



WHEC UPDATE

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

April 2011; Vol. 6, No. 4

Anniversary Edition

On 12 April 2001, Women's Health and Education Center (WHEC) began with simple ideals – uncompromising quality with unparalleled service. Today, those ideals remain the foundation of every project we undertake. Our e-Health Project – **WomensHealthSection.com** was and is a major undertaking of WHEC. In this forum we are all equals, working towards a common goal – to improve global response to improve maternal and child health. When we first launched this e-learning project / program, the readers we had in mind were a relatively small segment of the population – the healthcare providers. Today its scope is clear from its subtitle: "Women's Health Education -- A Global Community". Any reader who actively participates in the process of health development should find much of interest in this publication. This includes not only those actively working in the field of health but also professionals in other sectors to whom health issues are important -- economists, sociologists, educators, government officials, and all whose responsibilities are affected by health considerations. Political commitment & recognition of women's rights can ensure that every woman receives the care she needs and when she needs it. It is a basic determinant of the health of future generations. In 2008, Women's Health and Education Center (WHEC) was granted Special Consultative Status with Economic and Social Council of the United Nations. We continue to fulfill our promise.

This e-Health Project has taken a broad perspective, both theoretical and policy-oriented, on the role of education and status of women in society, and to improve maternal and child health. It will continue to foster much-needed rapid communication among healthcare providers on the best approaches to increasingly complex data on evidence-based medicine in women's health, and will be a venue for healthcare providers and policy makers, to enter a dialogue on the strengths and limitations of methods for analysis in the important and hotly-debated areas. *WHEC Practice Bulletins* apply standard of care ideas to problems of women's health and health development, and takes a broad perspective, both theoretical and policy-oriented, on the role of continuing medical education efforts. Editors and editorial board members come from major centers of academic and clinical research, around the world. We hope articles on best practices and policy implications will continue to appeal to readers in biostatistics, bioinformatics, computational biology, genetics, behavioral science, epidemic modeling, global health policy, and grassroots health practices.

The popular image of a library is of hushed rooms lined floor to ceiling with books through which people leaf in search of information. But this image is out of date. Today's libraries are at the forefront of the information revolution, busily transmitting knowledge to colleagues and healthcare providers around the world using latest technology. WHEC's library in reproductive health is no exception. Our authors / editors based all around the world are involved in a wealth of communication activities with a wide variety of input from ministries of health, hospitals, universities and international organizations to individual scientists, researchers, students, residents and general inquirers. The world is our classroom. Sharing your experience with your classmates is easier than ever with our e-learning initiative Women's Health Section and WHEC Global Health Line. Publish your research, documents, views and most importantly accessing it from virtually anywhere in the world. Create a page / space for you and your institution in the e-Health initiative, **WomensHealthSection.com**, to connect with millions of healthcare providers and policy makers around the world. Share your knowledge, experience and research with the world. Make an academic impact!

WHEC: First Ten Years

Rita Luthra MD

Your Questions, Our Reply

How can microfinance benefit the poorest in protecting health? Are microfinance programs helpful in health promotion and education?

Benefits of Microfinance: When illness strikes, people on low-incomes often respond by foregoing their children's education, selling limited assets, borrowing from informal sources at exorbitant rates or foregoing medical treatment. Limited access to formal credit and saving arrangements constrain health-care financing options for the poorest. Microfinance broadly refers to small loans, saving opportunities, insurance and other financial products and services tailored for poor people. The most common tool, microcredit, is the extension of small loans, often without collateral requirements, usually for self-employment projects that generate income. By capitalizing on social networks in poorer communities and developing channels into the informal economy, microfinance is assisting millions of people, particularly women, to improve financial resilience. Additionally, by promoting local entrepreneurship, microfinance helps build a more resilient and secure local economy. Due to its success in providing conventional financing for poor communities, microfinance is now being used as a tool for health financing and also health education and prevention.

Several microfinance programs have incorporated preventive health education as part of services based on either public service motives or from the belief that health education will lead to higher repayments, client retention, and increased profit. In South Africa, for example, the IMAGE (Intervention with Microfinance for AIDS and Gender Equality) project combined a microfinance program for women with HIV and gender training curriculum. The results of a randomized control study indicated that a microfinance and training intervention resulted in a >50% reduction in intimate-partner violence among program participants. Furthermore, after two years the study showed an improvement in nine measures of empowerment, including self-confidence and financial confidence. Other research has shown that improvements in women's income through microfinance projects led to advancements in preventive health care. Improvements in nutrition, immunization coverage, contraceptive use and other health measures have been demonstrated in communities using microfinance. In addition, microfinance has been used for infrastructure development.

Despite the strengths of microfinance, it has thus far been largely inaccessible to at the absolute poorest communities. Microfinance may alleviate some financial burden on the public sector by providing coverage for some of these people, but its ability to provide for extremely poor people is still under investigation. We suggest, given the grave risks to health from the current economic crisis, governments, international institutions and NGOs must consider microfinance when shaping their policies to finance and promote health during these difficult economic times.

About NGO Association with the UN

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

Investing in Our Common Future Joint Action Plan for Women's and Children's Health UN Secretary-General Ban Ki-moon

The health of women and children is at the forefront of the development agenda. Bold, focused, and coordinated action is required to accelerate progress on the health MDGs. With only five years left until the 2015 deadline to achieve the Millennium Development Goals, UN Secretary-General Ban Ki-moon has initiated a global effort on women's and children's health that will build upon and revitalize existing strategies and commitments, secure new commitments from a range of influential partners, and provide organization and accountability for delivery, including at the

highest levels. This global effort builds on commitments made by Member States at the 2009 ECOSOC Ministerial Review on Global Health; the 2009 UNGA Special Session, Healthy Women, Healthy Children: Investing in Our Common Future; the 54th session of the Commission on the Status of Women; and on regional commitments and efforts, such as the Maputo Plan of Action and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

http://www.un.org/sg/hf/Joint_Action_Plan_En.pdf

Collaboration with World Health Organization (WHO)

World Health Day

7 April 2011

World Health Day is celebrated on 7 April to mark the founding of WHO. Each year, the Organization selects a key global health issue and organizes international, regional and local events on the Day and throughout the year to highlight the selected area. World Health Day 2011 will focus on antimicrobial resistance and its global spread. Antimicrobial resistance threatens the continued effectiveness of many medicines used today to treat the sick, while at the same time it risks jeopardizing important advances being made against major infectious killers. To underline this, the WHO public awareness campaign will include a special focus on the HIV/AIDS, tuberculosis and malaria epidemics. WHO will call on governments and stakeholders to implement the policies and practices needed to prevent and counter the emergence of highly resistant super-bugs, and to also provide appropriate care to those seriously affected by these microbes.

Antimicrobial resistance and its global spread: We live in an era of medical breakthroughs with new 'wonder drugs' available to treat conditions that a few decades ago, or even a few years ago in the case of HIV/AIDS, would have proved fatal. For World Health Day 2011, WHO will launch a worldwide campaign to safeguard these medicines for future generations. Antimicrobial resistance - the theme of World Health Day 2011 - and its global spread, threatens the continued effectiveness of many medicines used today to treat the sick, while at the same time it risks jeopardizing important advances being made against major infectious killers.

[Antimicrobial resistance](#)

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 89, Number 4, April 2011

Collaboration with UN University (UNU)

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

Building Sustainable Historic Centers: A Comparative Approach for Innovative Urban Projects

Since the 1980s, the promotion of heritage values has gradually become a relevant issue for urban planning. Together with the emergence of new peripheries, inner-city areas and particularly old historic centers, affected by deterioration due to the recession of the last decades, have been the object of study and actions. Consequently, the need to turn the historic centers into areas of development for the market, through legislative measures and investments in infrastructure and services, and the re-evaluation of the heritage value of existing buildings, oscillated between policies which, linked to the mechanisms of economic and cultural globalization, promoted tourism as a source of revenue while striving to find alternatives to gentrification.

The concept of governance, which is understood as a modality for the management of public affairs, is focused on not only identifying 'who governs' but also the 'how' of the governing. According to Healey (2004), from a neo-institutionalism perspective the governance institutions of a society are those values, norms, and ways of acting that shape the realm of collective action – the relations between citizens, the regulation of individual behavior in relation to wider social norms, and the organization of projects of collective endeavor. In this context, the shift to urban governance highlights a growing trend towards the territorialization of collective actions in terms of not only proximity, but also an increase in the scales of negotiating and decision-making networks.

In conclusion, we wish to emphasize that innovation, linked to the sustainability of the urban interventions, presents the paradoxical need to suspend a predetermined order to allow for innovative solutions and factor in local specificities, while guaranteeing the continuity of innovation through mechanisms, making it possible to organize the city on a larger scale, which implies institutionalization and standardization. In the different cases studied, the continuity of the transformation capacity of the institutional innovations stems from its own flexibility in updating and reconciling the contradictory interests and logics underpinning urban projects aiming at organizing sustainable living conditions. At the international level, the ongoing comparative research allowed identifying and analyzing similar urban phenomena across continents linked with social and territorial transformation processes. It contributes to the debate of the planning approaches in different countries, with consideration of the sociopolitical factors, in relation to decentralization and governance, which could be a path to analyze decision-making processes and the role of multiple actors in promoting the development of sustainable cities. Starting from a specific territorial approach to sustainable development, the major goal of our contribution is to gain a better understanding about how urban policies aiming at promoting inclusive cities can be integrated into and help inform national and international development policies.

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

Constitution Of The World Health Organization

(Continued)

CHAPTER XIV – REPORTS SUBMITTED BY STATES

Article 61

Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.

Article 62

Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.

Article 63

Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.

Article 64

Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.

Article 65

Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.

To be continued.....

Top Two-Articles Accessed in March 2011

1. Female Sexual Dysfunctions;
<http://www.womenshealthsection.com/content/gyn/gyn032.php3>
WHEC Publications. Special thanks to reviewers for helpful suggestions and contributions.
2. Sexual Dysfunction in Postmenopausal Women;
<http://www.womenshealthsection.com/content/gyn/gyn016.php3>
Author: Dr. Philip M. Sarrel, Emeritus Professor of Obstetrics and Gynecology and Psychiatry, Yale University School of Medicine, New Haven, CT (USA)

From Editor's Desk

Thanks for overwhelming interest in publishing your reviews, research and health-related web-cast in this e-learning publication. We appreciate your enthusiasm and understand creating free exchange of information access for healthcare providers around the world is a necessity and how important – how ground breaking – **WomensHealthSection.com** is in achieving global health. We would like to bring to your attention to the following editorial policy. The Journal, **WomensHealthSection.com** contains a number of innovative and successful best practices from non-governmental organizations (NGOs), participating institutions, their faculty, and UN entities around the world. In this section, institutions, authors and NGOs can view and rate best practices in specific fields of work, network with organizations around the world, and promote their own work to a global audience. Users can also submit papers, manuscripts, photographs representative of their work which will be available for fellow users to browse. The most of our content is generally commissioned, but if you have a great idea for a commentary, editorial, public health review, news story, interview, book review, or public health classic, we would be happy to consider your proposal. Imagine students in developing countries and the United States simultaneously reviewing the same medical curriculum and learning from each other. That is e-learning at its best in an Internet classroom, and it is the goal of our initiative.

Submitting and Publishing Clinical Trials on WomensHealthSection.com:

The registration of all interventional trials is a scientific, ethical and moral responsibility. This will improve research transparency and will ultimately strengthen the validity and value of the scientific evidence base. Clinical trials sponsored by pharmaceutical companies should follow specific guidelines; available at: <http://www.gpp-guidelines.org> . All human trials that are phase 2a and above must be registered with a clinical trial registry of World Health Organization (WHO); available at: <http://www.who.int/ictrp/en> or National Institutes of Health (NIH), United States; available at: <http://clinicaltrials.gov/>

Authors should provide the name of the trial registry, the registry URL, and the trial registration number at the end of the abstract.

Please note: Submit your contributions in a Microsoft Word compatible format (*.doc) and in English only.

[License for publication](#)

Comings and Goings

Comings: [Faustine-Margaret Arel](#) has joined us as, New York Main UN Representative for NGO Women's Health and Education Center (WHEC). You will enjoy her enthusiasm and public relation skills. Join me in welcoming her to this challenging position.

Goings: Neena M. Gupta and Sharon Wallenberg have served well as NGO representatives for the last 3 years. They are still with the group, but their official responsibilities are over. We all at WHEC thank them for their service to our project.

Words of Wisdom

Every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and not clothed. This world in arms is not spending money alone. It is spending the sweat of its laborers, the genius of its scientists, and the hopes of its children.

– Dwight D. Eisenhower, 34th President for the United States, from a speech before the American Society of Newspaper Editors, April 16, 1953

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

