



WHEC UPDATE

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

December 2009; Vol. 4, No. 12

Warmest thoughts and Best Wishes for a wonderful Holiday Season

Our reliance on scientific biomedicine as the ultimate "gold standard" causes concern to many because this system does not accord a central place for the potential of the body to heal itself. It often detaches the health of people from their place in the natural world, and does not easily incorporate a spiritual component in healing. However, these important aspects of healing have been recognized by the traditional health belief systems of Asia and Africa and of indigenous American peoples. In these approaches, the healer attempts to restore a sense of balance by focusing on the individual's relation to the community and to nature. Western health experts acknowledge that such abilities exist but often are not able to incorporate them in healing; much effort has gone into exporting biomedicine to the developing world, but many have concluded that developing world, simply cannot afford it. Indeed, there are now doubts about how much longer the West itself can afford the cost of Western medicine, given our current "health care crisis". In my view, traditional healthcare / spiritual component have yet to achieve the respect they deserve in the West because of misinformation. Many people are put off by the phrase "alternative medicine". It might be helpful to point out that for 80% of the world's people, approaches that we might label "alternative" or "complementary" constitute primary care. Some physicians refer to these traditions as if they were experimental, or a new, untested discovery without a sound intellectual basis and history, whereas in reality they have been "field-tested" by millions of people for thousands of years. Consumer use of herbs and medicinal plant products in the United States over the past two decades has become a mainstream phenomenon. The size of herb market in the USA was at about \$ 1.6 billion in 1997, and by 2007 it grew to \$ 4.4 billion, an average expenditure of \$ 58 per person annually. No longer relegated primarily to health food stores, mail order houses, and multilevel marketing organizations, herbs and phytomedicines have become one of the fastest growing segments in retail pharmacies, supermarkets, and other mass market outlets. In addition, major health insurance companies are beginning to include herbs as covered modalities of "alternative therapies" and herb products are being considered for use by some managed care organizations.

While it is hard to make valid generalizations about human behavior, it is probably fair to say that human cultures are unlikely to continue to invest their time and energy in approaches which don't work. The fact that these health belief systems have been passed down from one generation to another for so long is worthy of serious attention. Western medicine has produced the finest system of medical care the world has yet seen, but allopathic medicine (i.e. medicine which counteracts the effects of the disease being treated) is neither perfect nor always affordable. During the last hundred years or so, Western physicians have embraced the science of medicine, and our initial success in dealing with a host of infectious diseases has encouraged us to believe that the future will always hold "miracle cures". Many now suspect that neither the ongoing effort nor the international project to map the entire human genome will produce affordable magic bullet for heart diseases, cancer or even arthritis. Doctors are healers first; they will use any acceptable treatment that has been shown to work. While maintaining safety we need to work towards a truly integrated medical model in which different systems can co-exist. The articles in our publication **WomensHealthSection.com** reflect on spiritual / alternative or complementary aspects of healing. Our contemporary focus on science and technology has led us to construct a medical system founded on expensive machines, powerful drugs and invasive procedures. It has also created therapeutic expectations which encourage people to believe that they can escape the consequences of risky health behaviors. Employ a balanced approach. Place mind/body therapies within a proper context. They are but one of many influences and treatments.

Spiritual Component

Rita Luthra, MD

Your Questions, Our Reply:

What is the role of spirituality in health? Should it be a part of healthcare services provided to the patients?

Spiritual Dimension of Health: Our editorial board has explored the question of the role of spirituality in health during a review of long-term health trends. After many discussions on the subject it is decided to consider including in the health-for-all strategies a "spiritual dimension", defined in accordance with the patient's social and cultural patterns. By this dimension is implied a phenomenon that was not material in nature but one that belonged to the realm of ennobling ideas, beliefs, values, and ethics that had arisen in the minds and conscience of human beings. The irrational spending indulged in by rich and poor countries alike in order to possess highly sophisticated health systems is beginning to constitute an unnecessary burden on them, much to be the detriment of the health objectives they aspire to attain. It is my firm belief, therefore, that it is high time for all of us in health care field to take action to rationalize medical practice methods and to explain which of them have proved their worth and which are still at an experimental stage, or have been shown to be unfounded scientifically, or are motivated by profit alone.

Material progress in the present world has reached levels unprecedented in past history of civilization. Yet we find that what prevails in this world are anxiety and apprehension, so much so that one could say that the distinguishing feature of this age is a sense of loss and uncertainty. We have stripped human beings, over the past decades, of their spiritual values; and materialism is now in full control of all aspects of our life to the extent that human beings feel lost and restless, desperately seeking tranquility, quiet, and peace of mind. I am quite certain that regardless of what we do to provide health care for the body and mind, we shall remain lost and restless until we provide for the spiritual aspects of life.

World Health Organization (WHO) in the Thirty seventh World Health Assembly in 1984 adopted a resolution (WHA37.13) which invited Member States to consider including strategies for spiritual dimension in health-for-all goals. Material progress alone is not enough!

About NGO Association with the UN:

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

IFAD – International Fund for Agricultural Development
Enabling poor rural people to overcome poverty

During 2001, IFAD participated in selected high-level events, for instance the UN, World Bank, IMF and OECD Forum on the Millennium International Development Goals and Indicators on the Objectives of Halving Global Poverty by 2015. Representatives of developing countries, bilateral donors, the United Nations and its specialized agencies, the International Monetary Fund and the World Bank gathered in March 2001 at the World Bank's headquarters for a seminar on the International Development Goals. The seminar took stock of the progress made in establishing a common set of quantitative development objectives; exchanged views on the opportunities for and obstacles to reaching the goals; and laid the groundwork for further international cooperation. A follow up meeting on harmonizing reporting on the Millennium Development Goals (MDGs) and the International Development Goals (IDGs) was held in New York in June 2001 to discuss the respective targets and selected relevant indicators, with a view to merging the two documents into a single set of Millennium Development Goals (see table below). UN Secretary-General Kofi Annan has asked UNDP to be the "scorekeeper" and "campaign manager" for the Millennium Development Goals -- spreading awareness within the system and across the world and making them an integral part of the UN system's work in the field. This year, the goals are a focus of three critical global conferences: the [International Conference on Financing for Development](#)

(FfD) in Monterrey, Mexico (March 2002), the World Food Summit: five years later in Rome (June 2002), and the World Summit for Sustainable Development (WSSD) in Johannesburg, South Africa (Aug/Sept 2002). At the WSSD, countries will map out a new agenda, laying out the strategies and partnerships needed to ensure progress towards the goals and other development objectives

Collaboration with World Health Organization (WHO):

Health Education through Religion Series

Health as a Human Right in Islam

Health as a human right is an arena that has been recently entered by WHO, in an attempt to increase its own understanding of human rights in relation to health. The Organization is learning from other United Nations agencies, from regional organizations, and from advocates and experts of human rights throughout the Region. Untapped though is the fundamental role that religion can, and has, played in the promotion and protection of health. Fourteen centuries after Islam established the rights of man, WHO advocated for its goal defined as 'Health for All' and people managed to issue the international declaration of human rights. In a region such as the Eastern Mediterranean Region, where religion is so much part of daily life, Muslims and Muslim organizations can easily ascertain all they need to know through the deployment of Islam. Islam has honored health as a fundamental right of every human being, which makes it a powerful source of guidance and information. Since its birth, Islam has prioritized health, placing it as second in importance to faith. In fact, embedded in the very essence of the divine law is the protection of the five essential needs of faith, life, progeny, property and mind. And, with only a little reflection, it becomes apparent that 60% of these essentials (three out of the five), namely life, progeny and mind, cannot be adequately safeguarded without the protection and preservation of health. A number of health rights have recently acquired prominence as a result of scientific advances, influencing people's understanding and the moral values on which they base their action.

Details: <http://www.emro.who.int/dsaf/dsa217.pdf>

Bulletin of the World Health Organization; Volume 87, Number 12, December 2009, 885-964 [Table of contents](#)

Collaboration with UN University (UNU):

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

Can Entrepreneurship Make Peace Work?

There is a special role for entrepreneurship to play in making peace work. The recently published UNU-WIDER study, *Making Peace Work: The Challenges of Social and Economic Reconstruction*, details how the related goals of peace, prosperity and participation need to be brought together to achieve successful and sustainable reconstruction. Entrepreneurship has, for many reasons, an increasingly important role to play in this process. In this article we explain the key elements of successful reconstruction and outline how productive entrepreneurship can help achieve such an Endeavour. Peace, participation and prosperity are mutually reinforcing 'Peace' implies preventing a resumption of mass violence, looting and killing - but it also means finding constructive conflict resolution mechanisms and preventing spoilers from de-railing reconstruction through the use of violence. 'Prosperity' calls for broad-based and sustainable development those results in poverty reduction and growth benefiting even the most marginalized. But it also requires re-orientating entrepreneurs towards peaceful ways of making a living that eliminate the smuggling, drug production and arms dealing which make war economies so profitable and which

sustain conflict. 'Participation' involves the design and implementation of a post-war social and political decision making processes, to enhance the involvement of all stakeholders in the peace process and to enable prosperous peace building. This may not be electoral democracy in all instances, but it should certainly involve a strengthening of transparent and participatory institutions, without which a return to violence is more likely. Participation should also entail the inclusion of gender issues into the reconstruction agenda—often a neglected area still in the reconstruction debate. Participation is also a key task for the international community—to alleviate the likely tensions between democracy and peace.

The interaction between peace and prosperity is well documented analytically and empirically, and the evidence shows that the probability of renewed conflict declines as per capita income rises. The relationship between peace and participation is less clear; the absence of conflict should help to build participation but participation certainly does not lead to peace in a linear fashion (and elections themselves may be a flashpoint for conflict as Angola and Kenya demonstrated in 1992 and 2007, respectively). Evidence of the link between prosperity and participation shows a wide variety of outcomes; both dictatorship and democracy can be associated with economic success, as well as with failure. A number of positive experiences of peace and participation can help guide policy makers in how to avoid a conflict—ridden path to participation. While it is hard for low-income countries to build democracy, Mozambique, Botswana and India all serve as evidence that stable democracy can be attained and sustained, even in initially poor societies.

Several factors can contribute to the support of peaceful, participative and prosperous entrepreneurship. The relationship between war, institutions and entrepreneurship and the evolution of institutional reform needs to be better understood in the post-conflict context. Post-conflict governments and donors should remove barriers to business development, provide support on the input side of the entrepreneurial process and decentralize the provision of support measures and economic decision making as much as possible. We believe that a precondition for productive entrepreneurship in post-conflict societies is therefore that governance and transactional trust be restored. In that sense, good pro-entrepreneurial policy in the post-conflict period is simply good development policy.

Authors: Tony Addison and Tilman Brück; WIDER *Angle* newsletter, March 2009

(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 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29

1. Everyone has duties to the community in which alone the free and full development of his personality is possible.
2. In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

3. These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Top Two Articles Accessed in November 2009:

1. Alternative and Complementary Medicine for Menopause;
<http://www.womenshealthsection.com/content/gyn/gyn001.php3>
WHEC Publications. Special thanks to WHO and NIH for the contributions. We thank our editors for compiling the document.
2. Sonographic Screening for Down Syndrome;
<http://www.womenshealthsection.com/content/obsdu/obsdu001.php3>
Author: Dr. Fergal D. Malone, Professor and Chairman, Department of Obstetrics & Gynecology, Royal College of Surgeons in Ireland, The Rotunda Hospital, Ireland, and Columbia University of Physicians and Surgeons, Columbia Presbyterian Medical Center, New York, NY (USA)

From Editor's Desk:

Progress on health-related MDGs mixed

Mid-way report card on health-related Millennium Development Goals mixed, says WHO

Deaths of children aged under five years have dropped by 27% globally since 1990, according to the latest WHO estimates. But in WHO's first progress report on the health-related Millennium Development Goals (MDGs) released today in the World Health Statistics 2009, other results are mixed. An estimated 9 million children aged under five years died in 2007, significantly fewer than the 12.5 million estimated to have died in 1990, the baseline year against which progress towards the goals is measured. However, in many African countries and in low-income countries generally, progress has been insufficient to reach the MDG target, that aims for a two thirds reduction in child mortality by the year 2015. The decline in the death toll of children under five illustrates what can be achieved by strengthening health systems and scaling up interventions, such as insecticide-treated mosquito nets for malaria and oral re-hydration therapy for diarrhea, increased access to vaccines and improved water and sanitation in developing countries. The MDGs were initiated by the United Nations and its partners to achieve significant improvements in eight health and development areas by 2015. At the mid-way point, the analysis shows encouraging signs of progress. But there needs to be more effort to strengthen health systems in countries affected by high levels of HIV/AIDS, economic hardship or conflict. Moreover, there is a need to pay greater attention to the poorest groups within countries where progress is often the slowest and child mortality rates remain high.

Areas where there has been little or no movement are notably maternal and newborn health. An estimated 37% of deaths among children aged under five occurs in the first month of life, and most of them in the first week of life. While the data are patchy and incomplete, it appears that the regions with the least progress are those where levels of maternal mortality are the highest. The challenges ahead are those presented by weak health systems, those associated with non-

communicable chronic conditions, and emerging health threats such as pandemics and climate change.

World Health Statistics 2009 is an annual report based on more than 100 health indicators collected from WHO's 193 Member States. These indicators provide a snapshot of global health trends. However, the data have some limitations. These are explained in our Frequently Asked Questions about health statistics.

Among other findings, the report reveals:

- An estimated 1.2 billion people are affected by neglected tropical diseases. In 2007, 546 million people were treated to prevent the parasitic disease lymphatic filariasis (also known as elephantiasis), which causes enlargement of parts of the body.
- The availability of essential medicines at public health facilities is often poor and prices remain high, even for generic medicine.
- There are now more than 3 million people in developing countries receiving antiretroviral therapy, which proves that complex treatment for chronic disease is possible in low-income settings.
- Adolescent pregnancy rates remain high. Globally, there were 48 births for every 1000 women aged 15–19 years in 2006, a small decline from 51 per 1000 in the year 2000.
- Out of every 100 deaths worldwide, 51 are due to non-communicable conditions; 34 due to communicable, maternal or nutritional conditions; and 14 due to injuries. Changes in population age structures, risk factors and disease patterns are resulting in increases in the proportion of deaths due to non-communicable diseases such as heart disease, stroke, cancers and road traffic accidents. Many developing countries have to cope with a double burden of both infectious and non-communicable diseases that is overwhelming their health-care systems. Action needs to be taken now to implement preventive interventions including reductions in tobacco use, overweight and obesity, and high blood pressure.

Details: http://www.who.int/mdg/mdg_poster.pdf

Special Thanks:

WHEC thanks Dave Flaherty, President of Ashton Services and eclecTechs for priceless work and support to this web-learning initiative. He and his entire team (Barbara, Andee, Larry, Anthony and many more) contribute extraordinary, tireless work and passion to this project every day – to make it a success. It is amazing how these talented people make it look (web-development) so easy. We at Women's Health and Education Center (WHEC) are looking forward to many more years of collaboration.

Words of Wisdom:

CHARACTER OF A HAPPY LIFE

How happy is he born and taught
That serveth not another's will;
Whose armour is his honest thought
And simple truth his utmost skill !

Whose passions not his masters are,
Whose soul is still prepared for death,
Untied unto the world by care
Of public fame, or private breath;

Who envies none that chance doth raise
Nor vice; Who never understood
How deepest wounds are given by praise;
Nor rules of state, but rules of good;

– This man is freed from servile bands
Of hope to rise, or fear to fall;
Lord of himself, though not of lands;
And having nothing, yet hath all.

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