



WHEC UPDATE

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

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Annual Project Report

For the last few centuries, humans have organized their political differences along territorial lines that generate a sense of “belonging” to a particular nation-state. This artificial division of planetary social space into “domestic” and “foreign” spheres corresponds to people’s collective identification based on the creation of a common “us” and an unfamiliar “them”. Contemporary manifestations of globalization have led to the partial permeation of those old territorial borders, in the process also softening hard conceptual boundaries and cultural lines of demarcation. The rise of a “borderless world” inevitably involves the decline of bounded territory as a meaningful concept for understanding political and social change. Some observers suggest that political power is located in global social formations and expressed through global networks rather than through territorially based states. In fact, nation-states may have already lost their dominant role in the global economy. Contemporary globalization definitely has weakened some of the conventional boundaries between domestic and foreign policies while fostering the growth of supra-territorial social spaces and institutions that, in turn, unsettle traditional political arrangements. At the outset of the 21st century, the world finds itself in a transitional phase between the modern nation-state system and postmodern forms of global governance. The great beauty of globalization is that no one is in control or in charge, and it is not controlled by any individual, any government, or any institution. The level of economic development resulting from globalization is conducive to the creation of complex civil societies with a powerful middle class. It is this class and societal structure that facilitates democracy.

On the global level, governments have formed a number of international organizations including the UN, WTO, NATO, and OECD. Full legal membership in these organizations is open to states only; and the decision-making authority lies with representatives from national governments. The proliferation of these transnational bodies has shown that nation-states find it increasingly difficult to manage sprawling networks of social interdependence. Market globalization is without question the dominant ideology of our time and hope helps us to achieve global health. Finally, our initiative in Maternal and Child Health – **WomensHealthSection.com** draws on women’s groups from the countries around the world to develop common policy initiatives, typically proposals pertaining to women’s rights and health. We are proud to present you our annual report. Our forums are an open meeting place for reflective thinking, democratic debate of ideas, formulation of proposals, free exchange of experiences, and interlinking for effective action by groups and movements of civil society that are committed to building a planetary society directed toward fruitful relationships between North and South. Our forums are plural, diversified, confessional, nongovernmental, non-party context that, in a decentralized fashion interrelate organizations and movements engaged in concrete action at levels from the local to the international – to build a better world.

Most patients around the world want to have digital medical interactions with their healthcare providers, but they do not want to use social media (facebook or twitter) to contact their healthcare providers. Imagine, sitting in your home or an office and teaching Obstetrics, Gynecology, Uro/gynecology and other aspects of women’s healthcare to the whole world and learning from their perspectives too. By interacting with different cultures, we will be able to understand different customs and learn to respect - the diversity.

Globalization and Global Governance

Peter Luthra MD

2011 In Review: Ten Years of Advancing Global Health

The past ten years have been most encouraging that I can remember in terms of improvements in the health of women and children. After many years when reducing the terrible toll of deaths in infants, small children and their mothers seemed frustratingly elusive, at last we saw evidence of real progress. We cannot and should not put too much faith in numbers alone, but when those numbers emerge from painstaking research by reputable scientists they deserve our respect and attention. The numbers published in 2011 tell us that maternal and child deaths are going down, year by year, especially among some of the most vulnerable populations in the poorest countries of the world. Understanding why these welcome reductions are occurring is key to accelerating them. This can best be achieved through a vibrant and continuous exchange of knowledge and expertise among the global health community, through working together, through searching unceasingly for ways to apply new knowledge and skills efficiently at the front-line of health care. This is the mission and purpose of The Women's Health and Education Center (WHEC). In 2011 its contribution was demonstrated as never before. In facilitating the development of the Global Strategy for Women's and Children's Health, initiated by United Nations Secretary-General Ban Ki-moon and launched at the Millennium Development Goals (MDGs) Summit in New York on 20 September, The WHEC has helped take the entire movement a great step forward.

As this report articulates, 2011 was a year of hope, and a year of action. There is a wonderful synergy between the two: hope spurs action, and action spurs hope. Evidence of real progress is the foundation for both. The WHEC, in its short lifespan, has found a place at the heart of this dynamic and is poised to act as a vital catalyst for future progress. The evidence is not just numerical. It can also be seen in the increased commitment of governments, multilateral agencies, nongovernmental organizations, health-care professional associations, academic, research and training institutions and the private sector, and in increased funding from international donors. And behind the statistics and the politics lies the reality – scientifically proven interventions applied by dedicated health-care workers really are saving the lives of children and their mothers.

Very few of us ever have the chance to save a life, and yet for those across the field of public health, and especially in maternal and child health, it is a daily challenge. It is both a responsibility and a privilege. Those of us who make up The WHEC – our almost 400 experts in Working Group, representing many thousands of individuals – share that responsibility and that privilege. As the President of The WHEC Board, I welcome this report and the messages it conveys to everyone who has a role to play in one of the greatest public health missions of the 21st century. We owe it to every woman and every child at risk in the world today to redouble our efforts to protect them in the year ahead and for many years to come.

The Internet has evolved to become one of the most strategic resources essential for socio-economic development. Internet is a network without a center, of interrelated independent networks existing in different jurisdictions – in differently self-determined cyber-spaces. This is not only true between nations, but also within nations. Some of these cyber-spaces stretch beyond national borders. Women's Health and Education Center (WHEC) has succeeded in creating a Global Health Line which is serving healthcare providers and communities in 220 countries and territories. Cyberspace, as the fifth global common space – after land, sea, air and outer space – is in great need of coordination, cooperation and legal measures to govern its shared use among all nations. In order to achieve peace and security in cyberspace, international law is necessary to enable the global community to deter the urgent and increasing cyber threats.

With change comes opportunity. WHEC understands that. With the rise of medical media 360, we are moving ahead again with these initiatives:

- We are strengthening our staff of full-time editors and writers at a time when audience want trusted sources;

- We are building a scalable content engine for a new era by handpicking hundreds of knowledgeable and qualified contributors – physicians, authors, academics and business people, too – to share what they know with you;
- We are developing “The Virtual Classroom”, an advanced editorial process with data and consumer feedback loops that help inform our coverage and audience strategies to better serve you;
- We are opening up our digital platforms so the three vital voices of the healthcare business – consumers, experienced content creators and our marketing partners, can forge more rewarding relationships with one another.
- We are creating a new architecture for the Website, including revamped home and network pages, to put first-class medical media outlet at the center of social media experience.
- We are enhancing production elements of our educational initiative to complement our recently redesigned pages.

Create a Page / Space on **WomensHealthSection.com!**
Be a part of the big picture!

It served **7.5 million** readers / subscribers in 220 countries and territories with an average of 30,000 visitors a day (about 1 million per month) in 2011 with links to about 65,000 websites and 95-102 search strings every month. On average 102,000 files, 6,600 URLs and 12,600 pages were accessed every month. It expanded from 22 to 28 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2011 for global dissemination. We have rearranged content so that it is easier for you to find what you need. We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Top 15 Countries out of 220 Countries and Territories, where WHEC Global Health Line / WHEC Net Work is accessed frequently: USA; Canada; China; Australia; Argentina; Russian Federation; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; India; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes: US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 784: Microsoft (MSIE 8.0, 6.0 and 9.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); bingbot/2.0

Top 5 most popular sections out of 28: 1) Obstetrics; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Diagnostic Ultrasound.

Top 10 most read comprehensive review articles out of 215: 1) Emergency Contraception; 2) Doppler Ultrasonography in Obstetrics; 3) Female Sexual Dysfunction; 4) Depression During Pregnancy; 5) Medical Liability: Current Status and Patient Safety; 6) Medical Liability: Risk Management; 7) Medical Liability: Tort Reform; 8) Medical Liability: Coping With Litigation Stress 9) Recurrent Pregnancy Loss 10) Vaccines & Immunization.

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 70 million readers / subscribers worldwide and growing fast...)

Looking forward to 2012!

Your Questions, Our Reply

What responsibilities do we all have toward people who are not our compatriots? When it comes to other human beings, what are we personally ready to commit to and what would global civics look like?

Global Civics: The inherent difficulties of devising and implementing solutions to global problems through nation-states have become increasingly apparent. There is no reason to assume that interdependence will not continue or even decelerate in the near future. Many around the world perceive that their ability to exercise meaningful control over their lives is eroding. This leads to anomie, anxiety, and a diffuse backlash. The choice is not between returning to a romanticized past with robust, non-porous borders and almighty nation-states versus being a helpless leaf at the mercy of winds from the far corners of the world. The choice is whether or not humanity will be able to hammer out a global social contract. A set of guiding principles – a moral compass – is needed to enable the people of the world to navigate the treacherous waters of growing global interdependence. In an increasingly interdependent world, people need a corresponding global framework to put their minds at relative ease. Part of that reference framework must be based on global civics – a system of conscious responsibilities that we are ready to assume. Let's try to imagine what one would say to the seven-billionth human being on this planet, about the human condition awaiting her or him. We could report in good conscience that the world possesses some effective global public health instruments, and that we have eradicated smallpox and might see the end of polio and malaria in his/her lifetime. Disparities in life are decreasing, but the world is a very unequal place in terms of income and wealth. We could also report that the world that awaits her values gender equality more than in any other era, so that she can anticipate a more enabling world than the one experienced by her mother or grandmother.

The Article 28 of the Universal Declaration of Human Rights states "Everyone is entitled to a social and international order in which the rights and freedoms set forth in this declaration can be fully realized". The task of shuttling between the feasible and the ideal has never been easy, and it has certainly defied timeless prescriptive formulas. The best guides we have are paths carved by the United Nations. It is imperative that we study these paths and predicaments, and proceed to our own trailblazing. Working on a welcome message for our seven-billionth fellow human being provides us with an opportunity for introspection as well as a frank accounting of the implicit responsibilities we have to other human beings and future generations. There is no privileged forum or constituency for this deliberation. We all need to search for our own answers, and discuss our findings with our peers. Moral, fallible human beings can be dwarfed by status quo interests and enormity of global challenges. Yet, the answer cannot be naïve optimism. Idealists have been called cynics who have not yet been mugged by reality, and there is significant degree of truth in this assertion. However, one can also argue that cynics are moderate idealists who yearn to be rescued from their excessive pessimism.

We believe; the broad manifestations of our epic global interdependence are increasingly better appreciated. Some tend to feel suffocated by the expectation of commensurability among various global governance tracks, while others find it reassuring and liberating.

United Nations At A Glance

Regional Commissions ECE – Economic Commission of Europe Annual Report 2011

Amongst the most prominent issues on the multilateral agenda in 2010, one was of particular relevance to the United Nations Economic Commission for Europe (UNECE): the Millennium Development Goals (MDGs). The inter-agency review of progress on MDGs in Europe and Central Asia coordinated by UNECE and presented at the MDG summit held in New York in

September 2010, contained a thorough analysis of progress made and the policies to be promoted in order to ensure the full achievement of MDGs by the year 2015. This report exemplifies one of UNECE's strengths: its capacity to use its convening power for facilitating regional cooperation not only among its member States but also among the various United Nations development agencies active in our region.

2011 will be marked by the 64th session of the United Nations Economic Commission for Europe, which was held on 29-31 March 2011 at the Palais des Nations. The debates this year will be centered on two topics: economic integration in the region: new developments and new challenges in light of the economic crisis; and the role of regional integration and cooperation for promoting sustainable development in the region, which will look at two key components: the transport and trade infrastructure and energy cooperation.

UNECE has an impressive track record of achievements in these fields, ranging from international transport agreements to trade facilitation standards and procedures; the development of Euro-Asian Transport Links; and, last but not least, its recognized role as a regional platform for fostering energy cooperation in the region. These topics are of high relevance to UNECE's fifty-six member States, especially in light of the persistent effects of the crisis and of the pressing need to progress in addressing the challenges posed by climate change. As it is now the case every two years, the Commission session will constitute a special platform to debate these crucial issues amongst member States and other stakeholders in the region. It will also offer an opportunity to further reinforce the strong partnership between member States and the secretariat, under the resolute leadership of Executive Secretary Ján Kubiš. It is by building on this fruitful dialogue that avenues for further progress and cooperation for the coming years can be identified and that UNECE can be in a robust position to further contribute to the economic integration of the region.

Details:

http://www.unece.org/fileadmin/DAM/publications/Annual%20Reports/topics/annual_report_2011_EN_web.pdf

Collaboration with World Health Organization (WHO)



WHO | The PMNCH Report 2011

Analyzing Commitments to Advance the Global Strategy for Women's and Children's Health

On behalf of the board and secretariat of The Partnership for Maternal, Newborn & Child Health (PMNCH), we are pleased to introduce this 2011 report, *Analyzing Commitments to Advance the Global Strategy for Women's and Children's Health*. This report seeks to further our collective understanding of the current Global Strategy commitments, facilitating more effective advocacy to advance the Every Woman, Every Child effort, as well as greater accountability in line with the recommendations of the Commission on Information and

Accountability for Women's and Children's Health. This 2011 report is based on structured interviews with those who made commitments, supplemented by reviews of related documentation. This report analyses the specific nature of each commitment recorded through May 2011 to produce a preliminary picture of the achievements of the Global Strategy commitments to date, as well as to identify opportunities and challenges for advancement.

As stated in the Delhi Declaration (2010), PMNCH members are firmly committed to working together across all stakeholder groups to "turn pledges into action" and to hold ourselves accountable. We hope this report contributes to these goals, and to even greater progress in saving the lives of 16 million women and children by 2015.

Details: http://www.who.int/pmnch/topics/part_publications/2011_pmnch_report/en/index.html

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 90, Number 2, February 2012, 77-156

Collaboration with UN University (UNU)

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

Interrelationships among Health, Environment Quality, and Economic Activity

This paper examines the link between health indicators, environmental variables, and economic development, and the consequences of this relationship on economic convergence. In the early stage of economic development, the gain from income growth could be cancelled or mitigated by environmental degradation through health (and other channels), and create a vicious circle in economic activity unlike in developed countries. This in turn could slow down economic convergence. We found through an econometric analysis that environmental degradation affects economic activity negatively and reduces the ability of poor countries to reach developed ones economically.

The main goal of this paper is the analysis of the interrelationships between health, income, and environment quality and its consequences on the economic convergence process. We introduce an environment variable in a growth model and we observe its effect on economic growth. Our results show that environmental degradation negatively affects economic activity and reduces the ability of poor countries to reach developed ones economically. This reinforces our theoretical argument according to which environment quality improvement plays a considerable role in the economic convergence process. Two-step GMM and least square estimations of health and environment equations allow us to confirm the inverse causality between environment quality and economic growth and between economic growth and health. Health status remains an important channel through which environment degradation affects economic growth even if it is not alone. Poor countries which have chosen rapid economic growth at the price of environment quality will penalize themselves and have little chance to reach their goal. Such policy can reduce growth through health and other channels.

Poor countries cannot postpone attending environmental concerns in the hope that the environment will improve with increased incomes and avoid poverty traps due to environment degradation. Policy makers in these countries should, on the contrary, take into account environmental concerns as promoted by the international community through the MDGs. This paper can also be placed into the debate about development aid effectiveness. In fact, development assistance based on less polluting production technology will help poor countries to avoid the vicious circles shown in this paper. One way this research can be extended is to use other health and environment indicators and compare the results for each indicator. Another way to extend this paper is the use of other technical approaches in order to confirm our idea.

Publisher: UNU WIDER; Author: Alassane Drabo; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development—DFID).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

EVERY WOMAN EVERY CHILD

The Effort to Advance the Global Strategy

(Continued)

Commitments to Every Woman and Every Child GOVERNMENTS

Afghanistan

Afghanistan will increase public spending on health from \$10.92 to at least \$15 per capita by 2020. Afghanistan will increase the proportion of deliveries assisted by a skilled professional from 24% to 75% through strategies such as increasing the number of midwives from 2400 to 4556 and increasing the proportion of women with access to emergency obstetric care to 80%.

Afghanistan will also improve access to health services - strengthening outreach, home visits, mobile health teams, and local health facilities. Afghanistan will increase the use of contraception from 15% to 60%, the coverage of childhood immunization programs to 95%, and universalize Integrated Management of Childhood Illness.

Details: <http://moph.gov.af/en>

Australia

Australia supports the UN Secretary-General's Global Strategy for Women's and Children's Health as a firm platform for putting the health needs of women and children back into the centre of the development agenda. Recognizing the need for increased effort on women's and children's health, Australia will invest around US\$1.5 billion (A\$1.6 billion) over the five years to 2015 on interventions evidence shows will improve maternal and child health outcomes. These will include expanding access to family planning and vaccination services, and funding skilled health workers (including midwives), health facilities and supplies. Financial support committed in 2010 includes an additional US\$79.5 million (A\$85 million) for the Pacific and Papua New Guinea and US\$131 million (A\$140 million) for Eastern Africa. Australia's strong focus on Indonesia, South Asia and effectively performing international organizations will also continue. [On current projections subject to annual budget processes]

Details: http://www.foreignminister.gov.au/releases/2010/kr_mr_100922a.html

To be continued.....

Top Two Articles Accessed in January 2012

1. Neural Tube Defects Screening;
<http://www.womenshealthsection.com/content/obs/obs022.php3>
WHEC Publications. Special thanks to WHO, NIH and CDC for contribution. We thank our reviewers for helpful suggestions.
2. Domestic Violence: Screening And Intervention;
<http://www.womenshealthsection.com/content/vaw/vaw012.php3>
WHEC Publications. Special thanks to our writers and editors for the research and compiling the review.

From Editor's Desk

Global research network to support UN Global Strategy for Women's and Children's health

12-13 January 2012

HRP are convening a Technical Consultation of a Global Research Network to support the UN Global Strategy for Women's and Children's Health.

The consultation brings together academic and research institutions and networks with program managers from selected countries. Participants will initiate a coordinated scientific response and support to relevant aspects of the Global Strategy, especially relating to reproductive, maternal and newborn health.

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), which serves as the main instrument within the UN system for research and research capacity strengthening in the area of reproductive, maternal and perinatal health as part of its Commitment to the Global Strategy, initiated steps to assist academic and research institutions play their role in improving the health of women and children.

This effort aims to complement and build on other responses of multiple stakeholders and previous gains in attaining the MDGs related to women's and children's health; and to establish a Global Research Network to facilitate addressing the challenges.
Technical Consultation

[HRP Commitment to the UN Global Strategy for Women's and Children's Health pdf, 24kb](#)

As the initial step for the establishment of the Global Research Network, the Department of Reproductive Health and Research (RHR) of WHO, that includes HRP, is convening a technical consultation during 12-13 January 2012 in Geneva, in collaboration with University of Aberdeen, Barcelona Institute for Global Health (ISGLOBAL), Worldwide Universities Network (WUN), Implementation Research Platform (IRP), and Department of Maternal, Newborn, Child and Adolescent Health (MCA) of WHO, with support from NORAD and other partners.

The aim of the Consultation is to initiate the process of organizing a coordinated and effective response by the academic and research community to the Global Strategy through establishing Global Research Network and fostering dialogue between policy makers and researchers.

The specific objectives of the meeting are to:

1. Initiate a global collaborative network of academic and research institutions in order to effect their role in the Global Strategy agenda.
2. Operationalized the roles and outline the modalities of work for this network within the Global Strategy framework.
3. Define the scope and methods and a work plan for development of a prioritized research agenda to improve women's and children's health.

Comings and Goings

Comings: It is indeed our pleasure to welcome [Dr. John R. Higgins](#) Professor of Obstetrics and Gynaecology, Head of College of Medicine and Health, University College Cork, Cork University Maternity Hospital, Wilton, Cork, Ireland on the Physician's Board of this initiative in Maternal and Child Health. We are looking forward to long-term collaboration.

Larry Taibbi at eclecTechs and Ashton Services has joined us as the Project Manager. You will enjoy working with him and will be charmed by his energy and friendliness. Welcome aboard Larry!

Goings: Dr. Ralph Hale, Executive Director of The American College of Obstetricians and Gynecologists (ACOG) has retired from the ACOG and he is no longer with this initiative. We all at WHEC thank him for his priceless contributions and wish him the best for the next chapter in his life.

Andee R. Browne at eclecTechs has stepped down from the Project Manager position due to the health reasons. WHEC thanks her for her contributions and work to our initiative. She is still with us and her friendship will stay with us forever. Best wishes from all of us.

Words of Wisdom

To believe that what had not occurred in history will not occur at all is to argue disbelief in the dignity of man.

– *Gandhi* (1869-1948)

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

