WHEC UPDATE
Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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# *A Grand Collaboration*

Happy Holidays from all of us @ Women's Health and Education Center (WHEC)

The most powerful teacher on the planet is media. I am glad ***WHEC Global Health Line*** is teaching, every month, 1.2 million healthcare providers in 226 countries; and growing fast. Even though each country has its unique culture, economics and politics – they all share similar developmental challenges. This whole world is a developing country – some have a longer way to go than others. Cultural Diversity is now the norm in each and every country. Women's Health and Education Center (WHEC) respects the rights of patients, colleagues and the communities. We plan development together. In this forum we are all equal, working towards a common goal – to improve maternal and child health worldwide.

With over 2,000 religious groups now recognized in the United States, more than 300 languages are spoken here, and with increasing numbers of immigrants from all over the world, it is impossible for any healthcare provider to become familiar with more than a handful of cultural practices. Respecting cultural diversity is not a legal mandate. Healthcare provider who appreciates the importance of treating a patient, not simply curing his/her illness or disease, will be wise to factor into each office visit a consideration not only of a patient's chief complaint, medical history, and physical examination but also of his/her cultural background. The latter may prove a major determinant of the success of a treatment or therapy.

Imagine students in developing countries and the United States or Europe simultaneously reviewing the same medical curriculum and learning from each other. That is e-Health at its best in an Internet classroom, and it is the goal of ***WomensHealthSection.com***.

Launched in 2002 in collaboration with the United Nations (UN) and World Health Organization (WHO), it is designed to educate healthcare providers and policy makers who are working for Safe Motherhood and to connect those in industrialized and developing countries. The website and its search engine provide comprehensive overviews of topics such as Violence against Women, Obstetrics, Gynecology, Uro-gynecology, and Healthcare Policies and Women's Health. A sub-section on Obstetric Fistula provides insight into this devastating problem in developing countries. Most importantly, the material on **WomensHealthSection.com** is available in the six official languages of the UN: Arabic, Chinese, English, French, Russian, and Spanish. The translations, we believe, will increase understanding of the medical literature and help foster networks of healthcare providers around the globe. Most of all, we hope that ***WHEC Global Health Line*** will motivate future research that will increase understanding of reproductive health.

Over the years, the UN, Governments, Civil Societies, NGOs and individuals have put forth countless plans of action for reducing maternal mortality and morbidity. According to the WHO at least 1,600 women will die today from a complication of pregnancy or childbirth, most of them in developing countries. No technical or political approach – no matter how well intentioned – has ever conquered this enormous problem. What is needed is broader dissemination of medical knowledge. And Internet classrooms and initiatives like this can help further that goal.

Internet classrooms are most cost-effective way to provide Continuing Medical Education (CME). CME regulations for healthcare providers have been proposed for healthcare providers in many industrialized and developing countries. CME is a life-time commitment requiring knowledge of current trends and developments in the science, technology and economics of healthcare, and thereby improving the quality of healthcare. Join the Movement…….

Room to Grow!

**Rita Luthra, MD**

## Your Questions, Our Reply

What are the responsibilities of the healthcare provider to culturally diverse populations? Conversely, what is the responsibility of these patients to the healthcare providers?

**Culture & Health:** Cultural diversity is a very present reality in medical practice today. Individuals representing a myriad of different races, ethnic backgrounds, world experiences, learned behaviors, values, religions, beliefs, languages, and health practices may all be or become the patient of every clinic, every hospital and everywhere in the world. Culture is the lens through which people see their world. In large measure, culture determines one's thinking, believing, working, eating, dressing, relating – and healthcare practices. People often group together in enclaves where they feel free to practice their own cultural rituals.

Many of these rituals are appreciated as quaint, some are seen as odd, and few are demeaned as strange. Almost all, however, are defined as "other". What tends to be over-looked is the fact that all of us part of a number of different cultures that are "other" to someone else. Sometimes these cultures collide.

In order to maximize the opportunity to provide good healthcare and to minimize the risk of doing harm to patient, all physicians need to recognize that every professional encounter with a patient involves three cultures: that of the patient, that of the healthcare provider, and that of the environment.

Although ignorance may be forgiven, neither ignorance nor arrogance provides a good foundation for the building of a trusting relationship with patient-healthcare provider relationship. An individual's view of wellness, illness, and treatment modalities is significantly influenced by his/her culture. For most of us who were raised in the West, illness is often seen as the body's response to a virus, bacteria, accident, or injury. For those in some religious traditions, however, it may be an illusion of mistaken belief. Yet others may see it as a misalignment of the stars, visitation from spiritual world, or the workings of an evil force.

The healthcare provider who is culturally competent does not need to accept or even to fully understand the cultural beliefs or practices of his/her patients. However, to treat those patients effectively, he/she needs to value the cultural diversity of his/her patient population.

Recognizing the ethnic, religious, familial, or societal forces that influence any one patient and communicating respect for the patient's beliefs may help to build good patient-healthcare provider relationship. Be sensitive to the traditions of a patient whose culture may lead him/her to be suspicious of any authority figure.

The task is not an easy one, particularly with time a factor in every office or hospital encounter. However, the healthcare provider who does not take into account the cultural influences that shape the patient's thinking, being and doing outside the healthcare facility may be treating only an illness or disease at best – half a person at worst.

Culture often trumps science. The traditions are neither bad nor wrong. They do, however, challenge the belief that western medicine is the best of all worlds. Respect belief systems, not judging them but learning from them, perhaps by understanding. Healthcare providers need to adopt their practices to the needs of all their patients, not simply because it is the law but rather because it is good medicine. It is even better risk management.

Join our efforts……WHEC welcomes everyone.

# United Nations At A Glance

## Permanent Mission of Belgium to the UN

Spring 1945. Belgian diplomats are present in San Francisco for the drafting of the original Charter of the United Nations. On June 26th, Belgium joins the Organization along with fifty other founding members.

As a founding member of the United Nations, Belgium has always approached it as the effective tool for multilateralism in order to respond to the increasing number of challenges.

The First Session of the General Assembly will be held in London in 1946. There, two Ministers of Foreign Affairs are competing for the chairmanship of this noble hemicycle: the Norwegian Trygve Halvdan Lie and his Belgian colleague, Paul-Henri Spaak. In the end, the latter prevails. Lie, quite incognizant of the future prestige of this post, is named Secretary-General as a consolation prize. As a token of its ambition, Belgium is elected for the first time in 1947 as a non-permanent member of the Security Council. All in all, Belgium will fill this seat on five occasions: in 1947-48, in 1955-56, in 1971-72, in 1991-92 and in 2007-08. Over the course of these years, the Permanent Representatives Fernand Vanlangenhove, Edouard Longerstaey, Paul Noterdaeme, Johan Verbeke and Jan Grauls will have the honor of chairing the Council.

Motivated by the spirit of enterprise, the Belgians don't hesitate to take up responsibilities within the UN family. At the General Assembly, our fellow countrymen chaired different committees: the First Committee, responsible for Disarmament (F. Vanlangenhove – 1950s); the Second Committee, responsible for Economic and Financial matters (P.A. Forthomme – 1965); the Sixth Committee, responsible for Legal matters (E. Suy – 1972); and – apparently being good with numbers –the Fifth Committee, responsible for Administrative and budgetary matters, on three occasions (A.X. Pirson-1979, A. Teirlinck-1994, A. Mernier-1998). In the context of ECOSOC, Ambassador Olivier Belle recently chaired for two years the Commission for the Status of Women (2007-2009). In the Secretariat, Professor Eric Suy occupied the position of Under-Secretary-General for Legal Affairs and United Nations Legal Counsel and was subsequently Director-General of the UN Office in Geneva (1974-1987). Other noteworthy compatriots in the UN system include former Belgian Minister Michel Hansenne (Director-General of the International Labor Organization from 1989 to 1999) and Peter Piot, M.D. (first UNAIDS Executive Director, from 1995 to 2008) and Ambassador Johan Verbeke, Special Representative of the Secretary-General for Georgia (2009)

Today, our former National Prosecutor Serge Brammertz carries out the duty of Prosecutor of the International Criminal Tribunal for the former Yugoslavia (thus replacing Ms. Carla Del Ponte since 2008). Since 2009, Professor Olivier De Schutter is Special Rapporteur on the Right to Food at the Human Rights Council; Belgian Judge Christine Van den Wyngaert has served on the Tribunal for ex-Yugoslavia before becoming Judge at the International Criminal Court in 2009; while Daniel Fransen is Judge at the Special Tribunal for Lebanon.

Details: http://countries.diplomatie.belgium.be/en/newyorkun/

# Collaboration with World Health Organization (WHO)

## WHO | Belgium

Statistics

Total population (2012): 11,060,000; Gross national income per capita (PPP international $, 2012): 39,860; Life expectancy at birth m/f (years, 2012): 78/83; Probability of dying under five (per 1,000 live births, 0): not available; Probability of dying between 15 and 60 years m/f (per 1 000 population, 2012): 99/57; Total expenditure on health per capita (Intl $, 2012): 4,320; Total expenditure on health as % of GDP (2012): 10.8

**Health Accounts and universal health coverage**

It is generally agreed that countries “cannot manage what they cannot measure”. Thus, policy makers in Member States and stakeholders are progressively more aware of the value of tracking resources for health.

Through Health Accounts Country Platform, WHO provides countries with the framework, tools and technical support to institutionalize and set up a harmonized, integrated platform for annual and timely collection of health expenditure data. This serves to strengthen the capacity of the health account team in the country to report health expenditures using the global standard, the System of Health Accounts (SHA 2011), and to analyze and produce data relevant for national planning purposes.

Health accounts deliver means to learn retrospectively from past expenditure, improving planning and allocation of resources and increasing systems accountability. This aims to help member states protect its people from catastrophic health bills, reduce inequities in health and make definitive strides towards universal health coverage.

Details: http://www.who.int/countries/bel/en/

## Bulletin of the World Health Organization; Complete list of contents for Volume 92, Number 12, December, 849–924

# Collaboration with UN University (UNU)

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

### The provision of global liquidity: The global reserve system

This paper analyses three major problems of the current international monetary system: the asymmetric-adjustment problem, dependence on the monetary policy of the main reserve-issuing country, and the large demand for self-insurance by developing countries. It then proposes two reform routes: transforming it into a fully-fledged multicurrency reserve system or placing at the center the only truly global reserve asset, the special drawing rights (SDRs). Mixing the two routes may be the only way forward. Under a mixed system, SDRs would become the source of financing for International Monetary Fund lending, but national/regional currencies would continue to be used as international means of payment and stores of value.

A major issue is how the potential losses of a substitution account would be distributed among IMF members, a basic reason why initiatives in that direction have not been approved in the past. It is probably inevitable that the potential costs should be shared between the reserve-issuers (the United States and the Eurozone countries) and the reserve-holders (the majority being developing countries). The primary reason why the latter should share in the costs is that they benefit from the stability in the value of the reserves that the account would offer. That said, those costs are not necessarily very high. Retrospective calculations done by Kenen (2009) indicate that, if the mechanism had been in place in the

period 1995–2008, those losses would have been minimal. Finally, the reform of the system should include regional monetary arrangements (an issue that is beyond the scope of this discussion). Indeed, as I have argued before (Ocampo 2002), the IMF of the future should be conceived as the apex of a network of regional reserve funds—that is, a system closer in design to the European Central Bank or the Federal Reserve System rather than the unique global institution it currently is.

It could be added that reforms could either limit the use of SDRs as a reserve asset (as it is now) or allow its broader use, as proposed in the past by Kenen (1983) and Polak (2005: part II). Indeed, for some analysts, this is essential to transform the SDRs into an asset held by the private sector (Cooper 2010; Eichengreen 2011; Padoa-Schioppa 2011). However, apart from imposing additional demands on the reform of the system, the private use of SDRs could generate problems of its own, particularly speculative changes in the demand for this global reserve asset, and could also create strong opposition to a reform of the system by the United States. For this reason, it may be better to let national or regional currencies continue to play the major role in private transactions. This would imply that, although the role of the dollar as the major reserve asset would be eroded, it would still keep its role as the major international means of payment, also creating demands for associated services of the US financial system (Cooper 1987: chapter 7). As long as central banks agree to accept SDRs from one another in exchange for convertible currencies, SDRs can perform the function of store of value (reserve asset) as well as medium of exchange in inter-central bank transactions.

Publisher: UNU-WIDER; Author: José Antonio Ocampo; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

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

## *United Nations Girls' Education Initiative (UNGEI)*

*The Effort to Advance the Global Strategy*
*(Continued)*

### Leading donors promise US$1.5 billion over the next three years to put millions more children in school.

Leading donors at the first-ever Global Partnership for Education (GPE) Pledging Conference promised an initial US$1.5 billion over the next three years to put millions more children in school.

Anthony Lake speaks at GPE Pledging Conference in Copenhagen.

The multi-partner global partnership met in Copenhagen, Denmark, where donors also pledged to increase bilateral funding to support education investment and achieve concrete results in access and quality of education. The pooled education fund aims to secure predictable funding to put 25 million more children in school over the next three years. Developing countries pledged to increase domestic funding for education by more than US$2 billion.

"Millions of children depend on your pledges today. And we know who most of them are," UNICEF Executive Director Anthony Lake told ministers from donor and partner countries, high-level officials, heads of UN agencies, CEOs, and leaders from Civil Society Organisations (CSO), teachers' unions and

development bankers. “They are the poorest children living in the most isolated places, suffering from exclusion and discrimination, often struggling to grow in the midst of conflict or humanitarian catastrophe.”
Mr. Lake gave examples of how education has helped to restore a sense of normalcy for children growing up in countries like Haiti, Liberia, Zimbabwe and Ethiopia, proving that progress is possible even in the most difficult situations. He highlighted Afghanistan, which has made significant strides in education in recent years, increasing the number of children in primary school from 1 million ten years ago to nearly 5 million today, with a total of approximately 7.3 million children enrolled in all grades.

The Executive Director also emphasized that in Afghanistan today, more than 4 million children are still out of school, the majority of whom are girls. “Afghanistan’s future depends on investing in the potential of all its citizens,” said Mr. Lake. “Indeed, no country has ever become strong and remained so, without such investments.”

UNICEF has been working in partnership with the Government of Afghanistan to achieve national education objectives. Afghanistan’s Minister of Education, Mr. Farooq Wardak, described the government’s efforts to put communities at the heart of a strategy to open schools and keep them open by protecting students and teachers. In provinces with the lowest enrolment, there is a special emphasis on girls going to school.

Mr. Peter Crowley, UNICEF representative in Afghanistan, emphasized that education is essential to achieving peace and stability. Recognizing the long journey that the country has already made since the Taliban banned girls from school, Crowley observed that “Afghanistan has begun to achieve real momentum in education; by continuing to support these gains, they can become self-sustaining.”

Details: http://www.ungei.org/whatisungei/index_211.html

*To be Continued……..*

## Top Two-Articles Accessed in November 2014

1. Vaccines & Immunization;
   http://womenshealthsection.com/content/documents/VaccinesImmunizations.pdf
   WHEC Publications. Special thanks to CDC and ACIP for contributions and our editors/writers for compiling the review.

2. The Pap Smear; http://www.womenshealthsection.com/content/gynpc/gynpc001.php3
   WHEC Publications. Authors: Dr. Bruce R. Dziura Chief (retired), New England Pathology Associates’ Springfield, MA (USA); In Collaboration with Women's Health and Education Center (WHEC)

## From Editor’s Desk

### A Strong U.S.-UN Relationship

“And the UN is the one place on the planet… where we can marshal the support and share the cost of doing what’s necessary to protect the United States.”

– Susan Rice; U.S. Ambassador to the United Nations

Through the Better World Campaign and the United Nations Association of the United States of America, we advocate in support of a strong, effective, and fully funded United Nations. As the single largest network of American supporters of the UN, we educate the public about the UN’s work, mobilize media to

communicate UN efforts, and help ensure the U.S. government pays its dues to the UN on time and in full.

Why? Because a strong UN is the world's most effective voice for international cooperation on behalf of peace, development, global health, the environment, and human rights. As just a few examples, a robust U.S.-UN relationship means that Peacekeeping efforts can continue serving American interests overseas, building security both at home and abroad. It also means that entities like the World Health Organization can continue protecting against many of the world's most pervasive, deadly, and yet often preventable diseases. And it means that the educations, livelihoods, and rights of women and girls around the globe can be safeguarded, creating a more equitable future for women and girls everywhere.

Our programs include:

**The Better World Campaign**

The Better World Campaign (BWC) works with the U.S. Congress and the Administration to build support for U.S. policies that reinforce and renew U.S. engagement in the United Nations. Created with assistance from entrepreneur and philanthropist Ted Turner as part of his historic $1 billion gift in 1998 to support UN causes, BWC has helped mobilize support for U.S. dues to the UN to be paid on time and in full; robust UN peacekeeping operations; the continued work of UN specialized agencies and the Human Rights Council; achievement of the Millennium Development Goals; ratification of key UN agreements; and the adoption of reforms so the UN can better address the global challenges of the 21st century.

Details: http://www.betterworldcampaign.org/

## Words *of* Wisdom

My religion is simple, my religion is Kindness.

– 14th Dalai Lama (Tenzin Gyatso); currently in exile in India

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

http://www.womenshealthsection.com/