



WHEC UPDATE

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

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Before & After Issue

We hope our 2014 issue of Before & After edition stimulates your imagination and we all at WHEC are looking forward to collaborate with you. And what a difference a year makes. It is a startling and sobering fact that in 2014, every minute of every day, a woman dies in pregnancy and childbirth somewhere in the world. This equates to more than 500,000 women dying in pregnancy and childbirth every year, with 99% of these tragedies occurring in developing countries. The targets are clear-sighted enough, and have been present on global agenda for many years.

International Health and Development means building a system and/or partnership that allows people to solve their own problems. Global health deals with a wide range of concerns and tensions, not only between countries but between sectors, and between many different actors and interests. The growing complexity calls for better global health governance, including better coherence among multiple initiatives, clear distribution of responsibilities, and more transparency and accountability.

We all are different and we have different beliefs and religions. It is good that we have different perspectives. We all have one thing in common, that is, we all are seeking peace and happiness. Our unique characteristics should not prevent us from engaging in a dialogue at the international level and find mutually beneficial relationships. We live in a world of diverse policy priorities based on deep-seated value dispositions that invite different interpretations of concepts such as democracy, human rights, justice, equality and health care. Great challenges of our time demand a global perspective.

Mutual understanding is the way forward. Global problems require global initiatives. The United Nations (UN) is an international forum not a world government. It is an association of 193 Member States (countries) in order to promote dialogues and to plan and develop local, national and international initiatives in global health and global governance, a platform is needed to learn from each other's mistakes and successes. United Nations system is one such platform which is helpful to us for finding solutions to advance global health agenda.

The development of partnerships among all the relevant disciplines, especially between scientific and research community and public health entities, is essential for a more efficient prevention-and-response strategy.

I hope we find ways that stimulate all of us and find new ways to build healthy alliances with the UN system and achieving global health and good governance.

A Global Responsibility.

Healthcare providers usually have interest or passion in a global issue or a region of the world. Preparing the next generation of healthcare providers in the international arena, deepening their knowledge and improving the skill set for a career in *Global Health and Global Governance* is needed. The programs to expose healthcare providers to both the academic training and practical knowledge are necessary to develop a career trajectory that will focus healthcare providers' passion and actualize their desire to have an impact on national and international healthcare policies.

Building the capacity to care

Rita Luthra, MD

Your Questions, Our Reply

What role do non-governmental organization (NGOs) play in the promotion of human rights? What is meant by “the right to development”?

Role of NGOs: The role in promotion of human rights at international, regional, and national levels is widely recognized and endorsed by the international community. NGOs contribute significantly to the United Nations human rights program and have actively participated in major conferences in the field of human rights. They serve as a unique source of information; assist in the identification and drafting of new international standards; seek to obtain redress for victims of human rights abuses; and play an important role in promoting human rights education and health, particularly at the non-formal level.

There are numerous NGOs, international and national, that are very active in field of human rights. ECOSOC (Economic and Social Council) is authorized to consult with NGOs that deal with its areas of competence, and currently more than 1,500 NGOs have been granted consultative status with ECOSOC. More than 300 NGOs have consultative status with UNESCO, while about 200 NGOs have consultative status with ILO.

The World Conference on Human Rights (1993) recognized the important role of NGOs in the promotion of all human rights and in humanitarian activities at national, regional and international levels. The Conference, in particular expressed appreciation of their contribution to increasing public awareness of human rights issues; to education and health, training and research in this field; and to the process of standard setting. It furthermore pointed out that activities of NGOs should not be contrary to the purposes of the United Nations, NGOs should not be free to carry out their human rights activities without interference, provided that they do so within the framework of national law and the Universal Declaration of Human Rights.

The Office of the High Commissioner for Human Rights has recognized the critical contributions made to the promotion and protection of human rights by NGOs and has emphasized that human rights defenders are “crucial partners in the implementation of the universal human rights agenda”.

The right to development was first recognized by the Commission on Human Rights in 1977 and then given further definition in 1986, when the General Assembly adopted a “Declaration on the Right to Development”. The Declaration states that the right is an “inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to and enjoy economic, social and cultural development, in which all human rights and fundamental freedoms can be fully realized”.

The Right also includes full sovereignty over natural resources, self-determination, popular participation in development and equality of opportunity. The Declaration places the primary responsibility of all States for the creation of favorable international conditions for the realization of the Right and for the promotion of a new international order, based on interdependence and mutual interest.

It has been suggested that the right to development requires the provision of aid to developing countries and the elimination of oppressive debt burdens, which hinder the implementation of economic, social and cultural rights. This continues to be an issue of debate.

The World Conference on Human Rights, held in Vienna in 1993, reaffirmed the universal and inalienable nature of the right to development and recognized that democracy, development and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing.

Join our efforts in education and health.

2014 High-level Segment of the Economic and Social Council (ECOSOC)

The NGO Branch of the United Nations Department of Economic and Social Affairs is pleased to inform you that our written statement is accepted for distribution to all participants of this year's session. The NGO Branch congratulates you on the continuous efforts of the Women's Health and Education Center to contribute to the work of the ECOSOC.

The statements are being edited and translated into six official UN languages from now until July. When published, our statement can be viewed online by following the link below and typing the document symbol assigned: E/2014/NGO/53

<http://documents.un.org/simple.asp>

Sent by: NGO Branch, Office for ECOSOC Support and Coordination, Department of Economic and Social Affairs, United Nations

We all at Women's Health and Education Center (WHEC) thank you for your friendship, contributions and support to improve maternal and child health worldwide.

7-11 July: ECOSOC High-Level Segment

The High-level Segment at United Nations Headquarters will focus on a broad range of issues at the heart of the UN development agenda.

<http://csonet.org/index.php?page=view&nr=247&type=13&menu=14>

United Nations At A Glance

Austria and the United Nations



Austria in the UN Functions and Powers of the United Nations General Assembly

Founded in 1945 under the UN Charter, the General Assembly is the chief deliberative, policymaking and representative organ of the United Nations. It is made up of all 192 Members of the United Nations and regularly meets to discuss important issues related to international peace and security on a multilateral level. It also elects the non-permanent members of the Security Council.

Safeguarding human rights and promoting the rule of law are the foundation of every decision reached and recommendation made by the Assembly. Even though the Assembly may only make non-binding recommendations to States, those recommendations by the international community have often led to actions on an economic, humanitarian, social and legal level which helped improve living conditions for millions of people. Each member state has one vote. Rather than on a collection of individual votes, the Assembly strives to make every decision based on a broad consensus. Every decision has to be made with a two third majority.

The Millennium Declaration, adopted in 2000, and the 2005 World Summit Outcome Document reflect the commitment of Member States to reach specific goals to:

- Attain peace, security and disarmament along with development and poverty eradication;
- Safeguard human rights and promote the rule of law;
- Protect our common environment;

- Meet the special needs of Africa; and
- Strengthen the United Nations.

Regular Sessions

From September to December each year, the UN General Assembly meets for intense working sessions. The Agenda of each regular session is categorized into nine main sections: International peace and security; Economic growth and sustainable development; Development in Africa; Promotion of human rights; Humanitarian and disaster relief assistance; Justice and International Law; Disarmament; Drugs, crime, international terrorism; and Organizational and administrative matters.

[Agenda of the 65th Session](#)

<http://www.bmeia.gv.at/en/austrian-mission/austrian-mission-new-york.html>

Collaboration with World Health Organization (WHO)

WHO | Austria

Life expectancy

Austrians live as long as their Eur-A counterparts: girls born in 2002 can expect to live 82 years and boys, 76 years. By 2030, one in every four Austrians will be aged 65 or more. The country's birth rate has fallen more sharply than the Eur-A average, and is now one of the lowest in this group of countries. In addition, the infant mortality rate is below the Eur-A average. As the length of life increases, older people can respond with lifestyle changes that can increase healthy years of life. Correspondingly, health care systems need to shift towards more geriatric care, the prevention and management of chronic diseases and more formal long-term care. Since people are living longer, measures to improve health and prevent disease need to focus on people of working age.

Health system

Organizational structure of the health system

The Austrian health system is shaped by statutory health insurance, which covers about 95% of the population on a mandatory basis and 2% on a voluntary basis. Of the 3.1% not covered in 2003, 0.7% had taken out voluntary substitutive insurance, while 2.4% were not covered at all: for example, some groups of unemployed people and asylum seekers. The 26 statutory health insurance funds are organized in the Federation of Austrian Social Security Institutions and do not compete with each other, since membership is mainly mandatory and based on occupation or place of residence. Since 2001, family coinsurance requires a reduced contribution, but many household members are still exempt, such as children, child-raising spouses or people needing substantial nursing care.

The Federal Ministry of Health and Women is the main policy-maker in health care and is responsible for supervising statutory health insurance actors and issuing nation-wide regulations on, for example, drug licensing and pricing. The governments of the nine Länder deliver public health services and have strong competencies in the financing and regulating of inpatient care. Capacity planning has increasingly been undertaken by a federal structural commission and nine Länder commissions, and is gradually being extended to all sectors and types of care.



Health care financing and expenditure

In 2002, Austria spent 7.7% of its gross domestic product (GDP) on health, below the average for the countries belonging to the European Union before May 2004.

Total health expenditure remained stable between 1997 and 2002, although the share of public

expenditure decreased from 5.8% of GDP in 1995 to 5.4% in 2002, accounting for 67% of the total expenditure in that year. The rise in private expenditure was mainly attributable to an increase of direct payments and co-payments. Expenditure per capita was US\$ 2220 (Annex. Total expenditure on health).

<http://www.who.int/countries/aut/en/>

WHO Reproductive Health Update

World Health Assembly adopts historic resolution to address violence against women and girls



Dr Christine Kaseba-Sata,
First Lady of Zambia at the
67th World Health Assembly

At the recent World Health Assembly, WHO Member States adopted a resolution to strengthen the role of the health system in addressing violence, in particular against women and girls, and against children. Her Excellency, Dr Christine Kaseba-Sata, First Lady of the Republic of Zambia spoke passionately to the Assembly asking :

“How can we put a stop to this scourge? How can we better protect our women and girls from this injustice? “How do we prevent gender based violence”?

[More on this story](#) | [Read resolution](#) | [More on violence against women](#)

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 92, Number 7, July, 465-544

Collaboration with UN University (UNU)

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

Global collective action in health: The WDR+20 landscape of core and supportive functions

This paper discusses shifts in development assistance for health (DAH) since 1990, analyses the nature of the current distribution of funding, and considers future implications. Based on Jamison et al. (1998) and Frenk and Moon (2013), we introduce an ‘essential functions’ framework, which provides a function based taxonomy for global collective action in health, and apply that framework to several prominent actors and modalities for DAH. Potentially overlooked advantages to the complex DAH landscape and the special challenge of DAH for middle-income countries are discussed, as well as key challenges and questions about the future balance of essential functions of global health.

Questions that must be addressed in such a strategy include:

- (1) What should the targets and time horizon for increasing core functions be?
- (2) Which organizations should take lead roles in certain functions?
- (3) What levels of funding are required to ensure key core function goals (e.g., pandemic surveillance, research milestones for global priority diseases, etc.) are accomplished? And
- (4) What kinds of supportive activities are most likely to build national health systems’ capacity and reduce dependence on external assistance?

The role of the World Health Organization (WHO) is another key question in guiding future global collective action in health. WHO competes in a crowded market for the production of global public goods, and raises questions of whether a centralized co-coordinator or steward is needed to harmonize the actions of the many actors currently involved in core functions. Bloom (2011) is one proponent of such an approach, writing that ‘the world urgently needs an organization that can convene the best expertise and provide a centralized resource for health-related knowledge’.

Others have stressed the uniqueness of the WHO as the only international organization whose rule-making powers can carry the weight of international law (Sridhar and Gostin 2011), which they see as a critical ingredient in ensuring global collective action. Many have called for WHO reforms to improve collective action for global health. Perhaps the clearest change necessary from our findings is reversing the trend toward voluntary, extra-budgetary support, which tends to focus on country and disease-tailored supportive activities, rather than core functions.

Publisher: UNU-WIDER; Authors: Nathan Blanchet, Milan Thomas, Rifat Atun, Dean Jamison, Felicia Knaul, and Robert Hecht; Sponsor: UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for ReCom. UNU-WIDER also gratefully acknowledges core financial support to its work programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

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

United Nations Girls’ Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy
(Continued)*

Adolescence: An Age of Opportunity

Adolescence is an age of opportunity for children, and a pivotal time for us to build on their development in the first decade of life, to help them navigate risks and vulnerabilities, and to set them on the path to fulfilling their potential.

The world is home to 1.2 billion individuals aged 10–19 years. These adolescents have lived most or all of their lives under the Millennium Declaration, the unprecedented global compact that since 2000 has sought a better world for all. Many of their number have benefited from the gains in child survival, education, access to safe water, and other areas of development that stand as concrete successes of the drive to meet the Millennium Development Goals, the human development targets at the core of the Declaration. But now they have arrived at a pivotal moment in their lives – just as the world as a whole is facing a critical moment in this new millennium.

Working together for adolescent girls: The United Nations Adolescent Girls Task Force

In 2007, a number of United Nations agencies founded the United Nations Adolescent Girls Task Force. With support from the UN Foundation, the Task Force aims to strengthen interagency collaboration at both the global and country levels; facilitate the development of effective programmes to address the rights and needs of adolescent girls; support the drive to achieve the MDGs; and eliminate all forms of violence and discrimination against girls and young women.

In March 2010, the Task Force launched a Joint Statement for Accelerated Efforts to Advance the Rights of Adolescent Girls signed by the heads of the six agencies. The agencies committed to increasing support to governments and civil societies over the next five years to advance policies and programmes to empower the hardest-to-reach adolescent girls.

The Joint Statement spells out the mandate and the responsibilities of the UN country teams in protecting the rights of the marginalized adolescent girl. It commits agencies to mobilizing the financial and technical resources to work together to identify five strategic priorities for fulfilling the rights of adolescent girls.

These priorities include:

- Educating adolescent girls;
- Improving the health of adolescent girls;
- Keeping adolescent girls free from violence, abuse and exploitation;
- Promoting leaders among adolescent girls;
- Counting adolescent girls to advance their well-being and realize their human rights.

http://www.ungei.org/files/SOWC-2011-Main-Report_EN_02092011.pdf

To be continued.....

Top Two-Articles Accessed in June 2014

1. Non-Invasive Prenatal Genetic Testing for Fetal Anomalies;
<http://www.womenshealthsection.com/content/obs/obs034.php3>
WHEC Publications. Special thanks to editors and reviewers for helpful suggestions.
2. Medical Liability: Coping with Litigation Stress;
<http://www.womenshealthsection.com/content/heal/heal021.php3>
WHEC Publications. The Women's Health and Education Center (WHEC) with its partners in health, has developed this curriculum which will enable and encourage medical schools and healthcare providers to include patient safety in their courses. The series on Medical Liability is funded by WHEC Initiative for Global Health.

From Editor's Desk

Why Work with UN?

The United Nations is an intergovernmental organization. Its members are the countries of the world. The United Nations system has unique strengths in promoting development:

- *Universality* ensuring that all countries have a voice when policy decisions are made;
- *Impartiality* entailing that it does not represent any particular national or commercial interest, and can thus develop special relations of trust with countries and their people to provide aid with no strings attached;
- *Global presence* reflecting the fact that it has the world's largest network of country offices for delivering assistance for development;
- *Comprehensive mandate* encompassing development, security, humanitarian assistance, human rights and the environment;
- *Commitment* to "the peoples of the United Nations".

13 Years of Advancing Global Health with the United Nations

Our Practice Our Policy

The Women's Health and Education Center (WHEC) aims to improve women's health through education and advocacy, particularly in developing countries. **WomensHealthSection.com**, launched in cooperation with the UN, provides information on everyday issues associated with women's health. This

e-learning initiative is active in 226 countries, linked to 30,800 courses in the developing world, and receives 25,000-30,000 visitors per day; about 13 million subscribers a year. As a web-enabled platform, it allows for multiple forms of collaboration worldwide.

WHEC will cover the costs of the research and development of our e-learning initiative. Continuing medical education services will be provided free to the countries identified by the United Nations Development Program (UNDP) as Least Developed Countries. WHEC remains committed to providing health education and advocacy regarding improving neonatal health outcomes. We will also provide evidence-based medical information to in-country partners and health care providers in Africa, Asia and Latin America, to reach 50 million people with reproductive health information, especially family planning, by 2015.

WHEC will continue its commitment to create health-promoting schools, recognizing that adolescents find themselves under strong peer pressure to engage in high risk behavior. The spread of HIV/AIDS among adolescents is a growing phenomenon, while the traditional problem of sexually transmitted diseases (STDs) continues to increase. WHEC will continue to emphasize: self-esteem, family planning, the importance of postponing the first pregnancy, and the ability to withstand peer pressure.

Welcome to a Global Initiative in Reproductive Health:

<http://www.who.int/pmnch/about/members/database/whec/en/index.html>

Words of Wisdom

Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labour and to wait.

– Henry Wadsworth Longfellow (1807-1882)

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

<http://www.womenshealthsection.com/>

