidence.

The economic and political geography is evolving as well. What is happening in India and China will have a major impact on global health. This is not only because of the health of the populations in those countries but also because of the role China and India are playing politically and economically, in terms of generating new knowledge, technologies, research and production of drugs and vaccines for the rest of the world. Clearly we will need a system that reflects a situation with increased domestic funding and improved institutional capacity.

Join our efforts @ [WomensHealthSeciton.com](https://www.WomensHealthSeciton.com) and [WHEC Global Health Line](https://www.WHEC.org)

Education Improves Health

Rita Luthra, MD

Your Questions, Our Reply

What is Health Results Innovation Trust Fund (HRITF)?

Are there any models for long-term sustainable financing for education and health?

Education and Health: Norway and United Kingdom (U.K.) have for some years co-financed the multi-donor Health Results Innovation Trust Fund (HRITF), which is managed by the World Bank. The purpose of the fund is to support maternal and child health outcomes by setting up result-based financing (RBF) programs in pilot countries. The fund uses incentives to strengthen health systems service delivery, which reduce the barriers to utilizing these systems. A key element of the HRITF financing has been the leveraging of grants and soft loans through the International Development Association (IDA) by a ratio of one to five. So far, the initial pilot projects in 32 countries have received a total of USD 420 million in HRITF funding and USD 2.4 billion in IDA funding.

The results from these pilots have been hugely encouraging. In Argentina, active use of RBF has given 4.7 million poor and underserved pregnant women and children access to health services, and has delivered a total of 37 million maternal and child health services. In Burundi and other African countries similar results have been observed.

Eight pilot countries are now ready to scale up their RBF pilots into full programs with support from both finance and health ministries. Ten more countries will shortly follow suit. A conservative estimate of two key indicators shows that the expansion has resulted in 7 million more skilled birth deliveries and 5.7 million more children fully vaccinated before December 2015. It is therefore crucial to finance this scale-up.

At this moment, discussions are taking place on the establishment of a broader global financing facility in the World Bank to support the transition to long-term sustainable financing for maternal and child health beyond 2015. This facility could help to drive the necessary changes and mobilize the necessary resources – both international and domestic – to achieve convergence in maternal and child mortality. However, this facility can only become a success if donors come forward to support it. We encourage those potential donors to come forward now.

In parallel, Norway is discussing with the World Bank the establishment of an equally ambitious RBF mechanism for education. We want more children to be enrolled in school. We also want a large number of students to complete secondary level and to see better quality education. World Bank has provided funding for the pilot phase, with increased commitments for 2016 and 2017. Norway has started discussions with other potential partners, all of whom have indicated interest in supporting this new mechanism to finance education.

We believe these mechanisms can form the foundation for a better future for world's women and children.

Join the efforts.

United Nations At A Glance

Permanent Mission of the Republic of Chad to the United Nations

Chad became Member State of the United Nations on 20th September 1960



Chad, officially the **Republic of Chad** is a landlocked country in northern central Africa. It is bordered by Libya to the north, Sudan to the east, the Central African Republic to the south, Cameroon and Nigeria to the southwest and Niger to the west. It is fifty largest country in Africa in terms of area.

Chad has several regions: a desert zone in the north, an arid Sahelian belt in the center and a more fertile Sudanian Savanna zone in the south. Lake Chad, after which the country is named, is the largest wetland in Chad and the second-largest in Africa. N'Djamena, the capital, is the largest city. Chad is home to over

200 different ethnic and linguistic groups. Arabic and French are the official languages. Islam and Christianity are the most widely practiced religions.



Beginning in the 7th millennium BC, human populations moved into the Chadian basin in great numbers. By the end of the 1st millennium BC, a series of states and empires rose and fell in Chad's Sahelian strip, each focused on controlling the trans-Saharan trade routes that passed through the region. France conquered the territory by 1920 and incorporated it as part of French Equatorial Africa. In 1960, Chad obtained independence under the leadership of François Tombalbaye. Resentment towards his policies in the Muslim north culminated in the eruption of a long-lasting civil war in 1965. In 1979, the rebels conquered the capital and put an end to the south's hegemony. However, the rebel commanders fought amongst themselves until Hissène Habré defeated his rivals. He was overthrown in 1990 by his general Idriss Déby. Since 2003, the Darfur crisis in Sudan has spilt over the border and destabilized the nation, with hundreds of thousands of Sudanese refugees living in and around the eastern Chad.

MOUSSA FAKI MAHAMAT, Minister for Foreign Affairs of Chad, said that while he welcomed the United Nations focus on development challenges and the achievement of the Millennium Development Goals, the relevant resolutions would once again not be implemented. He expressed particular concern for the Darfur crisis and its impact on the relations between Chad and Sudan.

He said that those relations had been completely normalized as a result of the courageous decision of President Idriss Deby Itno to go to Khartoum in order to reconcile with Sudanese President Omer Hassan Al-Bashir. The two leaders had decided, among other things, to establish a hybrid force to establish security between the two borders. High-level meetings were regularly held to assess the situation, and both had also committed to providing no support of any kind to the rebel forces in their respective countries.

Peace and security also should be at the center of this seventieth General Debate, he said. Africa was at the center of the world's many conflicts. There were very bloody clashes in the Central Africa Republic. The international community must not throw in the towel. African nations needed budgetary support to hold elections. He was confident the Lake Chad Basin countries and international community would be able to eradicate the terrorist sect of Boko Haram and their terrible attacks throughout the region. In addition to fighting on a military level, it was necessary to fight the deep-seated causes of poverty. There were conflicts in Mali, Chad and South Sudan. In Libya, there were a number of elements linked to ISIL. He called for an end to the violence.

Details: <http://gadebate.un.org./70/chad>

Collaboration with World Health Organization (WHO)

WHO | Chad



Health Situation

The epidemiological profile of Chad is characterized by the prevalence of endemic and epidemic diseases, primarily malaria, tuberculosis, acute respiratory infections, HIV/AIDS and diarrheal diseases. A number of non-communicable health problems such as malnutrition, injuries, cardiovascular and metabolic diseases are also widespread causes of morbidity and mortality. Life expectancy at birth is 51 years (52 years for women and 50 years for men). The prevalence of non-communicable diseases is a growing concern. A number of risk factors, such as inappropriate nutrition, physical inactivity, tobacco use, alcohol abuse and obesity play a major role in the emergence of such diseases. National HIV prevalence is 3.3% according to a seroprevalence survey conducted in 2005.

Analysis of the indicators shows that Millennium Development Goals 3, 4 and 5 will not be achieved. Progress has been made, however, in controlling HIV, malaria and vaccine-preventable diseases such as tuberculosis.

Health Policies and Systems

Chad's national health development plan (PNDS 2) for 2013-2015 and its 22 regional development plans (corresponding to the country's 22 regions) take into account national, sub-regional, and international guidelines on health systems and policies. In addition to these plans, a compact will shortly be signed between the Government and its health-sector partners. The following sectoral policy documents also exist:

- Roadmap for reducing maternal mortality;
- Comprehensive, multi-year plan for the Expanded Programme on Immunization covering the period 2014-2018, designed to facilitate implementation of the global immunization plan;
- Master plan for neglected tropical diseases, which will be developed into a strategic plan;
- Sectoral policy document on malaria;
- Sectoral policy document on HIV.

Details: <http://www.who.int/gho/countries/tcd.pdf?ua=1>

Bulletin Board

Projects on World Map – Health



[Continuing Medical Education Initiative for the Globalized World](#)

30 Mar 2009 -

Women's Health and Education Center [NGO]

Location: Massachusetts (MA), USA

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

Project Outline: The Women's Health and Education Center had the honor to launch this e-learning project (<http://www.WomensHealthSection.com>) in association with the Department of Public Information of the United Nations on 24 October 2002. We are embarking on a new era in medicine and healthcare. Our mission is to make evidence-based medicine available to national and international audience. To reach the global community and to serve national and international needs, the text is available in six languages: Arabic, Chinese, (US) English, French, Russian, and Spanish. The syllabus of our project is designed to stress common, everyday health-care issues in women's health. Most of all, however, we hope that the contents will motivate future research that will further enhance the understanding of reproductive health. Education is the best gift in life both to give and to receive.

Areas for Future Development:

The need for a global fund for continuing medical education (a vision for the globalized world): With the turn of century, the global community has recognized that basic health is a prerequisite for sustainable development. It has profound effect on the citizens of the world and political, economic, social systems. Continuing medical education is beneficial to both donor and recipient countries and can engage public and private stakeholders towards common goals. Creating a global fund and partnership for continuing medical education has potential to increase resources to fight infectious diseases in developing countries and to direct those resources to areas of greatest need.

We welcome everyone – join us @ [WHEC Global Health Line](#). It is serving more than **1.4 million** subscribers **every month** in **227** countries and growing fast!

Collaboration with UN University (UNU)

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

Estimating the level and distribution of global wealth, 2000–14

Davies et al. (2008, 2011) provided the first estimates of the global distribution of wealth, using 2000 as the benchmark year. These estimates have been revised and updated since 2010, and the purpose of this paper is to explain the ways in which the estimation methodology has evolved and improved in recent years. Further, the paper summarizes lessons learned about trends in the level and distribution of global wealth for the period 2000-14. Finally, the paper discusses the results in the context of the discourse provoked by Piketty (2014).

In conclusion, our research has shown that, although the road has not been smooth, the initial period of the 21st century has been one of considerable growth of personal wealth in global terms. The top wealth shares for the whole world in 2014 were similar to the shares in 2000, but took a V-shaped path in-between, declining up to the time of the global financial crisis, and increasing afterwards. Personal wealth has also become relatively more important over time. For a long time, human capital was regarded as the dominant determinant of family welfare and of the distribution of economic resources. But the pendulum has been swinging in the other direction during the last 15 years, with the importance of non-human wealth increasing and being increasingly recognized.

Although personal wealth has been rising globally in relative terms, it is still true that labor earnings are a larger fraction of family income, on average, than capital income. Correspondingly, human capital no doubt bulks larger, overall, than do physical and financial wealth. However, non-human wealth has important attributes that make it more effective in empowering people and encouraging development. Human capital cannot be bought and sold. It is not a consumable store of value and it cannot be used as collateral for the borrowing required to start up new enterprises. The economic system we live with is often referred to as “capitalism”, reflecting the fact that capital has a special, and very important role in the market system. The importance of its role is increasing. Much more research on the role of personal capital is needed. We hope that our efforts in beginning the study of the level, composition and concentration of global household wealth have been a help in that regard.

Publisher: UNU-WIDER Working Paper 2016; Authors: James B. Davies, Rodrigo Lluberas, and Anthony F. Shorrocks; Sponsors: The United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency – providing a range of services from policy advice to governments as well as freely available original research. The Institute is funded through income from an endowment fund with additional contributions to its work programme from Denmark, Finland, Sweden, and the United Kingdom.

(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)

Refugee School Girls in Chad – A Chance to Learn

In Dakar, Senegal, the governments, UN agencies, non-governmental organizations and other partners in the United Nations Girls' Education Initiative launched their new Regional Network for West and Central Africa, where increasing girls' access to quality education has been a challenging task. That challenge is

put in stark relief by the story of Fatna, 14-year-old schoolgirl from the conflict-ravaged Sudanese region of Darfur.

A safe space for children



Just across the border from Darfur, in the arid countryside of eastern Chad, wind and dust whip through an open-air class where groups of girls struggle to study. Scattered trees offer little shelter, but in spite of the difficult conditions, the children persevere with their lessons. They are among the tens of thousands of refugees from Darfur, and many have never been to school. For girls in particular, this is probably their first opportunity.

“We went to my mother’s village which was very far from the nearest school, so after year two I had to drop out,” says Fatna. “I hope I can stay in school. This would be advantageous to me. Once I know how to read and write and everything, maybe I can become someone in a good position with a responsible job.” Fatna and her family fled Darfur after an armed raid on their community in which her sister was killed. “She died in front of us,” the teenager recalls. “We weren’t even able to bury her. We had to run. We had to leave her there.”

Education benefits families

UNICEF has set up temporary schools at 12 camps for refugees in eastern Chad. It supplies teaching equipment and materials, and helps train teachers. Lessons follow the Sudanese curriculum so that the children can continue their education when they return home. Getting girls to school is a challenge because of discrimination and cultural traditions. They are expected to work in the home and look after other children, and are sometimes forced into early marriage. UNICEF is working in the Darfur refugee communities in Chad to stress the importance of girls’ education – and almost every child in the camps is now enrolled in a school.

“The women in the community have understood the importance of sending girls to school,” says UNICEF Education Officer Paola Retaggi. “The replies that we get from them are that they want to give an extra chance to girls, a chance that they didn’t have in Sudan.”

Even Fatna’s father is now convinced of the benefits of sending his daughter to school. “It’s important to educate girls,” he says. “If the girl goes to school then she knows everything. Sometimes it’s even good for the family. If a girl goes to school then she can aid her family.”

Getting girls into school is a UNICEF priority and an essential step towards the Millennium Development Goal of universal primary education.

Details: <http://www.ungei.org/infobycountry/chad.html>

To be Continued.....

Top Two-Articles Accessed in April 2016

1. Health Literacy, e-Health and Sustainable Development;
<http://www.womenshealthsection.com/content/heal/heal017.php3>
WHEC Publications. Special thanks to writers and editors of UN Chronicle for the contributions.
2. Breast Cancer Risk Assessment;
<http://www.womenshealthsection.com/content/gyno/gyno018.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review.

From Editor's Desk



1945 - Charting the course for a united world



It was decided at the 1945 Yalta Conference that a conference would be held in the city of San Francisco in the United States. The invitee list included the countries who were signatories of the 1942 Declaration of United Nations as well as the nations that had declared war on Germany and its allies by 1 March 1945.

The United Nations Conference on International Organization, commonly known as the San Francisco Conference, was held from 25 April - 26 June 1945. It is here that the **Charter of the United Nations** would be discussed, debated and on 26 June 1945, signed. The Charter would come into force on 24 October 1945.

The Charter of the United Nations is the founding document of the United Nations and its first Article states:

The Purposes of the United Nations are:

1. To maintain international peace and security, and to that end: to take effective collective measures for the prevention and removal of threats to the peace, and for the suppression of acts of aggression or other breaches of the peace, and to bring about by peaceful means, and in conformity with the principles of justice and international law, adjustment or settlement of international disputes or situations which might lead to a breach of the peace;
2. To develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace;
3. To achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion; and
4. To be a center for harmonizing the actions of nations in the attainment of these common ends.

A vital part of the Charter was the **Statute of the International Court of Justice**, laid out in Articles 92 - 96 of the Charter.

"The International Court of Justice shall be the principal judicial organ of the United Nations. It shall function in accordance with the annexed Statute, which is based upon the Statute of the Permanent Court of International Justice and forms an integral part of the present Charter."

Details: <http://research.un.org/en/UN70>

Words of Wisdom

Infant Joy

'I have no name;
I am but two days old.'
What shall I call thee?
'I happy am,
Joy is my name.'

Sweet joy befall thee!

Pretty joy!
Sweet joy, but two days old,
Sweet Joy I call thee;
Thou dost smile,
I sing the while;
Sweet joy befall thee!

– William Blake (28 November 1757 – 12 August 1827) English poet, painter, and printmaker

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

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

