WHEC UPDATE

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

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Practice and Policy

Human rights are rights claimed against the State and society by virtue of being a human being. However, the human rights of most people have been continuously violated all around the world. The universality of human rights, and especially women's rights, is often challenged by cultural relativists. Relativist arguments, especially when combined with charges of cultural imperialism, pose a major dilemma for the international human rights community. How can peoples' cultures and their right to self-determination be recognized when several aspects of those very cultures systematically violate a number of human rights? This question is particularly important for women's right. Since all contemporary societies are patriarchies, promoting women's rights inevitably conflicts with patriarchal "cultural" values, religious norms and other hierarchical structures in all countries. Thus, following a strict rule of cultural relativism would keep women's rights "alien" virtually to all societies, and the emancipatory aspects of the international human rights regime would be determined and jeopardized in the name of cultural preservation. With regard to culture, health and religion, we need to ask the following questions: Who speaks on behalf of the people and religion? Who *defines* the meaning of culture or *interprets* the sources of religion and develops doctrines? Cultures, of course are neither monolithic nor static, but within each culture there are people who would benefit from making it monolithic and keeping it static. In other words, cultures are based on power structures, and by setting norms and assigning values they also perpetuate those structures. Culturally (and officially) promoted values privilege some members of society and disadvantage others, and privileged one would tend to use their power to sustain those values that would justify and preserve their privileged positions. Without any democratization of the interpretation and decision-making process, cultural relativism and preservation of culture end up serving only as shields protecting the privileged people. Human rights are closely linked to culture, health and the expansion – full recognition and protection of rights would demand the transformation of cultural norms and their material foundations.

Despite many fears and uncertainties, I am encouraged by the enormous attention that our publication **WomensHealthSection.com** has brought to the issue of women's health as human rights. Across the world in 2009, voluntary organizations, institutions, teachers, healthcare providers, students, lawyers, politicians and the media have focused on the Health and Human Rights. Despite all our efforts over the past years, it is essential that we keep up the momentum and thereby enable more and more people to claim their rights. Women constitute the poorest and the least powerful segments of their communities. They are denied to access to education, job training, employment, leisure time, income, property, healthcare, public office, decision-making power and freedoms, as well as control over their own body and life. We know that a great many challenges remain along the path of full realization of human rights. We are now much clearer in the knowledge that the pursuit of human rights requires the individual and collective commitment of all. That commitment must overcome partnership and narrowly defined interests, requiring imagination, energy, diplomacy, solidarity, and determination of hard work. I am confident that States, international organizations and civil society can together continue to harness such qualities and put them to optimal use in the service of human rights. The Universal Declaration of Human Rights envisaged a world in which every man, woman and child lives free from hunger and is protected from oppression, violence and discrimination, with benefits of housing, healthcare, education and opportunity. This encapsulates the global culture of human rights that we strive towards, and should therefore be a unifying rather than a divisive force within and among all cultures.

Listening to Our Common Humanity

Rita Luthra, MD

Your Questions, Our Reply:

What international standards and other measures have been adopted to combat violence against women?

Dealing with Violence against Women: The Rome Statue of the International Criminal Court specifically defines rape, sexual slavery, enforced prostitution, forced pregnancy, forced sterilization, and any other form of sexual violence of comparable gravity, both as crimes against humanity and as war crimes. The Committee on the Elimination of Discrimination Against Women (CEDAW), in its General Recommendation No. 19 (29 January 1992) entitled 'Violence against Women', recognizes the 'gender-based violence' is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men. The Recommendation also specifies the type of action a State should take to eliminate violence within the home. The Recommendation states that such violence impairs or nullifies the enjoyment of many fundamental human rights by women, including: the right to life; the right not to be subject to torture or cruelty; or inhuman and degrading treatment or punishment; the right to equal protection, according to humanitarian norms, in time of international or internal armed conflict; the right to liberty and security of person; the right to equal protection under the law; the right to equality in the family; the right to the highest standard attainable of physical and mental health; and the right to just and favorable conditions of work. In so doing, the Recommendation sets out a comprehensive account of what constitutes gender-related violence and what is therefore prohibited.

The Declaration on the Elimination of Violence against Women, adopted by General Assembly in 1993, calls on all States to take measures to prevent the punish violence against women. At its 55th Session (2000) the UN General Assembly adopted three resolutions relating to the elimination of all forms of violence against women: Resolution 55/66, 'Working Towards the Elimination of Crimes against Women Committed in the Name of Honor'; Resolution 55/68 'Elimination of All Forms of Violence Against Women'; and Resolution 55/78 'The Girl Child'. Some of these tend not to receive adequate attention either at the national or international level, as they are widely perceived as cultural practices that deserve tolerance and respect. Listed amongst the most disturbing of such practices are honor killings, pledging of girls for economic and cultural appeasement, discrimination or abuse stemming from caste practices, young/forced marriage, and practices that violate women's reproductive rights. The Rapporteur's report to the 57th Session of the Commission on Human Rights (1997-2000) identifies the countries and regions where these practices occur as well as ideologies that perpetuate some cultural practices.

Women's Health and Education Center (WHEC) recognizes the vulnerability of such individuals and groups in some societies and is very active with other NGOs to implement universal human rights. The freedom from fear and from want for all human beings can only be achieved if conditions are created whereby everyone can enjoy economic, social and cultural rights as well as civil and political rights.

About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)
A Gateway to the UN System's Work on MDGs

ILO – International Labor Organization
Employment and Decent Work

ILO Office for the United Nations, New York

The ILO Office for the United Nations ensures close liaison with the headquarters of the United Nations and other United Nations bodies in New York, as well as with national delegations, representatives of intergovernmental and non-governmental organizations accredited to the United Nations and employers' and workers' organizations participating in or observing United Nations activities. The New York Office keeps ILO headquarters and external offices promptly and continuously informed of developments in the United Nations relating to ILO fields of activity and ensures that ILO core priorities and interests, policies and experience are appropriately presented to the concerned United Nations fora, including the General Assembly and ECOSOC. It contributes, in consultation with headquarters, to the coordination of follow-up activities on major United Nations conferences. The Office is also responsible for the representation of the ILO at United Nations and other meetings in New York and for the preparation of regular reports to the Governing Body on developments in the UN system.

The Partnerships and Development Cooperation Department promotes Decent Work for all as a global goal by –

- Developing and strengthening partnerships and relations with agencies of the multilateral system, the donor community and other external development actors;
- Contributing to active ILO involvement in multilateral system coordination and United Nations reform processes at all levels;
- Mobilizing extra-budgetary funding for technical cooperation and funds for the Regular Budget Supplementary Account (RBSA), to complement and enhance action undertaken through the regular budget to fulfill the DWA;
- Developing ILO technical cooperation policy and coordinating, supporting and overseeing the management of extra-budgetary technical cooperation activities;
- Providing full and appropriate information services on the ILO's technical cooperation program and its financing, and on external relations.

The External Relations and Partnerships Branch (EXREL) is responsible for partnerships and relations with other organizations, UN reform and the implementation of the Decent Work Toolkit project.

Collaboration with World Health Organization (WHO):

The WHO Agenda

WHO operates in an increasingly complex and rapidly changing landscape. The boundaries of public health action have become blurred, extending into other sectors that influence health opportunities and outcomes. WHO responds to these challenges using a six-point agenda. The six points address two health objectives, two strategic needs, and two operational approaches. The overall performance of WHO will be measured by the impact of its work on women's health and health in Africa. Promoting development: During the past decade, health has achieved unprecedented prominence as a key driver of socioeconomic progress, and more resources than ever are being invested in health. Yet poverty continues to contribute to poor health, and poor health anchors large populations in poverty. Health development is directed by the ethical principle of equity: Access to life-saving or health-promoting interventions should not be denied for unfair reasons, including those with economic or social roots. Commitment to this principle ensures that WHO activities aimed at health development give priority to health outcomes in poor, disadvantaged or vulnerable groups. Attainment of the health-related Millennium Development Goals, preventing and treating chronic diseases and addressing the neglected tropical diseases are the cornerstones of the health and development agenda.

"I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa." Dr Margaret Chan, Director-General
More on women's health and health in Africa

Bulletin of the World Health Organization; Volume 88, Number 1, January 2010, 1-80 Table of contents

Collaboration with UN University (UNU):

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

Revisiting the Global Food Architecture: Lessons from the 2008 Food Crisis

The 2008 episode of food price explosion, political turmoil, and human suffering revealed important flaws in the current global food architecture. This paper argues that to safeguard the strengths of the current system, four failures in market functioning and policymaking must be addressed. First, governments must reinvest in agriculture with a focus on public goods and subject to increased public accountability to re-ensure the global food supply. Second, the policy-induced link between food and fuel prices must be broken through a revision of EU and US agro-fuel policies. Third, better sharing of information on food stocks, stricter WTO regulation of export restrictions, and some form of globally managed buffer stock will be minimum requirements to prevent the resurgence of inefficient national food self-sufficiency policies. Fourth, a market-based food security system is only sustainable given well functioning national social safety nets.

This paper argues that the food crisis and the ensuing policy responses have revealed fundamental market and policy failures in the current market-based food architecture. These must be urgently addressed. The shift towards more market-based food systems started in the 1980s. Under high price protection and input subsidization food supply in the European Union (EU) and the United States (USA) expanded rapidly, leading to record food stock-to-use ratios and the subsidization of exports. This model was gradually questioned because of its inefficiency and its destabilizing effects on the world market. At the same time models of food self-sufficiency and food price stabilization through domestic buffer stocks became fiscally unsustainable in developing countries. Efficiency considerations and market-based solutions began to permeate, and subsequently, dominate the food policy debates, as they did in most other spheres of society in the 1980s and 1990s. The premise of more market-based food systems found implicit support in the seminal microeconomic work on famine and hunger by Sen (1981). He highlighted that massive hunger often exists in the midst of plenty. A sufficient supply of food at the national level is merely a necessary, but not sufficient condition for food security. Food security comes about if everyone is assured of access to food. This can be achieved either through self-production, or through market purchases, which further necessitates having sufficient income and well functioning market systems. These arguments resonated well amidst global food abundance. The food security debate shifted from ensuring national food self-sufficiency to ensuring individual access to food. The policy focus shifted to fighting income poverty and the establishment of proper food marketing systems, complemented by social safety nets that assist the chronically food insecure and the crisis struck.

Finally, to more efficiently assist the poorest in accessing food in times of crisis and make a market-based national food policy politically sustainable, countries need to establish effective social safety nets.

Publisher: UNU-WIDER; Author: Luc Christiaensen; Publication date: September 2009; Sponsor: UNU-WIDER acknowledges the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for 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 Office for Project Services (UNOPS):

The United Nations Office for Project Services manages project resources to help developing countries and countries with economies in transition in their quest for peace, social stability, economic growth and sustainable development. At the request of the members of the UN System, UNOPS provides services ranging from overall project management, project supervision, recruitment, procurement and training. It responds flexibly and rapidly to its client's demands, tailoring its services to their particular needs to attain cost-effective results. UNOPS is self-financing through fees earned for services rendered. Income for 2002 was $43.8 million; project delivery was valued at $503 million. It has 330 staff, 4,900 national project personnel, 560 international project personnel and experts and 1,550 international consultants.

Executive Director: Mr. Nigel Fisher (Canada)
Headquarters: 405 Lexington Avenue, New York, NY 10174, USA

International Research and Training Institute for the Advancement of Women (INSTRAW):

The International Research and Training Institute for the Advancement of Women was established in 1976 on the recommendation of the first World Conference on Women. It has the unique mandate to promote and undertake policy research and training programs at the international level to contribute to the advancement of women; to enhance their active and equal participation in the development process; to raise awareness of gender issues; and to create networks worldwide for the attainment of gender equality. Since 1999, the Institute has used new information technologies to produce, manage and disseminate gender knowledge and information on critical issues and trends affecting women and men in their roles in development, through the Gender Awareness Information and Networking System (GAINS). The Institute also carries out research projects on such strategic areas as women and men, building partnerships for gender equality, women and men in the information society, the impact of globalization on women, and gender and peace.

Director: Ms. Carmen Moreno (Mexico)
Headquarters: César Nicolás Penson 102-A, Santo Domingo, Dominican Republic

Constitution Of The World Health Organization:

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all. Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development. The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health. Informed opinion and active co-operation on the part of the public are of the utmost

importance in the improvement of the health of the people. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of co-operation among themselves and with others to promote and protect the health of all peoples, the Contracting Parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

[The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (Off. Rec. Wld Hlth Org., 2, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth, Thirty-ninth and Fifty-first World Health Assemblies (resolutions WHA26.37, WHA29.38, WHA39.6 and WHA51.23) came into force on 3 February 1977, 20 January 1984, 11 July 1994 and 15 September 2005 respectively and are incorporated in the present text.]

To be continued……

Top Two-Articles Accessed in December 2009:

1. Domestic Violence During Pregnancy;
   http://www.womenshealthsection.com/content/vaw/vaw011.php3
   WHEC Publications. The Project was funded by WHEC Initiative for Global Health. Special thanks to LT Monica A. Lutgendorf, MC USN, Department of Obstetrics and Gynecology, Naval Medical Center Portsmouth, Portsmouth, VA (USA) for her assistance in preparing the manuscript and sharing her research. We look forward to develop this essential service with US Military.

2. Robotic Gynecologic Surgery;
   http://www.womenshealthsection.com/content/gyn/gyn027.php3
   WHEC Publications. Gratitude is expressed to Dr. James L. Whiteside, Department of Obstetrics and Gynecology, Dartmouth Medical School and Dartmonth-Hitchchock Medical Center, Lebanon, New Hampshire (USA) for the expert opinions and reviewing the paper. Special thanks to Kendra Martell and Jonathan Conta, Intuitive Surgical Inc., Sunnyvale, CA for the assistance with the research and support.

From Editor's Desk:

Monitoring emergency obstetric care

The emergency obstetric care indicators described in this handbook can be used to measure progress in a programmatic continuum: from the availability of and access to emergency obstetric care to the use and quality of those services. This handbook is an update of an earlier publication on monitoring the availability and use of obstetric services, issued by UNICEF, WHO and UNFPA in 1997. This revision incorporates changes based on monitoring and assessment conducted worldwide and the emerging evidence on the topic over the years, and has been agreed by an international panel of experts. It includes two new indicators and an additional signal function, with updated evidence and new resources.

Efforts to improve the lives of women and children around the world have intensified since world leaders adopted the United Nations Millennium Declaration in September 2000 and committed themselves to reaching Millennium Development Goals 4 and 5, on child mortality and maternal health. The original targets for these Goals were a two-thirds reduction in the mortality of children under 5 and a three-quarters reduction in the maternal mortality ratio between 1990 and 2015. There is worldwide consensus that, in order to reach these targets, good-quality essential

services must be integrated into strong health systems. The addition in 2007 of a new target in Goal 5—universal access to reproductive health by 2015—reinforces this consensus: all people should have access to essential maternal, newborn, child and reproductive health services provided in a continuum of care.

In order to reduce maternal mortality, Emergency Obstetric Care (EmOC) must be available and accessible to all women. While all aspects of reproductive health care including family planning and delivery with the help of a skilled health professional also plays an important role in reducing maternal and neonatal mortality, this handbook focuses on the critical role of EmOC in saving the lives of women with obstetric complications during pregnancy and childbirth and saving the lives of newborns intrapartum. The handbook describes indicators that can be used to assess, monitor and evaluate the availability, use and quality of EmOC. Whilst this handbook focuses on emergency care, a broader set of indicators should be used to monitor fundamental aspects of reproductive health programs designed to reduce maternal mortality, ensure universal access to reproductive health care and reduce child mortality. Details:
http://whqlibdoc.who.int/publications/2009/9789241547734_eng.pdf

Special Thanks:

All of us at Women's Health and Education Center (WHEC) thank the editorial boards of Bulletin of the World Health Organization and United Nations Chronicle for their support and making our initiative in Women's Health and Health Development – a success. We hope many more years of mutually beneficial collaboration. Sincere thanks to our Reviewers for very helpful suggestions and expert opinions, which is a valuable part of the process to compile *WHEC Practice Bulletins.* Special thanks to our Readers all around the world – we hope to continue to meet with your high expectations and goals.

Words *of* Wisdom:

The most beautiful thing we can experience in life is the mysteries. It is the source of all true art and science.

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