



WHEC UPDATE

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

June 2009; Vol. 4, No. 6

WHEC Update is our way of sharing with you a selection of the most exciting projects and programs in the United Nations System. It is a publication defined by the same rich diversity that characterizes our culture today. As always, it is an exclusive, behind-the-scenes first look at what makes each of these projects a program. Also as always, it is a publication about people, about relationships, which is why we asked our editorial board, to provide insight into how the interdependence between writers and readers might be improved to the benefit of all parties involved. And one more thing: I am always impressed by the thought that goes into the development of **WomensHealthSection.com**. In 21st century Internet entered the everyday lives of people in the developed world. During periods of rapid social and technological evolution, changes are felt by different people at different times. The innovators pursue products progressively, sometimes even before a formal marketing program has been launched. Their interest focuses on pilot projects to test the applicability of the technology. For publishers, electronic publishing is either a dream, or a reason for dread, depending on whether they see it as a new business opportunity or a threat to existing markets. Internet-edge is considered by editors at Women's Health and Education Center (WHEC) as a helpful tool to permit readers to hear the voices of people quoted in the articles. When there is a change in how some element of one's business becomes an order of magnitude larger than what that business is accustomed to, then all bets are off. There is wind, and then there is typhoon. For all of us at WHEC – it is indeed a pleasure to see our e-learning initiative serving healthcare providers and general public in 213 countries and territories, with pride.

The two realities coexist in parallel at WHEC, without conflict or contradiction; being contemporary does not imply dismissing history. This is a timely initiative, and it is very encouraging to see international community and governmental officials and representatives of the private sector and civil society, are supportive of these efforts. Achieving universal access to reproductive health is our mission. Sometimes when we face change, we feel conflicting forces driving us forward and pulling us back. This place of tension and confusion can be called an "edge". The "Internet-edge" is our collective struggle to change as the world becomes more connected. Turmoil at the Internet-edge occurs around interacting social, legal, and technological realms. Social, legal, and technological challenges for the net-worked world are real. Examples include issues of on-line privacy, censorship, digital copyright, and untaxed business transactions over the net. Such issues reflect conflict between values – local and global, individual and corporate, non-democratic and democratic. We believe the trends in technology that will make the Net, in the next few years, a very different experience from the desktop surfing of today. Our e-learning journal, **WomensHealthSection.com** already has that edge. Finally, it is about how old myths of magic, power, and control can help us to understand our fascination and fear of new technologies.

The Internet Edge

Rita Luthra,, MD

Your Questions, Our Reply:

Why a private-public partnership in public health?

Partnership in Public Health: the concept of public health derives from a recognition that the major problems of health faced by society relate to community life and that community action is therefore important in health promotion and disease prevention. Non-governmental organizations (NGOs), including professional, community and consumer bodies, research and educational institutions, also play a major part in setting and supporting the public health agenda as well as contributing to health improvement. From the standpoint of the national effort in public health there are significant weaknesses in current arrangements between private-public partnerships. Vertical programs have introduced rigidities and boundaries between the Federal and State Governments and between programs. Successful national strategies could be applied more broadly across public health activities. In health promotion and some other areas there is a danger of unnecessary duplication and inefficiency because of a lack of clear roles and responsibilities.

The complexity and national significance of many public health issues, such as those of HIV / AIDS and food-borne disease, require a strengthening of the capacity to identify and respond to problems in a collaborative and complementary manner. As the focus of health system moves to health outcomes and allocative efficiency there is need for improved articulation of the contribution of public health knowledge and skills to health system development. The National Public Health Partnership provides a broad multilateral intergovernmental framework for building a cooperative approach so that the preconditions for success can be met and health of the people protected and improved. This is move away from Federal / State arrangements for management of selected programs towards a more systematic and strategic approach, offering a means for assessing and implementing major initiatives, new directions and best practice.

Women's Health and Education Center (WHEC) hopes to create a wider base of practitioners with public health expertise. It is an essential ingredient in strengthening the public health infrastructure.

About NGO Association with the UN:

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

UNEP – United Nations Environment Program Environment for Development

Environmental development is key to achieving overall sustainable development. UNEP's work to promote environmental sustainability, the object of Millennium Development Goal 7, underpins global efforts to achieve all of the Goals agreed by world leaders at the Millennium Summit. UNEP supports assessments of environmental conditions and trends including building the capacity of its many partners to generate the information necessary for sound environmental decision making to support sustainable development and the achievement of the Millennium Goals.

UNEP's work encompasses:

- Assessing global, regional and national environmental conditions and trends.
- Developing international and national environmental instruments.
- Strengthening institutions for the wise management of the environment.
- Facilitating the transfer of knowledge and technology for sustainable development.
- Encouraging new partnerships and mind-sets within civil society and the private sector.

Initiatives:

1. Poverty & Environment Partnership (PEP)
2. Multilateral Environment Agreements (MEAS)
3. [Mainstreaming MDG 7](#)
4. UNEP World Conservation Monitoring Center (WCMC)

Collaboration with World Health Organization (WHO):

Sixty-second World Health Assembly

Date: 18-22 May 2009

Location: Geneva, Switzerland

The 62nd session of the World Health Assembly took place in Geneva during 18-22 May 2009. At this session, the Health Assembly discussed a number of public health issues, including:

- pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits;
- implementation of the International Health Regulations;
- primary health care, including health system strengthening;
- social determinants of health; and
- monitoring the achievement of the health-related Millennium Development Goals.

The Health Assembly also discussed the program budget, administration and management matters of WHO.

Details: [World Health Assembly opens](#)

Bulletin of the World Health Organization; Volume 87, Number 6, June 2009, 405-484 [Table of contents](#)

Collaboration with UN University (UNU):

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

Social and Economic Policies to Prevent Complex Humanitarian Emergencies Lessons from Experience

Complex Humanitarian emergencies refer to deep social crisis in which large number of people die in war, displacement, disease and hunger owing to man-made disasters, although some may benefit. In simple language and with numerous concrete examples, this policy brief analyses the impact - among others - of key ex-ante factors such as acute 'horizontal inequality' between social groups in the distribution of assets, state jobs, social services and so on; the failure of political institutions and the ensuing crisis of the state; the protracted worsening of economic conditions; and external shocks. The analysis summarized herein also debunks some of the common beliefs recurrent in the literature in this area, e.g. that emergencies are caused by deteriorating environmental conditions, competition for non-renewable resources, and structural adjustment. While being by themselves an important source of economic hardship, their role in triggering Complex humanitarian Emergencies is not borne out by the evidence.

THE ROLE OF THE INTERNATIONAL MONETARY FUND AND THE WORLD BANK: It is not the case that the IMF or World Bank themselves bring about increased insecurity. Since many governments are pursuing precisely the opposite policies to those that would promote group inclusivity the international financial institutions have a potentially positive role to play in dealing with conflict-prone countries. Measures to reduce inflation and promote private sector activity should reduce the probability of conflict. But specific account of the systemic problems faced by

vulnerable economies should be taken in the design of their stabilization and adjustment programs. While the design of World Bank investment projects have increasingly sought to benefit disadvantaged groups in society, this is generally not true of economic policy advice at the national level. In fact, at present, IMF and World Bank policy conditionality is 'blind' to horizontal equity in their policy prescriptions. As lead institutions, they should incorporate these considerations into the policy conditionality that is applied to government economic interventions and expenditures. There is a real risk that the cuts in government spending involved in IMF packages can increase inequalities of access—depending on the capacity of the state to redistribute resources in ways that are considered to be fair. Another obvious candidate for attention is expenditure reallocation: while the IFIs have recently tended to emphasize the importance of reducing unproductive public expenditures, there are examples where the IMF and World Bank were reluctant to impose pressure on government to cut military spending—El Salvador being a recent example.

Policy Brief; Publisher: UNU-WIDER; Author: Jeni Klugman; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Ministry for Foreign Affairs of Finland and the Government of Sweden (Swedish International Development Cooperation Agency - Sida), and the sponsorship of Queen Elizabeth House, Oxford University, to this research.

(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 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11

1. Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense.
2. No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.

To be continued.....

Top Two Articles Accessed in May 2009:

1. Effects of Regional Analgesia on Labor;
<http://www.womenshealthsection.com/content/obspm/obspm007.php3>
WHEC Publications. Special thanks to Dr. Karen Cristine Abrão, Department of Obstetrics and Gynecology, São Paulo University, São Paulo, Brazil for the assistance in compiling the Practice Bulletin.
2. Pain Relief During Childbirth: A Comprehensive Review;
<http://www.womenshealthsection.com/content/obspm/obspm001.php3>
Authors: Dr. Bhavani Shankar Kodali, Associate Professor, Harvard Medical School, Brigham and Women's Hospital, Boston, MA (USA) and Dr. Karl Frindrich, Fellow, Harvard Medical School, Brigham and Women's Hospital, Boston, MA (USA)

From Editor's Desk:

Address to the 62nd World Health Assembly
19 May 2009

Resilience and solidarity: our best response to crisis
Mr. Ban Ki-moon
United Nations Secretary-General

It is a great honor for me to participate in and address the World Health Assembly at a critical juncture for global health. At the outset, I would like to highly commend Dr. Chan for her leadership in addressing this crisis in close coordination with Member States. I also want to salute the Ministers and public health leaders for their hard work not only in this crisis, but for their response to health challenges each and every day. Mrs. Sarah Brown, thank you for being here to share your voice. This morning I visited the JW Lee Strategic Health Operations Centre at the WHO. They call it the SHOC room, but I have a confession: I was not shocked. I was energized. Energized by the professionalism, dedication and commitment of WHO staff and colleagues from member states and collaborating centers. They are the face of the global response to a global crisis. They are the symbol of multilateral cooperation at its best. Thank you for doing so much to build a healthier world.

Here, today, the H1N1 strain of Influenza A is Topic A. This outbreak spotlights yet again the interconnected nature of our world. Geography does not guarantee immunity. A threat to one is a challenge to all. From the beginning, I have been in constant contact with Dr Chan. I know there are still many unanswered questions about this new virus. We do not yet know how far and how fast it will spread...how serious the illnesses will be... and, indeed, how many lives will be lost. As previous pandemics have shown, the situation can unfold in stages – what begins as mild in the first stage might be less so in the next. That is why the WHO has not let down its guard. That is why the world must remain vigilant and alert to the warning signs. The spread of the H1N1 virus illustrates some of the fundamental truths of public health: It helps us better understand the challenge we face today: how do we build resilience in an age of unpredictability and interconnection? You are a big part of the answer. That is clear from the steps that you have taken in the last weeks—and the lessons we have learned. First, we have learned that your hard work has paid dividends. Advance planning for a pandemic has served the world community well. We have never been better prepared to respond. Second, we have learned the value of transparency. We must know what is going on. The response to the flu pandemic shows just what is possible in terms of real-time information and intelligence. Third, we have learned the value of investment in strong public health systems. They are the guardians of good health in normal times and the bedrock of our response to the new outbreaks and emerging diseases. Fourth, we have learned the value of coordination -- between agencies and countries, between the public, private and voluntary sector. That is why Dr. Chan and I met this morning with executives of the

main vaccine producers. Partnerships with the private sector are absolutely vital going forward. But we are also learning that coordination is not an end in itself. That is my fifth and fundamental point—solidarity. Global solidarity must be at the heart of the world's response to crisis. Solidarity in the face of this particular outbreak must mean that all have access to drugs and vaccines. It means that virus samples and data are shared. It means that self-defeating restrictions on trade and travel are avoided. It means that WHO and other vital bodies have the resources they need when they need them. It means that we all act in the interests of the poorest and most vulnerable. I pledge my full commitment.

We have been talking about the crisis of the day – but we are here at this Assembly to look beyond. To get to the fundamentals. Why did I make global health one of my top priorities as Secretary General? Because health is fundamental to everything we do at the United Nations. A healthier world is a better world, a safer world, a more just world. If we fall short on health, we cannot simply go back later and pick up where we left off. There is no pause button. There is only rewind. Children start falling ill again from preventable diseases. Families suffer. Communities break down. In the blink of an eye, the damage to generations can be too far gone. That is why I say that cutting investment on health at times of recession is not just morally wrong, it is economically foolish. And it is why we must continue to engage. We must also be realistic. Yes, we need more resources. But we also must do more with what we have. There are two overriding realities. On the one hand, this is a world of multiple crises. Problems do not stay confined to tidy corners. On the other hand, this is an age of austerity. Budgets everywhere are getting squeezed. How do we move forward? By thinking imaginatively. By working the inter-connections. As Dr. Chan so effectively reminds us, we must remember health is an outcome of all policies.

As we seek out connections, there is perhaps no single issue that ties together the security, prosperity and progress of our world than women's health. It touches the heart of every issue and the soul of every society. Everywhere, especially in the poorest countries, women's health is the nation's health. Women, after all, care for the children. Women often grow the crops. Women hold families together. Women are in the majority as society's age. Women are the weavers of the fabric of society.

In my first year as Secretary General, I convened leaders from the United Nations system, the world of philanthropy, the private sector and civil society to focus on 21st century health priorities. They all agreed: We must begin with maternal health. We know the damning statistics. Every year, another half a million mothers die from complications during pregnancy and child birth. But we also know that maternal health is a key barometer of a functioning health system. If a health system is available and accessible 24 hours a day, 7 days a week and capable of handling normal deliveries and emergencies, then it is equipped to provide a wide range of other services as well. In other words, maternal health is the mother of all health challenges. Today, maternal mortality is the slowest moving target of all the Millennium Development Goals – and that is an outrage. Together, let us make maternal health the priority it must be. In the 21st century, no woman should have to give her life to give life.

Let me close by saying I know that we can do all of these things. My confidence is not based on wishful thinking. It is rooted in progress that you have achieved through the years. Fighting Polio. Wiping out Small pox. Eradicating Guinea worm. Increasing access to HIV/AIDS prevention care and treatment and leading the way on tobacco control. Much, much more is possible. Whether the meltdown is in the polar icecaps or the financial markets, we must continue to connect our common challenges. And the fight must be joined. That means nurturing more partnerships. To strengthen health delivery. To ensure that well-trained staff provide safe and effective services. To innovate and find smarter ways of working, of using new technology, of raising resources. And that will take the continued leadership and example from Ministers of Health and from your World Health Organization. When crisis looms, the story is often told in numbers: how many people's lives are at risk, how many more will be pushed into poverty, how many jobs are threatened. Understanding the magnitude of the threat is part of our job in the United Nations.

We work with our Member States and spring into action. We offer food and shelter. We help keep the peace. But that is only part of our responsibility. The bigger part is prevention - what we can do to prevent the worst of those predictions from coming true. In so many ways, that means you. Let us stay fixed on the fundamental that is health. Let us connect the power to get results with the principles of global social justice. This is how we will make the global community more resilient. This is how we ensure that wherever the next threat to health, peace or economic stability may emerge, we will be ready.
Thank you for showing the way.

Special Thanks:

WHEC thanks Dr. Peter von Dadelszen, MBChB, DPhil, University of British Columbia, Department of Obstetrics and Gynecology, Vancouver, BC (Canada) for his priceless support, contribution and friendship. It is indeed our pleasure to work on various issues in Women's Health and Healthcare with you and your group. Thanks again.

Words of Wisdom:

List of Seven Deadly Sins

1. Wealth without work,
2. Pleasure without conscience,
3. Knowledge without character,
4. Business without morality,
5. Science without humanity,
6. Worship without sacrifice,
7. Politics without principle.

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