# WHEC UPDATE

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

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Goodwill and mutual understanding are indispensable for a new and much-needed partnership between health and the press. Most of the information that the public receive on health problems comes through the media. This is very obvious as regards HIV/AIDS, unhealthy lifestyles as smoking, alcohol abuse and lack of physical exercise. But if they serve as vehicle of information, the media also help to propagate harmful ways of life. Especially vulnerable in this respect are those people in developing countries or countries in transition who indiscriminately yearn to adopt "Western" lifestyles. The impact of the press, radio, television and Internet on public health is a complex affair, but its importance is steadily growing. Every opinion poll that examines what the public wants puts health high among the priorities for readers, listeners, and viewers. Yet regular sections or programs devoted to health problems are far from common in the media, though nobody could possibly imagine them failing to have a section on sport, the weather or celebrity gossip. It is something of a paradox that information about health should be considered of secondary importance by editors and program directors when public interest is clearly so strong. One possible explanation is that "medical" news is often judged to be too "specialized" and that journalists themselves may suspect they do not have sufficient know-how to discuss such topics without the risk of making mistakes. What cannot be denied is that many scientists, particularly in the health field, complain that their statements have occasionally been distorted by journalists. There are wrongs committed on both sides, however; if the press sometimes takes these matters too lightly, the specialists too are often ignorant of the ways in which journalists work and the constraints they face. With a little effort on both sides, there can be much better collaboration between those whose precious findings are vitally needed by the general public and those whose task is to transmit that information.

Information and communication are at the very heart of the work of Women's Health and Education Center (WHEC). With the continuous increase in the dissemination of information, our e-learning program – **WomensHeatlhSection.com** today has a special responsibility to make sure its messages are not only scientifically and ethically sound, but as clear as possible. Who is better placed than the press to help the public understand that the battle for health must have top priority, and that any untimely penny-pinching in this domain may put the future at risk? As witness to this risk, take the worldwide spread of HIV/AIDS and millions of people all over suffering and dying simply because the health protection of the public has fallen victim to political and economic upheavals. At a time when information technology is expanding at an unprecedented rate, there is no shortage of technical means to guide public opinion. What is lacking is the willingness of decision-makers to set the right kind of priorities for the information conveyed. Press managers and editors have to decide whether the eradication of HIV/AIDS, malaria, children's vaccination, disease prevention and advocacy of healthy lifestyles are minor topics compared with the mass of other news items churned out daily by newspapers, radio stations, television channels and websites. As for those who hold key information about health matters, they ought to make a greater effort to communicate it to the general public. The activities of international or national organizations working in the field of health have everything to gain from this partnership, and at the end of the day, so too does humanity in general.

Health and Media: Uneasy Partners?

*Rita Luthra, MD*

## Your Questions, Our Reply:

How is ownership of the round table process determined? How does it help in capacity-building?

**Observations based on experience in Africa and Asia:** The participants in the round table process include development specialists from the health and other sectors and decision-makers from both government and donor agencies. Political agreement is eventually reached and a formal sector round table meeting is then held in public with the purpose of securing agreement between the government and major external investors on vital issues related to policy, program priorities, costs, finance and the coordinated implementation of the sector program. Because of its flexibility, especially as regards the time frame, most countries felt that the sectoral round table process was theirs, notwithstanding the involvement of donors and technical agencies. Governments also derived confidence from their knowledge of past performance in other sectors and countries. Donors made efforts to ensure that their separate initiatives had an input into the government-led round table process. Early agreement was often reached as to who was responsible for analysis and studies on the design and operation of the investment program. This facilitated the internalization of the results into government planning. A formal round table meeting required the government to approve sector policies and budgets and help to give it both ownership and leadership of the process.

The round table process often requires ministries of health to assume new roles and functions. There is a need to strengthen areas related to strategies planning on a basis of comprehensive analyses, partnership and negotiation. This partnership is important in institutional strengthening. In some countries, planning and budgeting for the round table process include a capacity-building component from the outset. In others it became evident during the process that such a component was necessary so that the government could lead and direct. The most successful approach to capacity-building is to strengthen the essential functions of ministries of health across the board. Capacity-building sometimes extends to other ministries.

We believe the countries who have tackled the issues both of content and of process; they have built government capacity to assume leadership on both fronts.

## About NGO Association with the UN:

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

**UN AIDS – Joint United Nations Program on HIV/AIDS**
MDG 6: Combat HIV/AIDS, Malaria and other diseases

The eight MDGs – which range from halving extreme poverty to halting the spread of HIV and providing universal primary education have galvanized unprecedented efforts to meet the needs of the world's poorest. The targets of Goal 6 "Combat HIV/AIDS, Malaria and other diseases" include:
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
6.1 HIV prevalence among population aged 15-24 years
6.2 Condom use at last high-risk sex
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Following intense negotiations on the text among Member States, the final 2006 Declaration provides a strong mandate that will help move the AIDS response forward, particularly with regards to scaling up towards universal access to HIV prevention, treatment, care and support. It reaffirms the 2001 Declaration of Commitment on HIV/AIDS and the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of AIDS by 2015. The 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS took place from 31 May - 2 June 2006 at the United Nations in New York, USA. Goals, UN Declarations and Resolutions on AIDS

## Collaboration with World Health Organization (WHO):

Linkages between sexual and reproductive health (SRH) and HIV

“Men build too many walls and not enough bridges”, Isaac Newton

Linkages, or the policy, programs, services and advocacy synergies between sexual and reproductive health (SRH) and HIV are approaches that have the potential to increase universal access to both sexual and reproductive health as well as HIV prevention and care. By minimizing missed opportunities we can increase access and coverage of services for more people, including vulnerable populations, and ensure services for people living with HIV that meet their needs and respect their rights. According to the latest (2008) WHO and UNAIDS global estimates, women comprise 50% of people living with HIV. In sub-Saharan Africa, women constitute 60% of people living with HIV. In other regions, men having sex with men (MSM), injecting drug users (IDU), sex workers and their clients are among those most-at-risk for HIV, but the proportion of women living with HIV has been increasing in the last 10 years. This includes married or regular partners of clients of commercial sex, IDU and MSM, as well as female sex workers and injecting drug users. As the directing and coordinating authority on international health, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. The HIV/AIDS Department provides evidence-based, technical support to WHO Member States to help them scale up treatment, care and prevention services as well as drugs and diagnostics supply to ensure a comprehensive and sustainable response to HIV/AIDS. More information about WHO and HIV/AIDS

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## Collaboration with UN University (UNU):

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

India's Development Strategy: Accidents, Design and Replicability

This paper examines India’s development strategy, and to what extent it may be considered a success. It provides a brief history of why and how the strategy was adopted, as well as of its implementation, including the role of initial conditions, such as human capital, geographical location, and infrastructure. It analyses the extent and reasons for success of the strategy, including policy, political economy, timing, and linkage of the strategy to economy-wide development. Particular attention is given to the relative roles of domestic and international actors, including the part played by foreign investment, trade, and other dimensions of openness. The paper considers the extent to which the strategy remains viable for the future, the challenges still faced, and what other strategies might be required. It concludes with possible lessons for other countries and their future development strategies.

India's economy seems to invite animal metaphors, particularly those of the lumbering elephant or caged tiger. The former is consistent with a culturally or environmentally deterministic view of the country, or perhaps inspired by its size, which hinders nimbleness. The latter obviously suggests that there have been shackles placed on the economy, implicitly by policymakers. The experience of the last few years seems to have been favorable to the latter view, and invites a re-examination of India's development strategy. What has that strategy been, and to what extent can it be considered a success? To answer that basic question, this paper proceeds as follows. It outlines the basic contours of India's initial post-independence development strategy, and provides a brief history of why and how that particular approach was adopted. The description of its implementation includes a discussion of the role of initial conditions, such as human capital, geographical location, and infrastructure. Next, the paper analyses the extent and reasons for success of the strategy, including policy, political economy, timing, and linkage of the strategy to economy-wide development. This is followed by specific attention to the relative roles of domestic and international actors, including the part played by foreign investment, trade, and other dimensions of openness. The paper then considers the extent to which the strategy remains viable for the future, the challenges still faced, and what other strategies might be required. It concludes with possible lessons for other countries and their future development strategies.

If India's development failures and successes offer some lessons for other countries on balancing the role of government and market in development strategy, perhaps its most important lesson comes from its political institutions. Democracy in India, however, imperfect, has survived and deepened over the last six decades. It has provided an important institutional backdrop for the recent economic success of the country. If anything, it has begun to provide a vehicle for more vigorous competition among politicians to serve long-term constituent interests. Democracy has also allowed the media and civil society organizations to operate relatively freely in India, bringing greater transparency and accountability to markets and governments. The design of robust democratic institutions must be considered the greatest achievement of India's strategy of development.

Publisher: UNU-WIDER; WIDER Research Paper; Author: Nirvikar Singh; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Finnish Ministry for Foreign Affairs, and the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Finnish 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)*

## Constitution Of The World Health Organization:

*(Continued)*

(l) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;
(m) to foster activities in the field of mental health, especially those affecting the harmony of human relations;
(n) to promote and conduct research in the field of health;
(o) to promote improved standards of teaching and training in the health, medical and related professions;
(p) to study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;
(q) to provide information, counsel and assistance in the field of health;
(r) to assist in developing an informed public opinion among all peoples on matters of health;

(s) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;
(t) to standardize diagnostic procedures as necessary;
(u) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;
(v) generally to take all necessary action to attain the objective of the Organization.

CHAPTER III – MEMBERSHIP AND ASSOCIATE MEMBERSHIP

Article 3
Membership in the Organization shall be open to all States.

Article 4
Members of the United Nations may become Members of the Organization by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes.

*To be continued…..*

## Top Two Articles Accessed in February 2010:

1. Hysteroscopic sterilization;
   http://www.womenshealthsection.com/content/gyn/gyn028.php3
   WHEC Publications. Special Thanks to the editorial board for the research and compiling the review.

2. The Ethical Concept of the Fetus as a Patient;
   http://www.womenshealthsection.com/content/obs/obs019.php3
   Authors: Dr Frank A. Chervenak, Given Foundation Professor and Chairman, Department of Obstetrics and Gynecology, Weill Medical College of Cornell University, New York, New York (USA); and Dr. Laurence B. McCullough, Professor of Medicine and Medical Ethics, Associate Director for Education Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, Texas (USA)

## From Editor's Desk:

First Global Symposium on Health Systems Research

The World Health Organization (WHO) and partners are pleased to announce the First Global Symposium on Health Systems Research (HSR) - Science to Accelerate Universal Health Coverage. Researchers, policy-makers, funders, and other stakeholders representing diverse constituencies will gather in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and set a research agenda that reflects the needs of low and middle-income countries. The Symposium is structured around two main streams:

Stream I : State of the art research
The first stream is relevant for presenting HSR findings. Results can be based on primary or secondary data sources, employ quantitative and/or qualitative research methods and derive from completed or ongoing research. Recommendations / conclusions should demonstrate contributions of the described research to enhancing universal health coverage in a particular setting and the potential applications to other settings, if applicable. Findings in this stream will correspond to one of the following themes:

- Political economy of universal health coverage
- Health system financing
- Scaling-up of health services

- Monitoring and evaluation
- Knowledge translation

Details: http://www.hsr-symposium.org/index.php/stream1

Stream II: State of the art research methods
The second stream will be educational and contribute to participants' learning and skills development for advancing the HSR field. The focus of this stream will include one of the following themes:

- Terminology, taxonomies, frameworks
- Methods for HSR and knowledge translation
- Measures used in HSR
- Capacity building for HSR
- Multidisciplinary approaches

Details: http://www.hsr-symposium.org/index.php/stream2

**Call for Abstracts**
Applications are now being accepted in Stream 1 for individual presentations or proposals for organized sessions. Submissions in Stream 2 should be for organized sessions only. Submissions in Stream 1 should be on research studies that are completed or ongoing, but the results should be available at the time of the symposium

- Only on-line submissions are accepted
- Only English language submissions will be considered
- The abstract word count should be 300 words or less for Stream 1 and 500 words or less for Stream 2
- Limited funding is available for applicants from low- and middle-income countries
- The Symposium Secretariat reserves the right to accept, reject or request modifications of any submission
- Deadline for submissions is 30 April 2010

## Special Thanks:

WHEC thanks Dr. Karen G. Cheng, Assistant Professor, Department of Psychiatry and Human Behavior, Department of Psychiatry and Human Behavior Charles Drew University of Medicine and Science, Los Angeles, CA (USA) for her support to this project and program. It is indeed our pleasure to have her on the Advisory Council. We look forward to many more years of collaboration.

## Comings and Goings:

Comings: Recently two very talented physicians have joined us on the Physicians' Board:
**Dr. Robert M. Silver**; Professor of Obstetrics and Gynecology; Chief, Division of Maternal-Fetal Medicine; University of Utah Health Sciences Center (UUHSC); Salt Lake City, UT 84132 (USA).
**Dr. Erich Cosmi**; Director of Prenatal Diagnosis and Fetal Therapy Unit; Assistant Professor of Obstetrics and Gynecology; Department of Gynecological Science and Human Reproduction, Section of Maternal and Fetal Medicine; University of Padua School of Medicine; Italy. We are looking forward to mutually beneficial collaboration.

Goings: Ms. Hanifa Mezoui, Chief NGO Section/DESA at the United Nations is no longer in this position. We all at WHEC are grateful to her for the support with the process in getting Special Consultative Status with ECOSOC of the United Nations.
Mr. Paul Hoeffel, Chief NGO Section/DPI at the United Nations has retired. We all at WHEC are grateful to him for his assistance to us in getting this project established with the United Nations. We will miss you.

## Words *of* Wisdom:

Only an idiot and a genius breaks man-made laws; and they are the nearest to the heart of God.

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