



WHEC Update

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

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Practice & Policy

Happy New Year from all of us @ the Women's Health and Education Center (WHEC)

As we look toward the new year, let us focus on our successes, and work together to ensure that 2018 is a great year for everyone, everywhere! The rule of law is the bedrock upon which the United Nations and the initiatives of The Women's Health and Education Center (WHEC) are built upon. On the international stage, it is fundamental to peace, stability and sustainability. The idea of "living" Constitution is that, the document's meaning changes from age to age, accommodate and respect the evolving values of the peoples. This view of constitutional interpretation, which is shared to some extent, by nearly all liberal legal scholars, gives people a tremendous power. After all, it is "we the peoples" get to decide which rights and responsibilities to be implemented, and which ones can be discarded. The obvious danger in such an approach is that the rule of law becomes rule by wealthy and powerful.

It is often said that the United States of America enjoys "a government of laws and not of men." Americans value the rule of law as the best alternative to arbitrary rule by individuals (vigilantly- justice). If the rule of law is to have meaning, the public must understand what the law says. Overtime, I have come to better understand the wisdom of these words. Every day begin the task anew.

You really cannot control the world, but the power of patience can help you control your attitude toward it. And that makes all the difference. Patience is a verb. All Member States of the United Nations are expected to be subject to rule of law, to apply them in their international relations, and to be equal before them. Working to ensure this basic principle is the essence of our work to promote the rule of law at the national and international level.

It is also important to consider how the rule of law reaches far beyond laws and courts. By promoting a government of law, equally applicable to all without discrimination, the rule of law makes political and economic opportunities, available to all members of society. It empowers people by providing a right of access to public services, making State (Countries) entities accountable for the delivery of such services. The rule of law also strengthens mechanisms that enforce and protect universal human rights. As such, strengthening the rule of law creates both opportunity and equity, and ultimately helps create better conditions for the broader responsibilities of States (Countries) and the United Nations.

Corruption is a phenomenon that affects everyone in society. Whether you represent a small or big business or work in public service, whether you are an employer or self-employed, poor or rich, you will be affected by corruption, directly or indirectly, since the costs of corruption are suffered by society. All parts of society, therefore, have an interest in containing corruption, and must share the responsibility. Corruption must never be perceived as an inalterable fact of life.

Corruption is phenomenon that affects all countries. No State (Country) is immune to it, regardless of its level of economic and social development. The forms and intensity of corruption might differ from country to country, and some societies are more affected by it than others, but it is a fact that corruption exists everywhere. Corruption scandals are, a bitter pill to swallow for a country / community, but it is a fact that corruption exists everywhere. Sometimes, it triggers necessary and self-cleansing process of a society. In addition to legal proceedings based on effective anti-corruption provisions in criminal law, parliamentary committees of inquiry may help to reveal political responsibilities up to the government level relating to allegations of corruption. Share your opinions on ***WHEC Global Health Line***.

Philosophy in Practice

Rita Luthra, MD



Your Questions, Our Reply

What is the role of The United Nations in promoting rule of law? What are the challenges of fighting corruption at National and International levels?

Corruption, Development & Justice: On the first High-level Meeting of the General Assembly on the Rule of Law at the National and International Levels on 24 September 2012, the Heads of State and Government and heads of delegation adopted an important political Declaration by consensus. With this, they reaffirmed their commitment to the rule of law and its fundamental importance for political dialogue and cooperation among all States and for the further development of the three main pillars upon which the United Nations is built: international peace and security; human rights; and development. Quite remarkably, the Declaration contains a separate paragraph on the issue of corruption, which is dealt with rather extensively.

We are convinced the negative impact of corruption, which obstructs economic growth and development, erodes public confidence, legitimacy and transparency and hinders the making of fair and effective laws, as well as an essential element in addressing and preventing corruption, including through strengthening cooperation among States concerning criminal matters.

It seems to be common sense that corruption has enormous detrimental effects. However, the fact that the Declaration adopted unanimously deals with the topic of corruption in such an extensive way clearly shows that the United Nations membership attaches great importance to it and the rule of law, and rightly so.

The challenges that national governments and international community are facing in promoting the rule of law in the aftermath of conflict are immense: local communities expect their governments to establish justice and security immediately while also bringing back a sense of normalcy to their lives, and international donors expect that if they provide resources to governments and local non-governmental organizations (NGOs), their investment will yield quick impacts and rule of law gains. These pressures are occurring against the stark reality that developing the rule of law, access to justice and human security in any country takes decades to come to fruition.

In all situations of conflict, women are disproportionately affected by sexual and gender-based violence, forced displacement, the destruction of civilian infrastructure and the range of rights violations. The legacy of this violence endures long after a peace agreement is signed. In the past three decades, significant gains have been made in international justice architecture which includes accountability for sexual and gender-based crimes. For the first time in history, the significant advances have made it possible to prosecute sexual and gender-based violence in conflict. However, much remains to be done. The rule of law still often rules out women. Obstacles that prevent women from accessing legal protection for their rights persist, resulting in discrimination and inequality that hamper their ability to live free of violence and contribute to society as full and equal citizens.

Establishing effective accountability mechanism is the way forward. Rule of law and institutional reform cannot start with a “clean slate.” Understanding the patterns of past human rights violations and ending impunity for the worst violations are indispensable for successful transformative processes. At the core of any effort to establish accountability are three indispensable and interlinked rights:

- The right to truth;
- The right to justice; and
- The right to an effective remedy and reparation.

Justice is the indispensable companion of truth. Building the knowledge base for accountability – join our efforts. We welcome everyone.



United Nations at a Glance

Permanent Mission of El Salvador to the United Nations

El Salvador became UN Member State on 24 October 1945



El Salvador, officially the Republic of El Salvador, is the smallest and the most densely populated country in Central America. El Salvador's capital and largest city is San Salvador. As of 2016, the country has a population of approximately 6.34 million, consisting largely of Mestizos of European and Indigenous American descent. Spanish is the official language and is spoken by virtually all inhabitants.

Most of the population is Christian, Roman Catholics (47%) and Protestants (33%) are the two major denominations in the country. Those not affiliated with any religious group amount to 17% of the population.

El Salvador became sovereign until forming a short-lived union with Honduras and Nicaragua called the Greater Republic of Central America, which lasted from 1895 to 1998. From the late 19th and to the mid-20th century, El Salvador endured chronic political and economic instability characterized by coups, revolts, and a succession of authoritarian rulers.

Persistent socioeconomic inequality and civil unrest culminated in the devastating Salvadoran Civil War (1979-1992), which was fought between the military-led government and a coalition of left-wing guerrilla groups. The conflict ended with a negotiated settlement that established a multiparty constitutional republic, which remains in place to this day.

El Salvador's economy was historically dominated by agriculture, beginning with the indigo plant, the most important crop during the colonial period, and followed thereafter by coffee, which the early 20th century accounted for 90% of export earnings. The colon, the official currency of El Salvador since 1892, was replaced by U.S. dollar in 2001.

As of 2010, El Salvador ranks 12th among Latin American countries in terms of the Human Development Index and fourth in Central America (behind Panama, Costa Rica, and Belize) due in part to ongoing rapid industrialization. However, the country continues to struggle with high rates of poverty, inequality and crime.

El Salvador is a member of the United Nations and several of its specialized agencies, the Organization of American States (OAS), the Central American Common Market (CACM), the Central American Parliament (PARLACEN), and the Central American Security Commission (CASC), which seeks to promote regional arms control.

El Salvador also is a member of the World Trade Organization and is pursuing regional free trade agreements. An active participant in the Summit of the Americas process, El Salvador chairs a working group on market access under the Free Trade Area of the Americas initiative.

Details: <https://www.un.int/elsalvador/>

Collaboration with World Health Organization (WHO)

WHO | El Salvador



Zika Virus infection – El Salvador

On 24 November, the National IHR Focal Point of El Salvador notified PAHO/WHO of 3 laboratory-confirmed autochthonous cases of Zika virus infection. The preliminary confirmation was provided by the national reference laboratory and has since been confirmed by the United States Centers for Disease Control and Prevention (CDC) in Fort Collins. Salvadoran health authorities are implementing the corresponding prevention and control activities.

WHO advice

Given the increased transmission of Zika virus in the Region of the Americas, PAHO/WHO recommends that its Member States establish and maintain the capacity to detect and confirm cases of Zika virus infection, prepare their health services for a potential additional burden at all levels of health care, and implement an effective public communications strategy to reduce the mosquitoes that transmit this disease, particularly in areas where this vector is present. The complete set of recommendations is available in the latest Epidemiological Update.

Statistics

Total population (2015)	6,127,000
Gross national income per capita (PPP international \$, 2013)	7
Life expectancy at birth m/f (years, 2015)	69/78
Probability of dying under five (per 1 000 live births, 0)	not available
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2015)	262/105
Total expenditure on health per capita (Intl \$, 2014)	565
Total expenditure on health as % of GDP (2014)	6.8

Gang truce for violence prevention, El Salvador

In 2012, there were 16.3 homicides per 100 000 population in the Americas and 26.5 per 100 000 in Central America. Gang-related violence accounts for an estimated 70% of the homicides in El Salvador and for similarly large proportions of the homicides in Honduras and Guatemala. Some academics have attributed the relationship between gangs and violence to the collective and normative structure of gangs, which encourages and supports the use of both preemptive and retaliatory violence.

When gang culture assumes violence to be the only effective response to actual or perceived threats and attacks, the result is spiraling inter-gang conflict and escalating violence. For example, a perceived slight violation of a gang's turf or another sign of apparent disrespect may trigger a shooting that evokes a retaliatory shooting that, in turn, elicits another retaliatory shooting.

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

Bulletin Board

Authorship and Policies

The following policies apply to all manuscripts submitted to *WomensHealthSection.com*.

To qualify as an author of an article published in <http://www.WomensHealthSection.com>, an individual must have participated sufficiently in the work to take public responsibility for it. Such participation ordinarily includes:

- Involvement in conception or design of the project;
- Important contribution(s) to critical aspects of the conduct of the research;
- Drafting the article submitted and revising it for important intellectual content;
- Approval of the final, submitted version.

Participation that does not qualify for authorship includes:

- Data gathering;
- Provision of financial or other support;
- Review of a preliminary draft.

The Editor may request a description of each listed author's specific contribution. This information may be published with the article. The appropriate number of authors depends on the nature of the study. The maximum number of authors usually permitted is four, except for Original Research articles. If more authors are credited, include specific information explaining the role of each author in a cover letter. Noting that more than one author contributed equally to the work is not permitted. If authorship is attributed to a group or collective, there must be at least one individual name included. List the names of the individuals in the group or collective in an appendix, which will be published online. A reference to the online appendix will appear in the Journal with the link.

Provision of Additional Information

During consideration of a manuscript, it may become necessary to examine original source documents such as signed consent forms, institutional review board (IRB) minutes, research data books or logs, and statistical calculations. If the Editor requests any such material, and the author is unable or unwilling to produce it, the manuscript will be withdrawn.

To be continued...



Collaboration with UN University (UNU)

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

Governance and the reversal of women's rights:

The case of abortion in El Salvador

States' governance of gender is not unidirectional. In addition to 'stagnation' and 'progress', there can be an active reversal of rights already granted to women. Using the case of abortion rights in El Salvador, this paper investigates the following questions: What are the likely causes of *rights reversals*? How might *rights reversals* be more consequential for women's lives than *rights stagnations*? And how might studying *rights reversals* as separate and distinct phenomena improve our scholarly understanding of the

relationship between gender and development more broadly? Examining the full range of possible transformations in state governance (reversals, stagnations, and progress), we conclude, results in improved theory and more effective interventions.

In the past, state governments regularly denied women the right to vote, own property, and be educated. Still today, many states continue to use the categories of 'men' and 'women' to legislate inequalities in terms of who can marry whom, who can exercise control over their own sexual and reproductive behavior, who can be drafted into military service, who can inherit family wealth, who can testify in court, who can wear what kinds of clothing, who can legally beat their spouse, who can receive parental leave from work, who can initiate a divorce, who can choose their marriage partner, and who can leave their home at will.

We began this paper by asking whether the reversal of women's rights is a different social and political phenomenon from the stagnation of women's rights. We investigated this question first by documenting the historical process by which abortion rights were reversed El Salvador, and then by examining the consequences of that reversal for women's lives. We are now able to address this question. First, rights reversals are indeed different from rights stagnations and, as such, merit analysis by scholars of gender and development. Second, scholars have already pointed to the 'gap' that exists between laws on the books and laws in practice. Third, state failures in other areas of women's lives compound the potential negative consequences of rights reversals. Fourth, scholars of gender and development must investigate not only when and how reversals occur, but also how they coexist with, and perhaps even stem from, gender progressions.

The case of El Salvador suggests that transnational pressures to promote gender equity may in some contexts contribute to a backlash against women's rights. It is particularly interesting that the UN Population Conference of 1994 and the UN Women's Conference of 1995 are both held up as watershed moments for women's equality among scholars and practitioners of gender and development, but that these same two conventions contributed to a rights reversal in El Salvador. We suggest that, at times of social upheaval, political actors often seek to reinforce traditional gender norms as an effective means of countering the perceived radical nature of the times. Consequently, by including 'rights reversals' in their analyses, scholars of gender and development can begin to investigate whether gender progress in some areas of governance can coexist with, or even contribute to, rights reversals in others.

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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)

Raising Student Learning in Latin America: The Challenge for 21st Century

This report identifies several gaps in the understanding of how student learning is achieved and how education policy can be most effective in improving student learning. Future research could fill gaps in several areas. First, too little is known about what makes a good teacher-education and professional development system. The impact of various types of teacher-education programs could be evaluated to identify programs that yield concrete results in the classroom.

Second, more needs to be known about how student assessment information can be used for accountability. The empirical evidence has identified various problems in linking student assessment information to the performance of individuals and institutions, such as schools and school districts. However, unless all participants (individuals and institutions) in the education process are held accountable for student learning, not all children will acquire the skills they need to succeed in life. A key area for future research thus relates to improving the methodologies for providing credible and reliable information on participants' performance.

Third, an important area for future research involves understanding how to foster stronger demand for education quality. Evidence suggests that parents often choose schools based on factors other than their perceived quality and that demand for good-quality education is weak. At the same time, the evidence suggests that when parents are directly involved in schools, student learning outcomes improve.

Strengthening the demand for education quality likely involves sensitizing parents and community members to issues of education quality; identifying the channels through which members of society can hold their policy makers accountable; and empowering parents and communities so that their voices are heard by policy makers. Strong societal involvement in children's education may make the difference between a region that accepts mediocrity and a region that expects excellence.

Details: http://www.ungei.org/resources/files/Raising_Student_Learning-LA.pdf

To be continued...

Two Articles of Highest Impact, December 2017

1. Domestic Violence Programs: Understanding the Restraining Order Process; <http://www.womenshealthsection.com/content/vaw/vaw003.php3>
WHEC Publications. Special thanks to our reviewers for the helpful suggestions. Funding provided by WHEC Initiatives for the Global Health. WHEC works with the partners to better understand the problem and prevent it before it begins.
2. Marijuana and Pregnancy Implications; <http://www.womenshealthsection.com/content/obs/obs035.php3>
WHEC Publications. Special thanks to WHO, CDC and NIH for the contributions. Funding for *Diseases of Addiction* is provided by WHEC Initiatives for the Global Health.

Newborn Care Section

Call for proposals



On 24th October 2002, we had launched this e-Health platform (<http://www.WomensHealthSection.com>) with 5 Sections. By 2017, it has expanded to 30 sections and sub-sections. We had under advisement, discussion and consideration for the last 2-3 years, to launch two more sections – Newborn Care and Adolescent Care. We are pleased to announce – we are ready for this and ready for the collaboration. Our platform has changed a lot over the years, but our desire to disseminate quality and evidence-based information worldwide to improve maternal and child health, has not changed. We strive to provide excellent educational programs for the healthcare providers, who are benefited by these efforts and develop Essential Knowledge Portal in Child Health.

We have plans to develop a user-friendly guide that will provide, updated and expanded information about newborn care, in 2018. This series will maintain the focus on reproductive awareness and regionally based prenatal care services but with added focus of patient safety and quality improvement. *Guidelines for Newborn Care* represents a cross section of different disciplines within the perinatal community. It is designed for use by all personnel who are involved in the care of pregnant women, their fetuses, and their neonates in community programs, hospitals, and medical centers. An intermingling of information in varying degrees of detail will be provided to address their collective needs. We hope, the result will be a unique resource that complements the educational documents, which will provide more specific information.

Readers are encouraged to contact our Editor's office with their thoughts and ideas. Both Women's Health and Education Center (WHEC) and its partners will continue to update information presented in this section through policy statements and recommendations. This section will be published as a companion to Obstetric Care, which is a very successful segment on the e-Health Platform and WHEC Global Health Line: <http://www.WomensHealthSection.com>.

The funding for the research, writing, editing and reviewing of this section will be provided by the Global Health Initiatives of WHEC. The most current scientific information, professional opinions and clinical practices will be used to create this section, which is intended to offer guidelines, not strict operating rules. Local circumstances must dictate the way in which guidelines are best interpreted to meet the needs of a hospital, community, or system. Emphasis has been placed on identifying those areas to be covered by specific, locally defined protocols rather than on promoting rigid recommendations.

What are the Goals of this New Network?

- Reduce maternal and newborn mortality in health facilities in target country districts by 50% over five years and to halve intra-partum stillbirths;
- Reduce avoidable morbidity targeting a 50% reduction in severe post-partum haemorrhage and of neonatal sepsis;
- Improve experience of care;
- Global development partners will see rapid progress towards the Sustainable Development Goals and the targets of *Every Woman Every Child* (EWEC)'s Global Strategy.

We all @ WHEC thank the pioneering efforts of those who developed the previous sections on the WHEC Global Health Line for Essential Knowledge Portal. To each and every one of them, our sincere thanks and appreciation is extended.

Join the efforts and share your knowledge! Let us make it a success!

7 Years of collaboration with *Every Woman Every Child* (EWEC) movement!



Our collaboration with this initiative was started in 2010. Seven years of raising the profile of sexual, reproductive, maternal, newborn, child and adolescent health with EWEC! This movement has also raised significant financial resources, improved alignment, engaged multiple stakeholders and constituencies, including the private sector, and contributed to improved health outcomes for women, children and adolescents around the world over the last 7 years.

Since the adoption of the 2030 Agenda in 2015, EWEC has mobilized more than 150 multi-stakeholders, 3 sub-national and 63 country commitments, corresponding to more than \$28 billion in support for women's, children's

and adolescents' health have reached a minimum of 273 million women, children & adolescents since 2015. EWEC has happily accepted around 40 new commitments in 2017.

We now have a powerful movement with representation from all sectors united under the EWEC umbrella, and we continue to grow our participation and collaboration with the initiative. As we enhance collaboration within the health sector and beyond to support global efforts across to deliver on an integrated agenda for women, children and adolescents.

Let us focus on our collaborative successes and make sure that 2018 is another great year for women, children and adolescents.

Happy 2018!

From all of us with the Women's Health and Education Center (WHEC)



From Editor's Desk

New Initiative with our Readers Worldwide

Call for Personal Stories – A Perception Change Project

Numerous stories have documented people facing bias and prejudice in public spaces. These stories include aggressive and prejudicial behavior levied at healthcare providers. Such events are painful and can prevent the recipient of such behavior from doing their job, increase the risk of professional burnout, and evoke anger and depression. In response, Women's Health and Education Center (WHEC) is planning to publish a featured section on biases encountered by healthcare providers in the workplace.

To accurately represent the workforce, the Editors are seeking your personal story if you have faced or are currently facing bias in your role as a practicing healthcare provider or have observed this kind of behavior. The perpetrator may be a boss or supervisor, a colleague, a patient or patient family member, or someone else in your work-life. The behavior can be overt or subtle. You may be facing biases due to your race, sex, national origin, religion, sexual orientation, gender expression, age, or physical ability. Or maybe something that we have not considered.

There are no guidelines for these stories. Your contribution, if used, will be presented anonymously: any identifying information will remain confidential. Your story, if chosen, will be excerpted by the Editors and published in an article with the intent of shedding light on the personal experiences of healthcare providers. This article will be part of larger series to address the issue of bias in our field. All stories will remain anonymous and authors will be notified by the Editors if their piece is selected for inclusion in the article.

Please share your story with Ms. Upasana Chauhan, Member of the Advisory Council, UN Woman Member and UN Representative; for this featured section.

For any clarifying questions prior to submission, please contact Upasana.c20@gmail.com

We look forward to hearing from you.

Share your stories, choose your platform!



In The News

Elimination of Violence Against Women

Strengthening healthcare systems to respond to women subjected to intimate partner violence or sexual violence

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."



A health-care provider is likely to be the first professional contact for survivors of intimate partner violence or sexual assault. Evidence suggests that women who have been subjected to violence seek health care more often than non-abused women, even if they do not disclose the associated violence. They also identify health-care providers as the professionals they would most trust with disclosure of abuse.

The statistics cannot be ignored. This is a global issue, which is present in every context, professional sector, and area of life. Survivors of violence are our sisters, wives, daughters, sons, friends colleagues and patients.

These guidelines are an unprecedented effort to equip healthcare providers with evidence-based guidance as to how to respond to intimate partner violence and sexual violence against women. They also provide advice for policy makers, encouraging better coordination and funding of services, and greater attention to responding to sexual violence and partner violence within training programmes for health care providers.

Our e-Health Platform suggests the guidelines which are based on systematic reviews of the evidence, and covers the following objectives:

- Identification and clinical care for intimate partner violence;
- Clinical care for sexual assault;
- Training relating to intimate partner violence and sexual assault against women;
- Policy and programmatic approaches to delivering services;
- Mandatory reporting of intimate partner violence.

These guidelines aim to raise awareness of violence against women among health-care providers and policy-makers, so that they better understand the need for an appropriate health-sector response. They provide standards that can form the basis for national guidelines, and for integrating these issues into health-care provider education.

Health care workers have an important role to play in identifying women who experience violence, and responding to them with empathy. For health care providers to be able to respond appropriately, health systems need to be strengthened so that women receive high-quality and respectful care.

Violence against Women Resource:

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

Commentary by Dr. Ian Askew, Director RHR/HRP at WHO:

<http://www.who.int/mediacentre/commentaries/survivors-sexual-physical-abuse/en/>



My wants are many, and, if told,
Would muster many a score;
And were each wish a mint of gold,
I still would want for more.

- John Quincy Adams (11 July 1767 – 23 February 1848), An American statesman and the 6th President of the United States. From: *The Wants of Man*, stanza 1, published in *The Quincy Patriot* (25 September 1841).

*Monthly newsletter of WHEC designed to keep you informed on
The latest UN and NGO activity*

<http://www.WomensHealthSection.com>

