WHEC UPDATE

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

July 2012; Vol. 7, No. 7

Before & After Issue

Our annual Before & After Issue focuses on Social Media Uses in Healthcare. "Social media" describes an Internet based way of sending information to or sharing information with a wide, often distinct audience. Social media is a technological genie that has been forever let out of the bottle. For many healthcare entities, social media and social networking sites are assuming the roles once played by onsite educators. Such leaders as the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the American Medical Association (AMA) now have a social networking presence that enables them not only to send information out on an almost continuous basis but also to monitor the needs, reactions, and responses of their audiences. Numerous other healthcare-related organizations use social networking to monitor the concerns of their client base and to keep their audiences abreast of the most up-to-date thinking and services in their respective fields. By far the largest group of healthcare-related social media users/consumers, however, is patients. In many cases patients use social networking sites to seek the advice, strength, and support of other patients they connect with in groups that may form around such topics as smoking cessation, diabetes management, or cancer. The personal information that once would have been reserved for a one-on-one discussion in the privacy of a physician office may now be broadcast to an online audience that may number in the tens, hundreds, thousands, or hundreds of thousands. From the patient's perspective, the rewards of this exposure can be several: freedom from the loneliness of illness, support amid pain, encouragement to forge on during periods of depression. The major risk many are willing to assume is the sharing or possible acceptance of advice that may not be trustworthy.

At its best, social media enables instant and far-reaching opportunities for personal and professional sharing, education, research, marketing, public relations, and just plain enjoyment. The dangers of the communication revolution defined by social media, however, must not be understated. When used unwisely or treated too casually, social media can: compromise the privacy of both users and their subjects; represent a risk to the health and well-being of patients who cannot, do not, or will not use a filter to correctly interpret some of the information on these sites; threaten the integrity of those who find themselves maligned by an evil-spirited or angry "friend", "follower", or other; deprive one of opportunity today because comprising or revealing pictures posted yesterday are discovered, too late, to be a part of one's permanent record. Physicians are approaching the social media revolution with a degree of caution. Many have justifiable concerns about boundary violation; others express liability, reimbursement, and time concerns.

Social media is the new face of communication. Many conversations that were once the stuff of one-on-one meetings are broadcast to scores of people at a time. The public airing of one's innermost thoughts is appealing to some, harrowing to others. In the medical arena, it takes on an entire new dimension as one considers the potential for breaching patient privacy, for sharing clinical information that is not all it claims to be, and for opening oneself to the possibility of litigation for real harm or imagined sleight. Our e-learning initiative enables the instantaneous sharing of thoughts, opinions, and images with what may be millions of people. The risk management suggestions in this edition offer first steps to help both groups come to terms with their perception and use of Internet media, and evolving reality in both one's personal and professional life.

Create a page on ***WomensHealthSection.com!***
Social Media Concerns
Rita Luthra, MD

Your Questions, Our Reply

Are there any guidelines when addressing the request of a patient to "friend" him/her on a social media sites? What is best way to develop and implement a social media policy for staff? What are the guidelines for ***WomensHealthSection.com***?

General Guidelines: Social media is not appropriate for all purposes. The physician who wants to engage in general advertising or marketing of a practice, a new service, a new office, or a new product would be well advised to post the information on his/her website. Likewise, the physician who wants to speak to, rather than with, an audience may need only craft an effective website. Define a goal and know the sites. Before creating a presence on a social media site, the physician should consider researching different sites to determine which one(s) will enable him/her the best access to an intended audience. Leaping into social networking because it is what one believes is expected or needed is not a good idea. Each site has its own "rules". To abide by them is key to success of one's social networking endeavors. A good first step is to listen. What is a site's user saying? What are their healthcare concerns? What is the best approach to joining in? We suggest try and build a following slowly and carefully establishing professional credibility. If the postings on a social networking site rise to the level of libel, legal action may be considered. The media success involves process and requires both time and patience. Remember, communicating via social media is generally in the moment. Credibility and interest are likely to be lost when a message or a page is not current.

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Social media communications with peers are among those most readily embraced by physicians. However, caution must always be foremost in any user's mind, even within the apparent safety of sites designed specifically for physicians. To minimize (but not totally abolish) the risk of confidential medical information being compromised or misused, physicians should consider using secure, physician-only networks for patient related consultations. However, care must be used with these sites too, for there is nothing to stop (a) one user from cutting information posted on a secure site and pasting it on an insecure site, another user from misrepresenting his/her background and/or expertise, or (b) a site from selling or otherwise making posted information available to a third person. Use care when offering clinical advice or opinions. Involvement in litigation may befall the physician whose well-meaning advice or medical opinion is used by another physician to treat a patient who subsequently and as a direct result of the advice dies or suffers an adverse outcome.

With respect to a physician's own use of social media for other than strictly professional use, there is perhaps no issue that raises more questions than the management of requests to "friend" patients. A policy addressing this and other similar situations should be in writing, shared with patients, and used in the same manner for all patients. The physician who questions whether or how to respond to patients' requests to "friend" them or otherwise connect with them on social networking sites may wish to consider maintaining professional boundaries. Most patients are not friends. To maintain the integrity of the professional relationship, it is important for a physician not to give patients access to his/her personal social networking page, wall, or account. "Befriending" a patient may prove difficult when that patient inadvertently shares too much on the physician's wall or page or when he/she takes issues with the political leanings, religious preferences or personal interest that the physician shares on the site.

We suggest, define and restrict social media uses for patients and apply the rule about personal "befriending" equally and to all. Do not respond to patients' inappropriate advances.

Read on….

United Nations At A Glance

The United Nations Audiovisual Library of International Law was first proposed by the Codification Division of the Office of Legal Affairs and approved by the General Assembly as an activity under the Programme of Assistance in the Teaching, Study, Dissemination and Wider Appreciation of International Law in 1997 (resolution 52/152). The Audiovisual Library was initially created to serve as a lending library of audio and video cassette tapes for educational and government institutions in developing countries. The Audiovisual Library, as originally conceived, encountered insurmountable practical difficulties. In response to the dramatic increase in requests for international law training beginning in the late twentieth century, the Codification Division proposed and the General Assembly approved the creation of a newly revitalized United Nations Audiovisual Library of International Law via the Internet which avoids the practical difficulties of its predecessor and brings the resources of the library to individuals and institutions around the world (resolution 62/62).

The Audiovisual Library is a unique, multimedia resource which provides the United Nations with the unprecedented capacity to provide high quality international law training and research materials to an unlimited number of recipients on a global level. The Audiovisual Library consists of three pillars: (1) the Historic Archives containing documents and audiovisual materials relating to the negotiation and adoption of significant legal instruments under the auspices of the United Nations and related agencies since 1945; (2) the Lecture Series featuring a permanent collection of lectures on virtually every subject of international law given by leading international law scholars and practitioners from different countries and legal systems; and (3) the Research Library providing an on-line international law library with links to treaties, jurisprudence, publications and documents, scholarly writings and research guides. The Audiovisual Library is available to all individuals and institutions around the world for free via the Internet.

Audiovisual library of International Law: **http://www.un.org/law/avl/**

Collaboration with World Health Organization (WHO)

Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health

A global review of the key interventions related to reproductive, maternal, newborn and child Health

Why reproductive, maternal, newborn and child health?

Poor maternal, newborn and child health remains a significant problem in developing countries. Worldwide, 358 000 women die during pregnancy and childbirth every year and an estimated 7.6 million children die under the age of five. The majority of maternal deaths occur during or immediately after childbirth. The common medical causes for maternal death include bleeding, high blood pressure, prolonged and obstructed labor, infections and unsafe abortions. A child's risk of dying is highest during the first 28 days of life when about 40% of under-five deaths take place, translating into three million deaths. Up to one half of all newborn deaths occur within the first 24 hours of life and 75% occur in the first week. Globally, the main causes of neonatal death are preterm birth, severe infections and asphyxia. Children in low-income countries are nearly 18 times more likely to die before the age of five than children in high-income countries. Good maternal health and nutrition are important contributors to child survival. The lack of essential interventions to address these and other health conditions often contribute to indices of neonatal morbidity and mortality (including stillbirths, neonatal deaths and other adverse clinical outcomes).

Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health: Full document

http://whqlibdoc.who.int/hq/2008/WHO_RHR_HRP_08.05_eng.pdf

Bulletin of the World Health Organization; Complete list of contents for Volume 90, Number 7, July 2012, 477-556

Collaboration with UN University (UNU)

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

Foreign Assistance and the Food Crisis of 2007–08

Dramatically increased international agricultural commodity prices from 2007 to mid-2008 brought food inflation and greater incidence of poverty and malnutrition to developing countries. Higher food prices in 2011 threaten to repeat that crisis. The international community responded strongly to these concerns in 2008 and 2009, promising greater financial support for food aid, safety nets, and agricultural development. The focus of international dialogue differed somewhat from the priorities of national governments, and the objectives of national governments mostly targeting short-run responses to both food security and agriculture prevailed. But a long-run trend of declining foreign assistance to agriculture appears to have reversed. Nevertheless, foreign assistance was small relative to promises made by donors, increased grain and fertilizer import costs, budgetary costs of mitigating policy responses, an investment costs needed to accelerate agricultural production. Both food aid and agricultural development projects have in the past come under the criticisms found in the aid effectiveness debate. Issues to be addressed if renewed efforts toward agricultural development and food aid are to be effective are explored here. High returns to agricultural research require that enabling institutions are developed. National ownership and governance of initiatives that share donor objectives focusing on poverty and long-run development are critical to success.

High international agricultural commodity prices in 2007-08 threatened food security worldwide, and prices increases in 2011 may again bring greater poverty and malnutrition to developing countries. Policy responses to this food crisis, by both national governments and international donors, took a largely short-term focus intended to survive the crisis. Even measures to foster more rapid agricultural development addressed high fertilizer costs and utilizing off-the shelf new varieties rather than investing in research or institutional reform. While this approach realized some success in mitigating the potentially disastrous income re-distributional consequences of the food crisis, chronic food security concerns persist. Safety nets employed during the crisis utilized the newer and potentially more efficient conditional cash transfers as often as food aid, even if food aid remained a significant component of the international response to this crisis. While cash in many instances is preferred to food, two problems evident in the crisis need to be overcome. Safety nets cannot be diminished precisely when they are needed, yet in some instances food aid was maintained at a high opportunity cost better than were cash safety nets during the ensuing inflation. Moreover, food aid may be required if otherwise food supplies would be unavailable in local markets, so cash transfers would only bring greater local inflation

Publisher: UNU-WIDER; Series: WIDER Working Paper; Author: Philip Abbott; Sponsor: This working paper has been prepared within the UNU-WIDER project ‘Foreign Aid: Research and Communication (ReCom)’, directed by Tony Addison and Finn Tarp. UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for the Research and Communication (ReCom) programme. UNU-WIDER also

acknowledges core financial support to UNU-WIDER's work programme from the governments of Finland (Ministry for Foreign Affairs), the United Kingdom (Department for International Development), and the governments of Denmark and Sweden.

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page http://www.womenshealthsection.com/content/cme/)

EVERY WOMAN EVERY CHILD

The Effort to Advance the Global Strategy
(Continued)

Côte d'Ivoire
Côte d'Ivoire commits to ensure the provision of free health services for all pregnant women during delivery, including free caesarian-sections, for women affected by obstetric fistula and for children under 5. Côte d'Ivoire also commits to rehabilitate maternity centres, provide insecticide-treated mosquito nets for women and children under 5; to strengthen the integrated management of childhood illnesses programmes; and to integrate HIV and Sexual and Reproductive Health, and community involvement in health management, including training health workers to ensure the provision of family planning at the community level.

Democratic Republic of Congo (DRC)
The Democratic Republic of Congo (DRC) will develop a national health policy aimed to strengthen health systems, and will allocate more funds from the Highly Indebted Poor Country program to the health sector. DRC will increase the proportion of deliveries assisted by a skilled birth attendant to 80%, and increase emergency obstetric care and the use of contraception. The government will increase to 70% the number of children under 12 months who are fully immunized; ensure that up to 80% of children under 5 and pregnant women use ITNs; and provide AVRs to 20,000 more people living with HIV/AIDS.
http://www.un.int/drcongo/

Djibouti
Djibouti commits to increase the health budget from 14% to 15%. In terms of service delivery, the Government will ensure that all pregnant women will have access to skilled personnel during childbirth. For this purpose, the Government will increase the number of trained midwives and nurses and will increase access to emergency obstetric care services nationally to 80%. A package of integrated emergency obstetric and newborn care and reproductive health will also be delivered in health services. This will be achieved by ensuring that all health centers are upgraded to deliver a package of emergency obstetric and newborn care and reproductive health services by upgrading them and ensuring that appropriate staff are posted and maintained in those centers. Contraceptive prevalence will be increased to 70%. The mobile health services will be extended to cover all areas of the country and will adopt a mix of outreach services, home visits and community based interventions. The government commits to implement Integrated Management of Childhood Illnesses in all health centers. Vaccine coverage will be 100%. Malnutrition will be addressed through a comprehensive multi-sectoral package in order to reduce the prevalence of stunting to 20% and that of wasting to 10%. Djibouti commits to decrease the HIV/AIDS prevalence to 1.8% in 2015 and to ensure that all pregnant HIV-positive women receive antiretrovirals.

To be continued……

Top Two-Articles Accessed in June 2012

1. Cervical Cancer Prevention: Managing Low-Grade Cervical Neoplasia; http://www.womenshealthsection.com/content/gyno/gyno020.php3

WHEC Publications. Women's Health and Education Center (WHEC) thanks Dr. Robert J. Walat, Clinical Laboratory Director, Ikonisys Inc. New Haven, CT (USA) for very valuable suggestions, expert opinions and assistance with the series on Cervical Cancer Prevention. The series on Cervical Cancer Prevention was funded by WHEC Initiatives for the Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC) to eliminate/reduce cervical cancer worldwide. Contact us if you wish to contribute and/or join the efforts.

2. Inherited Thrombophilias in Pregnancy;
   http://www.womenshealthsection.com/content/obsmd/obsm018.php3
   WHEC Publications. Gratitude is expressed to Dr. John R. Higgins, Professor of Obstetrics and Gynaecology, Head of College of Medicine and Health, University College Cork, Cork University Maternity Hospital, Wilton, Cork, Ireland for serving as reviewer and helpful suggestions in compiling the manuscript.

From Editor's Desk

Achieving Millennium Development Goal 5: target 5A and 5B on reducing maternal mortality and achieving universal access to reproductive health
Briefing note

The achievement of the Millennium Development Goals (MDGs), particularly those related to health, is strongly underpinned by the progress that can be made on sexual and reproductive health. It is a pillar for supporting the overall health of communities, in particular, that of women. Ill-health from causes related to sexuality and reproduction remains a major cause of preventable death, disability, and suffering among women, particularly in low and middle-income countries. Apart from ill-health consequences, poor sexual and reproductive health contributes significantly to poverty, inhibiting affected individuals' full participation in socio-economic development.

The way forward
Partnerships provide sufficient support for effective improvements in sexual and reproductive health programmes and services. WHO, and its public and private partners in each country, including other members of the UN family, operating as "One UN", will jointly strengthen sexual and reproductive health advocacy and programme implementation to meet the MDGs in 2015. Partnering will be aligned with recent global efforts to improve the effectiveness and impact of international health and development assistance, including the Paris Declaration of Aid Effectiveness aimed at harmonizing and aligning aid to achieve the MDGs, and the International Health Partnership, comprised of partner countries, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the United Nations Population Fund, The World Bank and the World Health Organization.

The countdown begins.
Six years remain to attain the Millennium Development Goals
(MDGs). In its 2010–2015 Programme of Work, the Department of Reproductive Health
(RHR) strives to achieve access to and quality of sexual and reproductive health care, in order to meet the needs of populations in resource-poor nations. RHR will conduct research to contribute to programme development and will strengthen the capacity in countries to identify and implement appropriate technologies and interventions for improving sexual and reproductive health.

Authors: World Health Organization, Department of Reproductive Health and Research

Details: http://whqlibdoc.who.int/hq/2009/WHO_RHR_09.06_eng.pdf

Words *of* Wisdom

Every system is perfectly designed to achieve exactly the results it gets.

– Donald Berwick

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