WHEC UPDATE

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

September 2012; Vol. 7, No. 9

Shaping The Future

This edition of WHEC Update focuses on Social Determinants of Health. We can make great progress towards closing the health gap by improving the conditions, in which people are born, grow, live, work and age. These include ensuring: equity for every child from the start, healthier environments, fair employment and decent work, social protection across the life course and universal health care. To make such progress, we must also deal with inequity in power, money and resources – the social injustice that is killing on a grand scale. At a more fundamental level, our vision is to create the conditions so that every person may enjoy the freedoms that lead to improved health – what we call empowerment. There is no question that there is much to make us gloomy: the global financial crisis and the steps put in place to deal with it have worse impacts on the poor and relatively disadvantaged; the persistence of bad governance nationally and globally; climate change and inequitable measures for mitigation and adaptation and, in many countries, an increase in health inequity. Our initiative through ***WomensHealthSection.com*** network has shown that action on social determinants of health is fundamental to disease control programs. In 2009, World Health Assembly called on World Health Organization (WHO) and all Member States to take action on the social determinants. Each of the WHO Regions has expressed interest in this issue. The WHO Regional Office for the Americas has made social determinants a theme for its publication *Health in the Americas 2012.* This is helpful in developing training courses and promoting health equity in the region.

Several countries have explicitly taken on the social determinants of health agenda. Brazil, Denmark, England, Norway, Scotland and Slovenia are among many countries that have commissioned reviews and/or produced strategies for action on this subject. In other countries such as Argentina, Chile, Costa Rica and Sri Lanka, there is much focus and on and concern about the social determinants of health and a variety of actions have been taken. The call on governments to address the social determinants of health is not new. These six domains have been recommended and adapted: give every child the best start in life; improve education and life-long learning; create fair employment and jobs; ensure a minimum income for a healthy standard of living; build healthy and sustainable communities, and; apply a social determinants' approach to prevention. The ambition is to create a global movement for social determinants and health equity.

Addressing social determinants of health is a matter of social justice, and looking at current social unrest, we can no longer procrastinate. And there is increasing knowledge about how to do it. In our publications we will focus on providing innovative solutions on the "how-to". Non-communicable diseases, in particular, cannot be addressed effectively without action on social determinants of health and obesity provides a good example for this. The problem many times is not only rooted in people's lifestyle choices and eating habits but also in the lack of availability of healthy, affordable food especially in urban poor areas. We know the "what and the why" of social determinants and we are getting closer to understanding the "how-to". Success in implementation of the recommendations will depend on the will, and political economy – the political determinants of health.

Join us to make this important initiative a success!

Social Determinants of Health

Rita Luthra, MD

Your Questions, Our Reply

Are social determinants of health essential to tackle non-communicable diseases? Where should the emphasis be?

Implementing Social Determinant Approach: Without addressing social inequalities and the conditions in which people are born, grow, live, work and age, along with the reasons that health systems work better for some population groups than for others – that is, adopting a social determinant approach – prospects for reversing the non-communicable diseases epidemics are poor. Social determinants approach is essential and it entails, and identifies priority actions for the global community. 80% of non-communicable diseases can be prevented through primary prevention – through modifying behaviors such as reducing tobacco consumption and fat, alcohol and salt intake, preventing obesity, and promoting physical activity, and improving environmental conditions such as air quality and urban planning. Furthermore, early interventions and treatment to minimize the impact of non-communicable diseases are available. Yet, cardiovascular diseases, mental illness, cancer, respiratory illness, and diabetes now dominate the disease burden in middle- and high-income countries and are projected to do so in low-income countries by 2030. Prevention of non-communicable diseases requires collaboration between different sectors (including finance, trade, agriculture, housing, education, community planning, transport and environment) to address the conditions that give rise to non-communicable diseases, and to implement policies that support people to minimize their exposure to risks. A social determinants approach is also relevant to ensure that effective interventions are available to all. Health systems are themselves an important social determinant, with unequal health services performance a challenge a challenge for all countries, rich or poor. There is no contraindication in improving effectiveness using a social determinants approach.

An approach that focuses solely on treatment or attempts to emulate recent HIV and tuberculosis programs is one that ignores important lessons and risks failing to tackle non-communicable diseases. Implanting a social determinants approach requires building governance with the capacity to address these issues, including the use of comparative health impact assessment methodologies to inform broader policy decisions and prioritization. This approach extends by placing health and health equality as central societal goals, of relevance to all sectors. Better health contributes to increased well-being, education, social cohesion, environmental protection, increased productivity and economic development. A virtuous circle is possible whereby improvements in health and its determinants feedback into each other, providing mutual benefits. Realizing this vision requires concerted efforts to change the way governments operate and policies are made, transcending silos to implement coordinated policies that improve health and reduce inequalities.

Increased prevalence of both communicable and non-communicable diseases in disadvantaged populations is caused by the same social conditions. By shifting the focus to act on these conditions, a social determinants approach offers a more effective and equitable path for progress.

United Nations At A Glance

International Law Commission

Programme of work, activities, conventions, reports and information

Chapter I
I. Introduction
The International Law Commission held the first part of its sixty-third session from 26 April to 3 June 2011 and the second part from 4 July to 12 August 2011 at its seat at the United Nations

Office at Geneva. The session was opened by Mr. Nugroho Wisnumurti, Chairman of the sixty-second session of the Commission.

A. Membership
B. Casual vacancy
C. Officers and the Enlarged Bureau
D. Drafting Committee
E. Working Groups and Study Groups
F. Secretariat
G. Agenda

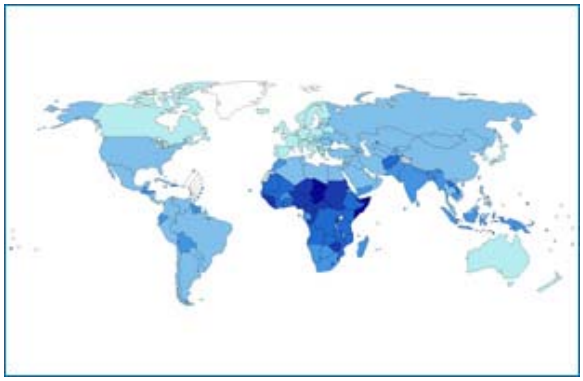
Membership

Qualifications and nationality

Article 2, paragraph 1, of the Statute provides that the members of the Commission "shall be persons of recognized competence in international law". The members of the Commission are persons who possess recognized competence and qualifications in both doctrinal and practical aspects of international law. The membership of the Commission often reflects a broad spectrum of expertise and practical experience within the field of international law, including international dispute settlement procedures. Members are drawn from the various segments of the international legal community, such as academia, the diplomatic corps, government ministries and international organizations. Since the members are often persons working in the academic and diplomatic fields with outside professional responsibilities, the Commission is able to proceed with its work not in an ivory tower but in close touch with the realities of international life. As in the case of the judges of the International Court of Justice, the members of the Commission sit in their individual capacity and not as representatives of their Governments. In addition, the members of the Commission cannot be replaced by alternates or advisers. No two members of the Commission may be nationals of the same State (article 2, paragraph 2). In case of dual nationality, a person is deemed to be a national of the State in which he or she ordinarily exercises civil and political rights (article 2, paragraph 3). Eligibility for election is not restricted to nationals of Member States of the United Nations, but no national of any non-member State has ever been elected to the Commission. This possibility would seem to be diminishing as the membership of the United Nations increases and becomes almost universal.

Collaboration with World Health Organization (WHO)

Maternal mortality dropping but still unacceptably high - new estimates



16 May 2012 - WHO, UNICEF, UNFPA and The World Bank issue new global, regional and country estimates of maternal mortality. Although between 1990 and 2010, maternal mortality worldwide dropped by 47%, still every day, around 800 women die from preventable causes related to pregnancy and childbirth. Almost all of these deaths occur in low-resource settings. The updated estimates use available national data on maternal mortality to characterize levels and trends of maternal mortality for 180 countries. This analysis involves a larger dataset than previous rounds and updates estimates for 1990, 1995, 2000, 2005, and 2010.

Millennium Development Goal (MDG) 5 Target 5A calls for the reduction of maternal mortality ratio by three quarters between 1990 and 2015. It has been a challenge to assess the extent of progress due to the lack of reliable and accurate maternal mortality data – particularly in developing-country settings where maternal mortality is high. As part on going efforts, the WHO, UNICEF, UNFPA and The World Bank updated estimates of maternal mortality for the years 1990, 1995, 2000, 2005 and 2010

Trends in maternal mortality: 1990 to 2010

Bulletin of the World Health Organization; Complete list of contents for Volume 90, Number 9, September 2012, 633-712

Collaboration with UN University (UNU)

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

Contested Relationships: Women's Economic and Social Empowerment, Insights from the Transfer of Material Assets in Bangladesh

This article examines the relationship between women's economic and social empowerment in the context of extreme poverty. It is based on the findings of primary fieldwork on the char islands of north-west Bangladesh, investigating the processes resulting from the implementation of the Chars Livelihoods Programme (CLP). The first phase of the CLP, funded by the UK government's Department for International Development (DFID), operated from 2004-2010. Its central activity was the transfer of approximately £100s' worth of investment capital to targeted extremely poor households. This investment capital was given specifically to a woman within that household and the majority of these female beneficiaries used it to purchase cattle. This article argues that interventions which adopt primarily an economic entry point can contribute to women's empowerment beyond the economic realm, including in terms of changing intra household relationships and increasing women's self-esteem. Clearly interventions beyond the economic sphere are needed to ensure that this empowerment is sustainable and can contribute to changing social norms. However, the contribution which practical gender needs make in providing a basis for extremely poor women to achieve their future strategic gender needs should not be underestimated.

Analysis of CLP interventions shows that, when aiming to reduce extreme poverty, it is not a case of 'either' meeting practical gender needs 'or' achieving strategic needs. Rather, short term material gains and reduced insecurity can provide a platform for changing intra-household relationships. The CLP has the potential to be 'transformative-by-stealth' through ensuring that practical gender needs are met and providing a material base which can contribute to achieving strategic needs. Clearly however, using an economic entry point is insufficient for ensuring strategic needs. In particular women need to understand further the options which are available to them to increase their capacity to renegotiate existing and participate in new relationships. While asset transfer programme (ATP) and social development are contributing to the process of individual empowerment they are operating in a favorable enabling environment where the wider structures which constrain empowerment are already beginning to break down. Certainly, for the process of empowerment for individual women on the chars to continue and to extend into the socio-cultural dimension it is essential for these wider normative structures which can constrain the possibilities for empowerment to continue to break down.

Publisher: UNU-WIDER; Series: WIDER Working Paper; Author: Lucy Scott; 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/)

POINT OF VIEW

The professional responsibility model of obstetrical ethics: avoiding the perils of clashing rights

Obstetric ethics is sometimes represented by polarized views. One extreme asserts the rights of the fetus as the overwhelming ethical consideration. Another extreme asserts the pregnant woman as the overwhelming ethical consideration. Both assertions are overly simplistic. Such oversimplification is called reductionism. This article explains the fallacy of rights-based reductionism and 2 models of obstetric ethics based on it and explains why the fetal rights reductionism model and the pregnant woman's rights reductionism model result in conceptual and clinical failure and therefore should be abandoned. The article argues for the professional responsibility model of obstetric ethics, which emphasizes the importance of medical science and compassionate clinical care of both the pregnant and fetal patient. The result is that responsible medical care overrides the extremes of clashing rights.

Details: http://www.ajog.org/article/S0002-9378(11)00734-4/fulltext

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EVERY WOMAN EVERY CHILD

The Effort to Advance the Global Strategy
(Continued)

Germany

Germany is developing a new initiative on Voluntary Family Planning with resources to be made available for family planning and reproductive health and rights as part of Germany's ongoing annual commitment in the area of mother and child health of 300m euros per year and Germany's commitment made in June at Muskoka of an additional 400m euros over the next five years.
http://www.bundesgesundheitsministerium.de/ministerium/english-version.html

Ghana

Ghana will increase its funding for health to at least 15% of the national budget by 2015. Ghana will also strengthen its free maternal health care policy, ensure 95% of pregnant women are reached with comprehensive PMTCT service and ensure security for family planning commodities. Ghana will further improve child health by increasing the proportion of fully

immunized children to 85% and the proportion of children under-five and pregnant women sleeping under insecticide-treated nets to 85%.
http://www.ghana.gov.gh/index.php?option=com_content&view=article&id=332:ministry-of-health&catid=74:ministries&Itemid=224

Guinea

Guinea commits to establish a budget line for reproductive health commodities; ensure access to free prenatal and obstetric care, both basic and emergency; ensure provision of newborn care in 2 national hospitals, 7 regional hospitals, 26 district hospitals, and 5 municipality medical centers; and introduce curriculum on integrated prevention and care of new born and childhood illnesses in health training institutes. Guinea also commits to secure 10 life-saving essential medications in at least 36 facilities providing basic obstetric care and 9 structures with comprehensive obstetric care by 2012; ensure at least three contraception methods in all the 406 centers of health in the public sector by December 2012; and include PMTCT in 150 health facilities.

To be continued……

Top Two-Articles Accessed in August 2012

1. Clinical Management of Endometriosis;
   http://www.womenshealthsection.com/content/gyn/gyn033.php3
   WHEC Publications. Special thanks to writers and editors for compiling the series.

2. Endometriosis;
   http://www.womenshealthsection.com/content/gyn/gyn003.php3
   Author: Dr. Robert L. Barbieri;
   Kate Macy Ladd Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Chief of Obstetrics and Gynecology, Brigham and Women's Hospital; Chairman of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School

From Editor's Desk

UN DPI NGO

History

The importance of working with and through non-governmental organizations (NGOs) as an integral part of United Nations information activities was recognized when the Department of Public Information was first established in 1946. The General Assembly, in its resolution 13 (I), instructed DPI and its branch offices to:

"…actively assist and encourage national information services, educational institutions and other governmental and non-governmental organizations of all kinds interested in spreading information about the United Nations. For this and other purposes, it should operate a fully equipped reference service, brief or supply lecturers, and make available its publications, documentary films, film strips, posters and other exhibits for use by these agencies and organizations."

In 1968, the Economic and Social Council, by Resolution 1297 (XLIV) of 27 May, called on DPI to associate NGOs, bearing in mind the letter and spirit of its Resolution 1296 (XLIV) of 23 May 1968, which stated that an NGO "…shall undertake to support the work of the United Nations and to promote knowledge of its principles and activities, in accordance with its own aims and purposes and the nature and scope of its competence and activities".

Understanding the United Nations System

Why is this important?

It is important for NGO's working at the United Nations to understand the Organization and how it functions.

Some basic facts:

There are six major bodies of the United Nations established under the UN Charter: the General Assembly, the Security Council, the Economic and Social Council, the Trusteeship Council, the International Court of Justice, and the Secretariat. The United Nations family, however, is much larger, encompassing 15 agencies and several programmes and bodies. Please visit these websites to become familiar with the United Nations system.

Words *of* Wisdom

The cave you fear to enter holds the treasures you seek.

– Joseph Campbell (1904-1987)

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