WHEC UPDATE

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

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Before & After Issue

Before & After Internet. We ask our audience: how can good Internet-Governance achieve Millennium Development Goals (MDGs)? This is intriguing to everyone. There is a special focus in the Millennium Declaration on meeting the needs of the Least Developed Countries (LDCs), particularly in the areas of duty- and quota-free access for essentially all exports from the countries, debt relief and grant of generous development assistance. There is a clear understanding among the representatives assembled at Geneva for World Summit on the International Society (WSIS) in December 2009, that new information and communication technologies hold out the promise of changing how people access information, and a determination to use the technologies, in particular the Internet, to improve the condition of millions of disadvantaged people throughout the world. How to get there was and is a continuing challenge. In short, we are facing a worldwide crisis of governance on the Internet. There are many underlying reasons for this crisis, of course. But we believe that the main reasons comprise the international decentralized nature of the Internet and the resulting insufficiency of traditional systems of regulation. The Internet clearly needs some rules. But attempts to develop a new system of governance are unlikely to succeed if they look for answers only to the nation-state, which by definition is limited in its centralized authority and effectiveness to the borders of a single nation or the parties to treaties. e-Health is a global phenomenon. Building e-Health foundations is the way forward.

The crisis of governance forces us to develop a new model of governance. The need for a new model of governance is crucial. It must be international, capable of operating across borders; it must be multi-sectoral, including a wide variety of voices and participants; and finally in this search for multi-sectoral governance, civil society must be accorded an equal voice alongside governments and industry. Of these components are only preliminary and represent just the outlines of a new model. We are only now beginning to understand what it will take to govern the Internet – to balance innovation with rules, and to reach the necessary compromise between order and creative chaos. This process of generating forms of Internet governance is, moreover, part of a more general search around the world for new, international models of governance to manage trade, immigration, security, development and other pressing global concerns. We remain fundamentally optimistic that we can develop new models of governance that will help us overcome current difficulties with the network and allow people to benefit from the tremendous potential. We believe good Internet-Governance will extend beyond the health of the Internet. Certainly, we will see our initiative – **WomensHealthSection.com** flourishing. This insight is beginning to resonate and translate into concrete policy. So much is at stake – for the Internet itself, and more generally for the global community. This is crucial moment in the evolution of the Internet. It can provide the essential information infrastructure for all who wish to bridge the digital divide, if it is allowed to evolve and prosper for the benefit of the global community. In today's world, the local and global are inextricably linked. Action on one cannot ignore the influence of or impact on the other.

The World Meets The Internet

Rita Luthra, MD

WHO | e-Learning Publication: WomensHealthSection.com

The Partnership joins together the maternal, newborn and child health communities, encouraging unified and effective approaches that promise greater progress than in the past. The Partnership has a broad membership that includes country partners, international agencies, donors, non-governmental organizations, professional associations and research and academic institutions. By bringing together this broad constituency, The Partnership ensures that its value is greater than the sum of its parts.

Membership to The Partnership for Maternal, Newborn and Child Health requires a commitment to Maternal, Newborn, and/or Child Health (MNCH), in accordance with The Partnership's guiding principles, conceptual framework, and internationally-agreed frameworks including the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women (FWCW) and the UN Millennium Development Goals.

View: http://www.who.int/pmnch/topics/maternal/20081001_whec/en/index.html

Dedicated to women's health and well-being worldwide

We all at Women's Health and Education Center (WHEC) hope our efforts advance the causes of peace, health and development. We welcome everyone.

Your Questions, Our Reply:

In reviewing the health care systems of a number of nations, what can U.S. learn?

Lessons learned from other systems: In reviewing multiple national health care systems, it becomes apparent that universal health insurance does not mean universal health care. In most countries with universal health insurance, 1 to 2% of the population falls through the cracks. Furthermore, because of evolving technology and increasing demand for services, most countries do not have enough money to truly provide universal care. Most countries in the industrialized world are having problems providing enough money to pay for the national health care demands of their populations. Most countries are beginning to face problems with de facto rationing, waiting lines, and lack of enough hospital beds and CT and MRI scanners. As one might suspect, rising health care costs and spending is not uniquely an American phenomena. In 2004, the average annual per capita increase in health care spending was 6.2% in the U.S., followed closely behind by 5.55% in Europe. Single-payer national health systems (such as England, Canada, and Norway) are systems in which the government essentially pays all the health care bills. Multiple-payer national systems (such as France, The Netherlands, and Switzerland) are systems in which employers, insurance companies, and government pay the health care bills. Surveys of the industrialized world show widespread dissatisfaction and discontent with both single and multiple payer systems.

Each of major industrialized countries' national health systems is truly unique, with major differences from country to country reflecting the history, conditions, politics, and national character of each country. It seems no two systems are alike. Careful evaluation of health care systems of the industrialized world reveals there may in fact be no prefect system. All the major health care systems seem to have their own problems. We must be careful that coverage for all does not come at the price of substandard quality, rationing of care, a demoralized health care work-force, and inadequate investment in research, education, public health, and health promotion.

The U.S. has a high-quality health care system. We should do all we can to protect it as well as improve it.

About NGO Association with the UN:

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

UNESCO – UN Educational, Scientific and Cultural Organization
Bureau of Strategic Planning

Education for Girls and Women
Where do we stand? What is UNESCO doing?

As affirmed in the Universal Declaration of Human Rights, "everyone has the right to education". UNESCO's Convention against Discrimination in Education underlines the need to promote equal opportunity and treatment. Education is a means of ensuring that girls and boys have an equal opportunity in life. Most of the 100 million children deprived of access to primary education are girls. Most live in Sub-Saharan Africa, South and West Asia and the Arab States. In rural Africa, about 70% of girls do not finish primary school. Women account for 64% of the adults worldwide who cannot read and write with understanding. Only 88 adult women are considered literate for every 100 literate adult men...Read more

Collaboration with World Health Organization (WHO):

Building Foundations for e-Health – Progress for Member States

This report from the Global Observatory on e-Health was launched globally on 1 February 2007 during parallel events in Bangkok and Geneva.

e-Health is the use of information and communication technologies (ICT) for health. It is recognized as one of the most rapidly growing areas in health today. The Fifty-eighth World Health Assembly in May 2005 adopted Resolution WHA58.28 establishing an e-Health strategy for WHO. The resolution urged Member States to plan for appropriate e-Health services in their countries. That same year, WHO launched the Global Observatory for e-Health (GOe), an initiative dedicated to the study of e-Health—its evolution and impact on health in countries. The Observatory model combines WHO coordination regionally and at headquarters to monitor the development of e-Health worldwide, with an emphasis on individual countries. Recognizing that the field of e-Health is rapidly transforming the delivery of health services and systems around the world, WHO is playing a central role in shaping and monitoring its future, especially in low- and middle-income countries.
MISSION AND OBJECTIVES
The Observatory's mission is to improve health by providing Member States with strategic information and guidance on effective practices and standards in e-Health.

Its objectives are to:

- Provide relevant, timely, and high-quality evidence and information to support national governments and international bodies in improving policy, practice, and management of e-Health;
- Increase awareness and commitment of governments and the private sector to invest in, promote, and advance e-Health;
- Generate knowledge that will significantly contribute to the improvement of health through the use of ICT; and
- Disseminate research findings through publications on key e-Health research topics as a reference for governments and policy-makers.

Details: http://www.who.int/goe/publications/bf_FINAL.pdf

Bulletin of the World Health Organization; Volume 88, Number 7, July 2010, 481-560 Table of contents

Collaboration with UN University (UNU):

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

The Triple Crisis and the Global Aid Architecture

The global economy is passing through a period of profound change. The immediate concern is with the financial crisis, originating in the North. The South is affected via reduced demand and lower prices for their exports, reduced private financial flows, and falling remittances. This is the first crisis. Simultaneously, climate change remains unchecked, with the growth in greenhouse gas emissions exceeding previous estimates. This is the second crisis. Finally, malnutrition and hunger are on the rise, propelled by the recent inflation in global food prices. This constitutes the third crisis. These three crises interact to undermine the prosperity of present and future generations. Each has implications for international aid and underlines the need for concerted action. The shock from the global financial crisis has required unprecedented monetary and fiscal responses across developed and developing countries. But, if this medicine succeeds, and growth recovers, then emissions will accelerate again in the absence of determined action to shift to low-carbon economic models. At the same time, the trend towards lower real food prices, which has persisted for a century or more, may finally be over. In the medium term, food-price inflation seems likely to return once growth resumes. Climate change could reinforce food price inflation through reductions in agricultural productivity and via mitigation policies that encourage the reallocation of land to bio-fuel crops. Given these interactions, we describe the present global economic situation as one deeply affected by *the triple crisis*.

To meet the triple crisis, the South needs resources. Some may be found internally. But external resources, including both official and private capital flows, are critically needed—especially for the poorest and most vulnerable countries. The financial crisis has, however, cut private capital flows and put aid budgets under significant pressure (at a time when aid effectiveness is again under attack). Many Southern governments have also seen their tax revenues decline as their economies contract. In summary, the resources available to meet the triple crisis have, in spite of soaring needs, not risen—they have *fallen*.

The restoration of economic growth will likely lead to the continuation of the upward trend in food and energy prices, which requires new global food architecture together with enhanced social protection. Similarly, confronting climate change requires the creation of low carbon growth models. Efforts to restore prosperity that do not account for climate change—a potentially fundamental threat to humanity—may well amount to short-term palliatives. The amount of aid and other external resource flows needed to address these challenges in the poorer countries remains very significant indeed, while prospects for significant resource increases are dim, at least in the short term. We live in extraordinary times—we must recognize this in global policy-making and analysis.

Authors: Tony Addison, Channing Arndt, and Finn Tarp; Publisher: UNU-WIDER; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to its 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)

World Summit on Information Society (WSIS)
UN Regional Commissions Forum: Regional and Sub-regional Strategies for the Information Society

The Information Society is an evolving concept that has reached different levels across the world, reflecting the different stages of development. Technological and other change is rapidly transforming the environment in which the Information Society is developed. The Plan of Action is thus an evolving platform to promote the Information Society at the national, regional and international levels. The unique two-phase structure of the World Summit on the Information Society (WSIS) provides an opportunity to take this evolution into account. All stakeholders have an important role to play in the Information Society, especially through partnerships:

a) Governments have a leading role in developing and implementing comprehensive, forward looking and sustainable national e-strategies. The private sector and civil society, in dialogue with governments, have an important consultative role to play in devising national e-strategies.
b) The commitment of the private sector is important in developing and diffusing information and communication technologies (ICTs), for infrastructure, content and applications. The private sector is not only a market player but also plays a role in a wider sustainable development context.
c) The commitment and involvement of civil society is equally important in creating an equitable Information Society, and in implementing ICT-related initiatives for development.
d) International and regional institutions, including international financial institutions, have a key role in integrating the use of ICTs in the development process and making available necessary resources for building the Information Society and for the evaluation of the progress made.

e-Health:

a) Promote collaborative efforts of governments, planners, health professionals, and other agencies along with the participation of international organizations for creating a reliable, timely, high quality and affordable health care and health information systems and for promoting continuous medical training, education, and research through the use of ICTs, while respecting and protecting citizens' right to privacy.
b) Facilitate access to the world's medical knowledge and locally-relevant content resources for strengthening public health research and prevention programs and promoting women's and men's health, such as content on sexual and reproductive health and sexually transmitted infections, and for diseases that attract full attention of the world including HIV/AIDS, malaria and tuberculosis.
c) Alert, monitor and control the spread of communicable diseases, through the improvement of common information systems.
d) Promote the development of international standards for the exchange of health data, taking due account of privacy concerns.
e) Encourage the adoption of ICTs to improve and extend health care and health information systems to remote and underserved areas and vulnerable populations, recognizing women's roles as health providers in their families and communities.
f) Strengthen and expand ICT-based initiatives for providing medical and humanitarian assistance in disasters and emergencies.
More Information: aisi@uneca.org

Constitution Of The World Health Organization:
(Continued)

Article 19
The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly

shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes.

Article 20
Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV

Article 21
The Health Assembly shall have authority to adopt regulations concerning:
(a) Sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;
(b) Nomenclatures with respect to diseases, causes of death and public health practices;
(c) Standards with respect to diagnostic procedures for international use;
(d) Standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
(e) Advertising and labeling of biological, pharmaceutical and similar products moving in international commerce.

Article 22
Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

Article 23
The Health Assembly shall have authority to make recommendations to Members with respect to any matter within the competence of the Organization.

To be continued……

Top Two-Articles Accessed in June 2010:

1. Healthy Mothers Healthy Infant Through Nutrition;
   http://www.womenshealthsection.com/content/obs/obs029.php3
   WHEC Publications. Special thanks to WHO, NIH, Institute of Medicine (IOM) for the contributions.

2. Rectovaginal Fistula and Fecal Incontinence;
   http://www.womenshealthsection.com/content/urogvvf/urogvvf008.php3
   WHEC Publications. Special thanks to our writers and editors for compiling the review. We are grateful to our reviewers for the helpful suggestions.

From Editor's Desk:

Health InterNet-work Access to Research Information (HINARI): Access to Research in Health Program

The HINARI Program, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. More than 7,000 journal titles are now available to health institutions in 109 countries, areas and territories benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. The Program for Access to Health Research (HINARI)

provides free or very low cost online access to the major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries. HINARI was launched in January 2002, with some 1500 journals from 6 major publishers: Blackwell, Elsevier Science, the Harcourt Worldwide STM Group, Wolters Kluwer International Health & Science, Springer Verlag and John Wiley, following the principles in a Statement of Intent signed in July 2001. Since that time, the numbers of participating publishers and of journals and other full-text resources has grown continuously. Today more than 150 publishers are offering more than 7,000 journals in HINARI and others will soon be joining the program.

Who is eligible?

Local, not-for-profit institutions in two groups of countries may register for access to the journals through HINARI. The country lists are based on GNI per capita (World Bank figures). Institutions in countries with GNI per capita below $1250 are eligible for free access. Institutions in countries with GNI per capita between $1250-$3500 pay a fee of $1000 per year / institution. Eligible categories of institutions are: national universities, research institutes. Professional schools (medicine, nursing, pharmacy, public health, dentistry), teaching hospitals, government offices and national medical libraries. All staff members and students are entitled to access to the journals. Participating institutions need computers connected to the Internet with a high-speed (56k baud rate or higher) link.

The task of writing a research paper can be daunting. These modules have been developed to assist authors in HINARI eligible countries. Material covered includes ‘How to Write a Scientific Paper/Structured Abstract’, ‘Copyright and Plagiarism’, ‘Strategies of Effective Writing’ and an extensive ‘Web-Bibliography’. (Revised 04 2010)
Hinari Authorship Skills

The Women's Health and Education Center (WHEC) publishes papers on matters of women's health and health development with a special focus on Millennium Development Goal # 5 (Improve Maternal Health). To compile *WHEC Practice Bulletins* HINARI journals are frequently surveyed. ***WomensHealthSection.***com – knowledge that touches patient is a vision for the globalized world. We hope our efforts contribute to improved and informed care.

Special Thanks:

To all those who taught us, supported us and guided us for the past three decades
– and to our patients and readers

Words *of* Wisdom:

MY HOPE

That laughter fills your voice,
That prosperity fills your needs,
That hope fills your dreams,
And that grace
Warms your soul.

– *Unknown*

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