



WHEC Update

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

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Sustainable Development

Gender, health and achieving 2030 Sustainable Development Goals (SDGs) are of paramount importance to make our world better for the next generations. Gender refers to the social relationships between males and females in terms of their roles, behaviors, activities, attributes and opportunities, and which are based on different levels of power. Gender interacts with, but is distinct from, the binary categories of biological sex. In this edition of **WHEC Update** we focus on, how gender interacts with the 2030 agenda for sustainable development, including SDG 3 (ensure healthy lives and promote well-being for all at all ages), 4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (achieve gender equality and empower all women and girls) and 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development) and its targets for health and well-being, and the impact on health equity.

Globally, the average life expectancy gap between men and women is 4.6 years, with women outliving men in all countries, and a gap of over 10 years in some cases. In addition, the global burden of disease disproportionately affects men in terms of disability-adjusted life years, although women are more likely to spend a longer time living with a disability. In part, these differences may be due to impact on sex: biological differences between males and females in growth, metabolism, reproductive cycles, sex hormones and ageing processes. Even when men and women are equally exposed to a risk or disease, the health consequences may be different for each sex.

Gender refers to the roles, behaviors, activities, attributes and opportunities that any society considers appropriate for boys and girls, and men and women. Gender also refers to the relationships between people and can reflect the distribution of power within those relationships. An understanding of gender requires understanding the complex social processes through which people are defined and linked and how this evolves over time.

We propose a conceptual framework for understanding the interactions between gender (SDG 3), health (SDG 5) and global partnership (SDG 17) and other SDGs, which influence health outcomes – delivering better health through better management of resources. Gender equality, is a cross-cutting feature of 2019 High-Level Political Forum (HLPF) platform, *Empowering people and ensuring inclusiveness and equality* and is key to realizing women's and girls' rights and catalyzing progress across all SDGs. Education (SDG 4) has a measurable impact on health outcomes of women and children, while strengthening global partnership (SDG 17) helps to create meaningful projects and programs worldwide.

The landmark 2008 Commission on the Social Determinants of Health reported that the global burden of disease, and major causes of health inequities, arise from the different conditions in which people are born, grow, live, work and age. These conditions are affected by inequalities in power, money and resources, and all of them are affected by gender. The underlying contexts of socioeconomics and politics (governance, macroeconomic policies, cultural norms and social values), social position (education, occupation, ethnicity and gender) and wider social environment (community cohesion, and social group and individual behaviors) are all represented as targets of SDG action. Please share your thoughts, ideas, projects and programs on **WHEC Global Health Line (WGHL)**.

Our editors welcome everyone, and we look forward to hearing from our Working Group.

Health and 2030 Agenda for Sustainable Development

Rita Luthra, MD



Your Questions, Our Reply

Are health systems gender-neutral? Is Universal Health Coverage (UHC) based on concepts of equity and reducing poverty?

Synergies and Interactions: Where there is an implicit logic that the SDGs interact with and depend on each other, there is little consideration of how this works to support more coherent and effective decision-making to better facilitate monitoring, evaluation and evidence-informed action. It has been estimated that at least half of the world's 7.3 billion people do not receive the essential health services they need, with sustainable unmet need for a range of specific interventions. SDG target 3.8 on achieving universal health coverage (UHC) aims to ensure that all people have access to quality health services, while also protecting against exposure to financial hardship. Financed by domestic public sources, UHC is a key strategic priority for strengthening health systems, and for the equitable and effective provision of needed, available, affordable and gender-sensitive health and social care.

Health-systems themselves are not gender-neutral. The role of gender within health systems relates to concepts of UHC, pathways of care including impact of gender stereotypes and gender-related stigma that drive inequalities, principles of accountability and inclusivity, and the gendered experience of health workforce itself. However, there are concerns that decision-makers in the global health system are not well-prepared to understand, and effectively respond to, the structural, social, commercial and frequently gendered determinants of the major emerging burdens of disease. This is especially true of those determinants associated with environmental degradation, poor urban planning and unsustainable patterns of consumption.

WHEC promotes these gender-transformative approaches in SDGs to improve health

1. Move beyond equating gender with women. Global, national and local health policy needs to take account of how the roles, behaviors, activities, attributes and opportunities of males and females are based on different levels of power.
2. Adopt a holistic approach to analysis and action on gender. This approach will intersect with three domains of health: social determinants; health-seeking behavior, and service delivery and health-system responses, and hence across the 2030 agenda for sustainable development.
3. Invest in more gender analysis of sex-disaggregated data, alongside other stratifies of social and health inequality. Global health journals should encourage authors, writers, and editors to include a gender analysis of sex-disaggregated data, including how the social construction of masculinities and femininities shape men's and women's health.
4. Acknowledge and act on the gendered nature of the health workforce. Formulate gender-sensitive policies and health professional regulations through all levels of health governance of ensure gender parity, increased leadership roles for women and decent conditions of work for all.
5. Break down the isolated policy structures between different government sectors and programme areas and build a broad multi-stakeholder coalition for gender of global health. Such a coalition will aim to transcend narrow disease-focused approaches and engage more with civil society and with policymakers beyond ministries of health.
6. Support transparency and accountability mechanisms at the country level. This can be done through strengthening a gendered health focus in voluntary national reviews, United Nations development assistance frameworks, and national health sector plans and programs, building on the approach developed by Global Health 50/50.

Realizing the right to health and well-being of all people by acting on existing gender inequalities and their complex determinants is challenging. There is a tendency for government departments and development partners to take ownership of particular goals. We all @ WHEC believe, adopting this agenda will accelerate progress for all people, in all their diversities, to realize to their fullest potential, their right to health and well-being across their life course.



United Nations at a Glance

Permanent Mission of Republic of Guinea at the United Nations

Guinea became UN Member State on 12 December 1958



Guinea, officially the **Republic of Guinea**, is a country on the western coast of Africa. Formerly known as French Guinea, the modern country is sometimes referred to as Guinea-Conakry in order to distinguish it from other countries with “*Guinea*” in the name and the eponymous region, such as Guinea-Bissau and Equatorial Guinea. Guinea has a population of 12.4 million and an area of 245,860 sq. kilometers (94,927 sq. miles).

Guinea is a republic. The president is directly elected by the people and is head of state and head of government. The unicameral Guinea National Assembly is the legislative body of the country, and its members are also directly elected by the people. The judicial branch is led by the Guinea Supreme Court, the highest and final court of appeal in the country. The country is named after the Guinea region.

Guinea is predominantly Islamic country, with Muslims representing 85% of the population. Guinea’s people belong to twenty-four ethnic groups. French, the official language of Guinea, is the main language of communication in schools, in government administration, and the media, but more than twenty-four indigenous languages are also spoken.

Problems and reforms

In 2002, the International Monetary Fund (IMF) suspended Guinea’s Poverty Reduction and Growth Facility (PRGF) because the government failed to meet key performance criteria. In reviews of the PRGF, the World Bank noted that Guinea had met its spending goals in targeted social priority sectors. However, spending in other areas, primarily defense, contributed to a significant fiscal deficit.

The loss of IMF funds forced the government to finance its debts through Central Bank advances. The pursuit of unsound economic policies has resulted in imbalances that are proving hard to correct.

The World Bank’s current national portfolio consists of 10 projects worth a total commitment of US \$ 271.9 million. The regional portfolio covers six projects for a total of US \$ 218.5 million.

Guinea Second Macroeconomic and Fiscal Management DPO: This program proposes a second and final operation in a programmatic series development Policy Financing (DPF) operations designed to support fiscal and structural reforms in Guinea. The proposed Second Macroeconomic and Fiscal Management Operation (DPF2) is a single tranche credit in the amount of US \$ 60 million equivalent, provided on standard IDA conditions. This DP supports reforms to:

- Enhance the delivery of key services in rural areas;
- Strengthen fiscal management; and
- Strengthen the operational.

World Bank Projects & Operation in Guinea

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

Collaboration with World Health Organization (WHO)

WHO | Guinea



Country Cooperation Strategy (CCS)

Health Situation

Health status of the Guinean population continues to give cause for concern. According to the Integrated Core Survey for the Evaluation of Poverty (EIBEP 2002-2003), access to health services (under 30 minutes) is 38.9% and rate of use is 18.6%. Malaria is the primary reason for consultation (34%), hospital admission (31%) and death (14.2%) in all age groups. The prevalence rate of diarrhea is 12.4% in children aged 0-59 months. Cholera has been endemic since 2003, peaking during the rainy season. In 2012 alone Guinea recorded 11,941 cholera cases and 156 deaths. Tuberculosis is a major public-health problem with a case-fatality rate of 8%. The average prevalence of HIV in the general population has increased from 1.5% in 2005 to 1.7% in 2012. In Guinea, 31% of children are chronically malnourished and 14% are severely malnourished. For the first time, the country has had to face an endemic of Ebola virus haemorrhagic fever.

General mortality has been running at 10.19% in 2015. Maternal mortality is 650 per 100,000 live births. Neonatal mortality is 33% of live births and mortality in children under 5 years in 101 per 1000. This troubling picture is compounded by emerging and re-emerging diseases. According to the STEPS survey conducted in 2009 on risk factors for noncommunicable diseases in Conakry and Lower Guinea, the prevalence of diabetes was 3.5% in the population aged 15-64 and 5.2% in the population aged 25-64 ans. Among cardiovascular diseases, the prevalence of high blood pressure alone was 28.1% in the survey population. The Global Health Observatory reports that life expectancy at birth is 58 years.

Cooperation For Health

Development assistance through bilateral and multilateral cooperation, including agencies of the United Nations system and NGOs, represents a large proportion of health sector financing in Guinea. At 26.9% of all expenditure on health, this assistance is the second biggest source of health funding and is concentrated in the area of investments such as infrastructure, capital assets and training.

The coordination of the various partners involved in the health sector is considered to be below standard. However, new impetus has gradually been given to coordination with the involvement of the Government in the health sector reform process. The former coordination bodies have been restructured. The Health Sector Coordination Committee, a multisectoral body, has been placed under the authority of the Prime Minister, the head of the Government. It is supported by a technical secretariat whose principal task is to implement the reform process road map. In addition, the quarterly meeting of the technical partners facilities coordination of the various interventions and close monitoring of structural reforms currently under way, for example the organization of the national health consultations, the operation of the thematic groups, the process of revising the National Health Plan, and the preparation of the new National Health Development Plan under the auspices of WHO. Meetings of the technical and financial partners are organized around specific themes identified jointly by the Ministry of Health and the partners.

Details: <http://www.who.int/countries/gin/en/>

72st World Health Assembly, May 20 – 28, 2019

Geneva, Switzerland

72nd World Health Assembly: 20 – 28 May 2019

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

Implementation of the 2030 Agenda for Sustainable Development

The status of more than 30 health and health-related indicators are reported in World health statistics 2018. The data shows that while remarkable progress has been made in some areas towards the health-related Sustainable Development Goals, especially in reducing under-five mortality, increasing the coverage of HIV treatment and reducing cases of and deaths from tuberculosis, it has stalled in other areas, such as malaria, drug-resistant tuberculosis, alcohol use and air pollution, and the gains that have been made could easily be lost. In many countries, weak health systems remain an obstacle to progress and lead to gaps in the coverage of even the most basic health services, as well as poor preparedness for health emergencies. The global and regional status of implementation to meet the Goals in seven thematic areas are available from the link below.

Reproductive, maternal and child health and nutrition

The main targets of the Sustainable Development Goals relating to reproductive, maternal and child health are targets 3.7, 3.1, 3.2, and 2.2.

The most recent estimates suggest that 77% of women of reproductive age who are married or in union has their family planning needs met with a modern contraceptive methods, leaving 208 million women with their needs unmet.

In 2015, an estimated 303,000 women worldwide died during pregnancy and childbirth. Almost all of these deaths 99% occurred in low- and middle-income countries and almost two thirds (64%) in the African Region. The data indicate that more than 90% of births in most high and upper-middle income countries benefited from the presence of a trained midwife, doctor or nurse, while less than half of all births in several low- and lower-middle-income countries were assisted by such skilled personnel.

The world has made remarkable progress in reducing child mortality since 1990, with the global under-five mortality rate dropping from 93 per 1000 live births to 39 per 1000 live births in 2017.

Globally in 2017, 151 million children under the age of five (22%) were stunted (short for their age), with three quarters of such children living in the South-East Asia Region or African Region. Wasting and overweight may sometimes coexist in the same populations – the so-called “double burden of malnutrition” – as observed in the Eastern Mediterranean Region.

Details: http://apps.who.int/gb/e/e_wha72.html

Bulletin Board

About WHEC Practice Bulletins

In 2006, the Women's Health and Education Center (WHEC) began developing scientifically based practice guidelines / Practice Bulletins. The guidelines are derived from the best available evidence of clinical efficacy and consideration of costs, with recommendations explicitly linked to the evidence. These evidence-based practice guidelines are intended to be a means of improving the quality of healthcare, decreasing its cost, and diminishing professional liability. They are proscriptive in nature, and therefore, directive in approach. Our physician's board identifies, evaluate, and synthesizes evidence from the medical literature to reduce practice guidelines. It is provided to serve as a readily available introduction to and overview of the topic.

<http://www.WomensHealthSection.com> is designed as a resource for healthcare providers and general public to offer a better understanding of reproductive health and cultural understanding. The articles in this e-learning publication / platform provide an overview of current clinical management guidelines for optimum care, in health and health development, with special focus on women's and children's health. The articles are designed for all members of the interdisciplinary team: physicians, physician's-assistants, nurse practitioners, midwives, nurses, social workers, therapists and other members seeking to enhance their knowledge of women's health and appropriate care and management. This project / program is a vision for the globalized world.

The use of information science and telecommunications to support the practice of medicine when distance separates the caregiver from the patient is the way forward to make medical care more affordable and more accessible in every country.

Our goal is to promote excellence in the clinical practice of obstetrics and gynecology and closely related fields. THE BIG PICTURE: Imagine the students in developing countries and the USA, Europe and developing countries simultaneously reviewing the same educational material and learning from each other. <http://www.womenshealthsection.com/content/documents/N1800296.pdf>

To be continued...



Collaboration with UN University (UNU)

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

Underdevelopment, Transition and Reconstruction in Sub-Saharan Africa

War, and the consequences of war, are amongst the most important – perhaps *the* most important issues facing the African continent today. War has destroyed the lives and hopes of millions of Africans. Ending war, and dealing with its social and economic consequences, are major challenges for the United Nations system, together with the wider development community.

Many countries are not only attempting to reconstruct from war, they are also engaged in economic reform. These separate agendas can be mutually supportive. But, as this paper makes clear, there are often inconsistencies between the reconstruction and reform agendas. As a consequence, the possibilities for securing long-term development are not maximized, and urgent human development problems go unresolved.

This paper explores these important issues, facing on a set of African countries that have undergone deep social trauma. This group consists of Angola, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Mozambique and Somalia. They share a common history of state socialism. With the exception of Somalia, where the state has largely collapsed, these countries face a task of economic reform which is

in many ways as difficult as in the transition economies of Asia, Eastern Europe and the Former Soviet Union. Enterprises must be privatized, market economies created, and the potentially divisive issue of land rights resolved. Many of the pitfalls of transition in Eastern Europe and Russia have been encountered in Africa as well. In particular, rising inequalities may fuel future conflicts.

Starting economic transition is difficult enough, but to do so in the context of reconstruction from war – or in the middle of a war, as Mozambique did – is to add further complexities. As this paper emphasizes, public finance is the area in which many of the tensions between the reconstruction and transition agendas emerge, and one in which much more attention must be given to poverty reduction. The present situation is highly unsatisfactory, being characterized as it is by fiscal frameworks that constrain social investment, major debt problems, and insufficient attention to the political reality of fiscal reform in fragile societies.

The project, of which this is an output, is therefore aptly named; countries must overcome underdevelopment (especially of human resources), they must make a successful transition from state socialism, and they must coordinate this with a broad-based reconstruction that creates the basis for poverty-reducing development. The paper's analysis is therefore relevant not only to the selected countries, but also to Africa as a whole.

Publisher: UNU-WIDER; Author: Tony Addison; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Government of Italy (Directorate General for Development Cooperation), the Government of Sweden (Swedish International Development Cooperation Agency-Sida), and the Government of the United Kingdom (Department for International Development). These agencies can accept no responsibility for any information provided or views expressed

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)*

Guinea: Background



Warfare in neighboring Côte d'Ivoire, Liberia and Sierra Leone has caused more than 1 million refugees to flee to Guinea during the past decade. Children in Guinea remain vulnerable to food shortages, lack of clean water and preventable diseases. Medicines have been in short supply since the Government stopped subsidizing health-care services in 2004.

More than 50% of Guinean population is poor, surviving on less than US\$ 1 per day. There is a lack of educational support, including infrastructure, equipment, handbooks and teachers. Illiteracy of parents limits the chances of providing education for girls.

UNGEI in Action

In 2004, the National Plan of Action for Girls' Education was launched as a strategy for implementing the policy document on girls' education. At the primary education level, Guinea was unable to achieve the goal of gender equity by 2005. Yet the country has made remarkable progress by reaching a gender parity index of 0.79, placing it second only to Ghana among the countries in the region.

Key Initiatives

Support community organizations in carrying out activities that generate income to increase revenues and resources for girls' education. Develop partnerships and mobilize resources to reinforce the 'offer of

education' in favor of girls. Continue to strengthen activities that promote literacy, non-formal education for adolescents and social mobilization towards the populations in rural areas to mitigate constraints related to sociocultural inertia.

Partners

Partnerships have been developed with the European Union, Food and Agriculture Organization (FAO), French Development Agency (AFD), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), World Bank and the World Food Programme (WFP), along with such non-governmental organizations as ActionAid International, Forum des Éducatrices de Guinée/Forum for African Women Educationalists (FEG/FAWE) and World Education.

UNGEI within other national and international framework

Guinea works within the Poverty Reduction Strategy Papers (PRSP) framework.

Details: http://www.ungei.org/infobycountry/guinea_1590.html

To be continued....

Two Articles of Highest Impact, April 2019

Editors' Choice – Journal Club Discussions

Our friendship has no boundaries. We welcome your contributions.

1. Dying with Dignity & Discussion and update by Editors of WHEC Publications; <http://www.womenshealthsection.com/content/heal/heal002.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.
2. Newborn Nutrition; <http://www.womenshealthsection.com/content/obsnc/obsnc004.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.



From Editor's Desk

New Initiatives, New Collaborations, New Directions

Global Issues – Africa

New Partnership for Africa's Development – Initiatives of WHEC

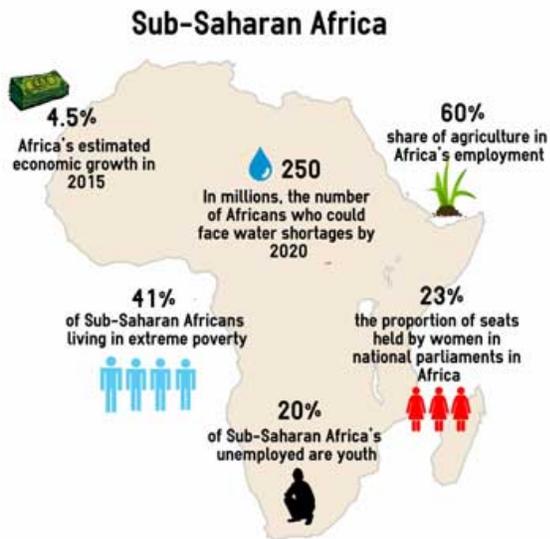
Did you know?

1. Africa faces a large and growing unemployment challenge. Half of Africa's population of 1.1 billion people are under the age of 25 years, with this population expected to double to 2.4 billion people by 2050.
2. 36 countries in sub-Saharan Africa have severe shortages of health workers. At least 2.3 trained health care providers are needed per 1,000 people to reach 80% of the population with skilled care at birth and child immunization coverage.

Through its unique capacities as the world's premiere vehicle for international cooperation, the UN system plays a crucial role in coordinating assistance of all kinds – to help Africa help itself. From

promoting the development of democratic institutions, to the establishment of peace between warring nations, the UN is present on the ground supporting economic and social development and the promotion and protection of human rights.

In this effort, the UN works closely with Africa's regional cooperation mechanisms and has nine active peacekeeping operations at present. UN peacekeepers serve in the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Liberia, Mali, South Sudan, Sudan – one mission in Darfur (with African Union) and one in Abyei, and Western Sahara. New Partnership for Africa Development (The technical body of the African Union) and WHEC initiatives in the region work in the following areas:



- Human capital and development (skills, youth, employment and women empowerment);
- Industrialization, science, technology and innovation;
- Regional integration, infrastructure (energy, water, Information and Communication Technologies [ICT], transport) and trade;
- Natural resources Governance and food security.

The program works to address issues of economic and social exclusion of youth by facilitating the creation of opportunities and employment that enable them to connect with the mainstream and hence enhance their contribution in the achievement of a prosperous continent.

Over the last decade, Africa has made significant inroads toward achieving gender equality in terms of putting in place normative frameworks, but declarations and the elaboration of legal frameworks, but several challenges remain if parity is to be achieved. Failure to address ongoing inequality between men and women across Africa hampers development on several important fronts: health, education, access to land and modern technologies.

The Women's Health and Education Center (WHEC) with its partners takes a holistic approach to gender mainstreaming and women's empowerment, with a view to integrating these concepts into its programs and processes. One of our flagship program **LINK Access Project to The Reproductive Health Research Initiative** on WHEC Global Health Line (WGHL) is working toward establishing a global fund for continuing medical education for the globalized world. These programs are provided free to the Least Developed Countries (LDC) identified by UNDP. Every year direct beneficiaries in Africa are about 3.2 million healthcare providers. Please visit UN Web TV: <http://webtv.un.org/watch/player/5807660229001>

Nurses and midwives are on the frontline of health services in Africa. Ensuring that they are provided with the necessary competencies to work and function properly is key in reducing the alarming high maternal and mortality rates in Africa. The goal of WHEC Project on Nursing and Midwifery Education in Africa is to strengthen health systems by improving nurses' competence and skills to deliver high quality primary health care services. In addition, this intervention also focuses on reducing the burden of diseases as well as improving health equity through the establishment of collaboration among sub-regional centers for nursing and midwifery higher education development.

Phase 1 of the program has been accessed and implemented in all the countries in African continent. Tailor-made curricula were followed to suit each countries' specific needs. Lessons learned from the first phase will be used to build on the program, which will be extended to others.

Join us on WHEC Global Health Line (WGHL)!

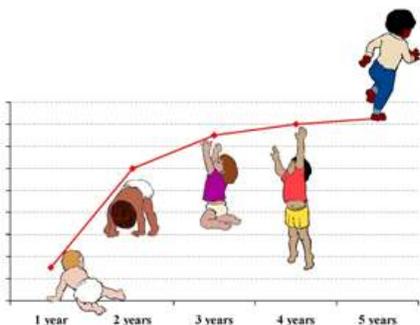
Create an account: http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf



In The News

The WHO Child Growth Standard

This web site presents the WHO Child Growth Standards. These standards were developed using data collected in the WHO Multicenter Growth Reference Study. The site presents documentation on how the physical growth curves and motor milestone windows of achievement were developed as well as application tools to support implementation of the standards.



Prevalence and trends of stunting among preschool children, 1990 – 2020

In 2010, it is estimated that 171 million children (167 million in developing countries) were stunted. Globally, childhood stunting decreased from 39.7% (95% CI 38.1, 41.4) in 1990 to 26.7% (95% CI 24.8, 28.7) in 2010. This trend is expected to reach 21.8% (95% CI 19.8, 23.8), or 142 million in 2020. While in Africa stunting has stagnated since 1990 at about 40% and little improvement is anticipated. Asia showed a dramatic decrease from 49% in 1990 to 28% in 2010, nearly halving the number of stunted children from 190 million to 100 million. It is anticipated

that this trend will continue and that in 2020 Asia and Africa will have similar numbers of stunted children (68 million and 64 million, respectively). Rates are much lower (14% or 7 million in 2010) in Latin America (1). Stunting is defined as the proportion of children below -2SD from the WHO length- and height-for-age standards median. Linear mixed-effects modelling is used to estimate rates and numbers of affected children from 1990 to 2010, and projections to 2020.

Reference

1. De onis M, Blossner M, Borghi E. Public health nutrition 2012;15:142-148

The Healthy Growth Project

Promoting healthy growth and preventing childhood stunting

WHEC coordinates this initiative with WHO Department of Nutrition and it is funded by the Bill and Melinda Gates Foundation. Its aims are to develop tools and a framework to support countries in setting and implementing stunting reduction agendas; help shift focus from underweight to stunting as the indicator for tracking undernutrition; highlight the association between undernutrition in early life and later risk of overweight / obesity, associated with non-communicable diseases; and contribute to the achievement of the 2012 World Health Assembly stunting reduction target (WHA Resolution 65.6).

Recognition that nutrition-sensitive interventions also are critical for stunting prevention has broadened the scope of candidate actions for stunting reduction. Therefore, in addition to improved complementary feeding, interventions to strengthen food systems, promote healthy diets, improve maternal health, water supplies, sanitation and hygiene are among the multi-faceted actions being undertaken to address stunting.

WHEC Project activities include:

- Analysis of data on global trends and determinants of growth indicators;
- Collaborating with global and country-level partners to set and implement national stunting reduction agendas;
- Supporting countries to implement the WHO Child Growth Standards while promoting best practices for growth assessment and counselling on infant and young child feeding.

Join the efforts!

Invictus

Out of the night that covers me,
Black as the Pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds, and shall find, me unafraid.

It matters not how strait the gate,
How charged with punishments the scroll,
**I am the master of my fate;
I am the captain of my soul.**

- William Ernest Henley (23 August 1849 – 11 July 1903) was an English poet, critic and editor of the late-Victorian era in England. He is remembered most often for his 1875 poem "Invictus," a piece which recurs in popular awareness. It is one of his hospital poems from early battles with tuberculosis and is said to have developed the artistic motif of poet as a patient, and to have anticipated modern poetry in form and subject matter.

*Monthly newsletter of WHEC designed to keep you informed on
The latest UN and NGO activity*

<http://www.WomensHealthSection.com>

