



## WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)  
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### *Leadership Development Series*

In my opinion, fame is based on what we *get* in life, but true greatness is based on what we *give* in life. It is contribution through action. The reality is that we all work “backstage” in our lives at times. Real leaders bring the same commitment to excellence to whatever they do, whether on the stage or behind it. I am more impressed by the leaders who know what must be done behind the scenes to make the big show happen. They take on difficult and time-consuming assignments not because they want to be praised or noticed but just because those tasks have to be done. As a result, everyone benefits. Genuine leader make things better not just for themselves but for others, whether or not their contribution results in financial reward or popular recognition. A few leaders achieve both fame and greatness, and we read about them in history books. But most of the people I think of as leaders are untitled people; they achieve greatness by working quietly in their organizations and communities, in their own lives, and in helping those around them. You can to be a leader in life and at work, whether titled or untitled.

The hardest victory is over self. The fact is, all leadership begins with self-mastery. You can't lead others until you can first lead yourself. As Mahatma Gandhi said, “Be the change you wish to see in the world”. To truly lead, and make a difference in the world, you must always start with yourself. Few of us live our lives to our full potential. How do you live life? As an obligation, or as an opportunity? Those who see life as an obligation want the task at hand to be done with as quickly as possible, with little regard to the outcome. The people who change the world around them – for themselves, their companies, communities, and families – rarely act from a sense of obligation. In fact, the people who act as leaders almost always act from a sense of incredible opportunity. They don't interact with the world around them because they *have* to. They do so because they *want* to. When we feel harried and pressured, we tend to look at our circumstances as obligations, and obligations, by their nature, are oppressive. They are things we have to do, whether we want to or not. That sense of obligation is rarely a motivational force. On the other hand those who lead effectively tend to view such circumstances as opportunities. They tend to be happier because they realize they can make something good out of a situation or circumstance that others would bemoan or at best tolerate. Simply put, leaders, titled or not, believe that how we live our lives is a choice.

Genuine, authentic leadership infuses meaning into your life, because you know that your efforts count and that you are serving the needs of others as well as your own. In his classic poem “The Road Not Taken,” Robert Frost talks about two diverging roads he encountered in the woods. By taking the one less traveled, his life was changed. Frost's point was that taking the same path as everyone else will only get you average or mediocre results. To be unique, to contribute something new, one needs to take a different course – his or her own. People who lead are willing to do the hard work of finding out what their unique gifts and contributions are, then doing the even harder work of designing their lives around them. Without question, it is far easier to take the beaten path and enjoy the security of conformity. Many people hold back from acting like leaders because they don't want to be the nail that sticks out and gets hammered in. So they give in and become one of the crowd.

When you act as a leader, you exercise control over your life and help to influence and inspire those around you. Relinquishing control of your life to external situations, circumstance, and culture is the opposite. To act as a leader, you must constantly ask yourself, who is in charge of my life? Who is in charge of *me*? People who take an active leadership role in their lives tend to be good thinkers; great leaders tend to be great thinkers. We welcome papers on *Leadership Development Series* for publication in ***WomensHealthSection.com***. Think like a leader and make time to think.

Don't Confuse Leadership with Fame

**Rita Luthra, MD**

## Your Questions, Our Reply

How does a leader act? If you have no title or ability to reward or penalize others, could you still get them to follow you?

**The Leadership Test:** Despite popular myth, leaders – whether titled or untitled – aren't born. They *learn* how to lead. The real test of leadership is: if you had no title or ability to reward or penalize others, could you still get them to follow you? You may be unaware of just how much of a leader you already are. You may be part of a large group of people I call the “under-titled” or “un-titled”. In other words, your title or lack of it, doesn't reflect all that you do, can do or accomplish. If that describes you, don't let your lack of a title hold you back. You *are* a leader. (Conversely, we all know “leaders” who have impressive titles but who are anything but leaders.) For those of you who would like to have a greater impact on those around you, we hope our discussion help to show how to *become* a leader.

The characteristics of titled and untitled leaders are:

- Believe they can positively shape their lives and careers;
- Lead through their relationships with people, as opposed to their control over people;
- Collaborate rather than control;
- *Persuade* others to contribute, rather than order them to;
- Get others to follow them out of respect and commitment rather than fear and compliance.

It is about the small things each of us can do every day to positively influence our customers, our colleagues, our friends, and our communities. You aspire to lead if you want to:

- Take control of your life;
- Make your organization better;
- Seize new opportunities;
- Improve the service your customer receive;
- Influence others to be their best;
- Solve problems;
- Contribute to the betterment of others;
- Make the world a little better.

And you don't need a title to do it.

Mastering leadership is a life-long process. All of us can learn to lead better; none of us every truly masters leadership. When it comes to leadership, we are all – work in progress. Each of our lives is a leadership lab. We do not need title, or an organization, to lead or to be a leader. What we need is nothing more nor less than a burning desire to make a positive difference and an awareness of the opportunities to lead that present themselves each day – at work, at home, with our friends and relatives, within our communities.

We hope some of the ideas in our discussion help you to make a positive difference.

## United Nations At A Glance

### Permanent Mission of Colombia to the United Nations

Republic of Colombia became UN Member State on 5 November 1945

### Activities of the Mission of Colombia to the United Nations



Colombia is a South American State to the north of the continent. It is an Andean country with Caribbean, Pacific, Amazon and equatorial climates. It has a strategic position in the Americas. With the Andes, valleys, coasts, beaches, paramo, snow level peaks, volcanoes, jungles and flat lands, which also influence the cultural variety of the country's population.

Capital: Bogotá; Land area: 1,141,748 sq. Km; Population: 43,677,372 (July 2010); Ethnic composition: mestizo 58%; white 20%; mulatto 14%; negro 4%; indigenous 1%, other 3%; Religion: Christian, with a catholic majority, and freedom of worship under the Constitution; Coasts: Atlantic and Pacific; Mainland surface area: 1,141,748 sq. km., not including islands, and jurisdiction of waters; Climate: Colombia has a humid tropical climate, modified at higher altitudes: the presence of the three branches of the Andes mountains makes it naturally cooler with altitude. Therefore, there is a variety of climates with different temperatures, from tropical heat to perpetual snows.



Political System: Colombia is a unitary, decentralized, democratic, participatory and pluralist republic. Its present Constitution was written in 1991 to reform that of 1886. The political system of the State includes three branches: the executive, the legislature, and the judiciary; there are also Control Agencies and an Electoral Organization.

The Mission of Colombia to the United Nations fulfills the role of representing the country at the bodies and agencies of the United Nations based in New York. Additionally, the Mission has the following specific functions:

- To maintain a permanent link between Colombia and the United Nations Organization;
- Negotiations with the Organization and within the framework of it;
- To follow the activities in the Organization and report thereon to the Government of Colombia;
- To ensure the participation of Colombia in the activities of the Organization;
- To protect the interests of Colombia to the Organization and,
- To promote the achievement of the purposes and principles of the Organization of cooperation with and within the framework of it.

The Mission is headed by a Chief of Mission, with the title of Permanent Representative (Ambassador), two Alternate Representatives and several diplomats who deal with the following of different items on the agenda of the United Nations and its bodies and report on developments that occur in such issues to the authorities to conduct foreign relations.

Details: <http://www.colombiaun.org/English/Home.html>

## Collaboration with World Health Organization (WHO)

### WHO | Colombia



Colombian nurses improve the quality of care at birth

In the maternity ward at Hospital La Victoria Sede II in Bogota, Colombia, a pregnant mother is admitted complaining of stomach pains and a severe headache. Her blood pressure is elevated and her face and hands have begun to swell.

Head nurse Ana Celia García recognizes the symptoms of pre-eclampsia – one of the leading causes of maternal mortality in Colombia, and a condition she commonly sees in the maternity ward. She wants to ensure effective safe care for the mother. Ana knows what to do. She refers to the WHO Safe Childbirth Checklist, attached to the patient's medical chart, and follows every step to provide the mother and her baby the safest care possible. As she scans through the checklist, she stops at the question: "Does the mother

need to start magnesium sulfate and antihypertensive treatment?” Ana checks the box: “Yes, magnesium sulfate given,” and moves down the list of life-saving interventions.



#### WHO Safe Childbirth Checklist

<http://www.who.int/patientsafety/implementation/checklists/childbirth-checklist/en/>

#### A simple checklist

In June 2014, as part of a patient safety initiative, the Colombian Society of Anesthesiology joined WHO's Safe Childbirth Checklist Collaboration to field test the pilot checklist's usability in 3 facilities in Colombia: Hospital La Victoria Sede II, Clínica El Prado, and Hospital San José de Buga. Utilizing WHO's existing evidence-based guidelines and recommendations, the 29-item checklist was developed to address the major causes of maternal and neonatal deaths, including hemorrhage, infection, obstructed labour, preeclampsia and birth asphyxia.

#### Reducing maternal and neonatal complications worldwide

Every day, approximately 830 women worldwide die from preventable causes related to pregnancy and childbirth. A substantive fraction of these deaths could be prevented by implementing simple and well-known health-care practices, like taking a patient's blood pressure and taking the correct actions if the blood pressure is high. However, in many settings poor infrastructure, limited staff resources and competing priorities reduce the quality of care for many pregnant women and many physicians and nurses miss important live-saving steps.

To combat this issue, WHO developed the Pilot Edition of the WHO Safe Childbirth Checklist and field-tested it in more than 34 global projects from 2012-2015 to ensure its viability and practical use. “The WHO Safe Childbirth Checklist Collaboration allowed us to learn about the use of the Checklist in diverse settings around the world, including low, middle and high income countries. This helped us to better understand the practical aspect of its feasibility,” says Dr Sepideh Bagheri Nejad, Technical Officer in WHO Service Delivery and Safety Department. Since 2012, WHO has also been supporting a randomized controlled trial called Better Birth in more than 100 hospitals in India, to test the effectiveness of the checklist in improving health outcomes for mothers and infants. This study will be completed in 2017. The experiences of the Better Birth trial and the field-testing exercise provide the basis for the WHO Safe Childbirth Checklist Implementation Guide. The Implementation Guide and Checklist have been published for worldwide use and are currently being translated into other languages.

Details: <http://www.who.int/countries/col/en/>

## Bulletin Board



EVERY WOMAN  
EVERY CHILD

Action Network: Every Woman Every Child

#### Implementation methodologies

The Women's Health and Education Center (WHEC) will provide information on everyday issues associated with women's health. A web-enabled platform also enables multiple forms of collaboration worldwide.

#### Arrangements for Capacity-Building and Technology Transfer

WHEC Global Health Line:

[http://www.womenshealthsection.com/content/cme/WHEC\\_Global\\_Health\\_Line.pdf](http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf)

## Deliverables

The Women's Health and Education Center (WHEC) will provide evidence-based medical information to in-country partners and health care providers in Africa and Latin America, to reach 3 million people with reproductive health information, especially family planning, by 2015.

## New Initiative Proposed – July 2016

**Abstract:** Increased longevity is one of the great achievements of the 20<sup>th</sup> century. Ensuring the added years can be enjoyed in good health will be one of the biggest public health challenges of the first half of the 21<sup>st</sup> century. Evidence on how to ensure healthy ageing, particularly in people living in low- and middle-income countries, is scarce. Even in high-income countries that have comprehensive social protection platforms, the economic value of these contributions outweighs the direct costs of pensions, health care and other services that governments provide.

We welcome articles for publications for all sections of the **WomensHealthSection.com** on innovation for healthy aging. Use of technological and innovation to improve functional ability which promotes healthy ageing and effectiveness of public health and clinical intervention to prevent and reverse declining physical and mental capacity, themes are preferred for review, best practices and to advance global strategy.

## RESOURCES DEVOTED TO IMPLEMENTATION

In-kind contribution: Cover the cost of the Research and Development of its online learning initiative

## SUSTAINABLE DEVELOPMENT GOALS AND TARGETS



### Goal 5

[UN Partnerships For SDGs: WHEC Initiative Statement](#)

- July 2016

<https://sustainabledevelopment.un.org/partnership/?p=1212>

We thank and welcome our Partners from The Women's Health and Education Organization, Inc. (WHEO. Inc.), which was incorporated in 1992 in *The Commonwealth of Massachusetts*, USA – a non-profit entity of WHEC.

(<http://www.womenshealthsection.com/content/documents/WHEO-Inc-Introduction.pdf> )

We all @ WHEC thank everyone again, for their support, hard work and friendship.

Join our efforts – we welcome everyone!

**THE WHITE HOUSE  
WASHINGTON, DC 20500**

<http://www.womenshealthsection.com/content/documents/POTUS-Letter13July2016sharp.pdf>

.....Thanks Mr. President.

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## Collaboration with UN University (UNU)

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

### For whom does the phone (not) ring?

#### Discrimination in the rental housing market in Delhi, India

Using an audit experiment carried out on one of India's largest real estate websites, we document striking variations between landlords' treatment of upper-caste Hindus, Other Backward Castes, Scheduled Castes, and Muslims. We find strong evidence of discrimination against Muslim applicants, both in terms of probability of being contacted and the number of contacts, relative to upper-caste Hindu (UC) applicants, in the rental housing market in Delhi and its largest suburbs.

While the probability that a landlord responds to an upper-caste applicant is 0.35, this is only 0.22 for a Muslim applicant. We also find suggestive evidence that when landlords respond to both UC and Muslim applicants, they call back the UC applicant sooner. Muslim applicants are especially disadvantaged when applying to rent one-bedroom houses; there is an additional 20 percentage points reduction in the probability of a callback. In contrast, we find no clear evidence that landlords are less likely to respond to Scheduled Castes and Other Backward Classes. However, our estimates may understate the true differentials in callback ratios as a result of our failure to perfectly link all callbacks to a listing.

Online housing markets offer anonymity and flexibility, making them convenient platforms to conduct "clean" discrimination audits. Understanding discrimination in such settings is also increasingly policy relevant, as more markets and transactions move online, even in urban settings in the developing world, such as the one we study. There are important questions about how discrimination manifests itself in online settings that facilitate anonymity. In our context, landlords may be more comfortable in discriminating online than they would be in person. In turn, disadvantaged groups may evolve different coping strategies. Specialized markets or agents may emerge who assist the disadvantaged in finding housing. Alternatively, disadvantaged applicants may seek to "disguise" their identity in order to at least get the proverbial "foot through the door". Yet another question is how much of the observed discrimination is taste based versus statistical. If the latter plays a major role, signaling strategies must adapt to the online setting. In addition, there are quirks that may be idiosyncratic to the Indian setting. For instance, dietary preferences are often cited a major reason to discriminate across tenants - many upper caste landlords are vegetarian, and prefer vegetarian tenants. Many of these questions will be explored in the ongoing companion study.

Publisher: UNU-WIDER; Authors: Saugato Datta and Vikram Pathania; Sponsors: We gratefully acknowledge UNU-WIDER for its support that enabled this research project. We also thank the participants at the UNU-WIDER conference in Helsinki, and the ISI conference in New Delhi, for valuable comments. The Institute is funded through income from an endowment fund with additional contributions to its work programme from 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)*

### Columbia: Background



UNICEF's approach in Colombia focuses on the rights perspective; institutional strengthening, prioritizing the vulnerable municipalities; strengthening of citizen participation and oversight to achieve greater efficiency in social investments; prevention and resolution of conflict in the family, the school and society; articulation by the State and civil society of the full realization of children's rights; and the reduction of socio-economic exclusion.

While significant achievements have been made in lowering the maternal mortality rate, it is still high (71.4 per 100,000 live births) due to poor access to prenatal and institutional obstetric care. Infant mortality is higher in rural areas. An intensification of immunization activities managed to re-establish a coverage of 85 per cent or higher with all vaccines by the end of 2002. Of the total deaths in 2001 due to accidents, 24 per cent occurred in the under-15 age group.

Coverage in basic education is 92 per cent. The average number of school years completed rose from three to 3.7 years for girls and from 3.1 to 3.8 years for boys, between the beginning of the 1990's and 2000. Girls have lower repetition and withdrawal rates than boys. Some 87 per cent of the children receiving urban primary education are promoted to the next grade, while in rural areas this rate is 78 per cent. Pre-school coverage is still very low, despite the increase from 31.6 per cent in 1993 to 46.8 per cent in 2000. Indigenous and Afro-Colombian children living in rural areas have much lower access to education.

Adolescents are initiating sexual activity at an increasingly early age and are entering into marriage at a later age, implying more casual sex encounters. The number of births per 1,000 women aged between 15 and 19 rose from 70 in 1990 to 89 in 1995, with an increase of 19 per cent among urban girls and 47 per cent among rural girls.

In Colombia over 1 million children between the ages of five and 17 are working. Commercial sexual exploitation, as well as international traffic and trade have increased. The new government is preparing a bill for an integral law on children's rights protection. More than 1 million children have been displaced in the last 15 years. Some 197 land mine victims were reported in 2001, of which 54 were children. A large number of combatants in illegal armed groups are under 18 years old.

### **Colombia education project reaches children kept out of school by conflict**

Every day after school, Johana Agudelo Norena, 11, climbs 300 steps from the road to her house at the top of Las Mirlas shantytown in Medellin. By now she is used to arriving tired and muddy, but the important thing for her is being able to study again. Johana lives with five brothers and sisters as well as her mother and grandmother in a cramped two-room shack with four beds and an outdoor latrine. Like many of their neighbors, they fled their small plot of land in the countryside to escape Colombia's undeclared civil war. The conflict between left-wing guerrillas, right-wing paramilitaries and government forces has ravaged the country for more than 40 years. It has displaced more than 3.5 million people, half of them children – exacerbating problems in cities like Medellin, where 42 per cent of the population lives below the poverty line and there are as many as 800 murders every year.

Details: [http://www.ungei.org/infobycountry/colombia\\_824.html](http://www.ungei.org/infobycountry/colombia_824.html)

*To be continued.....*

## **Top Two-Articles Accessed in July 2016**

1. The Obstetric Fistula in Developing World;  
<http://www.womenshealthsection.com/content/urogvvf/urogvvf009.php3>  
WHEC Publications. Special thanks to WHO, UNFPA and WDP for the contributions. Funding for this initiative is provided by the grants from private donors and foundations.
2. Postpartum Psychiatric Disorders;  
<http://www.womenshealthsection.com/content/gynmh/gynmh004.php3>  
WHEC Publications. Special thanks to WHO, NIH and CDC for the contributions. We welcome your research, papers and manuscripts on the topic for publications.

## From Editor's Desk

### Historic Step Towards Peace in Colombia

The end of the Western Hemisphere's longest armed conflict is closer than ever today following the agreement in Havana between the Government of Colombia and the Revolutionary Armed Forces of Colombia - People's Army (FARC-EP) on a ceasefire and the laying down of weapons.

In a ceremony witnessed by Secretary-General Ban Ki-moon and the Presidents of the General Assembly



and the Security Council, the parties completed a major phase of the Colombian peace process, and one of the thorniest. In doing so, they also gave the United Nations the green light to plan the full deployment of its [Special Political Mission in Colombia](#). "Today the Colombian peace process validates the perseverance of all those around the world who work to end violent conflict not through the destruction of the adversary, but through the patient search for compromise," the Secretary-General [said](#) after the signing.

The agreement calls for a ceasefire and definitive and bilateral cessation of hostilities; the laying down of weapons by the FARC-EP; security guarantees and fighting against criminal organizations responsible for murder and massacres or which target human rights defenders, social or political movements, including criminal organizations designated as successors to paramilitary groups and their support networks; and the prosecution of criminal conduct that threaten the implementation of the accords and the building of peace. Peace talks will now continue in order to conclude a final agreement.

#### United Nations Role

Today's agreement is part of a process that started in 2012, when the Government and the FARC-EP agreed on a framework agreement for peace talks. In addition to today's deal, the parties have so far reached agreement on five items of the original six-point peace agenda: on rural development, political participation, the problem of illicit drugs and victims, in addition to today's deal. Delegations will now continue negotiations to determine how a final agreement should be endorsed by the population and the verification mechanisms for its implementation.

The Mission will serve as the international component and coordinator of the tripartite mechanism. It will be a special political mission under the aegis of DPA and consist of unarmed international observers responsible for the monitoring and verification of the laying down of arms. It will also monitor and verify the definitive bilateral ceasefire and cessation of hostilities. All monitoring and verification activities will commence following the signing of the Final Peace Agreement between the Government and the FARC-EP and continue for 12 months, a mandate renewable with the agreement of the parties.

Details: <https://dpa-ps.atavist.com/historic-step-towards-peace-in-colombia>

### Words of Wisdom

Happiness cannot be traveled to, owned, earned, worn or consumed. Happiness is a spiritual experience of living every minute with love, grace and gratitude.

– Denis E. Waitley (born 1933) American motivational speaker, writer and consultant.

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

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

