WHEC UPDATE

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

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Sustainable Development

The right to health is a fundamental human right that is indispensable for human well-being, for well-functioning societies and economies, and for the ability to exercise all other human rights. Without a basic level of health, it may be difficult or impossible for people to work, to attend school and obtain an education, to enjoy recreation, to fully participate in society, and to enjoy other basic freedoms. Countries around the world face many challenges that threaten the health of their populations. These include endemic and emerging communicable diseases (e.g. HIV, tuberculosis, malaria, emerging strains of influenza), and non-communicable diseases (e.g. cancer, cardiovascular disease, respiratory diseases and diabetes). Added to this are intentional and unintentional injuries, global environmental degradation, threats to food safety and security, and trade in harmful products. Although these challenges have an impact on health in all countries, they disproportionately affect poorer countries, which not only lack the resources to manage them but may also lack the political and economic power to negotiate effective international agreements to achieve better health and justice for their populations. Within countries, poorer segments of the population are disproportionately affected by health risks, and by mortality and disability from disease.

For all United Nations (UN) agencies, bodies, programs and non-governmental organizations (NGOs), the Sustainable Development Goals (SDGs) and their targets should be the framework in which all institutional strategies need to be aligned. The SDGs and their targets provide a way to deliver on the ground. Therefore, each and every strategy and priority of the UN system agencies needs to converge into respective SDGs and targets, thus avoiding parallel processes that only create bureaucratic burden in the UN. Moreover, to countries the support from UN agencies must be streamlined and reporting by countries thereafter should be simplified. The need for a template for measuring the baseline or thereafter should be simplified. The need for a template for measuring the baseline or monitoring of the SDGs in the rural communities was stressed. There is a need for a replicable policy template to ensure policy coherence in different development contexts.

Less than 4% of the US$ 7 trillion spent on health each year is devoted to the prevention of illness. By acting on a wide range of social, economic and environmental determinants of health, in addition to providing better health services, we could avert 40% of premature deaths by 2030, giving extra years of healthy life to people around the world. Public health laws can play an important role in advancing the right to health and in creating the conditions for people to live healthy lives.

This edition of ***WHEC Update*** raises awareness about role that the reform of public health laws that can play in advancing the right to health and in creating the conditions for people to live healthy lives. By encouraging a better understanding of how public health law can be used to improve the health of the population, the edition aims to encourage and assist governments to reform their public health laws in order to advance the right to health. This edition highlights important issues that may arise during the process of public health law reform. It provides guidance about issues and requirements to be addressed during the process of developing public health laws. It also includes case studies and examples of legislation from a variety of countries to illustrate effective law reform practices and some features of effective public health legislation.

Every Woman, Every Child, Everywhere.

Advancing the Right to Health

Rita Luthra, MD

Your Questions, Our Reply

How can the reform of public health laws play in advancing the right to health?

The Vital Role of Law: Advancing universal access to health is essential in rich and poor countries alike. Although these challenges have an impact on health in all countries, they disproportionately affect poorer countries, which not only lack the resources to manage them but may also lack the political and economic power to negotiate effective international agreements to achieve better health and justice for their populations. Within countries, poorer segments of the population are disproportionately affected by health risks, and by mortality and disability from disease. Law is increasingly being recognized and used as a tool for improving the health of populations at global, national and subnational levels. At the national level, governments need functioning health systems that are supported by strong legal frameworks. Public health legislation sets out the responsibilities and functions of governments to coordinate responses to public health risks, to create healthier environments, to promote healthier behaviors, to generate the information base that is needed for effective action and policies, to manage a competent health workforce, and many other functions.

Governments may choose to reform their public health laws for many reasons: for example, to modernize old and out-of-date laws, to address neglected issues and to respond to problems that have arisen as a result of the application or enforcement of other laws. The process of revising public health laws will vary significantly according to the historical and constitutional context and the legal tradition of each country. These legal traditions include common law, civil law, tribal laws and customs, and Sharia law. Public health law reform may occur in very different ways at national and subnational levels. For all these reasons, there is no single approach to the reform process, and this recommendation is not intended to be prescriptive.

In order to achieve its aims, we recommend, important issues that may arise during the process of public health law reform. Secondly, guidance about issues and requirements to be addressed during the process of developing public health laws on particular topics, such as access to essential medicines, tobacco control or the regulation of infectious diseases. Thirdly, the case studies and examples of legislation from a variety of countries, both large and small, to illustrate effective law reform practices and some features of effective public health legislation.

At the international level, law includes global, regional and bilateral intergovernmental agreements, as well as the rules and regulations made by international bodies (e.g. WHO, the World Trade Organization). At the national level, law includes executive orders and decrees issued by the executive body or under the authority of the Head of State or Government; legislation passed by Parliaments at national, state and local levels; subsidiary legislation (issued by executive agencies in order to implement or give effect to principal legislation); the judgments and rulings of courts and tribunals, and customary and tribal laws. In addition to legally binding instruments, executive agencies and other government bodies may also issue non-binding guidelines and technical standards: these may have normative effects and may play an important subsidiary role in reducing health risks and creating healthier environments.

Individuals have a critical role to play in protecting their health and in minimizing risks to their health. Parents also play an important role in protecting their children's health and in creating a healthy home environment. At the same time, the State bears primary responsibility for realizing the right to health for the population as a whole. Collectively, through the legislature, courts and executive and statutory agencies, the State has the capacity to pass public health laws, to implement them and enforce them, and to balance health with other policy and social goals.

Technology is key to engagement of the public and challenging the status quo. As noted earlier, health is frequently shaped by factors and policies that lie outside the operational sphere of the health ministry. On the other hand, the right to health is an obligation of government as a whole. For this reason, the law's role in achieving an inter-sectoral, whole-of-government approach to public health law reform is recommended.

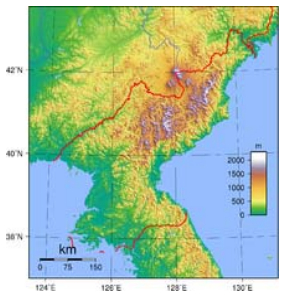
United Nations at a Glance

Democratic People's Republic of Korea (North Korea) and the United Nations

Democratic People's Republic of Korea (North Korea) became Member State of the United Nations on 17 September 1991

North Korea, officially the **Democratic People's Republic of Korea**, is a country in East Asia, in the northern part of the Korean Peninsula. Pyongyang is both the nation's capital as well as its largest city. To the north and northwest the country is bordered by China and by Russia along the Amnok (known as the Yalu in China) and Tumen rivers. The country is bordered to the south by **South Korea**, officially the **Republic of Korea**, with the heavily fortified Korean Demilitarized Zone separating the two.

Following the Japanese surrender at the end of World War II in 1945, Korea was divided into two zones along the 38th parallel by the United States and the Soviet Union, with the north occupied by the Soviets and the south by the Americans. Negotiations on reunification failed, and in 1948 two separate governments were formed: the communist Democratic People's Republic of Korea in the north, and the Republic of Korea in the south. An invasion initiated by North Korea led to the Korean War (1950-1953). The Korean Armistice Agreement brought about a ceasefire, and no actual peace treaty was ever signed.



Foreign Relations

North Korea has diplomatic ties with only other communist countries. In the 1960s and 1970s, it pursued and independent foreign policy, established relations with many developing countries, and joined the Non-Aligned Movement. In the late 1980s and the 1990s its foreign policy was thrown into turmoil with the collapse of the Soviet bloc. Suffering an economic crisis, it closed a number of embassies.

At the same time, North Korea sought to build relations with developed free market countries. As a result of its isolation, it is sometimes known as the "hermit kingdom", a term that was originally referred to the isolationism in the latter part of the Joseon Dynasty.

As of 2015, North Korea had diplomatic relations with 166 countries and embassies in 47 countries. North Korea continues to have strong ties with its socialist Southeast Asian allies in Vietnam and Laos, as well as with Cambodia. Most of the foreign embassies to North Korea are located in Beijing rather than in Pyongyang. The Korean Demilitarized Zone with South Korea is the most heavily fortified border in the world.

As result of the North Korean nuclear weapons program, the six party talks were established to find a peaceful solution to the growing tension between the two Korean governments, Russia, China, Japan, and the United States. North Korea was previously designated a state sponsor of terrorism.

United Nations Security Council

UN chief Guterres condemns reported firing of multiple ballistic missiles by DPR Korea

Latest ballistic launches by DPR Korea raise risk of regional arms race, UN Security Council warns

http://www.un.org/apps/news/story.asp?NewsID=56315#.WMQNKVUrKUk

Collaboration with World Health Organization (WHO)

WHO | Democratic People's Republic of Korea (North Korea)

Health Situation

The reported proportion of one-year-olds immunized against measles is high (99.1%); as is the proportion for DTP-3 (96.2%); OPV3 (99.7%); BCG (66.2%) and tetanus toxoid (TT2+) coverage (98.1%) in 2014.

Maternal mortality remains high, although it has decreased from 68.1 per 100,000 live births in 2012 to 62.7 per 100,000 live birth in 2015. Under-five mortality rate decreased from 22.7 per 1,000 live births in 2012 to 20 per 1,000 live births in 2015.

Postpartum hemorrhages and puerperal infection are major causes of maternal mortality. Respiratory and diarrheal diseases combined with malnutrition are leading causes of death in children under five.

Control of communicable diseases is one area in which progress has been substantial. DPR Korea is now being identified as a country with high disease burden of Tuberculosis (TB). The TB program has brought notification rate and treatment success rates in line with global targets. Sustained programmatic attention to malaria prevention and control has reduced incidence of malaria from 1.57 per 1,000 in 2009 to 0.52 per 1,000 in 2015.

Non-communicable diseases account for an increasing burden of morbidity and mortality. This is especially the cardiovascular and cardiovascular diseases as well as cancers and respiratory illnesses. The high smoking prevalence rate (43.9% of male adults in 2013) is also a major contributor to the burden of non-communicable disease.

The country still faces numerous health sector challenges. They include vertical program-specific health information systems; weak planning, management and supervision skills; and sub-optimal quality of care due to an imbalanced skills mix, limited supply of medical equipment and basic medicines, weak country response capacity to public health needs in emergencies and public health events of international concerns. Some of the persistent health issues include maternal mortality; high prevalence of low birth weight and childhood malnutrition; and TB, malaria and hepatitis B. The persistence of these health problems has been largely attributed to supply and managerial constraints.

Cooperation for Health

UN Partners: FAO, UNDP, UNFPA, UNICEF, UNCERF, WFP

Bilateral: Republic of Korea (ROK), Italian Cooperation and Development (ITDC), Swiss Agency for Development and Cooperation (SDC).

Multilaterals: GAVI Alliance, The Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM), The International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), European Union Program Support (EUPS).

INGOs: The Asia Pacific Malaria Elimination Network (APMEN), Christian Friends of Korea, Eugene Bell's Foundation.

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

Bulletin Board

Guidelines for Contributors

Scope and Editorial Policy

The mission of the Journal, ***WomensHealthSection.com*** is to publish and disseminate scientifically rigorous public health information, with special focus on women's health, of national and international significance that enables health care providers, policy-makers, and researchers to be more effective. It aims to improve health, particularly among disadvantaged populations in both developed and developing countries.

The Women's Health and Education Center (WHEC) welcomes unsolicited manuscripts, which are initially screened in-house for originality and relevance. Manuscripts passing the initial screening are sent blindly for peer review. After the reviews have been received, the editorial advisers decide on the manuscript's acceptability for publication in ***WomensHealthSection.com***. Accepted papers are subject to editorial revision, including shortening of the text and omission of tables and figures if appropriate. The word limits shown below do not include the abstract (where applicable), tables, figures and references.

The principal types of manuscripts are outlined below:

I. Unsolicited Manuscripts

1.1 Letters. Useful contributions referring to something published recently in the ***WomensHealthSection.com*** or ***WHEC Update***; 400-850 words, maximum 3 references. Letters are also edited and may be shortened.

1.2 Policy & Practice. Reviews, debates or hypothesis-generating papers; not more than 3,000 words, with a non-structured abstract (see below 3.5) and not more than 25 references; peer reviewed.

1.3 Research. Methodologically sound primary research of relevance to women's health and health development. Formal scientific presentations of not more than 3,000 words, with a structured abstract (see below) and not more than 25 references; peer reviewed.

1.4 Systematic reviews in women's health. Exhaustive, critical assessments of published and unpublished studies (grey literature) on research questions of relevance to women's health and practice are welcome. Reviews should be prepared in strict compliance with MOOSE or QUOROM (PRISMA) guidelines or with Cochrane's complementary guidelines for systematic reviews of health promotion and public health interventions. Not more than 3,000 words and 25 references, plus a 250-word structured abstract (see below 3.5). All studies included and excluded in the review should be shown in a flow diagram that will not count towards the word limit if published as an appendix only in the electronic version of the journal or on the author's URL. Peer reviewed.

1.5 Perspectives. Views, hypotheses or discussions (with clear message) of an issue of women's health interest; up to 1,500 words, no more than 6 references.

1.6 Lessons from the field. Papers that capture experiences and practice gained in solving specific women's health problems in both developed and developing countries, with a structured abstract (see below); not more than 1,500 words and not more than 10 references, with no more than one table and one figure.

» Please note that WHEC-branded materials should be used as-is. For questions on use of the materials, please visit: http://www.womenshealthsection.com/content/whec/faq.php3

Seventieth World Health Assembly; May 2017

Dates: 22–31 May 2017
Place: Geneva, Switzerland

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

The Secretariat of WHO is staffed by some 8,000 health and other experts and support staff on fixed-term appointments, working at headquarters, in the six regional offices, and in countries. The Organization is headed by the Director-General, who is appointed by the Health Assembly on the nomination of the Executive Board.

Meeting Registration for the governing bodies Online registration is now required for both the Executive Board and the World Health Assembly. http://www.who.int/mediacentre/events/2017/wha70/en/

For each meeting, the registration of a focal point is necessary.

PROCESS

Before each meeting, an invitation will be sent to Member States indicating a link to access the electronic Governing Bodies Meeting Registration System in order to register online one Focal Point at the Permanent Mission in Geneva, by attaching a note verbal (official diplomatic note prepared on letterhead, dated, signed, and/or stamped), who will be responsible for registering the delegation. Member States without a Permanent Mission in Geneva should designate a Focal Point in the capital. The same process will apply to all categories of invited participants.

Once a Focal Point has registered into the online registration, he/she will receive by e-mail a unique username and password, and the link to access the registration system. The Focal Point will register and submit the names of the delegates and attach a note verbal containing the composition of the delegation (a delegate credential). The WHO Office of Governing Bodies will verify the information received from the Focal Point, which will then be submitted into the registration system to generate both meeting badges and the List of Participants.

http://apps.who.int/gb/gov/assets/reglement-wha-2015-web-en.pdf

Collaboration with UN University (UNU)

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

Achieving Development Success

Strategies and Lessons from the Developing World

This paper provides a synthesis of successful strategies and implied lessons for development success, employing at least six themes on in-depth case studies of a large number of developing countries around the world. The coverage includes East Asia and the Pacific (South Korea, Malaysia, Thailand, and Vietnam), the Emerging Asian Giants (China and India), Sub-Saharan Africa (Botswana, Ghana, Mauritius, and South Africa), Latin America and the Caribbean (Brazil, Chile, Costa Rica, and the Dominican Republic), and the Middle East and North Africa (Bahrain, Oman, Tunisia, and the United Arab Emirates), along with the respective regional syntheses. Although countries' experiences are not necessarily replicable, the recurrent themes across countries and regions provide the appropriate connectedness for fostering a truly global perspective on development strategies and lessons from the developing world.

The current study presents a synthesis of the strategies and lessons based on comprehensive case studies of development successes spanning the developing world. The syntheses of the studies for the various regions are particularly insightful, as they tend to take into account regional idiosyncratic factors. Yet, the recurrent themes across countries and regions provide the appropriate connectedness for engendering a truly global perspective for development strategies and lessons. The ultimate objective of countries should be the continual improvements in the Human Development (HD) of their citizens. Successful development strategies in meeting the above objective vary across time and space; however, there are also commonalities across regions. Both orthodox and heterodox policies have proved successful at different points in time, depending on a country's circumstances. In general, however, achieving HD requires 'inclusive' economic growth, which in turn presupposes a relatively equitable distribution of capabilities among individuals for effective participation in the growth process. Such a broad view of HD would include various forms of freedom, that is, if HD is to be sustained into the longer term. The extent to which the various successes identified in the study will endure into the longer term, then, will depend on the ability of the countries to eventually achieve this broader HD perspective.

Publisher: UNU-WIDER; Author: Augustin Kwasi Fosu; Sponsors: This study has been prepared within the UNU-WIDER project on Country Role Models for Development Success, directed by Augustin Fosu. 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/)

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (Continued)

Ready, Set, Respect! GLSEN's Elementary School Toolkit

Ready, Set, Respect! provides a set of tools to help elementary school educators ensure that all students feel safe and respected and develop respectful attitudes and behaviors. It is not a program to be followed but instead is designed to help educators prepare themselves for teaching about and modeling respect.

GLSEN is the leading national education organization focused on ensuring safe schools for all students. Established in 1990, GLSEN envisions a world in which every child learns to respect and accept all people, regardless of sexual orientation or gender identity/expression. GLSEN seeks to develop school climates where difference is valued for the positive contribution it makes to creating a more vibrant and diverse community. For more information on our educator resources, research, public policy agenda, student leadership programs, or development initiatives, visit www.glsen.org

WHY SUCH A TOOLKIT?

Elementary school is a time of rapid development for children. In addition to gaining knowledge and developing skills, these years are ones during which children typically begin to develop an understanding of themselves and the world and people around them. As such, the social environment of classrooms and schools provides the opportunity for children to initiate and develop relationships and navigate increasingly complex peer relationships. That complexity can often lead to incidents of name-calling and use of hurtful and biased words. If left uninterrupted by educators and other adult role models, these behaviors can escalate the prejudice and biased attitudes that influence then take root in children's hearts and minds.

WHAT IS READY, SET, RESPECT!?

Ready, Set, Respect! provides a set of tools to help elementary school educators ensure that all students feel safe and respected and develop respectful attitudes and behaviors. It is not a program to be followed but instead is designed to help educators prepare themselves for teaching about and modeling respect. The toolkit responds to elementary educators' suggestion that they rarely teach about the kinds of topics (name-calling and bias, gender roles, and family diversity) addressed in the Ready, Set, Respect! toolkit. While educators have said that these topics simply "don't come up" we know that young children often have their own way of communicating what in fact is coming up, or identifying that which they are ready to explore or learn about. These kinds of issues reveal themselves in dramatic play, student to student dialogue, the informal rules of the playground and in a myriad of other ways. To that end, Ready, Set, Respect! asks educators to think comprehensively about "readiness" and in so doing consider what a ready child, ready school, and ready community look and feel like. The toolkit also assists educators in recognizing and understanding the readiness cues that may in fact suggest that these issues are indeed "coming up."

Details: http://www.ungei.org/resources/files/GLSEN_Ready_Set_Respect_2016.pdf

To be Continued……..

Two-Articles of Highest Impact, April 2017

1. Marijuana and Pregnancy Implications;
   http://www.womenshealthsection.com/content/obs/obs035.php3

   WHEC Publications. Special thanks to WHO and NIH for the contributions.

2. Health Care Patents and The Interest of Patients;
   http://www.womenshealthsection.com/content/heal/heal012.php3

   WHEC Publications. Special thanks to WHO, Federal Trade Commission and The Orphan Drug Act for the contribution.

From Editor's Desk

What is the Committee on NGOs?

The Committee on Non-Governmental Organizations is a standing committee of the Economic and Social Council (ECOSOC), established by the Council in 1946. It reports directly to ECOSOC, and the two reports of its annual regular session (usually at the end of January) and resumed session (in May) include draft resolutions or decisions on matters calling for action by the Council.

The Committee has 19 members who are elected on the basis of equitable geographical representation:

- 5 members from African States;
- 4 members from Asian States;
- 2 members from Eastern European States;
- 4 members from Latin American and Caribbean States; and
- 4 members from Western European and other States.

The term of office of its members is four years. The current terms of reference of the Committee are set out in Resolution 1996/31. In its proceedings the Committee is guided by the rules of procedure of the Council.

For the period 2015-2018, members of the NGO Committee are the following: Azerbaijan, Burundi, China, Cuba, Greece, Guinea, India, Iran, Israel, Mauritania, Nicaragua, Pakistan, Russian Federation, South Africa, Sudan, Turkey, United States of America, Uruguay and Venezuela (Bolivarian Rep.)

The main tasks of the Committee are:

- The consideration of applications for consultative status and requests for reclassification submitted by NGOs;
- The consideration of quadrennial reports submitted by NGOs in General and Special categories;
- The implementation of the provisions of Council resolution 1996/31 and the monitoring of the consultative relationship;
- Any other issues which the ECOSOC may request the Committee to consider.

The Committee's decisions are considered recommendations, in the form of draft decisions calling for action by the Council. These recommendations are reflected in Part I of the Committee's reports. Once an application from an NGO has been reviewed and approved by the Committee it is only considered recommended for consultative status. At its next meeting, usually in July of the same year, the Economic and Social Council reviews these recommendations, takes note of the Committee's report and makes the decisions final. It is only after the recommendation becomes an ECOSOC decision that the NGO is granted the consultative status.

ECOSOC Resolution 1996/31
http://csonet.org/content/documents/199631.pdf

Open Call for NGOs to apply for Consultative Status with the United Nations (Deadline: 1 June 2017)

NGOs interested in applying for ECOSOC consultative status should submit their application and required documents on or before the deadline of 1 June 2017. The following link provides background information, the benefits of consultative status and instructions for how to apply:

http://csonet.org/index.php?page=view&nr=337&type=230&menu=14

In The News

United Nations and Rule of Law and Human Rights

The backbone of the freedom to live in dignity is the international human rights framework, together with international humanitarian law, international criminal law and international refugee law. Those foundational parts of the normative framework are complementary bodies of law that share a common goal: the protection of the lives, health and dignity of persons. The rule of law is the vehicle for the promotion and protection of the common normative framework. It provides a structure through which the exercise of power is subjected to agreed rules, guaranteeing the protection of all human rights.

As defined by the Secretary-General, the rule of law requires that legal processes, institutions and substantive norms are consistent with human rights, including the core principles of equality under the law, accountability before the law and fairness in the protection and vindication of rights (S/2004/616, para. 6). There is no rule of law within societies if human rights are not protected and vice versa; human rights cannot be protected in societies without a strong rule of

law. The rule of law is the implementation mechanism for human rights, turning them from a principle into a reality.

While universally agreed human rights, norms and standards provide its normative foundation, the rule of law must be anchored in a national context, including its culture, history and politics. States therefore do have different national experiences in the development of their systems of the rule of law. Nevertheless, as affirmed by the General Assembly in resolution 67/1, there are common features founded on international norms and standards.

Words *of* Wisdom

TO MY MOTHER

Because I feel that, in the Heavens above,
The angels, whispering to one another,
Can find, among their burning terms of love,
None so devotional as that of 'Mother',
Therefore by that dear name I long have called you…..

- Edgar Allen Poe (19 January 1809 – 7 October 1849), American writer, editor and literary critic; Extract from ***To My Mother*.**

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

http://www.womenshealthsection.com/