



## WHEC UPDATE

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

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When we develop a new article in **WomensHealthSection.com** we do not just apply clinical research and scientific discoveries, but also a special kind of creative thinking. To create something different, you need to start somewhere different. In this case, starting with innovative ideas and turning into practice guidelines / Practice Bulletins. The result – real solutions for the real world. We are defined by what we pass on to the next generation. And to help find long-term solutions for quality and affordable healthcare for all. We are exploring new sources of secure and sustainable development. So we can pass on what matters ... to the ones who matter most. The recent past has been one of rapid technological change and e-development. I never thought I would see, in my lifetime, the kind of testimonial to the impact of the Internet on society. It has become a staple part of the fabric of our society, and will likely remain so for the foreseeable future. Almost everyone who has looked seriously at the Internet to try to understand it, and to speculate on its future role in society, has begun with one simple question. Who runs it? Simply stated, who is in charge? I can say that the answer “no one is in charge” usually takes a while to fully digest. It is the Network. Like the world economy, to name another critical activity, the Internet facilitates and indeed encompasses a myriad of activities of innumerable individuals and their computer systems, coordinated by a system based on an “Open Architecture”. Even more notable have been the contributions of the many individuals and organizations that have helped evolve the Internet. The Internet has matured and reliance on it for all kinds of activities has expanded, as with all such maturing systems prudence and caution have dictated a more deliberative and perhaps conservative approach for the future.

The word “governance” seems to frighten many parties in the technical and business communities, who equate it with “government” or with the idea that “a single entity controls the Internet”. The term – Internet Governance – is routinely used among scholars and practitioners in the fields of international relations, public administration and political science, who do not find it frightening at all. Governance in this context refers to the rules and procedures that states and other involved parties agree to use to order and regularize their treatment of a common issue. There are a variety of means by which governance can be secured, ranging from defining property rights and letting the forces of the market provide order, through action by national authorities, to responsibility for order being assigned to international public organizations. Which is most appropriate, as will be seen, depends on how the governance issues are defined. The Internet is an international phenomenon, and determining the rules and procedures for its governance is neither simple nor obvious. There are many places at the Internet Table. It is a grand collaboration of many entities in all sectors. Hope our efforts help us all to build a better world.

Coming to Terms with the Governance

**Rita Luthra, MD**

## Your Questions, Our Reply:

How selected health research funding agencies promote the translation of their research into policy and practice?

**Agency Initiatives:** the agencies use five general strategies to support knowledge translation. These are classified as push, pull, linkage / exchange, communication and funding opportunities. Funding mechanisms to promote knowledge translation included funding teams (including research users); funding conferences of researchers and research users; knowledge translation requests for applications; funding special centers and chairs for knowledge translation; and seeking commercialization opportunities. Examples of equity-focused knowledge translation activities include: the WHO/TDR (Department of Research and Training in Tropical Diseases) program to eliminate leprosy, the investment in schistosomiasis research in Brazil by FAPESP (Foundation for Research Support of the State of São Paulo), support higher education for women and girls by USAID (United States Agency for International Development), and the destigmatization of groups at high-risk for HIV/AIDS sponsored by CIDA (Canadian International Development Agency).

All funding agencies describe several target audiences. The most commonly described target audience is decision-makers and academics, followed by hospital managers, practitioners, other researchers, industry, research funders, general public, health-care professional organizations, media and consumer organizations. National agencies may be more motivated to engage in knowledge translation activities than international funding agencies (with the exception of the World Bank in the Philippines). A common terminology for knowledge translation could be useful in better defining both existing and planned funding agency activities. The different terminologies reflect differences in the mandates of these organizations but also suggest a lack of conceptual clarity around knowledge translation.

We believe there is an urgent need to evaluate these funding agency knowledge translation activities to learn what works, why and in what context, in order to better justify spending on knowledge translation and to improve performance.

## Reflecting on 2008:

Women's Health and Education Center (WHEC) completed another successful year. Our editorial staff was extremely busy compiling new review articles (Practice Bulletins) and updating the posted articles. **WomensHealthSection.com** educates health care professionals about conditions that are exclusive to women, more prevalent in women, or are diagnosed or treated differently in women versus men. This publication presents unbiased, comprehensive, concise, and clinically relevant review articles and practical sections. The articles are peer reviewed to maintain the highest quality and to verify clinical relevance, medical accuracy, and clarity of presentation. The most insightful and thought-provoking articles are now available in a single portal. All WHEC Practice Bulletins are reviewed 18 to 24 months after publication, and are revised, reaffirmed, or withdrawn. Our readers send us thousands of encouraging comments about our efforts on many of the current approaches to solving health care problems. We all at WHEC are already hard at work preparing for successful 2009 with an outstanding program with up-to-date science that is practical and usable. I hope each of you will join us in benefiting from the best opportunity for continuing medical education our specialty has to offer, on the world stage. An indispensable factor for equity in health is – timely and accurate information. WHEC and the international health community hope to bring about further improvements in global health status and greater equity in health, thus bridging the health development gap between countries and between different population groups within countries. Our recognition that families provide an entry point through which health care can be made available to all members of society throws new light on the organization's fundamental strategy for attaining health-for-all. As this program /

project shows, the power of information for promoting and protecting health in such settings is still in the early stages of being recognized and used.

WHEC is proposing a simple yet dynamic approach to health, a powerful strategy to intensify and move forward the integration of health care, disease prevention and rehabilitation. It is based on an inclusive vision of health, comprising the individual, the family, the community, and the environment, in which families serve as entry points for health promotion, disease prevention and care. 2008 saw a number of significant events take place which moved the political agenda forward for maternal, newborn and child health. Achievements include: increased high-level political attention to Maternal, Newborn, Child (MNC) health, partners working more closely together, constituencies becoming more fully integrated and a rise in civil society involvement in Maternal, Newborn, Child health. The concept of the *continuum of care* is now increasingly widely accepted by the global public health community as the foundation for maternal, newborn and child health policy and advocacy messages now more consistently integrate mothers and their newborn. Civil society is taking up the cause for maternal and child health; the NGO community played a prominent leadership in 2008. Each of these developments brings with it clear opportunities for our unique partnership's work to support improved MNC health outcomes at country, regional and global levels.

*WomensHealthSection.com* served 5.2 million readers in 209 countries / territories with an average of 25,000 visitors a day in 2008 with links to about 35,000 websites every month. On average 50,000 files, 3,500 URLs and 4,600 pages were accessed every month. It expanded from 5 sections to 20 sections in 2008 and we hope to continue to grow. In the spirit of growth in this digital age, *WomensHealthSection.com* was redesigned in 2008. We have rearranged content so that it is easier for you to find what you need. We welcome your feedback and hope you find the portal to be useful – a continuing mission.

Top 10 Countries out of 209 Countries/Territories: USA; China; Saudi Arabia; Qatar; Russian Federation; Spain; U.K.; Mexico; Ireland and France.

Top 5 Groups out of 25: Network; US Educational; Nonprofit organizations; US Government; International (Int).

Top 5 User Agents out of 324: Microsoft (MSIE 6.0 and 7.0); Google (Googlebot / 2.1 and / imgres); Yahoo (Yahoo! Slurp and Yahoo! Slurp China); MSN (msnbot-media); Opera (9.5, 9.6, 9.2)

Top 5 most popular sections out of 20: WHEC Update; Obstetrics; Gynecologic Oncology; Glossary; Healthcare Policies and Women's Health.

Top 5 most read review articles out of 200: 1) Improving Maternal Health through Education; 2) Genetic Counseling and Genetic Screening; 3) Ectopic Pregnancy; 4) Obstetrical Fistulae & Efforts of the United Nations; 5) Urodynamic Assessment Series.

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 35 million readers worldwide and growing fast...ongoing)

Looking forward to 2009!

## **About NGO Association with the UN:**

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

### **UN Millennium Campaign**

Join the Campaign to End Poverty by 2015

The United Nations Millennium Campaign is calling for donor countries gathering at the Financing for Development Conference in Doha to commit to equitable trade rules and more effective aid that can help achieve the Millennium Development Goals (MDGs). Poor countries in turn must focus on mobilizing domestic resources and enhance MDG-related public expenditures, as poor people brace themselves for the ripple effects of the global economic shock. G-8 nations must compensate \$ 300 billion loss in GDP faced by the world's poorer nations as the result of financial crisis they had no role in causing. The United Nations Millennium Campaign is today calling for world leaders gathering at President Bush's economic summit in Washington to allocate \$ 300 billion in additional aid and debt relief to the world's poorer countries, to make up for the GDP they are forecast to lose as a result of the global financial crisis over the next two years. "Independent forecasts that the global financial meltdown will cost developing countries \$ 300 billion in GDP over the next two years do not adequately take into account the effects of shrinking exports and remittances, the global credit squeeze, and rising unemployment and poverty", said Salil Shetty, Director of the United Nations Millennium Campaign. "For the world's 1.4 billion people living on less than \$ 1.25 per day, having less purchasing power is literally a question of survival – the difference between whether their children get a meal each day or not. The trillions of dollars found overnight to bail out Western bankers have shown us the real issue we face in addressing this global crisis is not the availability of money, but of political will. World leaders must craft a similar "bailout" package for the world's poor nations, who are bearing the brunt of a crisis they had no role in creating." The bailout package of \$ 300 billion in additional financing should be by the G-8 leaders to the poorest countries over the next two years; to counteract the loss in GDP and help them cope with the external shock and achieve the Millennium Development Goals.

[Click here to view the Millennium Campaign's policy demands for world leaders gathering at the G-20 summit](#)

The UN Millennium Campaign was established by UN Secretary General Kofi Annan in 2002. The Campaign supports citizens' efforts to hold their governments to account for the achievement of the Millennium Development Goals. The Millennium Development Goals were adopted by 189 world leaders from the north and south, as part of the Millennium Declaration which was signed in 2000. These leaders agreed to achieve the Goals by 2015. Our premise is simple: we are the first generation that can end poverty and we refuse to miss this opportunity. For more information, visit [www.endpoverty2015.org](http://www.endpoverty2015.org).

## **Collaboration with World Health Organization (WHO):**

Global Observatory for e-Health:

e-Health is the use of information and communication technologies (ICT) for health. It is recognized as one of the most rapidly growing areas in health today. The Fifty-eighth World Health Assembly in May 2005 adopted Resolution WHA58.28 establishing an e-Health strategy for WHO. The resolution urged Member States to plan for appropriate e-Health services in their countries. That same year, WHO launched the Global Observatory for e-Health (GOe), an initiative dedicated to the study of e-Health—its evolution and impact on health in countries. The Observatory model combines WHO coordination regionally and at headquarters to monitor the development of e-Health worldwide, with an emphasis on individual countries. Recognizing that the field of e-Health is rapidly transforming the delivery of health services and systems around the world, WHO is playing a central role in shaping and monitoring its future, especially in low- and middle-income countries.

The Observatory's mission is to improve health by providing Member States with strategic information and guidance on effective practices and standards in e-Health.

Its objectives are to:

- provide relevant, timely, and high-quality evidence and information to support national governments and international bodies in improving policy, practice, and management of e-Health;

- increase awareness and commitment of governments and the private sector to invest in, promote, and advance e-Health;
- generate knowledge that will significantly contribute to the improvement of health through the use of ICT; and
- disseminate research findings through publications on key e-Health research topics as a reference for governments and policy-makers.

Details: [Resolution WHA58.28 eHealth](#)

**Bulletin of the World Health Organization; Volume 87, Number 2, February 2009, 81-160 [Table of contents](#)**

**Collaboration with UN University (UNU):**

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

Global Patterns of Income and Health: Facts, Interpretations, and Policies

Global inequality takes many dimensions. Not only is there great inequality across the peoples of the world in material standards of living, but there are also dramatic inequalities in health. The inhabitants of poor countries not only have lower real incomes, but they are also more often sick, and they live shorter lives. These international correlations between income and health should affect the way that we think about the level and distribution of global wellbeing. They also need to be understood if we are to be effective in reducing global deprivation in either income or health. This study assembles basic facts about global patterns of health and income, about the correlations between them, and the possible interpretations of those correlations.

**IS GROWTH GOOD FOR HEALTH?**

So far, I have been concerned with the facts of global health and income, and how those facts might condition our thinking about health and income inequality across nations. But the strong relationship between health and income also holds out another possibility, that growth in incomes improves population health. If so, there is a double benefit from economic growth; not only does it reduce income poverty (the direct effect) but it also reduces health poverty (the indirect effect). That this might be the case was of course the main point of Preston's original analysis, which challenged the then conventional wisdom that health interventions, usually from the outside, had been essentially the only factor in reducing mortality in poor countries. Even so, Preston (1980: 289-360) credited income with only a relative small role compared with public health; in later work, he attributed nearly half of health improvements to the combined effects of improvements in income, literacy, and the supply of calories.

The World Health Organization's Commission on Macroeconomics and Health (2001) makes the case for the reverse causality, that many of the poorest countries in the world are poor because they are sick, and that additional public expenditures on health are the preconditions for poverty reduction, particularly in sub-Saharan Africa. While it is obvious enough that individuals who are sick are likely to earn less, it is far from clear that nations with high prevalence of disease should be less able to grow than countries that are less unfortunate. My best guess is that health improvements in poor countries are not primarily driven by income, nor even by improvements in health knowledge and technology. Knowledge has certainly been important in the long run. But over periods as long as decades, it is the social factors that make for effective delivery of health that are vital, particularly levels of education, and the development of population health as a political priority, which itself depends on better education and on the widespread idea that better health is both a possibility and a right.

Author: Angus Deaton; UNU-WIDER gratefully acknowledges the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida), and the United Kingdom (Department for International Development).

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)*

## **Universal Declaration of Human Rights:**

*All human beings are born with equal and inalienable rights and fundamental freedoms.  
(Continued)*

Preamble:

*Whereas* recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

*Whereas* disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

*Whereas* it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

*Whereas* it is essential to promote the development of friendly relations between nations,

*Whereas* the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

*Whereas* Member States have pledged themselves to achieve, in cooperation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

*Whereas* a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore, **The General Assembly** proclaims **The Universal Declaration of Human Rights** as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constant in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

*To be continued.....*

## Top Two Articles Accessed in January 2009:

1. Bone Health: Osteoporosis Prevention Strategies;  
<http://www.womenshealthsection.com/content/gyn/gyn010.php3>  
WHEC Publications. Special thanks to World Health Organization for the contributions.
2. Medical Negligence: A Return to Trust;  
<http://www.womenshealthsection.com/content/heal/heal005.php3>  
WHEC Publications. Original article was published by World Health Organization, World Health Forum; Readers are encouraged to read the article and send their comments and suggestions. WHEC is grateful to WHO for giving permission to publish the symposium on Medical Malpractice in *WomensHealthSection.com*.

## From Editor's Desk:

### UNFPA State of the World Population 2008

Today [UNFPA](#) launches its annual [State of the World Population 2008](#), entitled Reaching Common Ground: Culture, Gender and Human Rights in 150 cities around the world. The report calls for culturally sensitive approaches to development, to promote human rights in general, and women's rights in particular. To develop cultural sensitivity, UNFPA proposes a "culture lens" as a programming tool that can help identify the various factors in contesting and changing the practices underpinning gender equality. A youth supplement accompanies the State of the World Population 2008, entitled Generation of Change: Young People and Culture. Both are available [online](#).

### Confronting the challenges of financing for development: a global response

We the heads of State and Government, gathered in Monterrey, Mexico, on 21 and 22 March 2002, have resolved to address the challenges of financing for development around the world, particularly in developing countries. Our goal is to eradicate poverty, achieve sustained economic growth and promote sustainable development as we advance to a fully inclusive and equitable global economic system. We note with concern current estimates of dramatic shortfalls in resources required to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration. Mobilizing and increasing the effective use of financial resources and achieving the national and international economic conditions needed to fulfill internationally agreed development goals, including those contained in the Millennium Declaration, to eliminate poverty, improve social conditions and raise living standards, and protect our environment, will be our first step to ensuring that the twenty-first century becomes the century of development for all. Details of Monterrey Consensus: <http://www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf>

### UNICEF flagship report: Closing the gap in maternal and neonatal health

Having a child remains one of the biggest health risks for women worldwide. Fifteen hundred women die every day while giving birth. That's a half a million mothers every year. UNICEF's flagship publication, *The State of the World's Children 2009*, addresses maternal mortality, one of the most intractable problems for development work. The difference in pregnancy risk between women in developing countries and their peers in the industrialized world is often termed the greatest health divide in the world. A woman in Niger has a one in seven chance of dying during the course of her lifetime from complications during pregnancy or delivery. That's in stark contrast to the risk for mothers in America, where it's one in 4,800 or in Ireland, where it's just one in 48,000. Addressing that gap is a multidisciplinary challenge, requiring an emphasis on education, human resources, community involvement and social equality. At a minimum, women must be guaranteed antenatal care, skilled birth attendants and emergency obstetrics, and postpartum

care. These essential interventions will only be guaranteed within the context of improved education and the abolition of discrimination. Details:  
<http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>

**Special Thanks:**

WHEC thanks Dr. Bradley J. Monk, Associate Professor & Director of Research, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of California Irvine Medical Center, California (USA) for priceless contribution, friendship and support. We are looking forward to develop Gynecologic Oncology Section in *WomensHealthSection.com* with your group for a long time to come. Thanks again.

**Words of Wisdom:**

Have you had a kindness shown?  
    Pass it on.  
It was not given to you alone;  
    Pass it on.  
Let it travel down the years;  
Let it wipe another's tears;  
Till in heaven the deed appears;  
    Pass it on.

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