



## WHEC UPDATE

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

April 2010; Vol. 5, No. 4

### *Anniversary Edition*

When Women's Health and Education Center (WHEC) was established on 12 April 2001, one of its goals was to promote Millennium Development Goals (MDGs) to achieve universal primary education and gender equality. There is no single solution to wiping out poverty. But decent work – the promotion of rights, employment, social protection, health and dialogue – will always be at the heart of successful policies to get there. Education itself may not change the world, but it might change those people that will be able to change the world. Education is simply priceless: it represents the best investment we can make for ourselves and for our children in order to exercise our own rights of human beings in their full form, to advocate their respect both for ourselves and for the others and reinforce their protection. Through education, children and marginalized adults, can lift themselves out of poverty, become full citizens of the countries and play a crucial role within the societies, being aware of the challenges of the present and finding out solutions for a better future. Equal access to education and health of good quality, without discrimination or exclusion should be a permanent top priority in the Development Agenda of all the actors of the International Community. Today our mission celebrates its 9<sup>th</sup> birthday.... and many more to come....

Like all global ideas, the realization of the MDGs poses many challenges. Despite the fact that specific, measurable, achievable, realistic and time-bound targets were set within the international effort to promote human development, monitoring the MDGs is presenting a serious challenge; especially for the developing countries. At the country level, the challenge is to engage political leaders and top decision makers, as well as mobilize civil society, communities, the general public and the media. As partners all stakeholders should work closely in ensuring that the MDGs at the national level be tailored to the specific circumstances of that country. Member States of the United Nations acknowledged in the Millennium Declaration that globalization offers great opportunities, but that its benefits were unevenly shared and its costs unequally distributed among and within countries. Security, development and human rights, and their interdependency and link to gender issues, are the basis of Millennium Declaration. I am optimistic that, with more commitment and dedication, we will emerge victorious and meet most, if not all, of the MDGs come 2015. In our publications; *WHEC Update* and ***WomensHealthSection.com*** we frequently update you on the progress of Millennium Development Goals (MDGs) and state of women and children in the world. We believe – education and health, both are the cornerstone to eliminate poverty in rich and poor countries alike.

Join us in this pursuit!

Our Aspirations and Our Achievements

*Rita Luthra MD*

## Your Questions, Our Reply:

What is the health indicators supposed to measure? What is the cost and feasibility of collecting data?

**Making Health Indicators Operational:** Indicators are quantitative measurements, generally including a numerator and a denominator, although some measure only a number of events and have only a numerator. In routine information systems an indicator may be defined as measuring the status of an important variable and permitting the measurement of changes in it over time. An indicator does not describe a situation in its entirety; it may only suggest what a situation is or give a clue to an unmeasurable phenomenon. Defining what a health indicator is supposed to measure can be more difficult than one might expect, since the meaning must be unambiguous to all health personnel. Health indicators should be chosen which reflect a country's most important health problems, their determinants, and the main health service responses to the problems. It is essential for each country to develop its own indicators.

For some indicators the cost of collecting data would be high and the decision not to do so is easy to make. However, in other cases it is less easy to decide because the cost has to be weighed against the benefits of collecting the data. In most countries, for instance, routinely measuring life expectancy at birth is not feasible at any level of the health system, since it requires the collection of data that are normally available only from decennial censuses over a long period. It would be extremely costly to attain the level of organization needed for this purpose. Life expectancy at birth is therefore highly unlikely to be on the list of indicators for a country, whereas notification of infant or maternal deaths may well be an important trigger for action at the district and community levels. The data required for an indicator should be generated through routine services and should be of value for their management. The indicator should first be analyzed and used for decision-making by the staff collecting and reporting data. The specific action to be taken on the basis of the indicator should be confirmed and the decision criteria should be recorded in clinic or managerial procedures.

## About NGO Association with the UN:

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

### **UNCTAD – UN Conference on Trade and Development**

Contribution of Competition Policies to the achievement of the Millennium Development Goals (MDGs)

The MDGs are an integral part of UNCTAD work on competition law and policy. Our approach to the formulation and enforcement of competition and consumer protection laws seeks to ensure that markets are pro-poor and that the efficient allocation and use of resources lead to the alleviation of poverty in developing countries and economies in transition. In this context, UNCTAD organized several training program conferences and presented studies on the interface between competition policy and development during the transition to market economies. Most of the countries with economies in transition that benefited from these activities have the main MDGs high among their development objectives. However, they face challenges in the design and implementation of appropriate competition law and policy in maximizing their benefits from trade liberalization and ensuring that the poor are not further marginalized in the transition to market economies. UNCTAD activities seek to provide for the exchange of best practices among the Commonwealth of Independent States (CIS) and other countries, as well as disseminating the results of research carried out by UNCTAD on the interface between competition law and policy and development.

Impact: UNCTAD's work helps countries strengthen legislation by training officials from with different backgrounds:

- Officials responsible for competition policy matters;
- Government officials and diplomats involved in regional and multilateral negotiations;
- The business community;
- Consumer associations;
- Researchers and academics.

It also enhances key institutions such as competition agencies that can then implement and enforce legislation.

This benefits the citizens at large, in particular the poor. They benefit from the dynamism, resource efficiency, lower prices and increased employment opportunities that competition legislation can foster. [5th UN Conference on Competition Policy](#)

## **Collaboration with World Health Organization (WHO):**

World Health Day 2010

Be part of a global movement to make cities healthier

World Health Day 2010 will focus on urbanization and health. With the campaign "1000 cities - 1000 lives", events will be organized worldwide calling on cities to open up streets for health activities. Stories of urban health champions will be gathered to illustrate what people are doing to improve health in their cities.

Some facts on urbanization:

- Over 3 billion people live in cities.
- In 2007, the world's population living in cities surpassed 50% for the first time in history.
- By 2030, six out of every 10 people will be city dwellers, rising to seven out of every 10 people by 2050.
- World Health Day campaign: 1000 Cities, 1000 Lives

With the campaign 1000 cities, 1000 lives, events will be organized worldwide during the week of 7 – 11 April 2010.

The global goals of the campaign are:

- 1000 cities: to open up public spaces to health, whether it is activities in parks, town hall meetings, clean-up campaigns, or closing off portions of streets to motorized vehicles.
- 1000 lives: to collect 1000 stories of urban health champions who have taken action and had a significant impact on health in their cities.

Details: [World Health Day 2010](#)

**Bulletin of the World Health Organization; Volume 88, Number 4, April 2010, 241-320 [Table of contents](#)**

## **Collaboration with UN University (UNU):**

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

Poverty Reduction in China: Is High Growth Enough?

Overview: The slowdown and in some years reversal of poverty reduction in China forcefully demonstrates that growth is not sufficient for combating poverty even if that growth is of unprecedented magnitude. Policy initiatives should take into consideration inequality, especially urban-rural disparity. This Policy Brief provides a summary of the research findings from UNU-WIDER's project on Inequality and Poverty in China. It also offers policy recommendations for

tackling the poverty-growth-inequality inter-relationships in the short- and long-run. In particular, it is suggested that the only long-run policy option for the Chinese government is to encourage urbanization. The slowdown and in some years reversal of poverty reduction in China forcefully demonstrates that growth is not sufficient for combating poverty even if that growth is of unprecedented magnitude. Policy initiatives should take into consideration inequality, especially urban-rural disparity. This Policy Brief provides a summary of the research findings from UNU-WIDER's project on Inequality and Poverty in China. It also offers policy recommendations for tackling the poverty-growth-inequality inter-relationships in the short- and long-run. In particular, it is suggested that the only long-run policy option for the Chinese government is to encourage urbanization.

To further complicate the matter, many channels exist through which growth may affect distribution in different ways. Meanwhile, growth and poverty outlooks depend on the current level and dynamics of inequality. The emerging literature on the inequality-growth nexus has produced conflicting findings. Clearly, more research is needed in order to better understand the poverty-growth-inequality (PGI) triangle, which states that any poverty change can be expressed as a mathematical function of growth and the variation in inequality. Post-reform China represents a good opportunity for studying the PGI triangle. While growth in China has been hailed as a miracle and its impact on poverty is well-recognized, the efficiency-emphasizing but equity-ignoring development experience has led to the fast rise of inequality along every dimension and must have contributed to the emergence of urban poverty and to the slowdown, even reversal, of poverty reduction in China. Needless to say, exploring the PGI triangle in China is important for a number of reasons. First, the alarmingly high level of inequality poses a threat to the sustainability of growth as it undermines China's social and political stability, to say the least. Second, China's growth prospects and inequality-related domestic demand have profound implications for other economies, particularly in terms of China's huge trade surplus and ever increasing trade disputes. Finally, China's PGI profile determines the global inequality and poverty scene and insights from this profile may help international organizations and other national governments in tackling poverty, growth, and inequality. In designing development policies, a dilemma or challenge is: should growth or inequality be prioritized as the primary goal?

Author: Guanghua Wan; Publisher: UNU-WIDER; Publication date: 04/2008

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

## **The United Nations Democracy Fund:**

The Charter of the United Nations highlights the importance of democracy and democratic values. The Universal Declaration of Human Rights and many subsequent UN declarations, conventions and covenants express the United Nations vision and commitment to these values. In the International Covenant on Civil and Political Rights, in particular, states parties take on binding obligations with respect to elections, the freedoms of expression, association and assembly, and other democratic principles. During the 1990s, changes in various parts of the world made democracy a key theme of the decade. The UN system increased its operational activities in support of the democratization process, and in 1992 the Electoral Assistance Division was established. In 2000, United Nations Development Program (UNDP) placed democratic governance at the heart of its development cooperation program. Continuing this process, Secretary-General Kofi Annan, in July 2005, established the **UN Democracy Fund (UNDEF)**. Its aim is to promote democracy throughout the world by providing assistance for projects that consolidate and strengthen democratic institutions and facilitate democratic governance – complementing existing UN efforts on elections, human rights, support to civil society, pluralistic media and the rule of law. UNDEF does not promote any single model of democracy. Rather, it reflects the view expressed in the outcome document of the 2005 World Summit, that “democracy

is a universal value based on the freely expressed will of people to determine their own political, economic, social and cultural system and their full participation in all aspects of their lives.

The Fund officially began its work on 6 March 2006, with the first meeting of its Advisory Board. (For additional information, see [www.un.org/democracyfund](http://www.un.org/democracyfund))

## **World Conferences On Women:**

Building on the energy of national women's movements, United Nations conferences in Mexico City (1975), Copenhagen (1980), Nairobi (1985) and Beijing (1995) have galvanized understanding, commitment and action concerning gender equality and the empowerment of women around the world. At the Fourth World Conference on Women (Beijing, 1995), representatives of 189 governments adopted the *Beijing Declaration and Platform for Action*, to address discrimination and inequality and ensure the empowerment of women, in all spheres of public and private life. The *Platform* identifies 12 critical areas of concern:

- The persistent and increasing burden of poverty on women;
- Unequal access to and adequate educational opportunities;
- Inequalities in health status, inadequate health-care services, and unequal access to health care;
- Violence against women;
- Effects of conflict on women;
- Inequality in women's participation in the definition of economic structures and policies, and in the production process;
- Inequality in the sharing of power and decision-making;
- Insufficient mechanisms to promote the advancement of women;
- Lack of awareness of, and commitment to, internationally and nationally recognized women's human rights;
- Insufficient mobilization of mass media to promote contribution to society;
- Lack of adequate recognition and support for women's contribution to managing natural resources and safeguarding the environment;
- The girl child.

At its twenty-third special session in 2000, the General Assembly conducted a five-year review of the *Beijing Declaration and Platform for Action*. Countries reaffirmed the commitments they made in Beijing and pledged additional initiatives, such as strengthening legislation against all forms of domestic violence, and enacting laws and policies to eradicate such harmful practices as early and forced marriage and female genital mutilation. Targets were set to ensure free compulsory primary education for both girls and boys, and to improve women's health through wider access to health care and prevention programs. In 2005, the Commission on the Status of Women conducted a 10-year review, in which member states reaffirmed the *Beijing Declaration and Platform for Action* and committed themselves to accelerated action to address the gap between global policies and implementation at the national level.

## **Constitution Of The World Health Organization:**

*(Continued)*

### Article 5

The States whose Governments have been invited to send observers to the International Health Conference held in New York, 1946, may become Members by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes provided that such signature or acceptance shall be completed before the first session of the Health Assembly.

## Article 6

Subject to the conditions of any agreement between the United Nations and the Organization, approved pursuant to Chapter XVI, States which do not become Members in accordance with Articles 4 and 5 may apply to become Members and shall be admitted as Members when their application has been approved by a simple majority vote of the Health Assembly.

## Article 7

If a Member fails to meet its financial obligations to the Organization or in other exceptional circumstances, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

## Article 8

Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or group of territories by the Member or other authority having responsibility for their international relations. Representatives of Associate Members to the Health Assembly should be qualified by their technical competence in the field of health and should be chosen from the native population. The nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly.

*To be continued.....*

## **Top Two-Articles Accessed in March 2010:**

1. Improving Maternal Health through Education;  
<http://www.womenshealthsection.com/content/heal/heal014.pdf>  
In Collaboration with the United Nations, WHO and UN Chronicle. Special thanks to the editorial board of Academic Partnership Unit / UN Chronicle for the support to our initiative.
2. Endometriosis; <http://www.womenshealthsection.com/content/gyn/gyn003.php3>  
Author: Dr. Robert L. Barbieri; Kate Macy Ladd Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Chief of Obstetrics and Gynecology, Brigham and Women's Hospital; Chairman of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School, Boston, MA (USA).

## **From Editor's Desk:**

UNITED NATIONS, THE SECRETARY-GENERAL MESSAGE FOR WORLD HEALTH DAY 2010  
"Urban Health Matters"  
7 April 2010

For the first time in history, more people live in cities and towns than in rural areas. In a parallel trend, the burden of world poverty is also shifting from sparsely populated rural areas to densely populated cities. By mid-century, urban dwellers will count for seven out of every ten people. Most of this explosive growth is occurring in developing countries. Rapid, unplanned urbanization is expanding slums and informal settlements and municipal authorities are struggling to cope. The disparity in people's income, opportunities, living conditions and access to services is most vividly reflected by the mirror of public health. The threats are numerous: inadequate sanitation and refuse collection; industrial and traffic pollution; infectious diseases that thrive on squalor and

crowded conditions; high rates of tobacco use; physical inactivity; unhealthy diets; crime, violence and the use of harmful substances.

To a large extent these problems lie beyond the direct control of the health sector. Improving urban health therefore requires sound policies across all areas of government and awareness among all sectors of society. The broad family of UN agencies and programs is involved in this effort: working to reduce air and noise pollution, traffic congestion and crime; helping to improve housing, sanitation and food and water safety. Although the threats to health in cities are many, there is also reason for optimism. The root causes of urban health problems are known. So, too, are the methods for dealing with them. On World Health Day 2010, more than 700 cities from around the world will share their success stories. Together, these policies, interventions and best practices show how we make cities healthy places to live.

Many problems can be solved through better planning and more effective use of standards and the legislation needed to enforce them. Actions need not be complex or costly. Interventions with a demonstrated impact range from using urban gardens and farms to promote nutrition education and physical activity to communities working together to reduce crime and violence. On this World Health Day, let us act to make our cities more nurturing for all. Urban health matters!

---

63RD ANNUAL UN DPI/NGO CONFERENCE (MELBOURNE, AUSTRALIA, 30 AUGUST – 1 SEPTEMBER, 2010)

The 63rd United Nations Annual Department of Public Information (DPI) / Non-Governmental Organizations (NGOs) Conference will be held in Melbourne, Australia, at the Melbourne Convention and Exhibition Centre (<http://www.mcec.com.au/>) from Monday 30 August, to Wednesday 1 September, 2010. The general theme of the conference is “**Global Health**.” This is the third time the conference is held outside UN Headquarters in New York. The objective of the conference “on the road” is to diversify, and increase, the geographical representation of NGOs associated with the United Nations Department of Public Information, as well as focusing on the work of NGOs in that region. The Conference will highlight effective ways in which civil society, in partnership with other actors, can contribute to fostering global health: not just managing disease. Global health encompasses multifaceted challenges of transnational health issues, determinants, and solutions, involves many disciplines, within and, beyond the health sciences, and promotes interdisciplinary collaboration. The Conference sessions will emphasize the need for more integration of health programs, methods to generate outcome data, cost effective delivery, sustainability, and emphasize prevention, to achieve equity in global health.

[Australia Media Release](#): Australia to host United Nations Conference on global health

Women’s Health and Education Center (WHEC) has been invited to participate in the Conference. If you wish to attend; please contact us as soon as possible. We hope to have good forum on Women’s Health and Health Development.

### **Special Thanks:**

WHEC thanks – You; for partnering with us to make a difference in the local communities in 217 countries/territories where our educational program is serving, and helping us to create good healthcare policies at the National and International levels and to achieve the goal: health-for-all. Women’s Health and Education Center (WHEC) welcomes everyone. We build partnerships to last.

Join us; and be a part of this movement!

**Words of Wisdom:**

INVICTUS

Out of the night that covers me,  
Black as the Pit from pole to pole,  
I thank whatever gods may be  
For my unconquerable soul.

In the fell clutch of circumstance  
I have not winc'd nor cried aloud,  
Under the bludgeonings of chance  
My head is bloody, but unbowed.

Beyond this place of wrath and tears  
Looms but the Horror of the shade,  
And yet the menace of the years  
Finds, and shall find, me unafraid.

It matters not how strait the gate,  
How charged with punishments the scroll,  
I am the master of my fate;  
I am the captain of my soul

– William Ernest Henley

\*\*\*\*\*

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