WHEC UPDATE

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

May 2011; Vol. 6, No 5

Sustainable Development

The stakes are high. If the Millennium Development Goals (MDGs) are implemented in time in all parts of the globe, 500 million fewer people will be living in extreme poverty and some 300 million fewer will go hungry, while 30 million fewer children will die before their fifth birthday. In addition about 350 million more people will have access to safe drinking water and a further 650 million more to sanitation. Real economic and social opportunities will open up on an unprecedented scale. The MDGs represent the commitments of UN Member States to reduce extreme poverty and its many manifestations: hunger, disease, gender inequality, lack of education and access to basic infrastructure, and environmental degradation. Reducing poverty and hunger, achieving universal primary education and promoting gender equality have always been at the forefront of the United Nations development agenda. Development first became a central theme for United Nations action in 1960, when the Organization admitted 17 new members, the most in any one year. This was the wave of newly independent countries that would dramatically change the composition of UN membership. Recognizing that the problem was much wider than just hunger, the General Assembly on 19 December 1961 [resolution 1710 (XVI)], on a proposal by the President of the United States, proclaimed the 1960s as the "United Nations Development Decade". During the Decade, developing countries would set their own targets, of a minimum annual growth rate of 5% of aggregate national income. The Assembly also called for accelerated measures to eliminate illiteracy, hunger and disease. Despite the momentum gained in addressing the developmental challenges of the 1990s through numerous conferences, consultations, declarations and strategies, new challenges emerged to thwart such efforts. These included the outbreak of several armed conflicts in Africa, the Americas and Eastern Europe, requiring large UN peacekeeping and humanitarian operations, and following the democratic changes in Eastern Europe, the increasing need for additional development assistance to meet the requirements not only of developing countries but also for the new transition economies. In addition, the world economy was slow to recover from the aftermath the uncertainties related to the Brazilian economy. The United Nations therefore had to reshape its development thrust accordingly. Towards the end of 1990s, developing countries had taken steps to liberalize their economies and integrate them into the world economy.

Against that backdrop, international attention was focused on the benefits of globalization and the growing interdependence in the world economy. In 1999, a review of the Decade revealed that development progress had been mixed, with many challenges remaining. Economic growth, by itself was no longer a sufficient factor of development. The focus had shifted to a number to a number of institutional preconditions for development, including good governance, transparency and accountability, decentralization and participation, and social security. In 2000 Millennium Declaration sought to combine these numerous efforts to address poverty and economic and social development in a holistic fashion. The international community is now at the midpoint of the implementation of the Declaration's development goals. While some parts of the world are well advanced in meeting the MDGs, overall implementation is lagging. The various development decades and strategies should be seen not as failures but as incremental steps in the long struggle to address the intractable problem of development and as a sustained attempt by the United Nations to readjust to the dynamics of an ever-changing international environment and to situate the problem in its wider context. There is no single solution to wiping out poverty. But decent work – the promotion of rights, employment, social protection and dialogue – will always be at the heart of successful policies to get there. Decent work is declining in many parts of the world despite considerable rates of economic growth. Readdressing the imbalance between growth and quality job creation is key to achieving MDGs. The need for policy coherence is crucial. Too often, mandates and policies intersect, but advice is sometimes conflicting. As we in

the United Nations family strive for common development goals that address different aspects of economic and social policy, we must have a coherent voice. Economic policy should not be designed without consideration of its social implications. Likewise, social policy development should integrate economic concerns.

Promoting the MDGs
Rita Luthra, MD

The Partnership to Attain MDGs # 4 & 5

Date: 4 May 2011
Dear Dr Luthra,

We are delighted to inform you that Women's Health and Education Centre has been accepted as a PMNCH Member. We very much appreciated our previous contacts about the MNCH Essential Knowledge Portal and thank you warmly for your support. You will find below the standard information we provide to our new members.

The Secretariat of the Partnership for Maternal, Newborn & Child Health (PMNCH) is pleased to welcome Women's Health and Education Centre as a member of The Partnership.

The Partnership is fast responding to the rapidly changing global health demands, mobilizing its base of members and partners to accelerate progress towards the Millennium Development Goals (MDGs) 4 and 5. The Partnership's new Three-year Strategy and Work plan for 2009-2011 outlined the following key objectives:

1. Raising the profile of maternal, newborn and child health issues at global and country levels and mobilizing needed resources
2. Harmonizing and scaling up coverage rates of effective essential interventions
3. Improving and enhancing leadership and governance in maternal, newborn and child health.

The Partnership for Maternal, Newborn and Child Health supported and facilitated the development of the "Global Strategy for Women's' and Children's health" launched by the United Nations Secretary General on the 22nd of September 2010, in New York, during the High-Level UN MDGs Summit. Leaders from government, international organizations, business, academia, philanthropy, health professional associations and civil society worked together to develop this strategy, recognizing that the health of women and children is key to progress on all development goals. The Global Strategy calls for all partners to unite and take real action and sets out how we can work together to save women and children.
To transform these commitments into action, on the 12-14 of November 2010, The Partnership convened in New Delhi, hosted by the Government of India, the second forum of Partners, entitled *From Pledges to Actions*.
The Partnership looks forward to working with you to achieve these objectives within the scope of our common responsibilities, which are:

- To promote the principles and values of The Partnership;
- To initiate and participate in collaborative activities to achieve the MDGs 4 & 5;
- To support the implementation of The Partnership Three-year strategy and work plan 2009-2011;
- To contribute resources (funding, technical expertise, staff time, and assistance with marketing, media and networking) to Partnership activities;
- To share knowledge on best practices, success stories, programme results and policy approaches which accelerate maternal, newborn and child mortality reduction.

The Partnership will offer your organization opportunities to:

- Engage in more activities taking place in your country, region, and globally;
- Advocate for the reduction of maternal, newborn and child mortality;
- Promote your organization via our website www.pmnch.org by adding your organization's name, logo and web link to the list of our member organizations;
- Share your events, news and resources with other like-minded organizations through our web contribution form;
- Receive The Partnership's monthly email newsletter, and encourage your colleagues to subscribe as well;

We urge you to keep posted and share with your colleagues the latest global, national and community actions that Partnership members undertake jointly to reduce maternal, newborn and child mortality in developing countries and to achieve the MDGs 4 & 5 on our website: www.pmnch.org. As the chosen PMNCH Focal Point for your organization, we urge you to share this news with your organization, as well as the information you will receive in the PMNCH E-Alerts and Updates for Members. We also ask our Focal Points to inform The Partnership of your organization's actions, resources and news, making use of the web contribution form to allow us to share your work with the MNCH community. We also have a special 'Contact us' form if you have any questions, queries or comments.

We thank you for your commitment and participation in The Partnership.

Warm regards

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Your Questions, Our Reply

What key programs and policies have been implemented to reduce poverty and vulnerability of women? Are there any other factors that make women more vulnerable, for example to the recent economic crisis?

Health and Education: Both are important to reduce poverty in rich and poor countries alike. Significant racial and ethnic disparities still exist in women's health in USA. Health disparities can be defined as "difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups". These health disparities largely result from differences in socioeconomic status and insurance status in USA and this is true for many countries. Although many disparities diminish after taking these factors into account, some remain because of health care system-level, patient-level, and provider-level factors. WHEC strongly supports the elimination of racial and ethnic disparities in the health care of women.

The current U.S. healthcare financing paradigm inadvertently may contribute to disparities in health outcomes. The United States is the only developed country that does not extend health care as a right of citizenship. Access to health insurance coverage and care and utilization of care is significantly different for minority women. The following examples illustrate this point:

- Hispanic and African-American women are more likely to be uninsured than white women. In 2004, 16% of white women, 20% of African-American women, and 37% of Hispanic women 18-64 years of age were uninsured.
- Asian-American and Hispanic women are most likely to have not received preventive care in the past year. In 2004, 29% of Asian-American women and 21% of Hispanic women received no preventive services in the previous year compared with 16% of white women and 7% of African-American women.
- The proportion of Asian-American women obtaining Pap tests (screening for cervical cancer) was considerably lower than that for white women. Only approximately one half (49%) of Asian-American women reported receiving a Pap test in the previous year compared with 64% of white women.
- Non-Hispanic black, Hispanic, and American-Indian women are more than twice as likely as non-Hispanic white women to begin prenatal care in the third trimester (late in pregnancy) or not at all.

Women's Health and Education Center (WHEC) Recommendations

We encourage health professionals and policy makers to engage in activities to help achieve these goals:

1. Advocate for universal access to basic affordable health care;
2. Improve cultural competency in the physician-patient relationship and engage in cross-cultural educational activities to improve communication and language skills;
3. Provide high quality, compassionate, and ethically sound health services to all;
4. Advocate for increased public awareness of the benefits of preventive health care and early screening and intervention;
5. Encourage and become active in recruiting minorities to the health professions;
6. Advocate for improved access to programs that develop fluency in English among non-English speaking populations;
7. Increase training of health care providers about racial, ethnic, and gender disparities in health and health care.
8. Advocate for the continued collection of race-based data which is important in understanding disparities. Advocate for increased funding for research.

About NGO Association with the UN

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

Division for Sustainable Development – DSD
Promotes Sustainable Development

Mission
The Division for Sustainable Development (DSD) provides leadership and is an authoritative source of expertise within the United Nations system on sustainable development. It promotes sustainable development as the substantive secretariat to the UN Commission on Sustainable Development (CSD) and through technical cooperation and capacity building at international, regional and national levels. The context for the Division's work is the implementation of Agenda 21, the Johannesburg Plan of Implementation and the Barbados Program of Action for Sustainable Development of Small Island Developing States.

Goal

- Integration of the social, economic and environmental dimensions of sustainable development in policy-making at international, regional and national levels;
- Wide-spread adoption of an integrated, cross-sectoral and broadly participatory approach to sustainable development;

- Measurable progress in the implementation of the goals and targets of the Johannesburg Plan of Implementation.

Priority Activities for the Division to Achieve These Goals

- Facilitate intergovernmental negotiations, consensus-building and decision-making through the provision of substantive support to the work of the CSD and other related bodies;
- Provide technical assistance, expert advice and capacity building to support developing countries and countries with economies in transition in their efforts to achieve sustainable development;
- Facilitate inter-agency and inter-organizational cooperation, exchange and sharing of information, and catalyze joint activities and partnerships within the United Nations system and with other international organizations, governments and civil society groups in support of sustainable development;
- Promote and facilitate monitoring and evaluation of, and reporting on, the implementation of sustainable development at the national, regional and international levels;
- Undertake in-depth strategic analyses to provide policy advice to the USG/DESA, UN system and intergovernmental fora focusing on cross-cutting and emerging sustainable development issues.

Sustainable Development in Brief: http://www.un.org/esa/desa/aboutus/dsd.html

Collaboration with World Health Organization (WHO)

Sixty-fourth World Health Assembly

Date: 16–24 May 2011
Location: Geneva, Switzerland
The Sixty-fourth session of the World Health Assembly will take place in Geneva during 16–24 May 2011.

The Health Assembly will discuss a specific health agenda prepared by the Executive Board as well as the program budget, administration and management matters of WHO. A good health system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well maintained facilities and logistics to deliver quality medicines and technologies.

Child maltreatment
WHO child maltreatment prevention activities include following up on the UN Secretary General's Study on Violence Against Children, and promoting implementation of the joint WHO-International Society for Prevention of Child Abuse and Neglect document Preventing child maltreatment: a guide to taking evidence and generating action. More information

Provisional Agenda: http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_1-en.pdf

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Collaboration with UN University (UNU)

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

Foreign Aid: Down but Not Out

The UN Doha Follow-up International Conference on Financing for Development, held late in 2008, reminds us of how far foreign aid has come but also how far there is to go since the Monterrey International Conference on Financing for Development in 2002. It is worth reminding ourselves about the background to Monterrey and the consensus on the difference that conference was supposed to make. Official development assistance (ODA) peaked in the early 1990s and subsequent trends appeared to confirm predictions of inexorable decline. All major donors reduced ODA relative to gross national income (GNI); by 2000 the DAC states were providing a smaller share (0.22 per cent) than at any time since the late 1940s, moving further away from the 0.7 per cent target the UN General Assembly adopted in 1970. Over the decade, annual ODA flows in real terms declined by around 10 per cent, and by 40 per cent to Sub-Saharan Africa, which has the highest concentration of least developed countries. A widespread perception emerged that there was growing 'aid fatigue' among the public, articulated by both the political left and the more influential right, fuelled by doubts about aid's effectiveness even with respect to ethically-rooted development objectives. Consequently, aid's future was judged 'precarious' as recently as 2000.

Reasons for the Decline in ODA

The reasons behind the trends are well known. Pre-eminent was the collapse of the Soviet Union. This dramatically reduced US support both for bilateral and multilateral ODA, driven from 1945 to 1990 – when the United States was top donor – by national security and geopolitical strategic concerns. In Japan, the largest ODA provider for most of the 1990s, recession caused popular and government support to sag as the decade wore on. Germany's willingness to continue its historically large ODA was undermined by the financial, economic, and political costs of reunification. The European Union (EU), while vying to become one of the world's leading donors by volume (together with member states' bilateral aid, the EU accounts for just over half of all ODA), became more preoccupied with its own internal agenda: enlargement to the east (a major drain on EU finances), deeper political integration, and preparation for the single currency. Aid budgets were a soft target, as member states sought to restrain public spending so as to satisfy the convergence criteria for monetary union. In the UK, where the incoming Labor government in May 1997 endorsed the Conservative Party's animus against overt increases in direct taxation, pressure to allocate more resources to domestic social policy was trailed as a political priority. The newly rich countries of East Asia showed no inclination to share the burdens of international assistance, let alone fill the gap left by large former donors like Saudi Arabia and the Soviet Union. Then came the Asian financial crisis (1997), generating requests for massive external financial support from the International Monetary Fund (IMF). Furthermore, in many countries the increasingly onerous foreign debt overhang appeared to confirm these doubts, suggesting that new aid, particularly loans, would only compound the problem. An ideology of international political economy that privileges private capital flows and trade over aid became increasingly influential, shifting responsibility for development to the developing and transition economies themselves. In the late 1990s, dramatically increased foreign corporate investment and commercial bank lending to a few developing countries in East Asia (primarily China) and Latin America made ODA look increasingly insignificant. Certain favorable developments made aid look less essential anyway. For example, peace became the norm in Central America. It was expected that post-apartheid South Africa would provide an engine of growth for all southern Africa. A more stable Middle East involving peace between Israel and the Palestinians looked a real possibility after the 1991 Gulf War.

Author: Peter Burnell; WIDER *Angle* newsletter, January 2009

(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 XV – LEGAL CAPACITY, PRIVILEGES AND IMMUNITIES

Article 66
The Organization shall enjoy in the territory of each Member such legal capacity as may be necessary for the fulfillment of its objective and for the exercise of its functions.

Article 67
(a) The Organization shall enjoy in the territory of each Member such privileges and immunities as may be necessary for the fulfillment of its objective and for the exercise of its functions.
(b) Representatives of Members, persons designated to serve on the Board and technical and administrative personnel of the Organization shall similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connation with the Organization.

Article 68
Such legal capacity, privileges and immunities shall be defined in a separate agreement to be prepared by the Organization in consultation with the Secretary-General of the United Nations and concluded between the Members.

To be continued……

Top Two-Articles Accessed in April 2011

1. Health Literacy, e-Health and Sustainable Development;
   http://www.womenshealthsection.com/content/heal/heal017.php3
   WHEC Publications. Special thanks to WHO and World Bank for contributions. Gratitude is expressed to the reviewers for the helpful suggestions.

2. Genetic Counseling and Genetic Screening;
   http://www.womenshealthsection.com/content/obs/obs026.php3
   WHEC Publications. Special thanks to Dr. Frank H. Boehm, Professor of Obstetrics and Gynecology, Vice Chairman Department of Obstetrics and Gynecology, Vanderbilt University Medical Center, Nashville, TN (USA) and Dr. John P. O'Grady, Professor, Obstetrics and Gynecology, Tufts University School of Medicine, Medical Director Mercy Perinatal Service, for contributions in preparing the series on Genetics and The Prenatal Testing.

From Editor's Desk

Entering a new era for the health of women and children

The Secretary-General of the United Nations
Ban Ki-moon

FOREWORD TO GLOBAL CAMPAIGN REPORT 2010 In September 2010, I was joined at the United Nations by leaders from around the world to launch the Global Strategy for Women's and Children's Health. Our special event during the MDG Summit was called "Every Woman, Every Child" and carried in its name an important message: that every woman, whether she lives in a wealthy urban centre or remote village, should have access to the basic health services she needs; and that every child has the right to a healthy future. This is a matter of fundamental equity. It is also easily within our grasp with often simple solutions that are available today. The Global Strategy marks a distinct departure from business as usual. Previous efforts have

generated progress but tended at times towards the piecemeal. The Global Strategy is truly comprehensive: it addresses the full range of issues that affect the health of women and children; it brings all the key actors together under one umbrella; and it integrates what they are doing – their objectives and programs – into one coherent approach.

Developed and endorsed by a wide range of actors -- Governments, international organizations, philanthropic institutions, civil society, the business community, health workers, professional associations, academic and research institutions -- and welcomed by all 192 Member States, the Strategy gives us, for the first time, an agreed game plan that stresses the need for investment, innovation and measurable results. Significant financial commitments accompanied the launch; further contributions are expected as we move forward. These new resources, and the impact they make, will be highlighted on everywomaneverychild.org. Increased transparency is among the hallmarks of the initiative. Our success will depend on all global stakeholders coming together to support countries as they implement their plans. The United Nations and other multilateral organizations have a particularly important role in this regard and will work in partnership, village by village, community by community, country by country. Already, efforts on the ground are accelerating. Some governments have committed to firm timelines for increasing budgetary allocations and improving service delivery. Private companies have promised to expand their investment portfolios in ways that will benefit women and children in developing countries. These are other steps show a vibrant and growing support base for the Strategy. Promising changes will buttress our work. A rich reform agenda is emerging as countries and multilateral organizations increasingly demand more from their efforts and investments. New communications technologies have the potential to profoundly change the way we approach some of our most pressing challenges. The development of a robust and accessible accountability framework will allow all partners to track progress and ensure that promises are kept.

As we seek to usher in a new era for the health of women and children, let us be flexible in our approaches; let us learn from what works and what don't; and let us challenge ourselves and others to deliver. This publication showcases what our partners will do to move from commitments to action. I commend it to a wide global audience and to all involved in our shared mission to build a safe and healthy future for every woman and every child.

Details:
http://www.everywomaneverychild.org/userfiles/file/NORAD%20DOCUMENTS/2010%20webversjon.pdf

Words *of* Wisdom

HUMAN SECURITY and national security should be – and often are – mutually reinforcing. But secure STATES do not automatically mean secure PEOPLES. Protecting citizens from foreign attacks may be a NECESSARY condition for the security of individuals, but it is not a SUFFICIENT one.

– Human Security Brief 2007, Human Security Research Group, Simon Fraser University, British Columbia, Canada.

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