



WHEC UPDATE

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

August 2008; Vol. 3, No. 8

This month we present fresh new ideas. We need a change in attitudes, from a climate of fear to a climate of hope. I am deeply convinced that, together, we can find forward-looking solutions that will better enable our changing societies to face the future. We must place greater emphasis on the positive elements of immigration and make the advantages clear. This requires new ways of thinking, especially on the part of politicians and the media. Although we witness the reality of our multicultural society all around us – on trains, in schools, in healthcare facilities – people have denied the reality of a multicultural society for decades, demonstrating just how deeply we are affected by the “fear of the other”. We must find new forms of collaboration among different sections of society in all occupational groups, with cooperation from the media. In

WomensHealthSection.com we have introduced specific curricula on “developing emotional competence”. More consideration should be given to people's perceptions –as opposed to mere facts – both in analyses and in the development of approaches to the complex subject of – human development. We must find new forms of collaboration among different sections of society in all occupational groups. The Millennium Declaration embodies a global partnership for development. National efforts should be complemented by supportive global programs, measures and policies aimed at expanding the development opportunities of developing countries.

Equal opportunity to education, employment, healthcare and housing, and participation in public life are the demands of people all around the world. In all our projections, initiatives, publications and public statements, we must adopt a far more solution-oriented perspective. We need a more energetic, innovative and long-term approach to follow-up processes, so as to boost the implementation of initiatives, proposals and recommendations. Greater participation and involvement of minorities and immigrants in all strategic planning and democratic processes is essential. We need a broad public debate to establish what kind of society we want to become, and what kind for healthcare system we want to have. Dialogue gives us an opportunity to identify and confront what we have in common and what divides us. We must make it clear that our society is economically, politically and culturally dependent on the ongoing interaction between people of different cultural, ethnic and religious origins. Goal 8 outlines six areas in which rich countries should increase assistance to respond to the needs of the poor in the developing world and to empower them to invest in their own development. The first three targets – aid, trade and debt – aim to enable developing countries to compete within the global market. The other three targets – employment, medicines and technology – seek to provide them access to the infrastructure and knowledge systems necessary to develop their societies.

Welcome to the lessons for today's world!

Partnership for Development

Rita Luthra, MD

Your Questions, Our Reply:

Why Health Economics? Who will be benefited by these efforts?

Basics of Health Economics: Health economists can contribute to better decision-making. Long term capacity building efforts, through degree programs in universities, should develop the human capital needed in health economics to address needs. But short- and medium-term needs cannot be met through deeper human capital investments through universities. Furthermore, health economists, even when they exist and are well trained, are not always part of decision-making structures in ministries of health. A clear gap exists for training and empowering, policy and operational decision makers on how health economics can contribute to strengthening the effectiveness of health systems by efficiently and equitably addressing the needs of the population.

Although no systematic study has been undertaken to estimate the extent of waste of resources in the health services, there is little doubt that it is considerable. Cost-effectiveness analysis, supplemented by other operational research techniques, can be used to determine the magnitude of specific wastage problems. This would increase the awareness of policy-makers, managers, health providers and communities about the potential for cost reduction, and how it can be achieved. Efforts to reduce wastage should be concentrated in areas where the greatest savings will result. However, the cost of making the necessary changes must also be considered. Accountability is a key element in the battle against wastage. Clear lines of responsibility between policy-makers, managers and healthcare providers must be established, as well as professional and administrative standards.

Wastage occurs in the health systems of all countries, and very little is done to change the situation. Rather than steadily seeking more funds, health care systems would do well to take energetic action to reduce wastage – better health through better use of resources.

About NGO Association with the UN:

The Millennium Declaration, signed by world's leaders of 189 countries in 2000, established 2015 as the deadline for achieving most of the Millennium Development Goals (MDGs). The majority of MDG targets has a baseline of 1990, and is set to monitor achievements over the period 1990-2015.

Millennium Development Goal (MDG) 8: Develop A Global Partnership for Development

TARGET: Address the special needs of the least developed countries, landlocked countries and small island developing states. Development aid falls, despite renewed commitments by donor countries. In 2005, aid rose to a record \$106.8 billion due to large debt relief operations, most notably for Iraq and Nigeria. In 2006, substantial debt relief to these two countries began to drop out of the equation, causing net aid disbursements to fall to \$103.9 billion – equivalent to 0.3 per cent of developed countries' combined national income. In real terms, official aid dropped by 5.1 per cent, the first decline since 1997. Even excluding debt relief, aid still declined by 1.8 per cent from the year before. The only donors to reach or exceed the United Nations target of 0.7 per cent of gross national income for development aid were Denmark, Luxembourg, the Netherlands, Norway and Sweden. Sixteen of the 22 member countries of the Development Assistance Committee (DAC) met the 2006 targets for official development assistance they set at the 2002 Monterrey Conference on Financing for Development. Aid is expected to continue to fall slightly in 2007 as debt relief declines further. Other forms of aid will increase if donors fulfill their recent pledges. However, the present rate of increase in core development programs will have to triple over the next four years if donors are to deliver on their promises. Development assistance is mainly targeted at the poorest countries. However, aid to the least developed countries (LDCs) has essentially stalled since 2003. Aid to

sub-Saharan Africa, excluding debt relief for Nigeria, increased by only 2 per cent between 2005 and 2006. This reflects poorly on donors, who pledged to double aid to Africa by 2010 at the summit of the Group of 8 industrialized nations in Gleneagles in 2005.

TARGET: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system. Preferential market access has stalled for most developing countries. In the Millennium Declaration, governments agreed that globalization should become a positive force for all. To this end, members of the World Trade Organization decided at a 2001 meeting in Doha to complete, by the end of 2004, a series of trade negotiations that would focus on improving the prospects of developing countries. As of early 2007, there was still no agreement on the overall programme of measures to be adopted. This represents an important opportunity lost. As part of these broader negotiations, developed countries (and developing countries in a position to do so) agreed in 2005 to eliminate duties and quotas on most imports from least developed countries (LDCs). As a result, trade barriers for these countries have diminished, but remain significant for some products and some LDCs. In addition, more than 40 developing countries, including China, are now willing to enhance duty-free access for least developed countries under the auspices of the Global System of Trade Preferences. In 2005, the share of goods entering developed country markets duty-free was unchanged from the year before, for both developing countries as a whole and for the least developed countries. Moreover, the liberalization of existing quotas on sensitive products, such as clothing and textiles, resulting from the end of the Agreement on Textiles and Clothing in 2005, unleashed a global restructuring of trade flows. This benefited some developing countries but was detrimental to others ranging from some upper-middle-income countries in Asia and Latin America to several least developed countries in Africa.

Collaboration with World Health Organization (WHO):

WHO 60th anniversary: our health, our future

This year marks the 60th anniversary of WHO. This special occasion presents WHO with an opportunity to celebrate achievements in global public health over the last 60 years, demonstrate the impact of WHO's work and address challenges for the future. This web site will continue to evolve throughout the course of the year and it will provide updates on the implementation of the activities detailed in the framework below. WHO's 60th anniversary celebrations (WHO60) will consist of a variety of activities and events that will take place throughout the year, covering a range of public health issues and particularly emphasizing issues linked to WHO's six-point agenda.

[Read about the overall framework for WHO60](#)

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Collaboration with UN University (UNU):

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

Southern Engines of Global Growth: Very Long Cycles or Short spurts?

This article views the four economies of the South in a long run historical perspective of 1500-2000. It contrasts the history and the initial endowments of the two Northern hemisphere economies China and India which are land scarce and labor abundant with the two Southern hemisphere economies Brazil and South Africa which are land abundant and labor scarce. It argues for different strategies for future growth and discusses impediments which may come in the paths of these four economies in the near future.

The emergence of a small number of economies from the 'South' or the 'Third World' as important players in the global economy has attracted much attention. All the four economies being discussed here (China, India, Brazil, and South Africa – CIBS) were thought to be hopeless 'basket cases' within the second half of the last century though for different reasons. India and China were plagued by famines and economic policies, which while radical from a nationalist perspective, were driving their economies into stagnation (India) or excessive political and economic volatility (China). South Africa had the seemingly unsolvable problem of apartheid, and even its economy was highly state owned and corporatist but in favor of the privileged white minority. Brazil had chalked up impressive growth rates in the period 1951-1980 albeit under authoritarian regimes and yet it did not sustain its growth spurt in the later twenty years. There has been some revival in growth in the twenty-first century. Since the 1990s, their story has changed and we are contemplating their rise in the GDP ranks (PPP yet, but soon actual dollars) in the world. Growth rates have been spectacular in China now for some twenty five years, and in India, since the reform process of 1991, the economy has achieved a growth rate of GDP that on average is double the average of the thirty years between 1950 and 1980, and in the last five years treble. South Africa and Brazil have not had an equally rapid acceleration. They are already middle income countries and they are noticed more for their potential than actual performance in recent years. Brazil's size makes it a likely candidate as an 'engine' and South Africa's leading position in Africa makes it a country worthy of inclusion in this exclusive club.

Publisher: UNU-WIDER, Discussion Paper 2008/02, Author: Meghnad Desai

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

Point of View:

The International Academy of Perinatal Medicine's, "The New York Declaration: Women and Children First," was presented at the United Nations, July 2008:

The New York Declaration was received on behalf by Mr. Prasad Kariyawasan, Vice-President of the General Assembly and Permanent Representative from Sri Lanka. His remarks emphasized universal access to healthcare for women and children worldwide as a priority of the UN General Assembly as reflected in "Millennium Development Goals in 2000"; gender equality and empowerment of women, reduction of child mortality, and improvement in maternal health. He stated "Health policy leaders have an ethical responsibility to take into account the needs of those who are under-represented in the policy-making arena. ... I salute your dedication to raising awareness among the scientific community about constituencies and issues that are too often neglected. I am confident that your efforts and commitment will inspire action and ensure better understanding of where policy makers and healthcare systems have fallen short and how current weaknesses can be corrected."

The New York Declaration emphasizes that the ethical principle of justice is essential for priority-setting in health policy for the care of patients. From the perspective of both procedural justice (fair processes for allocating healthcare resource) and substantive justice (fair outcomes of allocation decisions); four biases against pregnant, fetal, and neonatal patients should be identified and addressed. First, economic and political bias violates substantive justice because such bias results in allocation decisions that disfavor pregnant, fetal, and neonatal patients. Second, age bias, especially disfavors fetal and neonatal patients, which violates substantive justice. Third, bias in favor of persons results in the interests of fetal patients being ignored, a violation of procedural justice. Fourth, bias is against those who cannot speak about their needs to achieve safe motherhood and in many countries women have limited or no political voice.

The New York Declaration concludes: "Health policy leaders should make decisions about allocation of healthcare resources for fetal, neonatal, and pregnant patients on the basis of the

requirements of justice. The expert judgments of perinatologists constitute invaluable but sometimes underutilized resources in this process. Health policy leaders should also support the development and implementation of well founded perinatal medicine as the means for eliminating to the greatest extent national, regional, and international variation in the processes and outcomes of perinatal care. International collaborative research and global perinatal education are essential components of this effort.”

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United Nations Charter:

*We the Peoples of the United Nations United for a Better World
(Continued)*

CHAPTER XI

DECLARATION REGARDING NON-SELF-GOVERNING TERRITORIES

Article 73

Members of the United Nations which have or assume responsibilities for the administration of territories whose peoples have not yet attained a full measure of self-government recognize the principle that the interests of the inhabitants of these territories are paramount, and accept as a sacred trust the obligation to promote to the utmost, within the system of international peace and security established by the present Charter, the well-being of the inhabitants of these territories, and, to this end:

- a. to ensure, with due respect for the culture of the peoples concerned, their political, economic, social, and educational advancement, their just treatment, and their protection against abuses;
- b. to develop self-government, to take due account of the political aspirations of the peoples, and to assist them in the progressive development of their free political institutions, according to the particular circumstances of each territory and its peoples and their varying stages of advancement;
- c. to further international peace and security;
- d. to promote constructive measures of development, to encourage research, and to co-operate with one another and, when and where appropriate, with specialized international bodies with a view to the practical achievement of the social, economic, and scientific purposes set forth in this Article; and
- e. to transmit regularly to the Secretary-General for information purposes, subject to such limitation as security and constitutional considerations may require, statistical and other information of a technical nature relating to economic, social, and educational conditions in the territories for which they are respectively responsible other than those territories to which Chapters XII and XIII apply.

Article 74

Members of the United Nations also agree that their policy in respect of the territories to which this Chapter applies, no less than in respect of their metropolitan areas, must be based on the general principle of good-neighborliness, due account being taken of the interests and well-being of the rest of the world, in social, economic, and commercial matters.

CHAPTER XII

INTERNATIONAL TRUSTEESHIP SYSTEM

Article 75

The United Nations shall establish under its authority an international trusteeship system for the administration and supervision of such territories as may be placed there- under by subsequent individual agreements. These territories are hereinafter referred to as trust territories.

Article 76

The basic objectives of the trusteeship system, in accordance with the Purposes of the United Nations laid down in Article 1 of the present Charter, shall be:

- a. to further international peace and security;
- b. to promote the political, economic, social, and educational advancement of the inhabitants of the trust territories, and their progressive development towards self-government or independence as may be appropriate to the particular circumstances of each territory and its peoples and the freely expressed wishes of the peoples concerned, and as may be provided by the terms of each trusteeship agreement;
- c. to encourage respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion, and to encourage recognition of the interdependence of the peoples of the world; and
- d. to ensure equal treatment in social, economic, and commercial matters for all Members of the United Nations and their nationals, and also equal treatment for the latter in the administration of justice, without prejudice to the attainment of the foregoing objectives and subject to the provisions of Article 80.

Article 77

1. The trusteeship system shall apply to such territories in the following categories as may be placed there-under by means of trusteeship agreements:
 - a. territories now held under mandate;
 - b. territories which may be detached from enemy states as a result of the Second World War; and
 - c. territories voluntarily placed under the system by states responsible for their administration.
2. It will be a matter for subsequent agreement as to which territories in the foregoing categories will be brought under the trusteeship system and upon what terms.

Article 78

The trusteeship system shall not apply to territories which have become Members of the United Nations, relationship among which shall be based on respect for the principle of sovereign equality.

Article 79

The terms of trusteeship for each territory to be placed under the trusteeship system, including any alteration or amendment, shall be agreed upon by the states directly concerned, including the mandatory power in the case of territories held under mandate by a Member of the United Nations, and shall be approved as provided for in Articles 83 and 85.

Article 80

1. Except as may be agreed upon in individual trusteeship agreements, made under Articles 77, 79, and 81, placing each territory under the trusteeship system, and until such agreements have been concluded, nothing in this Chapter shall be construed in or of itself to alter in any manner the rights whatsoever of any states or any peoples or the terms of existing international instruments to which Members of the United Nations may respectively be parties.
2. Paragraph 1 of this Article shall not be interpreted as giving grounds for delay or postponement of the negotiation and conclusion of agreements for placing mandated and other territories under the trusteeship system as provided for in Article 77.

Article 81

The trusteeship agreement shall in each case include the terms under which the trust territory will be administered and designate the authority which will exercise the administration of the trust territory. Such authority, hereinafter called the administering authority, may be one or more states or the Organization itself.

Article 82

There may be designated, in any trusteeship agreement, a strategic area or areas which may include part or all of the trust territory to which the agreement applies, without prejudice to any special agreement or agreements made under Article 43.

Article 83

1. All functions of the United Nations relating to strategic areas, including the approval of the terms of the trusteeship agreements and of their alteration or amendment shall be exercised by the Security Council.
2. The basic objectives set forth in Article 76 shall be applicable to the people of each strategic area.
3. The Security Council shall, subject to the provisions of the trusteeship agreements and without prejudice to security considerations, avail itself of the assistance of the Trusteeship Council to perform those functions of the United Nations under the trusteeship system relating to political, economic, social, and educational matters in the strategic areas.

Article 84

It shall be the duty of the administering authority to ensure that the trust territory shall play its part in the maintenance of international peace and security. To this end the administering authority may make use of volunteer forces, facilities, and assistance from the trust territory in carrying out the obligations towards the Security Council undertaken in this regard by the administering authority, as well as for local defense and the maintenance of law and order within the trust territory.

Article 85

1. The functions of the United Nations with regard to trusteeship agreements for all areas not designated as strategic, including the approval of the terms of the trusteeship agreements and of their alteration or amendment, shall be exercised by the General Assembly.
2. The Trusteeship Council, operating under the authority of the General Assembly shall assist the General Assembly in carrying out these functions.

To be continued...

Top Two Articles Accessed in July 2008:

1. Female Genital Cutting: Impact on Maternal and Neonatal Outcomes;

<http://www.womenshealthsection.com/content/obs/obs023.php3>

WHEC Publications. Special thanks to the United Nations and World Health Organization for the contributions.

2. Sexually Transmitted Diseases;

<http://www.womenshealthsection.com/content/gyn/gyn013.php3>

Author: Dr. Robert P. Hoffman, Chairman, Department of Infectious Diseases, Mercy Medical Center, Springfield, MA, in collaboration with Women's Health & Education Center (WHEC).

News, Invitations and Letters:

A "Global Call to G8 Leaders and other donors to champion maternal, newborn and child health" was launched in Cape Town, South Africa on Saturday 19 April 2008, at the conclusion of the Countdown to 2015 conference. This call to action, developed in consultation with the Advocacy Working Group and Partnership community, contains three specific "asks" of the G8 leaders:

1. Fulfill prior G8 commitments to global health and increased ODA with a view to ensuring long-term, predictable financing for strengthened health systems to deliver essential services to women, newborn and children; (An additional \$US 10.2 billion is needed yearly to ensure universal coverage of maternal, newborn and child health interventions to achieve MDGs 4 and 5.

This figure combines the external donor and domestic resources needed, beyond current expenditures.)

2. Support dramatic scale-up of high-impact interventions needed to reach MDGs 4 and 5;
3. Commit to harmonize and align global health initiatives and to ensure meaningful implementation of the 2005 [Paris Declaration](#) in the health sector, including support for a single plan led by governments but inclusive of civil society and private sector.
Details: [G8 Call to Action](#) and the [G8 Call to Action Press Release](#)

Special Thanks:

In memory of WHEC benefactor; Santosh B. Luthra (1924 – 2008)

Inside every story, there is a beautiful journey. This e-learning publication (WomensHealthSection.com) was largely her idea. If she taught me anything at all, it was this: there is no such thing as “too late” in life. Like the best of work projects, it brought us all together. She was delighted when the United Nations, World Health Organization and UN University expressed interest. All of the saints and Buddhas have taught us that wisdom and compassion are one. She made it perfectly clear. Some journeys cannot be put into words. Thanks for being mother and a friend. We all at Women’s Health and Education Center (WHEC) will fondly remember you for your kindness and generosity.

– Rita Luthra

Beyond the numbers ...

Contentment

Some murmur, when the sky is clear,
And wholly bright to view,
If one small speck of dark appear
In their great heaven of blue;

And some with thankful love and filled,
If but one streak of light,
One ray of God’s good mercy gild
The darkness of their night;

In palaces are hearts that ask,
In discontent and pride
Why life is such a dreary task
And all good things denied;

And hearts in poorest huts admire,
How love has in their aid,
Love that never seems to tire
Such rich provisions made.
