



## WHEC UPDATE

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

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### *Anniversary Edition*

When I first saw United Nations building in 1979, I was afraid to describe it. But to tell what United Nations is, I felt it to be – impossibility. If anyone who describes virtually everything is going to be stumped by a place, it might as well be United Nations. I have visited United Nations building in New York many times since 1979, like many others, I have been stupefied and beguiled. I have been seduced, confused, irritated, aroused, inspired to write rivers of praise (and few streams of criticism) since then. It is probably the one building about which no visitor, on the record at least, has ever felt neutral. It is like a magical word: United Nations. At United Nations you are always under some kind of spell. True love blooms in a multitude of ways. If one is lucky in life, it is also possible to be struck dumb by a place, to know its rightness deep in your heart. That my career has followed me here, on my terms, has been the blessing of my life.

Some projects begin with inspiration – and some begin with desperation. Developing a Global Health Line, to improve maternal and child health worldwide, was a project of the latter kind. I wanted to get back to practicing medicine “old fashion” way (kind-and-caring-type), and work with the United Nations. Hence, in 2001 Women's Health and Education Center (WHEC) was created. On April 12<sup>th</sup> 2009 it celebrates its eighth birthday. You might say that the project basically just came together, because the demand for reliable and accurate health information throughout the world is greatly needed. Trust is not simply given; it is built and earned. There is a wealth of information on the Internet, but a poverty of attention. There are many stakeholders in digital publishing. We hope to bring about further improvements in global public health status and greater equity in health, thus bridging the health development gap between countries and between different population groups within countries. Our future depends to a large extent on being adequately informed. Technology does not exist in vacuum. Societies (countries) may begin to function as a unified market-place. The thoughtfulness and insight of so many is humbling and reassuring for me. All these friendships I will carry through life. I appreciate this rare opportunity to work with the United Nations and to serve the global community. It has been a long and extraordinary journey. To all with whom I have worked and shared thoughts – thank you!

Life is often one big job, where even weekends have you on a tight schedule.

**WomensHealthSection.com** is an enormous project. In the nutshell – it is a work in progress. There were and will be many late nights. When you are passionate about something, you have the time. Our e-learning project provides that outlet for creative expression and creative thinking for me and all of us at WHEC. The fact is that – I live and breathe international health and development. And I have the honor of coming close to the United Nations, not merely passing through it.

Welcome to a united world!

Memorable Moments

*Rita Luthra, MD*

## Your Questions, Our Reply:

What is the purpose of WHEC Global Health Line? How it will help to standardize e-Health?

**WHEC Global Health Line:** This is a platform to promote stronger coordination amongst the key players in all technical areas of e-Health Standardization. Our Working Group / Physician's Board is a place for exchange of information and will work towards the creation of cooperation mechanisms to:

- Identify areas where further standardization is required and try to identify responsibilities for such activities;
- Provide guidance for implementations and case studies;
- Consider the requirements for appropriate development paths for health profiles of existing standards from different sources in order to provide functional sets for key health applications;
- Support activities to increase user awareness of the existing standards, and case studies.

The potential impact that advances in information and communication technologies could have on health-care delivery, public health, research and health-related activities for the benefit of both low- and high-income countries is enormous. We are aware that advances in information and communication technologies have raised expectations for health. We respect human rights, ethical issues and the principles of equity, and considering differences in culture, education, language, geographical location, physical and mental ability, age, and sex. Promoting international, multisectoral collaboration with a view to improving compatibility of administrative and technical solutions and ethical guidelines in the area of e-Health is our goal. We facilitate the development of model e-Health solutions which, with appropriate modification, could be established in national centers and networks of excellence for e-Health. We believe the integration of e-Health in health systems and services, including in the deployment of telemedicine infrastructure in countries where medical coverage is inadequate, in the training of health-care professionals, and in capacity building, in order to improve access to, and quality and safety of care, is essential.

A new world economy demands a new way to deliver Continuing Medical Education and promote it. By bringing healthcare providers from developed and developing countries together, we have gone beyond the old world expectations. Welcome to the WHEC Global Health Line: a new way of looking at Continuing Medical Education and Research.

## About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)  
*A Gateway to the UN System's Work on MDGs*

**The World Bank Group**  
Building A Better World

The Millennium Development Goals commit the international community to an expanded vision of development, one that vigorously promotes human development as the key to sustaining social and economic progress in all countries, and recognizes the importance of creating a global partnership for development. The goals have been commonly accepted as a framework for measuring development progress. Many of the targets of the MDGs were first set out by international conferences and summits held in the 1990s. They were later compiled and became known as the International Development Goals. There are many organizations and many people working in different ways to achieve the Millennium Development Goals. The task will not be easy. There are many obstacles. True partnership and an unshakeable commitment to eliminating poverty will be needed. The open exchange of information is one of the most

powerful tools for increasing the power of partnership. More than 500,000 women die each year in childbirth, most of them in developing countries. Death in childbirth is a rare event in rich countries, where there are typically fewer than 10 maternal deaths for every 100,000 live births. But in the poorest countries of Africa and Asia the ratio may be 100 times higher. And because women in poor countries have more children, their lifetime risk of maternal death may be more than 200 times greater than for women in Western Europe and North America. What makes maternal mortality such a compelling problem is that it strikes young women experiencing a natural function of life. They die because they are poor. Malnourished. Weakened by disease. Exposed to multiple pregnancies. And they die because they lack access to trained health care workers and modern medical facilities. Mothers are at risk particularly in Africa and South Asia. Maternal mortality ratios are still unacceptably high in many developing countries as a result of high fertility rates and a high risk of dying each time a woman becomes pregnant. Some developing countries have substantially improved maternal health through better services in hospitals and increased numbers of trained birth attendants and midwives. Others not only improved maternal health, but significantly lowered fertility rates directly through use of contraceptives and indirectly through increased female education.

The Social Development [Civil Society Fund](#) (formerly known as the Small Grants Program) is one of the few global programs of the World Bank that directly funds civil society organizations. It aims to strengthen the voice and influence of poor and marginalized groups in the development process, thereby making the process more inclusive and fair.

Build a global partnership for development: In partnership, wealthy countries working with developing countries can create an environment in which rapid, sustainable development is possible. Important steps toward global partnership were taken at international meetings in 2001 in Doha, which launched a new "development round" of trade negotiations, and in 2002 at the International Conference on Financing for Development in Monterrey, Mexico, where high-income and developing countries reached consensus on mutual responsibilities for achieving the Millennium Development Goals. The Monterrey consensus calls for developing countries to improve governance and policies aimed at increasing economic growth and reducing poverty and for high-income countries to provide more and better aid and greater access to their markets. Goal 8 also reminds us that the development challenges differ for large countries and small countries. And that developing countries need access to new technologies to increase productivity and improve people's lives.

## **Collaboration with World Health Organization (WHO):**

### **The Delhi Declaration on Maternal, Newborn and Child Health - April 9, 2005**

We, the Ministers and delegations from Bangladesh, Bolivia, Cambodia, Ethiopia, India, Mali, Mozambique, Nepal, Pakistan, Tanzania and Uganda, as well as the representatives of other governments, the United Nations, the World Bank, foundations, national and international NGOs, professional bodies, academia, and civil society from all continents, assembled in New Delhi, India, to participate in:

#### **Lives in the Balance**

- The lives of millions of women and children are in the balance today. Each year, pregnancy and childbirth claim the lives of more than a half-million women, while more than 10 million children, including 4 million newborns, die each year. In addition, more than 3 million babies are stillborn. This tragedy must end.
- As many as 99% of the maternal, newborn and child deaths occur in developing countries. The highest burden is faced by lesser-developed countries of Africa and Asia, particularly within poor families.

- Cost-effective, evidence-based interventions, if taken to scale world-wide, can prevent close to three-fourths of maternal deaths, and more than two-thirds of child deaths. Thus, we have – almost within reach – the means to save nearly 7 million lives each year.
- With a Global Commitment to the 2015 Vision, an Opportunity Beckons
- The Millennium Development Goals (MDGs) signify the world's commitment to achieving time-bound and quantifiable improvements in development and poverty reduction by 2015, including MDGs 4 and 5 defining global targets in maternal and child health.
- With health clearly recognized as essential to poverty reduction, the global health community has a rare opportunity to surmount obstacles – political, financial, technical and programmatic – that have hampered progress to date.
- Despite avowed consensus, however, the current rate of progress is not sufficient to attain the child survival and maternal health MDGs in many countries. Only through co-ordinated and concerted action and unprecedented resource mobilization at the national and international levels can we hope to meet our commitments by 2015. This will also require strong collaborations with other sectors, including education, nutrition, water and sanitation among others.

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

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**Collaboration with UN University (UNU):**

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

Rethinking Growth Strategies

The WIDER Annual Lecture is one of the major events in the UNU-WIDER calendar. It provides an opportunity for a distinguished speaker to present their analysis and views on a topic related to WIDER's work on global development. The 2004 Annual Lecture—the eighth in the series—was given by Professor Dani Rodrik of Harvard University on the topic of 'Rethinking Growth Strategies', and took place in the Aula Lecture Hall of the Stockholm School of Economics on 5 November. We are grateful to the Stockholm School of Economics for their hospitality and collaboration and to the Swedish International Development Cooperation Agency (Sida) for their support. The Lecture addresses one of the core issues in development: how can low income countries achieve faster rates of economic growth? Reviewing the lessons to be drawn from recent history, particularly with regard to Latin America and Asia, Rodrik concludes that successful policies are invariably built on sensible general principles such as a desire to interact more closely with the global economy, to maintain fiscal discipline, and to establish a strong and supportive institutional environment. However, attempts to translate these general principles into a collection of orthodox liberal policies have a patchy record of success, at best. This conclusion is reinforced by the fact that the vast majority of significant growth accelerations over the past 50 years fail to reveal any clear link with economic liberalization. The alternative framework proposed by Rodrik involves a move away from a blanket prescription and towards a more nuanced strategy which focuses on the particular constraints that prevent a given country from growing faster. The consequent policy recommendations may be quite different for countries that appear superficially to share similar problems, or for the same country at different points of time. Rodrik makes a persuasive case for an alternative strategy which has profound implications for the construction of economic policy in developing countries.

Let me offer an overview of the lecture: the groundwork covers a number of propositions, which I believe almost everybody agrees on by now, and I will try to cover this in a non-controversial way because I think starting from such a common ground is important. I will argue that there are basically two ways that one can go from here. The more conventional way, which has now been

developing for some time, is what I call the Augmented Washington Consensus, which is the old Washington Consensus augmented, enlarged, and expanded with a number of deeper institutional/governance reforms. I will argue that this is not a very helpful way of thinking about growth strategies for a number of reasons. Then I will present an alternative, which I think is more practical, and is likely to be more productive. Before I get into that alternative approach, I will take a quick detour and say something about an empirical effort to identify some of the correlates of what we call growth accelerations; periods of increased economic growth sustained over the medium term. This is important empirical background to the alternative framework that I am going to outline at the end of my talk. This alternative framework is really a diagnostic strategy; so, unlike the Washington Consensus or the Augmented Washington Consensus, it is not a list of do's and don'ts. It is a framework for figuring out what to do (and maybe what not to do) in different kinds of cases and different kinds of countries. It is a strategy for identifying areas where the greatest returns to economic reform are.

Author: Dani Rodrik; Sponsor: UNU-WIDER gratefully acknowledges the hospitality and collaboration in organizing the 2004 WIDER Annual Lecture by the Stockholm School of Economics and the Swedish International Development Cooperation Agency-Sida.

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)*

## **Universal Declaration of Human Rights:**

*All human beings are born with equal and inalienable rights and fundamental freedoms.  
(Continued)*

### **Article 4**

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

### **Article 5**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

### **Article 6**

Everyone has the right to recognition everywhere as a person before the law.

*To be continued...*

## **The United Nations Organization:**

The Charter established six principal organs of the United Nations: the General Assembly; the Security Council; the Economic and Social Council; the Trusteeship Council; the International Court of Justice; and the Secretariat. The United Nations family, however, is much larger, encompassing 15 agencies and several programs and bodies. We are one world. We face shared challenges. We hope readers find that *WHEC Update* demonstrates the magnitude of these challenges, the work the United Nations is doing to meet them and the areas where still greater efforts are required.

## MEMBERSHIP OF PRINCIPAL UNITED NATIONS ORGANS IN 2007

**General Assembly:** The General Assembly is made up of 192 Member States. The States and the dates on which they became Members are listed in Press Release [ORG/1469](#) issued 3 July 2006.

**Security Council:** The Security Council has 15 members. The United Nations Charter designates five States as permanent members and the General Assembly elects 10 other members for two-year terms. The term of office for each non-permanent member of the Council ends on 31 December of the year indicated in parentheses next to its name.

The 5 permanent members of the Security Council are China, France, Russian Federation, United Kingdom and the United States. The 10 non-permanent members of the Council in 2007 are Belgium (2008), Congo (2007), Ghana (2007), Indonesia (2008), Italy (2008), Panama (2008), Peru (2007), Qatar (2007), Slovak Republic (2007) and South Africa (2008).

**Economic and Social Council:** The Economic and Social Council has 54 members, elected for three-year terms by the General Assembly. The term of office for each member expires on 31 December of the year indicated in parentheses next to its name. In 2007, the Council is composed of the following:

Albania (2007), Algeria (2009), Angola (2008), Austria (2008), Barbados (2009), Belarus (2009), Benin (2008), Bolivia (2009), Brazil (2007), Canada (2009), Cape Verde (2009), Chad (2007), China (2007), Costa Rica (2007), Cuba (2008), Czech Republic (2008), Democratic Republic of the Congo (2007), Denmark (2007), El Salvador (2009), France (2008), Germany (2008), Greece (2008), Guinea (2007), Guinea-Bissau (2008), Guyana (2008), Haiti (2008), Iceland (2007), India (2007), Indonesia (2009), Iraq (2009), Japan (2008), Kazakhstan (2009), Lithuania (2007), Luxembourg (2009), Madagascar (2008), Malawi (2009), Mauritania (2008), Mexico (2007), Netherlands (2009), New Zealand (2007), Pakistan (2007), Paraguay (2008), Philippines (2009), Portugal (2007), Romania (2009), Russian Federation (2007), Saudi Arabia (2008), Somalia (2009), South Africa (2007), Sri Lanka (2008), Sudan (2009), Thailand (2007), United Kingdom (2007), United States (2009).

**Trusteeship Council:** The Trusteeship Council is made up of the five permanent members of the Security Council — China, France, Russian Federation, United Kingdom and the United States. With the independence of Palau, the last remaining United Nations Trust Territory, the Council formally suspended operations on 1 November 1994. The Council amended its rules of procedure to drop the obligation to meet annually and agreed to meet as the occasion required, by its decision or the decision of its President or at the request of a majority of its members or the General Assembly or the Security Council.

**International Court of Justice:** The International Court of Justice has 15 Judges, elected by both the General Assembly and the Security Council for nine-year terms. The current composition of the Court, with terms expiring on 5 February of the year in parentheses, is as follows:

Ronny Abraham (France) (2009), Awn Shawkat Al-Khasawneh (Jordan) (2009), Mohamed Bennouna (Morocco) (2015), Thomas Buergenthal (United States) (2015), Rosalyn Higgins (United Kingdom) (2009), Shi Jiuyong (China)(2012), Kenneth Keith (New Zealand)(2015), Abdul G. Koroma (Sierra Leone) (2012), Hisashi Owada (Japan) (2012), Gonzalo Parra-Aranguren (Venezuela) (2009), Raymond Ranjeva (Madagascar) (2009), Bernardo Sepulveda Amor (Mexico) (2015), Bruno Simma (Germany) (2012), Leonid Skotnikov (Russian Federation) (2015), Peter Tomka (Slovakia) (2012).

## Top Two-Articles Accessed in March 2009:

1. Hormonal Contraception: The Challenges Ahead;  
<http://www.womenshealthsection.com/content/gyn/gyn024.php3>  
WHEC Publications. Special thanks to reproductive health division of World Health Organization (WHO) for the contributions.
2. The Bethesda System: An Overview;  
<http://www.womenshealthsection.com/content/gynpc/gynpc002.php3>  
WHEC Publications. Special thanks to the editorial board for compiling the review and the physicians who reviewed the bulletin.

## From Editor's Desk:

### SECRETARY-GENERAL; MESSAGE FOR WORLD HEALTH DAY; SPELLS OUT STEPS TO ENSURE SYSTEMS STAND UP WHEN EMERGENCIES STRIKE

Following is the text of UN Secretary-General Ban Ki-moon's message on World Health Day, to be observed on 7 April: When disaster strikes, well-prepared, functioning medical services are a priority. Floods, earthquakes and other natural disasters can take a terrible toll on human life. So, too, can infectious disease outbreaks and man-made disasters, such as chemical spills or radiation accidents. Hospitals, clinics and other health facilities must react swiftly and efficiently. They must also provide safe havens and not become disaster zones themselves. When a hospital collapses in an earthquake, burying patients and staff, the human cost multiplies. When an infectious disease spreads because a hospital is poorly ventilated or constructed, or because health-care workers lack adequate training, we are failing people at their most vulnerable. To focus attention on these simple but important principles, World Health Day for 2009 has adopted the campaign slogan "Save lives. Make hospitals safe in emergencies." It is a global call to action for countries to work to prepare their health systems for emergencies.

Collaboration between different United Nations entities and other international actors is crucial to helping countries to achieve this goal. The World Disaster Reduction Campaign for 2008–2009 has pooled the efforts of the World Health Organization, the United Nations International Strategy for Disaster Reduction and the World Bank towards making health facilities more able to stand up to cyclones, earthquakes and other hazards. We must protect public health by designing and building health-care facilities that are safe from natural disasters. We must also ensure they are not targeted during conflicts. Health-care workers must be trained to work safely in emergencies, so they can save lives, rather than becoming victims themselves. And we must guarantee the continuity of the health services that a community relies on, such as immunizations, dialysis and the delivery of babies, once the immediate emergency has passed.

We cannot prevent all disasters. But we can work together to ensure that, when they occur, hospitals and other health facilities are ready and able to save lives.

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Our Initiative / project "Continuing Medical Education Initiative for the Globalized World" has been published on the UN-NGO-IRENE Best Practices Network website. In support of the above mentioned mandate, the NGO Section, Department of Economic and Social Affairs, has developed a new web portal, entitled "UN-NGO-IRENE Best Practices Network", with the goal to act as an engaging and interactive electronic forum, allowing organizations in consultative status with ECOSOC to share and discuss Best Practices and success stories. The initiative was born during the ECOSOC NGO Forum, held at UN headquarters in April, 2008, when actors from civil society around the world presented their highly acclaimed success stories. The terms of reference of the United Nations non-governmental organizations Informal Regional Network (UN-NGO-IRENE), mandates, inter alia, the establishment of a technology based system that

facilitates interactive exchange at the regional and global level between the United Nations and NGOs in consultative status with the Economic and Social Council (ECOSOC). The web portal is divided into different networks. Each network has a theme; selected based on the themes of the High Level Segments of ECOSOC, as well as other topical subjects of great importance within the international development community in the fields of economic and social development.

The "UN-NGO-IRENE Best Practices Network" web portal is open to the public.  
Here is the link: <http://esango.un.org/irene/Index?page=viewPractice&nr=364#text>

**Special Thanks:**

**Dedicated to women's well-being and health care worldwide**

**Words of Wisdom:**

In the world's broad field of battle;  
In the bivouac of life;  
Be not like dumb, driven, cattle;  
Be a hero in the strife!

Trust no future, however pleasant;  
Let the dead past bury its dead;  
Act – act in the living present;  
Heart within and God over head!

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