



WHEC UPDATE

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

December 2010; Vol. 5, No. 12

Happy Holidays for all of us at Women's Health and Education Center (WHEC)

My parents were of the "Greatest Generation", and their deaths brought very large celebrations of long lives incredibly well-lived, honoring their many accomplishments, generous contributions and services to the communities, that were so typical of that generation. I will never forget my mother's parting words: "She said I have had a *great* life". Not a good life, or a really very good life; but a *great* life. I realized I was going to have to make some real changes in my life, if I wanted to be able to say – *that* – at the end of my life. Through a variety of exercises, this project with the United Nations and World Health Organization helped me rediscover my passions (they get buried after years in HMO-type practice grind) and became very, very clear about my passions, my values and my skills. Serving as Editor-in-Chief for the last 8 years of **WomensHealthSection.com** – a partner to promote global health – is the best job I ever had in my life. The hours are long and demanding. The editing sometimes poses tough challenges. Administrative work can be a test of patience and endurance. But, at the end of the day, when I read encouraging mail from readers / healthcare providers and institutions from all around the world, saying thanks for this much needed educational initiative – it is very satisfying and fulfilling. Best gift to give in life is.....education, and our readers are grateful to you all for your contributions.

The phrase "it's your world" is no longer a phrase. It is indeed a pleasure and privilege to serve the medical educational systems in 220 countries and territories, including US Educational. One of the biggest challenges on this road was to start a non-profit organization 18 years ago – Women's Health and Education Organization, Inc. (WHEO, Inc.) – precursor of Women's Health and Education Center (WHEC). It was incorporated in Massachusetts (USA) on December 1st 1992, which has vision to build infrastructure in developing countries and to create meaningful opportunities for the American institutions to participate in global philanthropy. The Organization's birth and my mother's birthday happen to fall on the same day – December 1st (lucky coincidence). So far, the research, human rights, and educational projects – which are serving healthcare providers in 220 countries and territories, including US Educational systems and other works have provided me clarity and confidence that (a) I had most of the necessary skills, and (b) the changes I would be making, the things I would be bringing into my life, would more than outweigh all the things I would be giving up. My new life has brought me even more and greater rewards that I could have imagined. Opportunity often comes disguised in the form of misfortune or temporary defeat. Let me take this opportunity to brief you on some positive developments that have taken place in the past few years in our program (Continuing Medical Education) development cluster. Meet WHEC Net Work – circling the globe everyday – for health and education. The medical media 360 is here – may be someday we will have *Intelligent Internet*.

Thanks for being a friend!

Attaining a Great Life

Rita Luthra MD

Your Questions, Our Reply:

How Hinduism recommends the principle of mutual respect among people of different cultural and religious traditions? How is it reflected in the work of the United Nations?

A Closer Look at Hinduism: With roots in Asia dating back over 5,000 years, Hinduism is arguably the world's oldest existing religion. Moreover, its rich cultural heritage embraces not only a religion, but also a civilization, an economic system, literature, art, and architecture. Among its many core principles, tolerance and pluralism are especially stressed; this is evident in the diversity of Hindu practice and the centuries of peaceful coexistence it has experienced with a large variety of other faiths. Hinduism's unmistakable respect for all genuine religious pursuits is conveyed in the often quoted proverb *Ekam sat anekah panthah*, "Truth is one, paths are many." Although the vast majority of practitioners reside in India, the Hindu Diaspora is in fact a global phenomenon: 20 to 22 million of an estimated 930 million Hindus worldwide can be found in areas outside of India.

In a world where religious conflicts can be exacerbated by distorted stereotypes, the need to build bridges between societies, and promote dialogue and understanding among peoples of different faiths has never been greater. It was against this background that the Alliance of Civilizations was formed by the Secretary-General of the United Nations, Kofi Annan, in 2005 to explore the roots of polarization between societies and cultures in today's world, and to recommend a practical program of action to address this issue. The Alliance seeks to reaffirm the principle of mutual respect among peoples of different cultural and religious traditions, emphasizing that the history of relations between cultures is not only one of wars and confrontation, but one based on centuries of constructive exchanges and peaceful coexistence. At the United Nations – Focus on Faith Series reflects this theme as it explores how this belief system, in this case Hinduism, conveys this important principle which is also reflected in the work of the United Nations. We hope that this effort will serve to demonstrate to the community the importance of Hinduism in today's world with its particular emphasis on tolerance and pluralism.

About NGO Association with the UN:

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

UNRWA – UN Relief and Works Agency for Human Rights for Palestine Refugees in the Near East

A window of hope for refugees

About UNRWA

UNRWA (the United Nations Relief and Works Agency for Palestine Refugees in the Near East) provides assistance, protection and advocacy for some 4.7 million registered Palestine refugees in Jordan, Lebanon, Syria and the occupied Palestinian territory, pending a solution to their plight. UNRWA is funded almost entirely by voluntary contributions from UN member states. It is the main provider of basic services – education, health, relief and social services – to 4.7 million registered Palestine refugees in the Middle East.

Since its establishment, the Agency has delivered its services both in times of relative calm in the Middle East, and in times of hostilities.

UNRWA's work exemplifies an international commitment to the human development of Palestine refugees, helping them:

- Acquire knowledge and skills
- Lead long and healthy lives
- Achieve decent standards of living
- Enjoy human rights to the fullest possible extent.

UNRWA is unique in terms of its long-standing commitment to one group of refugees, and its contributions to the welfare and human development of four generations of Palestine refugees. Originally envisaged as a temporary organization, the Agency has gradually adjusted its programs to meet the changing needs of the refugees.

UNRWA and the Millennium Development Goals: UNRWA's commitment to the Millennium Development Goals guides all the Agency's services. For example:

Eradicate extreme poverty and hunger: The Agency provides food and cash assistance to the most vulnerable refugees, and ensures that families have adequate shelter.

Promote gender equality and empower women: UNRWA has dedicated loans to support women small-business owners and home-workers.

Achieve universal primary education: All children registered with the Agency are eligible for nine to ten years of free primary education.

Reduce child mortality and improve maternal health: UNRWA's life-cycle approach to health gives particular focus to maternal and child health.

Read an [overview of UNRWA](#)

Collaboration with World Health Organization (WHO):

The occupied Palestinian territory

Situation reports

The World Health Organization renews a call to allow for the unimpeded access into the Gaza Strip of life-saving medical supplies, including equipment and medicines, as well as more effective movement of people in and out of the territory for medical training and the repair of devices needed to deliver appropriate healthcare. Hundreds of items of equipment have been waiting to enter Gaza for up to a year, procured by WHO and other organizations, says Mr. Tony Laurance, head of WHO's office for Gaza and the West Bank. These items include CT scanners, x-rays, fluoroscopes, infusion pumps, medical sterilization gasses, laboratory equipment, UPS (uninterrupted power supply) batteries, and spare parts for support systems like elevators.

Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

Details: http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R2-en.pdf

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Collaboration with UN University (UNU):

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

WTO Negotiation and Accession Issues for Vulnerable Economies

The paper discusses the costs and benefits to be expected by least-developed and low income ('vulnerable') economies if they accede to the World Trade Organization (WTO), the impact of current debates about WTO reform on vulnerable economies, and measures to make it easier for vulnerable economies to accede to and actively participate in the WTO. The main conclusion is that the benefits from WTO membership in terms of improved market access for traditional exports are likely to be limited. However, by submitting a wide range of trade-related policies to international scrutiny and by entering into binding commitments on the conduct of these policies, reform-oriented governments in vulnerable economies can make it more likely that their reforms will be successful.

In an integrating world economy, sustainable economic growth in vulnerable economies (if and when it occurs) will be accompanied by growing exports of processed commodities or manufactures. Secure market access for exports will therefore be more important than in the past, not least because contingent protection measures like countervailing duties and anti-dumping procedures are on the increase in major developed and developing countries. At the same time, experience suggests that the preferential market access still enjoyed by many vulnerable economies is likely to be eroded if and when their exports become more competitive, and they are 'graduated' upwards by the donors. All this points to a need for greater reliance on the multilateral rules of the WTO system, including the Dispute Settlement Mechanism. The trend of being bypassed by foreign direct investment, for instance, cannot be corrected by WTO membership only. However, membership plus participation would send an important signal to capital markets that a country is serious about reforming its trade-related policies to the point of the government tying their hands by entering into internationally monitored obligations. This approach can reduce that part of economic vulnerability that is due to domestic policy volatility. At the same time, this approach will only be successful if a country "owns" its reforms in the sense of assuming full responsibility for implementing them.

WTO membership and participation should therefore be part of all efforts to create a greater momentum for economic development in vulnerable economies. When financial or personnel shortages are the main reason holding countries back from WTO accession or participation, public external assistance for this process will doubtless yield a high return.

Authors: Rolf J. Langhammer and Matthias Lücke; Publisher: UNU-WIDER Discussion Paper

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

Constitution Of The World Health Organization:

(Continued)

CHAPTER XI – REGIONAL ARRANGEMENTS

Article 44

- (a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.
- (b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

Article 45

Each regional organization shall be an integral part of the Organization in accordance with this Constitution.

Article 46

Each regional organization shall consist of a regional committee and a regional office.

Article 47

Regional committees shall be composed of representatives of the Member States and Associate Members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not Associate Members, shall have the right to be represented and to participate in regional committees. The nature and extent of the rights and obligations of these territories or groups of territories in regional committees shall be determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the region.

Article 48

Regional committees shall meet as often as necessary and shall determine the place of each meeting.

Article 49

Regional committees shall adopt their own rules of procedure.

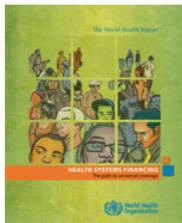
To be continued.....

Top Two Articles Accessed in November 2010:

1. Fetal Alcohol Syndrome: Recognition and Prevention;
<http://www.womenshealthsection.com/content/obsmd/obsmd012.php3>
WHEC Publications. Special thanks to WHO and NIH for the contributions.
2. Normal Values in Pregnancy;
<http://www.womenshealthsection.com/content/obs/obs025.php3>
WHEC Publications. Special thanks to editors and writers for compiling the bulletin.

From Editor's Desk:

The world health report 2010 - Health systems financing: the path to universal coverage



Good health is essential to human welfare and to sustained economic and social development. WHO's Member States have set themselves the target of developing their health financing systems to ensure that all people can use health services, while being protected against financial hardship associated with paying for them. In this report, the World Health Organization maps out what countries can do to modify their financing systems so they can move more quickly towards this goal - universal coverage - and sustain the gains that have been achieved. The report builds on new research and lessons learnt from country experience. It provides an action agenda for countries at all stages of development and proposes ways that the international community can better support efforts in low income countries to achieve universal coverage and improve health outcomes

Universal coverage, as defined by WHO Member States, requires all people to have access to needed health services - prevention, promotion, treatment and rehabilitation - without the risk of financial hardship associated with accessing services. Attainment of the highest possible level of health is a fundamental human right - enshrined in the WHO constitution. Health is critical to individual wellbeing and brings economic benefits to individuals, households and countries because people are more economically productive. Three key factors influence a country's capacity to provide the financial resources to move towards universal health coverage:

- Affordability, which is determined partly by the level of national income per capita (e.g. GDP per capita) and in some cases inflows of funds from external partners.
- The level of political and public commitment to health: this is what determines how much a government is willing to invest in health as opposed to other sectors and how much people are willing to pay to maintain and improve their own health.
- The prevailing attitude towards concepts such as solidarity, which influence the population's willingness to subsidize the costs of ensuring access to services for people who are worse off - either because they are poor or ill.

THE WAY FORWARD

All countries, at all stages of development, can take active steps to either move more rapidly towards universal coverage, or to sustain and maintain it once there. The report draws from the range of country experiences to suggest a variety of practical options in the following areas:

- Raising more funds for health or diversifying funding sources. Options include: making health a higher priority in existing government spending; making revenue collection more efficient; diversifying sources of revenue using innovative domestic financing; increasing external support.
- Providing or maintaining an adequate level of financial risk protection. This means relying largely on forms of prepayment (e.g. insurance and/or taxes) to raise funds, then pooling them to ensure access and spread financial risks. This helps minimize reliance on direct, out-of-pocket payments.
- Improving efficiency and equity in the way funds are used. The report identifies ten typical areas where improvements might be sought. These include: ensuring that people do not pay too much for medicines and using them more appropriately as well as improving quality control, improving hospital efficiency, choosing the right interventions, finding incentives that work, and avoiding fragmentation.

While the report focuses heavily on domestic financing policies appropriate to countries at all income levels, it also describes how the international community can better support low-income countries to develop domestic financing strategies, capacities and institutions which include much more than simply providing additional funding.

The options suggested in the report represent technical responses to the challenges of developing health financing systems to support or maintain universal coverage. Technical responses are only one component of policy development and implementation, and a variety of accompanying actions that facilitate reflection and change are also necessary. Devising and implementing a health financing strategy is a process of continuous adaptation, rather than a linear process towards a notional ideal. The report concludes by discussing some of these adaptation processes, including the need to be able to frequently monitor and evaluate progress - a set of indicators is proposed - and then to adapt policy as necessary.

[Overview \[pdf 57kb\]](#)

Comings and Goings:

Comings: It is indeed a pleasure to welcome [Marilyn Rice, MA, MPH, CHES](#) Senior Advisor in Health Promotion, Leader Urban Health and Health Determinants Team, Pan American Health Organization (PAHO) / WHO, Washington, DC (USA) to the Advisor council of our initiative. We all at WHEC are looking forward to develop many meaningful projects and programs with her and her group.

Goings: Ms. Sol Oca, Information Officer at UN-DPI has retired from the United Nations after 30 years of splendid service. Her focus now will be with Sariaya Learning Centre for Development based in Philippines. She will always be a friend of WHEC and we all thank her again for her assistance in making this initiative a success. Best wishes!

Words of Wisdom:

I am a success today because I had a friend who believed in me and I did not have the heart to let him down.

– Abraham Lincoln (1809-1865) 16th President of the U.S.

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