



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education
Center (WHEC)
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Lessons From The Field

On 24th October 2016 our e-Health initiative WomensHealthSection.com | WHEC Global Health line celebrates its 14th Birthday – A *Global Strategy* to improve maternal and child health worldwide. **Thanks to the Working Group for making it possible!** The Sustainable Development Agenda (SDGs) have now come into force and there is much hope for their potential to bring about positive change to the lives of millions of people. When they adopted the new development agenda, Member States pledged to leave no one behind and to “endeavor to reach the furthest behind”. They also reminded us that “there can be no sustainable development without peace and no peace without sustainable development”.

2030 agenda is set to transform a world confronted with challenges on a scale we have not experienced in decades. Violent conflicts in the Middle East, Africa and elsewhere are disrupting the lives of millions, and continue to fuel the largest movement of people the world has experienced since the Second World War. Too often during conflict, we think that women and children are on the periphery of violence. In reality, it is they who are most affected by war, and our efforts to protect them are being seriously challenged. They without a doubt, among the most vulnerable and have been left furthest behind.

Health services save the sustain lives. Today's armed conflicts increasingly leave hospitals in the direct line of fire. Attacks on hospitals, health workers and patients strike at the heart of the protection of women and children affected by armed conflict, and force doctors and medical personnel to flee, depriving communities of their vital expertise when it is most needed. Violence perpetuated against health-care facilities and personnel has a significant effect, causing dramatic increases in the mortality rate of patients, including, of course, women and children. Rebuilding health infrastructure and bringing back doctors and nurses to post-conflict communities can take years. As a result, the health of women and children is affected and so is the country's development. To fulfil the 2030 development agenda's promise to “Ensure healthy lives and promote well-being for all ages”, protecting hospitals and health services in times of conflict, must be a priority.

Investing in health and education is essential to fulfil the promise of the SDGs. We cannot expect women and children to participate in the development of their countries if they do not have basic skills. Without health and education, development will be hampered, and economic opportunities will remain few and far between, fueling grievances and new cycles of instability. SDGs remind us that we need to promote lifelong opportunities to achieve education-for-all and health-for-all. This is especially important for women and children recruited and used as child soldiers, child brides and sex-workers whose education was interrupted for so long that going back to a regular school might be difficult or impossible. For these women and children, going back to their communities or back to school might not be an option. They may have hard time finding their place in society once their ordeal is over.

Over the years, tools have been developed and resolutions adopted to form the core of a strong framework to address violence against all. Our work and advocacy are starting to bear fruit and there is now an emerging consensus among Member States that needs for women and children's welfare must be at the core of all decision-making. Local institutions have an important role in managing vulnerability and providing incentives to enhance resilience. Good economic governance, the rule of law and equitable economic development are the prerequisites for peaceful and prosperous communities and nations.

The progress has been encouraging, but our work continues.

Implementing 2030 Agenda

Rita Luthra, MD

Your Questions, Our Reply

Where is the policy in health-policy and system research agenda?

Trends in Health Policy and System Research: Health policies are courses of action and in-action that affect the sets of institutions, organizations, services and funding arrangements of the health system. Health policy analysis embraces ethnographic and sociologically-informed studies and considers global influences on health system development. The analysis supports understanding of the influences on policy agendas and priorities and how power influences health policy implementation. It also directs attention to the ways in which health system hardware – the functional and quantifiable pieces – and software – the ideas, values, norms and power that dictate relationships – combine to shape health system functioning.

Health policy and systems research aims to produce new knowledge to improve how societies organize themselves to achieve health goals. Its objectives are to promote the coverage, quality, efficiency and/or equity of health system, with the goal of achieving improved health and health equity. While much health policy and systems research is characterized by its pursuit of better health policies, only a part of it concerns research on policy, i.e., how policies emerge, are formed and are implemented (health policy analysis).

In the last 20 years there has been considerable growth in the amount of – and funding for – health policy and system research. However, research addressing health policy decision-making, across all stages of the policy process, has been relatively neglected.

Health policy and systems research (HPSR) is an emerging field that seeks to understand and improve – how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and can be shaped by – health systems and the broader determinants of health.

While seemingly separate – with health policy research principally studying how different actors interact in the policy and implementation processes and contribute to policy outcomes, and health systems research addressing questions such as the coverage, quality, efficiency and equity of health systems – the two have clear and multiple synergies:

- Health policies are subject to political processes that govern health systems. Understanding these process is not only critical in the design of effective policies, but in the creation of evidence to inform those policies. Health policies and health systems are not separate entities: HPSR is a recognition that everything is connected.
- Understanding the processes and dynamics of health systems can directly inform policy- and decision-making.
- Active linkage and exchange between health system researchers, decision-makers and other research-users promotes evidence-informed policy and policy-informed research.
- A systems perspective is critical in evaluating and learning from implemented policies.

We all at Women's Health and Education Center (WHEC) focus and specifically suggest, in the low- and middle-income country contexts, where such research has an important role to play, in improving health systems the health care delivery – the alliance to launch a new program of work to strengthen capacities for health policy analysis. We believe, low- and middle-income countries will be benefited by it.

United Nations At A Glance

Permanent Mission of the Republic of the Congo to the United Nations

Congo became Member State of the United Nations on 20 September 1960

Brief history of the Republic of Congo



The Republic of the Congo, also called Congo-Brazzaville, is a central African nation with rainforest reserves that are habitats for gorillas. Its capital city, Brazzaville, lies across the Congo River from Kinshasa, the Democratic Republic of the Congo's capital. Brazzaville's highlights include the mid-20th-century Basilique Sainte Anne, with its green-tiled roof and spire, as well as traditional crafts markets.

Upon independence in 1960, the former French region of Middle Congo became the Republic of the Congo. A quarter century of experimentation with Marxism was abandoned in 1990 and a democratically elected government installed in 1992. A brief civil war in 1997 restored former Marxist President SASSOU-NGUESSO, but ushered in a period of ethnic unrest. Southern-based rebel groups agreed to a final peace accord in March 2003. The Republic of Congo is one of Africa's largest petroleum producers with significant potential for offshore development.

Location: Western Africa, bordering the South Atlantic Ocean, between Angola and Gabon



The economy is a mixture of village agriculture and handicrafts, an industrial sector based largely on oil, support services, and a government characterized by budget problems and overstaffing. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. In the early 1980s, rapidly rising oil revenues enabled the government to finance large-scale development projects with GDP growth averaging 5% annually, one of the highest rates in Africa. The government has mortgaged a substantial portion of its oil earnings, contributing to a shortage of revenues.

The 12 January 1994 devaluation of Franc Zone currencies by 50% resulted in inflation of 61% in 1994, but inflation has subsided since. Economic reform efforts continued with the support of international organizations, notably the World Bank and the IMF. The reform program came to a halt in June 1997 when civil war erupted. Denis SASSOU-NGUESSO, who returned to power when the war ended in October 1997, publicly expressed interest in moving forward on economic reforms and privatization and in renewing cooperation with international financial institutions. However, economic progress was badly hurt by slumping oil prices and the resumption of armed conflict in December 1998, which worsened the republic's budget deficit. The current administration presides over an uneasy internal peace and faces difficult economic problems of stimulating recovery and reducing poverty.

Details: <https://www.un.int/congo/>

PROMISES MADE, PROMISES KEPT



Opening Assembly debate, Ban calls on world leaders 'act now,' work together for a better future

20 September 2016 – Highlighting the challenges confronting the global community, United Nations Secretary-General Ban Ki-moon today opened the 71st annual debate of the UN General Assembly with a

call on world leaders to recognize that the important positions they hold are a reflection of the trust the people have in them and “not personal property.” “My message to all is clear: serve your people. Do not subvert democracy; do not pilfer your country’s resources; do not imprison and torture your critics,” Mr. Ban said in his [opening address](#) to leaders from the UN’s member countries.

The Secretary-General’s opening address, which draws from his yearly [report](#) on the work of the Organization, stressed that the Sustainable Development Goals (SDGs) offer a path to a better future, and that with the [Paris Agreement](#) on climate change, the “defining challenge” of our time can be tackled.

Report of the Secretary-General on the work of the organization

As I submit my tenth and final annual report to the Member States on the work of the Organization, I recall the opening lines of my very first annual report, in which I observed that Member States and the peoples of the world were asking the United Nations to do more—in more spheres of activity, in more locations, in more challenging circumstances—than at any point in the Organization’s history. This trend has been the defining feature of my 10 years at the helm of the United Nations Secretariat. As I prepare to leave office, the United Nations has more political missions and peacekeepers deployed in more—and more dangerous—locations than ever before.....

..... I have sought to leave the Organization better prepared for the immense challenges ahead, able to serve its entire membership and “we the peoples” in every corner of the world. This report has made clear that the need for the United Nations is greater than ever and seems likely to grow. The Organization is engaged on the full range of pressing global issues across the world. The coming decade will be critical if we are to deliver on our promises to ensure a life of dignity for all and to save succeeding generations from the scourge of war and the threat of irreversible climate change. We must follow through on a host of ongoing reforms across all three pillars of the Organization. But we must not limit ourselves to the ongoing reforms. Continued innovation, openness and creativity will be required if the United Nations is to stay ahead of the changing global landscape and to remain a venue for principled collective action. I encourage Member States to make responsible use of this indispensable institution, with its universal membership and global reach. I look forward to working with them until my very last day in office.

Details: http://www.un.org/ga/search/view_doc.asp?symbol=A/71/1

Collaboration with World Health Organization (WHO)

WHO | Congo



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:

[Data pdf, 306kb](#) Last update: 30 September 2015

UNICEF-WHO-The World Bank: Joint child malnutrition estimates - Levels and trends

The UNICEF, WHO and the World Bank inter-agency team regularly updates joint global and regional estimates of child malnutrition. These estimates of prevalence and numbers for child stunting, underweight, overweight, wasting and severe wasting are derived by United Nations (UN), Millennium Development Goal (MDG), UNICEF, WHO and World Bank regions, as well as World Bank income group classifications.

All estimates are presented with 95% Confidence intervals to show the level of uncertainty around them. These intervals are important to consider when interpreting estimates. The 95% confidence interval

highlights the range within which one can be 95% certain that the true value lies. A wide interval reflects higher uncertainty compared to a narrow one.

Details: <http://www.afro.who.int/fr/congo/bureau-de-pays-de-loms-congo.html>

Bulletin Board

UN Document E/2015/NGO/2



Economic and Social Council

Statement submitted by Women's Health and Education Organization, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

Without information, there is no impact of the participatory intervention. We suggest method to fight the poor performance public service delivery is inspired by the Community Driven Development approach. We emphasize participation by the communities served by public services. This approach seeks to enhance beneficiary involvement as a way of strengthening demand-responsiveness and local accountability. We serve about 14 million subscribers in 227 countries and territories, every year. Our e-Health platform WomensHealthSection.com is available in six official languages of the United Nations and ready for various forms of collaborations.

It is indeed my pleasure to submit to you the document [E/2014/NGO/53](#) recently published by the Economic and Social Council, and introduce our work and its non-profit entity Women's Health and Education Organization, Inc. in maternal and child health with the United Nations and the World Health Organization.



15-08524 (E) 040615 *1508524*

Details: <http://www.womenshealthsection.com/content/documents/UN-Economic-and-Social-Council-Statement-E-2015-NGO-2.pdf>

World Health Organization, Geneva, Switzerland

<http://www.womenshealthsection.com/content/documents/WHO-Letter30August2016.pdf>

Thank you for the friendship and support: *It is our pleasure and privilege to help every woman every child in any way we can.*

From all of us @ Women's Health and Education Center (WHEC) | [WHEC Global Health Line](#)

Collaboration with UN University (UNU)

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

Congo

War, Hunger, and Displacement – Weak States and Vulnerable Economies: Humanitarian Emergencies in Developing Countries

Each year, during the last two decades of the 20th century, thousands of people died from war and genocide and millions became refugees. Major wars erupted in all parts of the world – in Asia (Cambodia, Afghanistan and Sri Lanka), Latin America (in Nicaragua, Guatemala, and El Salvador), and in sub-Saharan Africa (in the Balkans and the South Caucasus). The prevalence of complex humanitarian emergencies (CHEs) – profound social crises in which a large number of people suffer from war, disease, hunger, and displacement – did not diminish with the end of cold war. Some conflicts ended, but new ones erupted, and CHEs continued to be an important source of human distress. These catastrophes involve substantial human costs – not only deaths from violence, but also from accompanying hunger, disease and displacement. Moreover, emergencies normally disrupt production and investment, often destroying crops, animal, and infrastructure, thus resulting in economic stagnation or collapse, while undermining development prospects.

Since the end of the cold war, the number of civil wars in developing countries has escalated to the point where they are the most significant source of human suffering in the world today. Although there are many political analyses of these emergencies, this two-volume work is the first comprehensive study of the economic, social, and political roots of humanitarian emergencies, identifying early measures to prevent such disasters. Nafziger, Stewart, and Väyrynen draw on a wide range of specialists on the political economy of war and on major conflicts to show the causes of conflict. The first volume provides a general overview of the nature and causes of the emergencies, including economic, political, and environmental factors. The second volume provides detailed case studies of thirteen conflicts (including Rwanda, Burundi, the Congo, Afghanistan, and the Caucasus) that originated in the weakness of the state or where economic factors predominate. The volumes emphasize the significance of protracted economic stagnation and decline, high and increasing inequality, government exclusion of distinct social groups, state failure and predatory rule. They debunk beliefs recurrent in the literature that emergencies are the result of deteriorating environmental conditions, structural adjustment, and deep-seated ethnic animosity. By analyzing the causes and prevention of war and humanitarian emergencies in developing countries, this work outlines a less costly alternative to the present strategy of the world community of spending millions of dollars annually to provide mediation, relief, and rehabilitation after the conflict occurs.

Twenty-three specialists explain why civil wars start and how to prevent them

Publisher: UNU-WIDER; Editors: E. Wayne Nafziger; Frances Stewart; Raimo Väyrynen; Details: Oxford University Press.

(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)*

Pounding rock and crushing potential: Child labour in Democratic Republic Congo



Each day, he and his family come here to pound large rocks into gravel for use at construction sites. They leave home at five in the morning and finish 12 hours later, at dusk.

'If the work stops, the town stops'

For Sylvian's mother, Bichi Banza, 40, this job is all she has to help her feed her six children, and she can't do it alone – So she brings all the children to help her. If they're lucky, they will sell the newly minced gravel at the end of the day. A four-meter tall pile sells for around 30,000 francs, or roughly \$6.

None of Ms. Banza's children attend school. The story is similar for the other 500 families working on this heap. "This is a mining town. Our parents used to work for the mining company," she explains. "Since they closed the mine, there is nothing else to do. If the work stops, the town stops."

Effects of a quiet crisis

The older children occasionally burst through the pounding drone as they slide down the rubble piles on bits of plastic sheeting – refusing, in their way, to be conquered by despair. Around them, however, there is a quiet crisis. Although DR Congo is one of Africa's richest countries in terms of its vast mineral store, many of its people remain uneducated and poverty-stricken. "The issue is that children work. They don't go to school because their parents don't have money for the high school fees. So they work, and it becomes a vicious circle," said UNICEF Representative in DR Congo Pierrette Vu Thi.

It is difficult to gauge the number of children working with their families in the country's many mines, or how that number might increase due to the dramatic fall in the price of minerals caused by the global financial crisis.

Escaping work to go to school

Vanessa, 12, used to spend her days with her mother at the ore mines. Six years ago, her father, a welder, joined the thousands of other retrenched mine workers. At first her parents could afford to keep her in school, but two years ago she was forced to drop out; she started working full days, dawn to dusk, with a mallet in her hand. "I saw my friends going to school and it hurt a lot," Vanessa recalled. She kept looking for ways to join them. Then in September 2008, a Group One volunteer found her. A month later, she was back with her friends in school.

Organizers of the project acknowledges that simply paying school fees is not enough to keep children in the classroom. For Vanessa, the escape from quarry work and the return to school have been accompanied by a safety net of emotional as well as financial support for her family.

UNICEF works closely with partners such as Group One to reach more children with social protection systems that can keep them in school, give them skills and help their family break the cycle of poverty that keeps so many children like Sylvian doomed to a fate of pounding rocks.

VIDEO: [Watch now](#)

Details: <http://www.worldbank.org/en/country/congo>

To be continued.....

Top Two-Articles Accessed in September 2016

1. Vesico-Vaginal Fistula: The Need for Safe Motherhood Practices in India;
<http://www.womenshealthsection.com/content/uogvuf/uogvuf010.php3>
Author: Dr. S. Kataria, Director General Health Services (ret.), Union Territory, Chandigarh, India
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

An Unprecedented Global Movement to Save Lives



What is Every Woman Every Child?

Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, *Every Woman Every Child* is an unprecedented global movement that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents around the world. The movement puts into action the *Global Strategy for Women's, Children's and Adolescents' Health*, which presents a roadmap to ending all preventable deaths of women, children and adolescents within a generation and ensuring their well-being.

"The three overarching objectives of the Global Strategy are Survive, Thrive and Transform. With its full implementation—supporting country priorities and plans and building the momentum of Every Woman Every Child—no woman, child or adolescent should face a greater risk of preventable death because of where they live or who they are." – United Nations Secretary-General Ban Ki-moon

Why Does This Matter?

Every Woman Every Child provides an opportunity to improve the health of women, children and adolescents everywhere, and in so doing, to improve the lives of all people. The health of women, children and adolescents is critically important to almost every area of human development and progress, and directly impacts our success in achieving the Sustainable Development Goals (SDGs), adopted by world leaders in September 2015.

Research has conclusively demonstrated that the health of women and children is the cornerstone of public health and adolescents are central to everything we want to achieve, and to the overall success of the 2030 Agenda. Healthy women and children create healthy societies and by helping adolescents realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults.

What Can Be Done?

Every Woman Every Child recognizes that all actors have an important role to play in improving women's and children's health. More than \$40 billion was pledged at the 2010 launch, and numerous partners have made additional, and critical, financial, policy and service delivery commitments, but more help is needed. The Secretary-General is asking the international community for the additional commitments necessary to take *Every Woman Every Child* past the tipping point. This would mean saving the lives of 16 million women and children, preventing 33 million unwanted pregnancies, ending stunting in 88 million children, and protecting 120 million children from pneumonia by 2015.

This is an enormous and unprecedented undertaking. The stakes are high, and the cost of failure is great. But the rewards of success are greater still. They include a better life for all of us, and a healthy future for women and children everywhere.

Please explore these pages with the desire to ensure that every woman and every child have the same opportunities for health and life and ask yourself what you can do.

Global Resources: <http://www.everywomaneverychild.org/resources/publications>

Words of Wisdom

Kindness in words creates confidence.
Kindness in thinking creates profoundness.
Kindness in giving creates love.

– Lao Tzu; 6th – 7th century BC, Chinese philosopher and writer.

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

