



## WHEC UPDATE

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

October 2009; Vol. 4, No. 10

### *Lessons from the Field*

24<sup>th</sup> October 2009 marks 7th year of the launch of our Initiative: **WomensHealthSection.com**, in Women's Health and Health Development. Many times in conversation over the past years – and at least in this space – I have made the case for improving the maternal and child health through e-learning Continuing Medical Educational programs (Internet Class-rooms), of mutual benefit and interest with the developing countries. It is indeed my pleasure to report, our initiative is serving with pride in 213 countries / territories and about 4.1 million healthcare providers yearly. Its popularity with US Education too, is steadily growing. Hope these efforts bring happiness and good-will in the world. It remains vital to analyze why women are dying from pregnancy-related conditions and to identify the weak links in the chain of care. Until the first global estimates of maternal mortality were made by World Health Organization (WHO) in 1987 the world was largely ignorant of the risks associated with pregnancy and childbirth in developing countries. It was shown that half a million women died each year following pregnancy-related complications, and this led to a multi-agency effort, the Safe Motherhood Initiative, whose purpose was to devise strategies for tackling the problem in diverse settings. Women's Health and Education Center (WHEC), one of the co-sponsors of the Initiative is working for gathering information on the effectiveness of the measures taken. Much has been learnt but globally there is little evidence of progress in this field. There is no evidence of reductions in maternal mortality in the Least Developed Countries (LDC) and little indication that the interventions needed to reduce it, are reaching more women today than was the case ten years ago.

In my opinion the key link in the chain and the critical element in reducing maternal mortality in LDC, is the healthcare providers with midwifery skills, who can handle normal deliveries, recognize complications, and either manage them or refer them to a higher level of care. Although obstetric care is the key to reducing maternal mortality and morbidity, this does not imply that pregnancy and childbirth should be perceived as intrinsically pathological processes, requiring systematic and high-technology interventions in costly hospital settings. Nor does it necessarily mean that other aspects of maternal care, such as prenatal care, should be abandoned. It does imply, however, that simplistic, reductionism approaches to preventing maternal mortality cannot work. An approach is needed which starts in individual homes and families and links them to a health care system providing effective interventions and an abundance of tender loving care. A break at any point in this chain can be expected to prevent women from receiving the care they need. For women suffering complications of pregnancy and childbirth such a break may mean the difference between life and death. The chain of care has to be created by the health sectors and the involvement of women and their families. In a given setting, parts of the chain may be functioning effectively while others may be inadequate; some desirable elements may not even exist. An understanding of precisely where to concentrate effort in each setting is the key to achieving safe motherhood.

It has been particularly interesting to reflect on how our initiative to promote Safe Motherhood has come together. We are proud to begin our 8<sup>th</sup> year with great expectations and exploring new paths. And grateful to you for sharing the journey.

Searching for Solutions

*Rita Luthra, MD*

## Your Questions, Our Reply:

What international instrument is there to combat discrimination against women and how is it implemented?

**International Instruments Related to Specific Groups:** The Convention on the Elimination of All Forms of Discrimination against Women was adopted by the United Nations General Assembly on 18 December 1979, and entered into force on 2 September 1981. By now there are more the 160 States Parties to this Convention. The aim of the Convention is to promote equality between men and women and to prevent discrimination against women. It specifies, in particular, such forms of discrimination as forced marriages, domestic violence, and insufficient access to education, healthcare and public life, as well as discrimination at work. These issues were identified at an early stage by the Commission on the Status of Women (a body of governmental representatives), which was established in 1946 with the mandate to further gender equality. It was also given the task of drafting the Convention. The Commission has also been concerned with practical measures to ensure the implementation of women's rights. The Commission can receive complaints (communications) relating to the status of women. On the basis of these complaints and the replies of States, the Commission makes recommendations to Economic and Social Council (ECOSOC) concerning actions to be taken on emerging patterns and trends of injustice and discrimination against women.

The Committee on the Elimination of Discrimination against Women (CEDAW), a body of twenty-three independent experts established under Article 17 of the Convention, monitors the implementation of the Convention. It considers periodic reports from States Parties regarding their compliance with the provisions of the Convention. The Committee also makes general recommendations on specific Articles of the Convention, or on issues related to the Convention. In 1992, General Recommendation No. 19 was made on the issue of violence against women. Though not specifically mentioned in the Convention, this issue is deemed by the Committee as constituting discrimination against women and, as such, a violation, *inter alia*, of Articles 1 to 4 of the Convention. The recommendation suggests specific measures, which States should take to protect women from violence. In December 2000, an Optional Protocol to the Convention came into force whereby communications may be submitted to the Committee by or on behalf of any individual or group claiming to be a victim of a violation of any of the rights under the Convention, provided that the State concerned is Party to the instrument.

The Committee also submits an annual report to the General Assembly, containing a record of the examination of State reports, concluding observations and general recommendations. We at Women's Health and Education Center (WHEC) support strategies on gender equality and human rights of women; we hope our action platform helps to achieve these goals.

## About NGO Association with the UN:

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

### **UN – HABITAT (UN Human Settlement Program)**

For a better urban future

UN – HABITAT's strategic vision looks to knowledge management, settlements finances, and strategic partnership at the national and local levels, from governments. The United Nations Human Settlements Program, UN-HABITAT, is the United Nations agency for human settlements. It is mandated by the UN General Assembly to promote socially and environmentally sustainable towns and cities with the goal of providing adequate shelter for all. Towns and cities are growing today at unprecedented rates setting the social, political, cultural and environmental trends of the world, both good and bad. In 1950, one-third of the world's people lived in cities. Just 50 years

later, this rose to one-half and will continue to grow to two-thirds, or 6 billion people, by 2050. Cities are now home to half of humankind. Cities are the hubs of much national production and consumption - economic and social processes that generate wealth and opportunity. But they also create disease, crime, pollution, poverty and social unrest. In many cities, especially in developing countries, slum dwellers number more than 50 per cent of the population and have little or no access to shelter, water, and sanitation, education or health services. It is essential that policymakers understand the power of the city as a catalyst for national development. Sustainable urbanization is one of the most pressing challenges facing the global community in the 21st century. UN-HABITAT's programs are designed to help policy-makers and local communities get to grips with the human settlements and urban issues and find workable, lasting solutions. The organization's mandate is outlined in the [Vancouver Declaration on Human Settlements](#), [Habitat Agenda](#), [Istanbul Declaration on Human Settlements](#), the [Declaration on Cities and Other Human Settlements in the New Millennium](#), and [Resolution 56/206](#).

**UN-HABITAT joined the government of Iraq** to launch a new USD 70 million program that will focus on urban governance, housing, infrastructure and basic services as the country recovers from years of conflict. Unveiled by the Ministry of Planning and Development Cooperation, the launch of the UN-HABITAT Iraq Country Program were attended senior representatives of Iraqi ministries, and the international community in Baghdad including UN agencies and donors. Ali Baban, Minister of Planning and Development Cooperation said the national unity government in Iraq is committed to the making the program work: "This program aims to stimulate growth, deliver better services to all, especially the poor and the most vulnerable, create employment, reduce poverty and maintain social and political stability in Iraq," he said. "I welcome the partnership with UN-HABITAT in modernizing the Iraqi institutions of Housing and Urban Governance." In a televised address, UN-HABITAT's Executive Director, Mrs. Anna Tibaijuka said: "This is a historical moment in marking the partnership between the Government of Iraq and UN-HABITAT." She reminded the International Community of its obligation to help Iraq achieve the Millennium Development Goals. The new program will focus on providing technical assistance and capacity building support to ministries and local authorities in Iraq. For details [click here](#).

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

### Nursing and Midwives at WHO

The number of Resolutions on nursing and midwifery adopted by the WHO World Health Assembly demonstrates the importance WHO Member States attach to nursing and midwifery services as a means of achieving better population health outcomes. The most recent resolution, [WHA 59.27](#), gives WHO the mandate to strengthen the capacity of nursing and midwifery workforce through the provision of support to Member State on:

- Establishing comprehensive programs for the development of human resources for health which support recruitment and retention of sufficient numbers nursing and midwifery workforce,
- Involvement of nurses and midwives in the development of their health systems,
- Country level implementation of the WHO's strategic directions for nursing and midwifery,
- Regular review of the legislation and regulatory processes,
- Collection and use of nursing and midwifery core data,
- Development and implementation of ethical recruitment of national and international nursing and midwifery workforce.

Details: [http://www.who.int/hrh/nursing\\_midwifery/leaflet.pdf](http://www.who.int/hrh/nursing_midwifery/leaflet.pdf)

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

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

### **The Global Economic Crisis: Towards Syndrome-Free Recovery for Africa**

This paper outlines the impact of the global economic crisis on Africa. Recovery requires coordinated and consistent efforts to assist individual countries in mitigating (reducing) the risk, coping with the impact, and reducing risk over the longer term. Care should be exercised to maintain and improve good governance, which is essential for African countries to avoid introducing various 'anti-growth policy syndromes' into their economies. These could arise if responses to the crisis result in (i) further boom-bust cycles and flaming the historically high volatility of African growth, including inflation, (ii) another debt crisis, (iii) household engaging in adverse coping strategies with lasting impacts; (iv) reversal of gains made in opening up African economies and re-introducing crippling state controls; and (v) entrenchment of inequities and inefficiencies in the global financial and aid architecture.

It has been estimated that African countries need economic growth of around 7 per cent per annum in order to halve the number of people living on less than one dollar a day. However, as a result of the global economic crisis, Africa's average growth prognosis has been revised downwards from the projected 5 per cent for 2009 to only 1.7 per cent. Many countries will, in fact, see growth contracting substantially in 2009. This is the direct outcome of falling export demand and tourism receipts, declining commodity prices, reductions in the availability of credit and trade finance, and less inflows of remittances, private portfolio flows and foreign direct investment. These in 2009 could amount to a reduction of US\$60 billion in financial inflows to the continent. Countries most at risk are those depending on oil exports, experiencing fiscal and current account deficits, lacking adequate foreign exchange reserves, suffering from debt overhangs and crippled by weak governance.

Recovery from the crisis would require appropriate and timely short-term measures that are consistent with the long-term imperative of strengthening country resilience through the diversification of economies, improvement of governance, including the environment for doing business, and reform of the global financial and aid architecture. Short-term measures should focus on mitigation and coping. Mitigation, largely a task for the international community, should include up-to-date monitoring of the impact of the crisis, restoring confidence in banks, and expanding trade and trade finance. Coping actions, largely the responsibility of individual countries albeit with the assistance of the donors, should include expanding domestic demand and absorbing the financial losses in countries with the means, targeting vulnerable households, expanding self-employment, utilizing technical assistance, and enlarging peacekeeping operations, if necessary.

Publisher: UNU-WIDER; Authors: Augustin Kwasi Fosu and Wim Naudé; Sponsor: UNU-WIDER 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). Discussion Paper 2009/03

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

## **United Nations Conference on Trade and Development (UNCTAD):**

Established in 1964 as a permanent intergovernmental body, the United Nations Conference on Trade and Development is the principal organ of the General Assembly in the field of trade and development. Its mandate is to accelerate trade and economic development, particularly of developing countries. UNCTAD is a focal point within the United Nations system for development and related issues in the areas of trade, finance, technology, investment and sustainable development. Its main goals are to facilitate the integration of developing countries and economies in transition into the world economy and to promote development through investment. In pursuing its goals, UNCTAD carries out research and policy analysis, intergovernmental deliberations, technical cooperation, and interaction with civil society and the business sector. UNCTAD's Conference, its highest policy-making body, is composed of 192 member states (including the Holy See) and meets every four years. The tenth Conference was held in 2000 in Bangkok; UNCTAD XI took place in June 2004 in Sao Paulo, Brazil. Its executive body, the Trade and Development Board, meets annually in regular session to review the work of the secretariat. The annual operational budget is about \$ 45 million, drawn from the United Nations regular budget. Technical cooperation activities, financed from extra-budgetary resources, amount to about \$ 24 million. UNCTAD has a staff of some 400. Its main publications are: the *Trade and Development Report*, *World Investment Report*, *Least Developed Countries Report*, *UNCTAD Handbook of Statistics*, *E-Commerce and Development Report*, *Review of Maritime Transport*, and *Economic Development in Africa*.

Secretary-General: Mr. Rubens Ricupero (Brazil)

Headquarter: Palais des Nations, CH-1211 Geneva 10, Switzerland

## **International Trade Center (ITC):**

The International Trade Center (ITC) is the technical cooperation agency of the United Nations Conference on Trade and Development (UNCTD) and the World Trade Organization (WTO) for operational, enterprise-oriented aspects of trade development. It supports developing and transition economies – and particularly their business sector – in their efforts to realize their full potential for developing exports and improving import organizations. ITC's goals are: to facilitate the integration of developing and transition economy enterprises into the multilateral trading system; to support national efforts to design and implement trade development strategies; to strengthen key trade support services, both public and private; and to foster international competitiveness within the business community as a whole, and the small and medium-sized enterprise (SME) sector in particular. The Center's technical programs include: strategic and operational market research; business advisory services; trade information management; export training capacity development; sector-specific product and market development; trade in services; and international purchasing and supply chain management. ITC's regular program is financed in equal part by WTO and the United Nations. The Center also implements projects, at the demand of beneficiary countries, with voluntary contributions from donor governments and civil society institutions. Its annual budget is about \$ 33 million; it has headquarters staff of around 200, as well as several hundred consultants in the field.

Executive Director: Mr. J. Dennis Bélisle (Canada)

Headquarters: Palais des Nations, CH-1211 Geneva 10, Switzerland

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

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

## **Article 22**

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

## **Article 23**

1. Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favorable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

## **Article 24**

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

*To be continued....*

## **Top Two-Articles Accessed in September 2009:**

1. Childhood Injuries and Violence: Improving Care and Global Efforts;

<http://www.womenshealthsection.com/content/vaw/vaw010.php3>

WHEC Publications. The Project was funded by WHEC Initiative for the Global Health. Special thanks to UN, WHO, UNICEF for the contributions, and our writers / editors for compiling the manuscript.

2. Isoimmunization (Rh Disease) in Pregnancy;

<http://www.womenshealthsection.com/content/obsmd/obsmd010.php3>

WHEC Publications. Special thanks to Dr. Maria M. Morales, Professor Titular de Universidad, University of Valencia, Spain, Collaborator with Spanish Ministry of Health, for her expertise, support and friendship in preparation of this chapter.

## **From Editor's Desk:**

### **About US UN**

The U.S. Mission to the United Nations (USUN) serves as the United States' delegation to the United Nations. USUN is responsible for carrying out the nation's participation in the world body. In 1947 the United States Mission was created by an act of Congress to assist the President and the Department of State in conducting United States policy at the United Nations. Since that time, USUN has served a vital role as the Department of State's UN branch. Today, USUN has approximately 150 people on staff who serves to represent the United States' political, economic and social, legal, military, public diplomacy and management interests at the United Nations. The United States Mission to the United Nations is located in temporary quarters at 140 East 45th Street (between Third and Lexington Avenues) while permanent offices are being re-built across the street from United Nations Headquarters.

<http://www.usun.state.gov/>

#### Management and Reform Section

The U.S. Mission's Management and Reform (MR) Section serves as the U.S. delegate to the General Assembly's Fifth Committee and other committees which have responsibility for administrative and budgetary matters. MR works diligently to enhance and strengthen the oversight capacity and functions of the United Nations and other oversight bodies within the UN system. MR coordinates the U.S. position on the United Nations' multi-billion dollar budgets for the organization's operations including special political missions and war crimes tribunals as well as peacekeeping operations. MR seeks to ensure United Nations programs and activities are efficient, effective and properly managed. In addition, MR, in cooperation with our Economic and Social Affairs Section, provides oversight of the voluntarily-funded UN Funds and Programs, including the UNDP, UNICEF, and UNFPA.

#### Economic and Social Section

The U.S. Mission's Economic and Social Affairs (ECOSOC) Section represents the United States on the intergovernmental bodies which oversee the UN's normative work on economic, social and human rights issues and the UN's field operations in the areas of development, post-conflict peace-building, and humanitarian assistance. The 12-officer ECOSOC section also serves as the primary liaison with the UN's Office for the Coordination of Humanitarian Affairs, the Department for Economic and Social Affairs, UNICEF, the UN Development Program (UNDP), the UN Population Fund (UNFPA), the UN Development Fund for Women (UNIFEM), and other UN bodies, providing the U.S. Mission with the most current information on UN responses to development needs, gender issues, human rights incidents and situations, and humanitarian emergencies.

[General's Forum on Advancing Global Health in the Face of Crisis](#)

#### Special Thanks:

All of us from Women's Health and Education Center (WHEC) express our gratitude to the Board of Directors and Physicians' Board of *WomensHealthSection.com*, for their expert opinions, support and sharing their priceless work and research with us for this project/program. Special thanks to the Trustees of WHEC Health Foundation for International Health and Development, for funding the projects.

#### Words of Wisdom:

Rise! For the day is passing,  
And you lie day dreaming on;  
The others have buckled their armour,  
And forth to the fight are gone;  
A place in the ranks awaits you,  
Each man has some part to play;  
The past and the future are nothing,  
In the face of the stern today.

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