WHEC UPDATE
Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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Annual Project Report

We are living in a time of unprecedented opportunities for health. In spite of many difficulties, technology has made important advances and international investment in health has at last begun to flow. Our annual report of 2010 – Navigating A Steady Course, shows how our initiative ***WomensHealthSection.com*** can bring the medical knowledge and research to low- and middle-income countries and how, crucially, such efforts can drive improvements in health systems. Harnessing the power of research to achieve treatment targets and to build health systems that respond to the broad array of complex health issues requires an innovative approach to gathering and sharing information. Existing, classic methods of research and dissemination of new knowledge – while still necessary – will not be sufficient to achieve Millennium Development Goals (MDGs) # 4 and 5. In the short term, new methods of assessing the performance of maternal and child health programs are essential. So, too, is the rapid sharing of information in order for countries to benefit from the most recent and most relevant experience elsewhere and adapt it to local circumstances. Traditional notions of research and publication are insufficient to bridge the wide gap between current knowledge and its successful application. A new approach is required which recognizes that useful knowledge can expand formal research designs and can be quickly shared and applied through social networks and other channels, rather than simply through traditional publication methods. These applications of knowledge management in the public health sector are relatively new, but early efforts show promise.

A modern approach to knowledge management strengthens existing information and research networks through the Internet and other means of communication, and builds vibrant new networks that allow the rapid sharing of knowledge and practical experience at the front line – among clinicians, researchers, health workers and others. Thus, the people most closely involved in achieving wider access to evidence based medicine and treatment can learn from each other's successes – and also from their failures – especially if this takes place in an atmosphere of transparency. The long-term struggles against poliomyelitis and tuberculosis (TB) have shown how international and multisectoral partnerships can work effectively to combat major diseases. To ensure effectiveness, a number of basic principles have guided work over the 15 years during which the NGOs have worked together in pursuit of its common goal of a better and healthier world: multisectoral representation; long-term commitment; top-level institutional representation; full use of comparative advantages; and common operating principles and forums. The public health community must rethink its definition of knowledge and the structure by which it is generated, shared and applied. The aims of knowledge management are to collect all relevant information and intellectual capital into a common system, and provide equal access to that information, ensuring that it can be synthesized with local needs. Such a system enables members of the public health community to communicate directly with their peers on matters of mutual interest, such as effective practice in their own localities.

Progress in information and communication technologies and other learning systems such as communities of practice gives cause of optimism. Improved communication can spur a knowledge revolution that will particularly benefit poor countries and communities, through greater use of the Internet, e-mail and telephone, and better satellite and wireless technology. By whatever means, the promotion and improvement of learning systems at all levels should greatly assists the achievement of public health goals as well as helping to strengthen health systems in general.

Sharing Research & Knowledge

Rita Luthra, MD

2010 In Review: Navigating A Steady Course

Some journeys change mankind forever. So far, it has been a fascinating intellectual journey. We have met some incredibly interesting people on this road from all over the world. We just hope that we manage to convey some of their excitement to you to develop projects/programs in women's health and health development. More than ever, the world needs new and meaningful initiatives in health and education. Women's Health and Education Center (WHEC) continues to open its doors to new partners, and we are especially excited about how the scholarship and engagement of the academic communities can benefit our work for human well-being. I look forward to the contributions our scholarly partnership can make in our efforts to improve maternal and child health, and build a more peaceful and just world for all. Through global education, we must prepare world citizens who understand the interconnected nature of our planet and who are willing to act on behalf of people everywhere. We each must spend more time learning about other cultures and other lands. A global education considers the world as a whole, with a rich interplay of nations, cultures, and societies. Having a global education and being a world citizen is the key element for peace, health, education and all other elements of progress. Education must catch up to globalization.

Once again we ended another year of cooperation with the community of NGOs, healthcare providers from all over the world and as is customary it is our pleasure to send you the annual report. This year's annual report includes work of the past year and to look at plans for the future. Our initiative was included in the Directory of Division for Social Policy and Development (DSPD), Department of Economic and Social Affairs (DESA), United Nations (UN). All of us at Women's Health and Education Center (WHEC) thank you for helping us in making this the most read journal in reproductive health and health development worldwide. This unique service is becoming a part of many countries continuing medical education systems including US educational. We keep the promise and will continue to provide excellence in women's health and research. Special thanks to our writers, reviewers and editors – without their diligent and tireless work this initiative would not have succeeded. Women's Health Section (***WomensHealthSection.com***) does not come online when you click on it – it is always online – 24/7, all year around in 220 countries/territories, day and night. Our ability to navigate a steady course relies upon our consistent achievement of strong reader's base. With a solid foundation, we are then able to successfully build upon our strengths and grow in a careful manner while never losing our focus on our primary purpose that is, providing evidence based medicine to healthcare professionals worldwide, we serve.

Let us get conversation started!

WomensHealthSection.com served 4.5 million readers / subscribers in 220 countries and territories with an average of 15,000 to 20,000 visitors a day in 2010 with links to about 38,000 websites every month. On average 52,000 files, 3,600 URLs and 4,600 pages were accessed every month. It expanded from 12 to 22 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2010 for global dissemination. We have rearranged content so that it is easier for you to find what you need. We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Top 15 Countries out of 220 Countries and Territories, where **WHEC Global Health Line / WHEC Net Work** is accessed frequently: USA; Canada; China; Australia; Mexico ; Russian Federation; Saudi Arabia; Belgium; U.K.; Germany; Switzerland; Spain; India; Chile; and France.

Top 5 Groups out of 25 groups for educational purposes: US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 514: Microsoft (MSIE 8.0, 6.0 and 7.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); BlackBerry9550/5.0.0.550

Top 5 most popular sections out of 22: 1) WHEC Update; 2) Obstetrics; 3) Gynecologic Oncology; 4) Glossary; 5) Pain Management during Labor and Delivery.

Top 10 most read comprehensive review articles out of 215: 1) Intrapartum Electronic Fetal Heart Rate Monitoring; 2) Hysteroscopic Sterilization; 3) Healthy Mother Healthy Infant Through Nutrition; 4) Health Literacy, e-Health and Sustainable Development; 5) Intrauterine Contraception; 6) Fetal Alcohol Syndrome: Recognition and Prevention; 7) Cervical Cancer Prevention: Managing High-Grade Cervical Neoplasia; 8) Cervical Cancer Prevention: Managing Low-Grade Cervical Neoplasia; 8) Breast Cancer: Early Detection; 9) Community Acquired Pneumonia in Pregnancy; 10) Domestic Violence Screening.

Beneficiaries: Visitors of WomensHealthSection.com (more than 45 million readers / subscribers worldwide and growing fast…)

Looking forward to 2011!

Your Questions, Our Reply

In law and in ethics, is medical negligence the same or different from other types of professional negligence?

Negligence in Medical and Other Professions: In law, the concept of professional negligence applies to all registered or legally regulated professions. It is concerned with accountability for what people do or fail to do in carrying out their professional duties. Compared to malpractice in other professions, medical negligence is viewed differently, perhaps because of the commonly held, and somewhat emotive, perceptions. Some of these perceptions may not be fair, but they are part of the human side of medicine and may explain why the news media make so much more of medical malpractice than any other, or why the public is so interested in reading about medical cases that have gone wrong. However, none of this should lead one to believe that the world's legal systems have singled out the medical profession for harsh treatment. It may be interesting to note that in the jurisprudence of many countries (including USA) the basis for determining negligence is the same for all professionals and service providers, whether they are doctors, lawyers, accountants, or engineers.

We now come to what may be a significant difference, which is that the doctrine of "informed consent" falls perhaps more severely on the medical profession than on others. There are court judgments imposing a similar liability on lawyers and accountants for failing to inform their clients of possible losses, but such cases are somewhat rare. Some may argue that lawyers have an even poorer image than doctors because of the difficulty involved in suing them for their negligence. The medical profession is rather more frequently and sharply exposed to the exercise of this legal and moral duty to inform clients almost on daily basis. Hence the larger number of legal cases arising from lack of informed consent, although the legal basis of negligence is the same as that applicable to other professions. Courts are aware that the "duty of care" is not based on hindsight but on reasonable foresight resting on an average degree of professional skills of diagnosis and treatments.

Only in the USA there have been so many cases in which juries have awarded large monetary damages. Even there, it is not widely known, because the media do not highlight this fact that in many cases the amount awarded has been substantially reduced on appeal. Given the nature and scope of "personal injuries" (tort) litigation in the USA in general, medical malpractice cases are in character: the amount of damages and number of suits are in proportion. Also, given the

"contingency fee" system, in which lawyers get paid only if they win their client's case (in most countries lawyers get paid whether or not they win their case), it is not surprising that in USA there is more "personal injuries" litigation overall. High premiums for malpractice cover are not confined to the medical profession. Wherever the insurance business covers high risks the premiums are high. The link between the frequency of malpractice litigation, defensive medicine and high insurance premiums is not as strong as one might suppose at first glance.

About NGO Association with the UN

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

World Meteorological Organization – WMO
Working together in weather, climate and water

WMO in brief: The World Meteorological Organization (WMO) is a specialized agency of the United Nations. It is the UN system's authoritative voice on the state and behavior of the Earth's atmosphere, its interaction with the oceans, the climate it produces and the resulting distribution of water resources. WMO has a membership of 189 Member States and Territories (on 4 December 2009). It originated from the International Meteorological Organization (IMO), which was founded in 1873. Established in 1950, WMO became the specialized agency of the United Nations in 1951 for meteorology (weather and climate), operational hydrology and related geophysical sciences. As weather, climate and the water cycle know no national boundaries, international cooperation at a global scale is essential for the development of meteorology and operational hydrology as well as to reap the benefits from their application. WMO provides the framework for such international cooperation.

Since its establishment, WMO has played a unique and powerful role in contributing to the safety and welfare of humanity. Under WMO leadership and within the framework of WMO programmes, National Meteorological and Hydrological Services contribute substantially to the protection of life and property against natural disasters, to safeguarding the environment and to enhancing the economic and social well-being of all sectors of society in areas such as food security, water resources and transport. WMO promotes cooperation in the establishment of networks for making meteorological, climatologically, hydrological and geophysical observations, as well as the exchange, processing and standardization of related data, and assists technology transfer, training and research. It also fosters collaboration between the National Meteorological and Hydrological Services of its Members and furthers the application of meteorology to public weather services, agriculture, aviation, shipping, the environment, water issues and the mitigation of the impacts of natural disasters.

Collaboration with World Health Organization (WHO)

Global Fund related activities

The World Health Organization provides technical guidance to applicant countries of the Global Fund in the areas of HIV/AIDS, malaria, tuberculosis, and Health systems strengthening (HSS). Tools and publications which have been developed to aid proposal preparation and implementation to the Global Fund can be found here

Purpose of the document
1. The purpose of this document is to provide World Health Organization (WHO) staff with guidance on the Organization's engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). It can also serve to inform national and international partners of WHO's contribution to Global Fund processes. The document is an update of similar guidance that was published in 2005.

2. The document outlines how WHO interacts with the Global Fund at global and country levels. It defines the principles and main areas of focus of WHO's work with the Global Fund. It also identifies areas for WHO technical guidance and support at country level and provides information concerning coordination and communication when dealing with the Global Fund. General guidance is provided bearing in mind that approaches might vary according to specific contexts. It is also recommended that new approaches be discussed between WHO regional offices and headquarters.
3. Alongside this broad guidance paper, a toolkit has been developed to provide practical, hands-on guidance specifically oriented to WHO's country offices on each step of the Global Fund grant cycle. The toolkit focuses particularly on the specific needs of heads of WHO country offices and country staff in their day-to-day interactions with Ministry of Health officials and other partners on Global Fund-related issues. The toolkit will also be linked to technical guidance in the specific program areas of HIV/AIDS, tuberculosis, malaria and health system strengthening.
Details: http://www.who.int/globalfund/GuidancePaperGFATM_Final_9Dec_print.pdf

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Collaboration with UN University (UNU)

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

Health and the Urban Transition: Effects of Household Perceptions, Illness, and Environmental Pollution on Clean Water Investment

Recent efforts to reinvigorate the connections between urban planning and health have usefully brought the field back to one of its original roles. Current research, however, has focused on industrialized cities, overlooking some of the important urbanization processes in poor countries. This paper describes an emerging 'health transition' and the importance of socio-ecological approaches to understanding new health challenges in the developing world and uses the empirical case of Vietnam to examine the development dilemma of new industrial health concerns associated with economic development. The paper summarizes original qualitative data suggesting that one of the main benefits and rationales of the system is the improvement in public health that it has promoted. Using a related original sample survey (n=200) from 2005, the paper then tests a set of hypotheses about the relationship between illness, connections to the new system, and the role of pollution of natural water sources in illness. Findings suggest that fears of illness, and in particular new forms of industrial illnesses, are growing with rapid development as old forms of acute water borne disease are of less concern.

The first set of questions assessed which water users were healthier. Generally, piped water seemed to have lower prevalence of diarrhea, scabies and stomach cramps, but one cannot say that natural source users (rivers and canals) have demonstrably experienced poorer health, as suggested in the interviews, due to deterioration in water quality over the past five years. Thus, the study continues on to examine the relationship between experienced disease, water quality and environmental pollution, and to what degree these factors are related to residents' connecting to the new water system. The paper's second finding is that, contrary to the suggestions of informants, especially of the water station managers and the water company, poor health is not necessarily seen to be associated with any of the water sources in an absolute sense, although users of canal and river water have somewhat higher associations between canal water and illness. Even for this source, however, the connection was made by only about 20 percent of the respondents. Thus, residents do not seem to perceive a clear connection between the use of various sources and their health. This somewhat surprising finding suggests that users are cognizant of the health risks posed by different sources and make necessary adjustments to

which sources they consume in which ways. Thus, water source choices may be due to issues of convenience—although of a quite serious nature—rather than to illness. This is consistent with the finding that opinions on the pollution of canals and ground water sources are not necessarily motivators for residents to switch to the new system. However, opinions on rain pollution were seen to be of much greater cause for concern and clearly associated with switching to the piped system—an important point to be addressed shortly. This finding on canal and groundwater pollution brings up the question of how much of a motivator previous experience of illness is in determining water safety of various sources.

The third finding is that there is a significant relationship between recent experience of illness and the perception that piped water is good to use. A relationship not necessarily true for the piped water users themselves. Thus, it seems that non-piped-water users have high hopes that piped water may help with improved health, while existing users may see that the system cannot be a panacea for all illness. Finally, all community respondents clearly had concerns with the safety of using a neighbor's well, with a strong implication about informal sharing arrangements. Even though few actually get water in this way, many believe this kind of arrangement is dangerous, perhaps because water shared by neighbors is known to be of inferior quality.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Authors: James H. Spencer; Sponsor: UNU-WIDER acknowledges the financial contribution 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—DFID).

(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)

CHAPTER XII – BUDGET AND EXPENSES

Article 55
The Director-General shall prepare and submit to the Board the budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

Article 56
Subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly.

Article 57
The Health Assembly or the Board acting on behalf of the Health Assembly may accept and administer gifts and bequests made to the Organization provided that the conditions attached to such gifts or bequests are acceptable to the Health Assembly or the Board and are consistent with the objective and policies of the Organization.

Article 58
A special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies.

To be continued…..

Top Two Articles Accessed in January 2011

1. Obstetrical Fistulae and Efforts of the United Nations; http://www.womenshealthsection.com/content/urogvvf/urogvvf006.php3
   WHEC Publications. Special thanks to WHO and UN Population Fund for the contribution. We would like to express gratitude to UN Chronicle and UN DPI for their support to our initiative. We all at WHEC hope our efforts help to eliminate obstetrical fistulae in the world.

2. Adolescent Health Care; http://www.womenshealthsection.com/content/gyn/gyn022.php3
   WHEC Publications. Special thanks to our writers and editors for compiling the review. Funding for this series was provided by WHEC Initiative for Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC).

From Editor's Desk

Persisting inequity in maternal health

Inequities in access to essential health services, particularly reproductive health services and antenatal care, persist in all countries in the WHO European Region. In some of the poorest countries, for example, only 20% of the poorest women have access to at least 4 antenatal care visits during pregnancy, compared to over 80% of the richest women. In all countries, some groups of women are excluded from skilled birth attendance, owing to extreme poverty or discrimination. Government officials, United Nations agencies and other partners from more than 25 countries met in Durres, Albania on 28–30 September 2010 to take stock of the Region's progress towards achieving Millennium Development Goals (MDGs) 3–5, for promoting gender equality and empowering women, reducing child mortality and improving maternal health, respectively.

Interrelated MDGs

At the meeting, most countries reported that they are on track to achieve MDGs 4 and 5, but inequalities and inequities between and within countries persist. Progress has been made in reducing mortality in children aged under 5 years, but neonatal mortality remains a problem. The close links between the MDGs make achieving gender equality essential. Promoting girls' education is a vital part of efforts to reduce child mortality, as deaths in children under 5 are directly linked to mothers' level of education. The link between early marriage and pregnancy complications gives another example of the links between the MDGs. Girls in several countries (including Azerbaijan, Ukraine, Albania, the Republic of Moldova and Tajikistan) may be married young. Early pregnancy increases the risk of complications and reduces the possibilities of spacing births (extending the intervals between them to maintain the mother's health).
Member States reported that good policies are in place, but implementation and financing remain a challenge.

Looking beyond the numbers

Eliminating inequities in maternal health requires exploring the social, cultural and contextual reasons for the inequalities. The most recent edition of "Entre Nous", the European magazine on sexual and reproductive health, explores how various countries throughout the Region are using the "Beyond the Numbers" tool developed by the WHO Making Pregnancy Safer program. Beyond the Numbers provides approaches for examining the background of maternal deaths and major complications and defining requirements for further improving the quality of care. These stories – reported through verbal autopsies, confidential inquiries, near-miss case reviews and case audits – provide social and cultural insights that number counting cannot.

Maternal deaths worldwide drop by a third

Words *of* Wisdom

Happiness never resides in what an individual has, but always in what an individual does. It never consists of what an individual receives be it much or little, but always of what he gives, not in money, but of himself.

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