



WHEC UPDATE

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

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Achieving health for all, with the participation of all, based on the principles of equity and solidarity, requires not only good management but a fresh approach. Health promotion as a major component of public health has already helped to move the focus of the health debate from preventing and controlling disease to sustaining and improving health. By diversifying our alliances we are not only exploring new resources of funding but opening up our work to the broader and more direct participation of all people we exist to serve. New alliances must also ensure that collaboration will be strengthened between the developing and industrialized parts of the world. The information technology of today and tomorrow can enhance the ability of health promotion to reach people everywhere. This, however, will require creativity and initiative, as well as the commitment of policy-makers. Increased emphasis on health promotion is an integral part of our project / program: **WomensHealthSection.com**. New partnerships in health will help us to mobilize social, political and financial support for health development and international health cooperation. Investment in health is at the core of health promotion, and it is clear now that the major part of this investment must be made outside the health sector. Consequently an increasing number of other public, private and non-governmental bodies need to be involved in thinking about and working for health. Health depends to a significant degree on the activities of partners outside the health sector; these may include public, private and non-governmental bodies. We need to diversify our alliances and bear in mind that "health for all" will only be achieved with the participation of all.

The key questions about health promotion are: What keeps people healthy? What aspects of the material and social working and living environment serve as resources? What experiences and learning processes enable and motivate people to make an effort to stay healthy? Like any other activity, health promotion must be examined in terms of its cost-benefit and cost-effectiveness, with regard to the public's health as well as its operating objectives. At the planning stage, goal-orientated indicators should be selected which over the course of time can determine to what extent desired changes have taken place. Colleges and universities need to become more engaged partners with their neighboring communities in the drive for health for all. But these must be partnerships based on mutual benefit and mutual respect. If we are to achieve dramatic improvements in health worldwide, we need to make better use of all the resources at our disposal. Most people hear the word "health" and think about illness, primarily in medical, physical and individual terms, so they consider only a handful of academic disciplines – such as medicine, nursing and public health – to be relevant to health improvement. But health is largely behavioral, profoundly social, and has important emotional, cognitive, moral and spiritual dimensions. A dynamic approach that enables people to be healthy is needed.

Health Promotion – A Sound Investment

Rita Luthra, MD

Your Questions, Our Reply:

Is performance in health systems simply driven by the laws of supply and demand, or does another logic apply? Given equal resources, why do some succeed where others fail?

Better Use of Resources: In recent decades, health systems have contributed enormously to better health for most of the global population. As the new century begins, they have the potential to achieve further improvements in human well-being, especially for the poor. But very little has yet been done to unravel the complex factors which explain good or bad performance by individual health systems. These are some of the many questions addressed in our publications. Drawing upon a range of experiences and analytical tools, we hope to trace the evolution of health systems, explore their diverse characteristics, and uncover a unifying framework of shared goals and functions.

Using this as a basis for analysis, we tend to break new ground in presenting an index of health system performance based on three fundamental goals: improving the level and distribution of health, enhancing the responsiveness of the system to the legitimate expectations of the population, and assuring fair financial contributions. Good performance depends critically on the delivery of high-quality services. But it relies on more than that. Health systems must also protect citizens from the financial risks of illness and meet their expectations with dignified care. In recent years there has been a shift from publicly financed and organized health systems to more mixed arrangements, with an increasing role played by private profit-making and other organizations. This shift has produced a great variety of cost-sharing mechanisms.

The health sector should play a very active role in reducing the huge disparities in access to health services that exist today. Even in high-income countries with relatively good health status, many of the rural people and the poor have little or no access to the basic necessities for health. In all of them one imperative is clear: to achieve 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 Goals (MDGs): Africa and the Millennium Development Goals 2007 update

At the midway point between their adoption in 2000 and the 2015 target date for achieving the Millennium Development Goals, sub-Saharan Africa is not on track to achieve any of the Goals. Although there have been major gains in several areas and the Goals remain achievable in most African nations, even the best governed countries on the continent have not been able to make sufficient progress in reducing extreme poverty in its many forms.

POVERTY & HUNGER: While the proportion of people living on one dollar a day or less has declined from 45.9 per cent to 41.1 per cent since 1999, reaching the MDG target of halving the extent of extreme poverty by 2015 requires that the current pace is nearly doubled. At the same time, despite a high regional population growth rate of 2.3 per cent a year, the rising number of extreme poor has leveled off, increasing only marginally from 296 million in 1999 to 298 million in 2004. Progress for children has been excruciatingly slow towards the target of halving the extent of hunger, as the proportion of under-fives who are underweight declined by not much more than one tenth between 1990 and 2005, from 33 per cent to 29 per cent.

EDUCATION: In 2007, there are 348 million youngsters in sub-Saharan Africa under the age of 14, up from 237 million in 1990. The number is expected to reach 403 million in 2015. In 2007,

there are 348 million youngsters in sub-Saharan Africa under the age of 14, up from 237 million in 1990. The number is expected to reach 403 million in 2015. There has been progress towards universal primary education, with enrolment increasing from 57 per cent in 1999 to 70 per cent in 2005 – but a gap of 30 per cent remains, and the number of school age children is increasing daily.

GENDER EQUALITY: Although the share of parliamentary seats held by women has increased substantially, from 7 per cent in 1990 to 17 per cent this year, the share of women who earn a salary, aside from farming, still stood at less than one-third in 2005.

Collaboration with World Health Organization (WHO):

2008: The 60th anniversary of the Bulletin

Like WHO itself, the Bulletin, the organization's flagship journal, turns 60 this year. And like its parent body, the Bulletin has undergone various transformations over this period. With roots in pre-WHO publications, it has expanded its scope and content over the years, and subsumed other journals to reach a wider audience. The Bulletin that you are reading today is the result of a 60-year evolution from the "principal scientific organ of the WHO" to the "international journal of public health".

The journal has become synonymous with WHO, but in 1946 the proposal to found it was merely one item on the agenda of meetings of the Interim Commission that was charged with establishing a United Nations international health agency. The commission called for the Bulletin to be developed as a "substantial publication of the highest standard". With its scope "as broad as that of WHO itself", the commission charged the journal to become "a vehicle for significant studies, from whatever source, on all subjects which are of relevance to the international approach to health problems". Within 10 years, the journal had established itself as an authoritative source of international medical and public health information; 60 years after its inception, the Bulletin has become one of the world's leading health journals. The first issue of the Bulletin was published in January 1948, carrying articles on the burning issues of the day: biological standardization, immune reaction to the smallpox vaccine, and tuberculosis and malaria in Greece. In the following issue, the reports that it carried of WHO's response to the outbreak of the cholera epidemic in Egypt in September 1947 remain an important historical document of the first emergency outbreak that the new agency had to deal with. These early articles set the tone for an editorial excellence that is relentlessly pursued to this day. [Images: past and present](#)

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Collaboration with UN University (UNU):

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

China, India, Brazil and South Africa in the World Economy: Engines of Growth?

This paper attempts to analyze the economic implications of the rise of China, India, Brazil and South Africa, for developing countries situated in the wider context of the world economy. It examines the possible impact of their rapid growth on industrialized countries and developing countries, which could be complementary or competitive and, on balance, positive or negative. In doing so, it considers the main channels of transmission, to focus on international trade, investment, finance and migration. The essential question is whether, in times to come, these four countries could be the new engines of growth for the world economy. The answer is that rapid growth in China already supports growth elsewhere, so far primarily as a market for exports, while India and Brazil have the potential to provide similar support, but South Africa does not yet exhibit such a potential. In future, these countries could also provide resources for investment and

technologies for productivity. The transformation and catch-up could span half a century or longer. Even so, rapid growth in these large emerging economies is already beginning to change the balance of economic power in the world. The emerging significance of China, India, Brazil and South Africa in the world economy must be situated in historical perspective. Estimates made by Angus Maddison, presents evidence on the shares of China, India, Brazil and South Africa in world population and in world income for selected years during the period from 1820 to 2001. It shows that, in 1820, China, India, Brazil and South Africa accounted for 57 per cent of world population and almost 50 per cent of world income. There was a dramatic change in the next 150 years. In 1973, the share of China, India, Brazil and South Africa in world population was significantly lower at about 40 per cent but their share in world income collapsed to less than 11 per cent, which was a small fraction of what it was 150 years earlier. The next thirty years witnessed some recovery. While the share of China, India, Brazil and South Africa in world population remained in the range of 40 per cent, their share in world income rose to almost 21 per cent in 2001. These aggregates reveal the essential contours, but also conceal some aspects of the story. There are similarities between China and India, just as there are similarities between Brazil and South Africa. But there are significant differences between the two sets of countries. For much of the time, China and India had dominant shares.

In principle, China and India may be able to sustain high rates of economic growth for some time to come for the following reasons. Brazil may also be able to attain high rates of growth for similar reasons although their relative importance may be different. First, their population size is large and income levels are low. Second, their demographic characteristics, in particular the high proportion of young people in the population, which would mean an increase in the work force for some time to come, are conducive to growth. Third, in China and India more than in Brazil, wages are significantly lower than in the world outside while there are large reservoirs of surplus labor. Fourth, emerging technological capabilities have the potential to support productivity increase. In practice, however, China, India and Brazil may not be able to sustain their high rates of growth because of constraints that are already discernible. In China, the declining productivity of investment at the margin and the sustainability of the political system are both potential constraints. In India, the crisis in agriculture, the bottlenecks in infrastructure and the limited spread of education in society are potential constraints. In Brazil, the level and the productivity of investment, both of which are low, constrain growth at a macro-level. Of course, these constraints are illustrative rather than exhaustive. And there are many other problems in these countries, which could slow down the process of growth. Even if growth slows down, however, a catch-up scenario is plausible but it would require a longer period of time.

Author: Deepak Nayyar. UNU-WIDER Discussion Paper 2008/05. Sponsors: The governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency — Sida) and the United Kingdom (Department for International Development).

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

United Nations Charter:

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

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.

CHAPTER XIII

■THE TRUSTEESHIP COUNCIL ■

COMPOSITION

Article 86

1. The Trusteeship Council shall consist of the following Members of the United Nations:

- a. those Members administering trust territories;
- b. such of those Members mentioned by name in Article 23 as are not administering trust territories; and
- c. as many other Members elected for three-year terms by the General Assembly as may be necessary to ensure that the total number of members of the Trusteeship Council is equally divided between those Members of the United Nations which administer trust territories and those which do not.

2. Each member of the Trusteeship Council shall designate one specially qualified person to represent it therein.

FUNCTIONS and POWERS

Article 87

The General Assembly and, under its authority, the Trusteeship Council, in carrying out their functions, may:

- a. consider reports submitted by the administering authority;
- b. accept petitions and examine them in consultation with the administering authority;
- c. provide for periodic visits to the respective trust territories at times agreed upon with the administering authority; and
- d. take these and other actions in conformity with the terms of the trusteeship agreements.

Article 88

The Trusteeship Council shall formulate a questionnaire on the political, economic, social, and educational advancement of the inhabitants of each trust territory, and the administering authority for each trust territory within the competence of the General Assembly shall make an annual report to the General Assembly upon the basis of such questionnaire.

VOTING

Article 89

1. Each member of the Trusteeship Council shall have one vote.

2. Decisions of the Trusteeship Council shall be made by a majority of the members present and voting.

PROCEDURE

Article 90

1. The Trusteeship Council shall adopt its own rules of procedure, including the method of selecting its President.

2. The Trusteeship Council shall meet as required in accordance with its rules, which shall include provision for the convening of meetings on the request of a majority of its members.

Article 91

The Trusteeship Council shall, when appropriate, avail itself of the assistance of the Economic and Social Council and of the specialized agencies in regard to matters with which they are respectively concerned.

To be continued...

Top Two Articles Accessed in August 2008:

1. Ectopic Pregnancy; <http://www.womenshealthsection.com/content/obs/obs024.php3>
WHEC Publications. Special thanks to Dr. Alka Shaunik, Department of Obstetrics and Gynecology, University of Pennsylvania, PA (USA) for the assistance.
2. Preterm Labor Management;
<http://www.womenshealthsection.com/content/obs/obs012.php3>
WHEC Publications. Special thanks to Dr. Catherine Y. Spong, Department of Obstetrics and Gynecology, National Institutes of Health (USA) for the assistance.

News, Invitations and Letters:

Population and development in the United Nations system

Population and development in the United Nations system is under the responsibility of different intergovernmental bodies whose work is supported by the Secretariat of the United Nations and its affiliated agencies, programs and funds. Within the United Nations work in the area of population is reviewed by a three-tiered system consisting of the General Assembly, the Economic and Social Council and the Commission on Population and Development.

Population and development issues in the United Nations system are treated by various entities. Among them are:

[United Nations Population Division](#) in the Department of Economic and Social Affairs of the United Nations Secretariat (New York)

United Nations regional commissions ([Africa](#), [Asia and the Pacific](#), [Western Asia](#), [Europe](#) and [Latin America and the Caribbean](#))

United Nations Population Fund ([UNFPA](#)); United Nations specialized agencies, programs and funds such as the World Health Organization ([WHO](#)), the United Nations Children's Fund ([UNICEF](#)) and the [World Bank](#)

Annual Meetings of the World Bank

The 2008 Annual Meetings of the International Monetary Fund and the World Bank will be held over the weekend of October 11 - 13 at the World Bank and IMF Headquarters in Washington, D.C. The Program of Seminars will be held on Friday, October 10. As in previous years, the Civil Society Policy Forum, a program of policy dialogues for civil society organizations (CSOs) will be organized on October 9 – 13, 2008. All CSO representatives interested in participating in the Annual Meetings are encouraged to apply for accreditation as soon as possible to give themselves enough time to obtain a US visa and make travel arrangements. The [online accreditation system](#) accepting applications for civil society accreditation opened on August 5, 2008 and will close on September 21, 2008.

Special Thanks:

WHEC thanks Dr. Edward E. Wallach, J. Donald Woodruff Professor of Gynecology, The Johns Hopkins Hospital, Department of Gynecology and Obstetrics, Baltimore, MD (USA) for his priceless contributions, friendship and support to the e-learning initiative. We all at Women's Health and Education Center (WHEC) are looking forward to long and productive partnership. Thanks again.

Beyond the numbers...

Life is made up, not of great sacrifices or duties but of little things, in which smiles and kindness and small obligations, given habitually, is what win and preserve the heart and secure comfort.
