



network

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Letter from the Focal Point for Women

Dear Friends,

We draw your attention to the interview with Dr. Elaine Abrams, Professor of Pediatrics and Epidemiology at Columbia University. Her work on AIDS and its connection to women's complex realities is pioneering.

We also bring an article on gender representation in conflict mediation by Antonia Potter. Why are there no women mediators, she asks.

Last but not least, in addition to the customary information with respect to activities around the UN, work-life, and women's health, it is important that readers, especially those associated with the United Nations, be aware of the whistleblower protection policy recently promulgated. Therefore, we include the entire text of a letter from Mr. Burnham, the Under-Secretary-General for Management, on this matter.

Finally, and on a less than happy note, the situation of belated publication remains unresolved. Our choice seems to be to publish belatedly or not at all. We render our apologies.

In solidarity,

Aparna Mehrotra

Elaine Abrams, M.D., is a Professor of Pediatrics and Epidemiology at Columbia University in New York, United States of America as well as Director of the MTCT-Plus Initiative at the International Center for AIDS Care and Treatment Programs at the Mailman School of Public Health. Dr. Abrams did her undergraduate studies at Princeton University and obtained a medical degree from Columbia University, College of Physicians and Surgeons, New York, USA. Dr. Abrams recently stepped down as Director of the Family Care Center (FCC) in the Department of Pediatrics at Harlem Hospital Center in New York City, which she founded in 1989 in response to the growing epidemic of HIV infection in infants and children in New York City. Dr. Abrams's work with children has illustrated the complex issues facing women in the context of families. She has developed an intense interest in gender issues and been a keen advocate for HIV prevention for both women and children. At present, she is part of the MTCT-Plus Initiative, which is a multicountry HIV care and treatment programme for pregnant and post-partum women, their children and partners. Dr. Abrams has used the model of care developed at FCC to inform the development of services in her international work. She is a principal investigator within the Pediatric AIDS Clinical Trials Network, a member of the United States Public Health Service Pediatric and Perinatal Guidelines Committees and a consultant to WHO for the development of paediatric and perinatal guidelines for low-resource settings. Dr. Abrams is married with twin sons, a stepson and a stepdaughter.

Dr. Elaine Abrams



INTERVIEW WITH ELAINE ABRAMS

by Rebeca Dain

Q: *Why did you become a doctor?*

A: I wanted to be free to follow my dreams and help others. As a woman doctor, I would have the freedom and flexibility to do interesting work. Medicine was to be my independent ticket!

I grew up in Brooklyn, New York, and I loved life in New York. When I finished medical school I chose to do my residency at the Babies Hospital, where I had the opportunity to spend the third year of training at Harlem Hospital, which had a new programme that combined both the Harlem and Columbia University hospitals. This programme focused on primary care; in particular, the delivery of health care to children in the context of poverty. In those days there was much talk that the delivery of health care to poorer communities was deficient, and that interested me greatly. In the early 1980s,

the Harlem community was indeed very poor and during the first year of my residency we began to see the first cases of HIV/AIDS in children and adults. There were increasingly large numbers of women, primarily intravenous drug users and partners of drug users, who were becoming infected. We also saw their children getting sick and dying from the infection.

Q: *Are there any particular issues that women come to discuss with you besides their health, and what issues are those?*

A: Yes, plenty. Women are often in charge of families. In seeing patients, I started asking myself, if we delivered high-quality care to this population, whether the women would come back to us and bring their children for treatment and follow-up; I wanted to know also what role drugs would play in this process. Could we prove wrong the myth that the delivery of health services was not good, and that if a good one was delivered, we could not only help the women and their kids but make them return for follow-up?

At the beginning of the HIV/AIDS epidemic, working with women drug users and crack drug users was a very complex issue, because this group faced enormous environmental factors. Many women had

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undiagnosed mental illnesses and such problems as manic depression, attention deficit disorder, delusions and psychoses that went untreated for years. Furthermore, to cope with the illnesses, some of them treated themselves with alcohol and drugs. At that time, in central Harlem, mental services were limited.

In many cases, psychosocial issues primarily driven by poverty touched the most vulnerable women in communities where drugs were abundant.

However, a clearer picture started to emerge: if aggressive follow-up was done and social services were provided to the patients, such as counselling, welfare and better housing, great results could be achieved. It became evident that the best approach was a holistic one, and we needed to incorporate these psychosocial pieces into health care. We started developing a more comprehensive health system for complex families and we encountered success. If social services were provided and patients could have access to them, then they did come back. This called for more flexibility, including longer hours of registration and teaching doctors that their role should be expanded not only to prescribing medicine, but to taking care of the whole family in a more holistic approach.

Q: *You specialize in HIV/AIDS. Why?*

A: I am not quite sure. It just happened. Being in Harlem at that time led me to want to help to eradicate that terrible disease and I stayed the course, and then it became a passion.

I started to develop a multidisciplinary team to treat these complex patients, recognizing that the need of families with HIV went beyond the medical component. Over time, the teams consisted of medical doctors, counsellors, social and mental health

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workers who, based on the need of the families delivered medical, psychological and welfare care to the women and children. The close attention we paid to the children and their families, allowed us to identify and address a broad scope of problems. The multidisciplinary team approach facilitated communication and information sharing between doctors, services and patients. At the beginning of the epidemic, HIV was very dangerous; it was not at the top of the social agenda in poor neighbourhoods.

Today there have been changes in the HIV population, in particular the women. The paediatric epidemic and therefore the epidemic in women of childbearing age have always been nested in poor communities of colour. At the beginning of the epidemic, it affected primarily drug-using women. Over time, we have seen a spread into non-drug-using populations through heterosexual transmission, primarily in African American and Latino communities. In the last several years, we have seen an increasingly large number of newly identified HIV-infected women from sub-Saharan Africa, primarily immigrants from West African countries.

Q: *Are there differences in how women in the United States and women abroad cope with HIV/AIDS?*

A: Knowing you are infected affects most people the same way: shock, anger, pain. But yes, women cope with this crisis differently, based on different cultural patterns. After travelling and working in Africa, I was shocked and devastated by how undervalued children are there. The high mortality rate and the number of children that die needlessly are really beyond understanding. To a paediatrician the death of a child is shocking, but the sound of a wail announcing the death of a child is universal. It is the same wail all over the world. The reactions are different though. In Africa, the loss of a child is accepted because it is so common; women feel powerless and resigned. There is no battle cry. There is enormous sorrow, but the circumstances are accepted as yet another burden. It makes me very angry, because the women are so victimized by their culture, so disenfranchised. And so many children are lost.

In the United States, if we are lucky and the press gets involved, we get a reaction instead. For instance,

if a child gets abused, ultimately a law like with the “Megan law” [a new California law, Assembly Bill 488 (Nicole Parra), sponsored by the Attorney General, now provides the public with Internet access to detailed information on registered sex offenders] is enacted and change has been effected. In Africa, there is a feeling of powerlessness that is overwhelming. In the United States, social services are much stronger than anything that can be found in Africa.

Another big difference is the disclosure area: who tells whom, when, how and why. In the United States, the stigma has diminished, whereas in many settings in Africa the potential loss associated with disclosure of HIV status is so enormous that often

women without resources don't know where to turn. This affects everything they do: where to get the drugs, how to pay for them, whether they return to the clinic, how they deal with the husband and their families.

The best example is the breastfeeding issue. The World Health Organization (WHO) recommends that HIV-infected women should exclusively breast-feed for six months, with the exclusion of water and cereal. Exclusive breastfeeding, not giving other substances, may lower the risk of contracting HIV from the mother. Unfortunately, in most communities the custom is to breastfeed and give the babies other substances, like water or cereal. How can women explain to their relatives this recommendation without acknowledging that they have HIV? So what does she tell her husband, assuming that she has not shared the HIV information with him or her in-laws?

Q: *In your experience, what would be the best way to disclose HIV/AIDS to those infected?*

A: This is such a complicated issue. There are so many different issues around HIV: guilt, loss, death,

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sadness and communication. And how best can individuals communicate effectively with their children? This in my mind is one of the hardest things between people. In general, parents and children have poor communication, and now this is a huge issue to discuss. How best to do it? It has to be an ongoing process that unfolds over time. It should start when the child is young, discussing that he/she has an illness and as the child develops, more concepts are added. As the child ages and develops intellectually and emotionally, the HIV word can be used; it has to be adjusted to the particular child, so there is no magic age or magic time, but unfolding is the way to do it.

Right now the situation is a bit different in Africa. Many of the kids in care are older, having survived early childhood. They are often the first to receive therapy. Children are asking why they are taking the drugs. Clinicians are struggling to find ways to talk with children and families about disclosure. Sadly, it remains a difficult discussion, as one has to give bad news. There are also times when the medical staff feels a child should learn his or her diagnosis and the family is not ready to tell the child. The staff is confronted with a conflict between the rights of the child vis-à-vis the rights of the parents. As a paediatrician, whom do I respect? I advocate for the rights of the child, but the child lives with a family. However, the roles of parenthood are changing, as children also take care of parents and these are additional issues about disclosure that we don't face as often in America.

How do we stop the cycle of more infection in Africa? How do we protect the sixth graders from getting raped and catching HIV? One of the biggest challenges we face today, as a society is to figure out how to protect the pre-teen girls and youth from getting infected in the future. We need to halt this epidemic.

I think we have to better integrate HIV prevention, including sex education and, in particular, women's and children's rights, in primary and secondary school curricula, and we need to pull all possible resources, including medical and non-medical, advocacy, government and NGO community-based communities to do this in a sustainable and permanent manner.

Q: *What personal and career experiences have influenced your understanding and vision regarding the status of women? Have you witnessed any progress?*

A: Yes. There has been an enormous evolution since I entered medicine in the role of women in the medical settings. There are many more women

The issue of being a career woman in medicine, in either academics or clinical work, is very complex because of family commitments. Most women make choices around family, while men are often less burdened with the details of “running” and organizing the family.

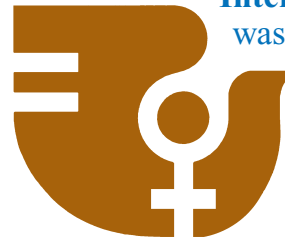
in all areas of medicine and higher positions but, as in most fields, as you go up the ladder the percentage of women diminishes. Moving up the ladder takes time, so there are relatively few “at the top”. Nevertheless, I think it is still more difficult for women to make it up the ladder. And I think there are two ladders: the operational

practice of medicine and the intellectual teaching of medicine. In the latter, women face significant barriers; few of them have tenure. At the clinical level, providing care is more integrated in all aspects: men, women and race. When I went to my twenty-fifth reunion at Princeton, I was delighted to see the changes from my class to the current graduating class. The class of 25 years ago was hardly a picture of diversity. Today, the class includes as many women as men and people from all races, a real rainbow. Similarly, there is an enormous progress at the entry level of medicine.

Q: *As a senior doctor have you ever felt disadvantaged by being a woman?*

A: The issue of being a career woman in medicine, in either academics or clinical work, is very complex because of family commitments. Most women make choices around family, while men are often less burdened with the details of “running” and organizing the family; this more often than not falls on the women. My generation underestimated the kind of commitment it takes to be a physician, a spouse and a mother. I myself had a lot of help from my parents, but being married to a surgeon complicated the divi-

INTERNATIONAL WOMEN'S DAY 8 March 2006



International Women's Day was celebrated all around the UN common system on 8 March 2006 with the common theme "The role of women in decision-making" (www.un.org/apps/news/printnews.asp?nid=1730). Two

panel discussions marked the occasion at the UN Secretariat in New York. The first panel, "**Women in decision-making: meeting challenges, creating change**", was opened by the Secretary-General, **Mr. Kofi Annan**. He stated that the international community was finally beginning to understand a fundamental principle: that women were every bit as affected as any men by the challenges facing humanity in the twenty-first century—in economics and social development, as well as in peace and security. Therefore, it was right and indeed necessary that women should be engaged in the decision-making processes in all areas, with equal strength and numbers. The empowerment of women and girls promoted development, health and education. It was thus essential that half the world's population take up its rightful place in the world's decision-making.

The second panel was on the theme "Breaking barriers: gender and decision-making in the workplace". **Rachel Mayanja**, Special Adviser on Gender Issues to the Secretary-General, opened the panel. The panellists, both female and male UN staff members, spoke of their experiences and expectations with respect to the workforce and their needs for balanced work-lives. All panellists, representing different phases of careers, emphasized the continued need for a balanced work-life irrespective of age or rank.

For further information, please go to www.un.org/events/women/iwd/2006/ and www.un.org/womenwatch/feature/iwd/2006/index.html.

sion of labour in the household. Having a partner in the same field as you has assets like understanding the world of medicine, but as far as sharing household tasks, well, it got complicated! I think men and women often hold the importance of participating in the growing and nurturing of the family differently. Being at home weighed heavily on me. It was and continues to be an internal need to be with my children and see them grow up. One reflection to share would be that young women starting in this career should think long term, not just over the next three years. It is also important to think of the career in phases, each with different challenges and opportunities, somewhat like changes that occur over time as you raise a family.

Q: Do you think women in leadership positions make a difference in the working environment?

A: They make an enormous difference. Part of it is because they become role models and part is the presence itself. It is a statement that there is room for women and we are allowed in the room. Women set a different tone, because of the differences in how women work, and how they hold meetings and relate to colleagues offering a diversity of views.

Q: Can you share with network the personal philosophy which has most contributed to your career and guided you personally in difficult moments?

A: Not being especially religious, I think I have faith in hopefulness and the capacity of others to grow, give and learn. I am sustained by the microenvironment of my family and friends and by laughter. I need to work with people I enjoy and share my commitments, and I need to laugh every day just to balance a little bit the tragedy of the world. I have a great deal of personal resilience that has also allowed me to sustain the joy of small victories, together with my family. My mother is a Holocaust survivor, and as a child she was hidden in France by people who saved her. To me these people were heroes because they allowed her to survive, and this gives me the motivation to be one of the "good guys" who care about vulnerable populations and, in particular, children. ■

CONGRATULATIONS TO

UN-related

- **Radhika Coomaraswamy** (Sri Lanka). She was appointed Special Representative of the Secretary-General for Children and Armed Conflict. Ms. Coomaraswamy, a lawyer by training, is currently Chairperson of the Sri Lanka Human Rights Commission and was the first Special Rapporteur on violence against women of the UN Commission on Human Rights (1994-2003). She has written on violence in the family, violence in the community, violence against women during armed conflict and the problem of international trafficking. She is also Director of the International Centre for Ethnic Studies in Colombo. Ms. Coomaraswamy is a graduate of the United Nations International School (UNIS) in New York City and of Yale University. Her J.D. is from Columbia University and her LL.M. from Harvard University. She also has honorary doctorates from Amherst College, the University of Edinburgh and the University of Essex.
- **Mari Simonen** (Finland). She was appointed **Deputy Executive Director, External Relations, United Nations Affairs and Management** of the **United Nations Population Fund (UNFPA)** on 10 March 2006. Her work will focus on UN reforms. Prior to her appointment, Ms. Simonen had been the Director of the Technical Support Division in UNFPA since November 1999 and before that she was the Chief of the Office of the Executive Director.

UN bodies

- Pursuant to the notes by the President of the Security Council, S/2006/7 and S/2006/66, dated 5 and 31 January 2006, the respective chairmen and vice-chairmen have been elected for the **12 Security Council committees**, for the period ending 31 December 2006. All appointments are men with the exception of **H.E. Ellen Margrethe Løj** (Denmark), who

was appointed Chairman of the Committees concerning counter-terrorism and Liberia pursuant to resolution 1373 (2001).

- **Rosalyn Higgins** (United Kingdom) was elected for a three-year term as **President of the International Court of Justice (ICJ)** by her peers at The Hague on 6 February 2006. A noted international legal scholar, professor and author who served as the Queen's Counsel in 1986, Ms. Higgins was first named to the Court in July 1995 and was re-elected in February of 2000. She was named Dame Commander of the British Empire in 1995. The 15-member ICJ settles disputes between States and gives advisory opinions to UN organs and specialized agencies. There are now 10 cases on the Court's docket.
- Further to General Assembly resolution 59/283 of 13 April 2005, the **Redesign Panel** was established to examine the entire system of administration of justice and propose a model for resolving cases that is independent, transparent, effective, and efficient and adequately resourced, ensuring managerial accountability. At present, the justice system includes the United Nations Administrative Tribunal and the Joint Appeals Boards based in New York, Geneva, Vienna and Nairobi, as well as a number of informal conflict resolution systems. The Panel was expected to start work by 1 February 2006 and submit its findings and recommendations to the General Assembly by the end of July 2006. Out of a total of five members nominated on 12 January 2006, two are women: **Mary Gaudron** (Australia) and **Louise Otis** (Canada).



*President of Chile,
Michelle Bachelet*

Others

- **Michelle Bachelet**, the first woman President of Chile, announced the composition of her cabinet on 30 January 2006. Ms. Bachelet fulfilled her campaign promise by

bringing gender parity 50:50 to her cabinet.

Out of 20 ministries, the following portfolios are held by women:

- National defence
 - Secretary-General of the Presidency
 - Economy, promotion and reconstruction
 - Planning and cooperation
 - Health
 - Housing and urbanism
 - Public lands
 - Mining and energy
 - Director of National Women's Services
 - Council of Culture and the Arts
- **Portia Simpson Miller** (Jamaica) was sworn in as Jamaica's seventh Prime Minister, and first female Head of Government, on 30 March 2006. Ms. Miller was the Local Government, Community Development and Sport Minister before the election.
 - There are **seven women ministers** and **10 female deputy ministers** in the cabinet of the newly elected President of Tanzania. **Zakia Meghji** was appointed Finance Minister and **Asha-Rose Migiro** was appointed Foreign Minister on 5 January 2006.
 - **May Chidiac** (Lebanon) was awarded the **UNESCO/Guillermo Cano World Press Freedom Prize 2006** on 28 March 2006. Chidiac, a popular television presenter, was the victim of a car bomb attack last year, which left one of her hands and her left leg amputated. The prize honours the work of an individual or an organization defending or promoting freedom of expression, especially if this action puts the individual's life at risk.
 - The **Champions of the Earth** award recognizes prominent and inspirational environmental leaders from each region of the world who have made an impact at the policy level. Seven prominent individuals were selected by the **United Nations Environment Programme** (UNEP) on 31 March 2006, including:
 - **Rosa Elena Simeon Negrin** (Cuba), a champion of small island developing States;

- The **Women's Environment and Development Organization** (WEDO), which promotes women's economic, social and gender rights within sustainable development;
- **Massoumeh Ebtekar**, Iran's first female Vice-President, who promotes cleaner production in the petrochemical industry.

FAREWELL

- **Louise Frechette** (Canada) left the United Nations on 31 March 2006. She was its first Deputy Secretary-General and the most senior woman in the United Nations. For the last eight years she was charged with ensuring coordination across the entire United Nations system, from economic and social issues to the strengthening of its peace operations. Her efforts for reform of the Organization have contributed to the renewal of the United Nations.

Special farewell

- **Betty Friedan** (United States of America), the feminist crusader, died on 4 February 2006 at 85 age. Ms. Friedan wrote *The Feminine Mystique* in 1963. It catalysed the contemporary women's movement and is regarded as one of the most influential books of the twentieth century. Her impassioned analysis of the issues that affected women's lives in the decades after the second world war, including enforced domesticity, limited career prospects and the campaign for legalized abortion, made her one of the chief architects of the women's liberation movement. She was the founder of the National Organization for Women (NOW), as well as the National Association for the Repeal of Abortion Laws (Naral Pro-Choice America), and co-founder of the National Women's Political Caucus in 1971.



Betty Friedan

AROUND THE UN...

- The fiftieth session of the **Commission on the Status of Women (CSW)** was held in New York from 27 February to 10 March 2006. It adopted various resolutions including a resolution that condemned the consequences of hostage-taking, particularly torture and other cruel, inhuman or degrading treatment or punishment, murder, rape, slavery, and trafficking in women and children. Paragraph 16 of the agreed conclusions on equal participation of women and men in decision-making processes at all levels states, “the Commission reaffirms the urgent goal of achieving 50/50 gender distribution in all categories of posts within the United Nations system, especially at senior and policymaking levels, with full respect for the principle of equitable geographical distribution, in conformity with Article 101, paragraph 3, of the Charter of the United Nations, and also taking into account the continuing lack of representation or underrepresentation of women from certain countries, in particular from developing countries, from countries with economies in transition and from unrepresented or largely underrepresented Member States”. The Commission adopted its new work programme, and the priority themes of the upcoming CSW sessions are:
 - 2007—“The elimination of all forms of discrimination and violence against the girl child”;
 - 2008—“Financing for gender equality and the empowerment of women”;
 - 2009—“The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS”. (<http://www.un.org/womenwatch/daw/csw/50sess.htm>).
- The **International Day for the Elimination of Racial Discrimination** was celebrated on 21 March 2006. The focus of this year’s commemoration was “Fighting everyday discrimination”, and it challenges us to take meaning-

ful steps to fight commonplace discriminatory practices in our societies, from mistreatment of racial or ethnic groups to name-calling in schools and gender discrimination. Education can foster awareness and cultivate tolerance, but the ultimate success in this struggle rests with ordinary citizens speaking out against “ordinary” intolerance.

- The United Nations marked **World Water Day** on 22 March 2006 with calls for more equitable distribution and efficient use of a scarce resource: a grim reminder that 6,000 people, mostly children, die every day from dirty water.

AROUND THE WORLD: GENDER NEWS

- The **United Nations Development Fund for Women (UNIFEM)** announced on 24 January 2006 that it had pledged \$500,000 to Liberia to support gender equality. UNIFEM will mobilize its partners to respond to Liberia’s priorities in promoting gender. The money will be used to support Liberia’s Ministry of Gender and Development, and women’s organizations that promote gender equality and peace in the country.
- While more than 5 million children are expected to attend classes across Afghanistan this year, UNICEF estimates that **1.2 million primary-school-age girls will stay home**. With a women’s literacy rate of just 14 per cent, UNICEF called on Afghan families to give priority to education for the sake of long-term progress, with a special focus on girls who have been either prevented or discouraged from attending school. Without attention paid to children’s education, Afghanistan’s efforts to attain the Millennium Development Goals (MDGs), aimed at remedying a host of socio-economic ills, would be thwarted.
- Under an ambitious UN-backed programme (UNIFEM), it was agreed that by **the end of 2006 at least 30 per cent of seats on all public buses in Afghanistan will be reserved for**

women. Bus drivers now speed past stops if only women are waiting. An attitudinal campaign was launched on March 2006 to promote positive attitudes among public transport staff and male passengers towards women passengers. Implementation will be monitored by the independent Afghan Women's Network.

- The basic rights for women were enshrined in the previous **Constitution of Iraq**. The new one is based on Islam and sharia law. Accordingly, women's power is expected to be diminished over their lives. Women constitute 60 per cent of the population; and yet, according to civil society women's organizations, such as the **Organization of Women's Freedom in Iraq**, which is a sister organization of MADRE, an international women's rights group, consultation including them is seriously limited. Women's primary demands include protection from insecurity, and freedom of movement without fear of imminent threat, including kidnapping or having acid thrown on one's face.
- A press release by the World Health Organization (WHO) stated on 1 March 2006 that **Viet Nam** had eradicated maternal and neonatal **tetanus**. Financial and technical assistance to this effect was provided by UNICEF, WHO, the Bill and Melinda Gates Foundation, Becton, Dickinson and Company, the Government of Japan, the Australian Government AusAid Agency and the United States Fund for UNICEF. Tetanus used to kill approximately 20,000 Vietnamese babies annually before the age of one month and became known as "the silent killer". Many newborns affected by it died at home. Preventive measures include hygienic birth practices and the immunization of women of childbearing age with the tetanus toxoid (TT) vaccine.
- **Six female employees** of Dresdner, Kleinwort, Wasserstein are suing the investment bank in the United States for \$1.4 billion in compensation for **alleged gender discrimination**, claiming that a "glass ceiling" at its New York office denied them

fair treatment and equal pay. The case, which has been initiated by five female employees in New York and one at the bank's London office, hopes to gain class action status to represent 500 women workers. A court in California is considering an appeal on whether to grant the case class action status, which would make it the largest class action suit ever filed. (11 January 2006)

IN YOUR INTEREST

Reports

- *The World's Women 2005: Progress in Statistics* was launched on 18 January 2006. The report, prepared by the UN's **Statistics Division** (in the Department of Economic and Social Affairs) provides a blueprint for improving the availability of data in many fields, such as demographics, health, education, work, violence against women, poverty, human rights and decision-making. Statistics on women not only help to track their status but can also directly improve their circumstances. The lack of formal statistics makes it difficult to gauge where child marriage for girls continues, or where female foetuses are aborted because boys are preferred, or where girls are dying because they are deprived of food and medical care. At present, Africa has the weakest systems for data collection. Four in 10 Africans live in countries that did not conduct a census in the past decade, and 8 in 10 live in countries with inadequate national collection of vital statistics. India and China, home to half of the world's poor, carried out censuses but have weak systems for registering births and deaths. Such systems are essential in order to understand trends in health and sex discrimination at the local level. The report strongly recommends that Governments gather and publicize more sex-disaggregated data. The absence of such data impedes the identification of a variety of problems concerning trends and their resolution. The United Nations plays a key role

within the global statistical community by collecting, compiling, reporting and analysing data. United Nations recommendations, for example, are taken up by such intergovernmental bodies as the Commission on the Status of Women, the Commission for Social Development and the Statistical Commission. Among its recommendations, the 165-page report strongly urges Governments to carry out a census every 10 years, to improve sex-disaggregated statistics, to ensure the viability of an integrated national survey programme, and to share information with policymakers and the public in a timely manner in order to ensure its effective use.

- The report of the Secretary-General on **mandating and delivering: analysis and recommendations to facilitate the review of mandates (A/60/733)** of 30 March 2006 states, among other things, that gender equality and the empowerment of women have been cutting increasingly across the work of the Organization in the course of the past three decades (please refer to paragraphs 124, 126, 127, 128, 129 and 130 of the report).
- According to the report on **women's right to a political voice in Thailand** issued by the United Nations Development Programme (UNDP) and the Women for Democratic Development Foundation (WDDF) on 29 March 2006, **Thai women face major prejudice in politics and stark underrepresentation in the upper tiers of the Government. Holding one ministerial post out of 36, one governor out of 76, and only 10 per cent of parliamentary seats**, women are strikingly underrepresented in positions of power. Thailand ranks 113th out of 185 countries around the world, according to the Inter-Parliamentary Union. In East and South-East Asia, only Cambodia, Malaysia and Japan rank below it. Although Thai women have made visible progress in terms of life expectancy, maternal health, and education and literacy standards, they continue to suffer the cultural and traditional prejudices of a male-dominated society, with consistent public

discrimination in the Governments' administration. The report urges, among other things, to set targets and quotas for women's representation on party lists. It also recommends that the media and civil society groups also play a leading role in changing public attitudes towards women, by engendering fresh perspectives among young people and working against stereotypes.

Secretary-General's bulletins, information circulars and other items

- **The Redesign Panel on the United Nations System of Administration of Justice.** By resolution 59/283 of 13 April 2005, the General Assembly decided that the Secretary-General should form a panel of external and independent experts to consider redesigning the system of administration of justice. The Panel (redesignpanel@un.org) consists of Ahmed El-Kosheri (Egypt), Diego Garcia-Sayan (Peru), **Mary Gaudron** (Australia), Kingsley Moghalu (Nigeria) and **Louise Otis** (Canada). The panel will propose a model for a new system for resolving staff grievances in the United Nations that is independent, transparent, effective, efficient and adequately resourced and that ensures managerial accountability; the model should involve guiding principles and procedures that clearly articulate the participation of staff and management within reasonable time frames and time limits. The Panel commenced its work on 1 February 2006. Pursuant to the mandate set out above, the Panel invited information from all relevant stakeholders, including past and present individual staff members of the United Nations including its separately administered funds and programmes, and all staff unions at the various United Nations duty stations.
- The new **High-level Panel on UN System-wide Coherence in Areas of Development, Humanitarian Assistance, and the Environment** was established on

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Conflict mediation—a flagship task for the United Nations: But where are the women mediators?

by Antonia Potter

The various activities that comprise peacemaking, including the practice of third-party conflict mediation, received extensive coverage in the *2005 Human Security Report*.¹ The report suggests that the peacemaking activities of such organizations as the United Nations, but by inference including also regional bodies like the European Union (EU), the African Union (AU), the Organization of American States (OAS) and the Association of Southeast Asian Nations (ASEAN), individual Governments like Norway and Switzerland, and private institutions like the Geneva-based Centre for Humanitarian Dialogue or the former Finnish President Martti Ahtisaari's Crisis Management Initiative, have contributed very significantly to the actual decreases in armed conflict between the 1990s and today.

With respect to women's roles in contributing to the success of decreasing armed conflict, the report is silent. The fact is that conflict mediation seems to miss out on a major opportunity in its failure to *include significant numbers of women* among the small but influential ranks of its leading practitioners. A report by the Centre for Humanitarian Dialogue on this subject² poignantly notes that while the ranks of mediators in the other areas—the resolution of family disputes, corporate wrangles, traditional land rights issues and so on—are populated with women, this particular area of conflict mediation is almost completely devoid of them. Currently not a single major conflict mediation effort is led by a woman. This holds true also for the United Nations. Among the several concrete measurable changes that United Nations Security Council resolution 1325 called for in 2005, the greater involvement of women at all levels of decision-making in peacemaking is one of the strongest and apparently one of the most ignored. Carolyn McAskie's departure as Special Representative of the Secretary-General (SRSG) in Burundi leaves only three other female UN senior officials in direct peacemaking roles. There are a total of 60 senior-level positions, including Special Envoys, making the proportion of women only 5 per cent.

Antonia Potter is a project manager at the Centre for Humanitarian Dialogue in Geneva. The work of her project focuses on support to third-party conflict mediation, aimed at improving its practice through targeted policy and practice-relevant research, and convening networks of senior mediators. A growing focus of the work is on the gender dimension of conflict mediation, in terms of representation, substantive content and perspectives.

Excluding women from the negotiating process denies their insights and experience. The very few women who have participated in formal peace processes show us why: the Northern Ireland Women's Coalition's Monica McWilliams and Pearl Sagar broke the mould of Northern Ireland politics by being elected as delegates to the talks that led to the Good Friday agreement. They ensured that issues fundamental to achieving a lasting peace, but often ignored by men, such as education, social service provision, justice and human rights were incorporated onto the agenda. They withstood an aggressively male political culture, engaging with it and to some extent transforming it. In the end, as current woman mediators Heidi Tagliavini, Carolyn McAskie and Betty Bigombe³ have proved, the skills, experience and personality of the individual, combined in some cases with the clout of the institution they represent, are what makes the difference. In addition, their gender might even be an advantage in situations of tension and even aggression.

High-level, experienced women exist, as we all know, and they're not afraid to do the job. But resolutions have come and gone, rosters have been made and ignored, and nothing has really changed.

What is the root of the problem? The systems of appointment are hardly transparent, being at best ad hoc, and at worst subject to the most pernicious aspects of institutional politics and cronyism. But reform efforts are now afoot to professionalize these systems and the training programmes that accompany them. These should be resourced, encouraged and promoted, and fed by efforts such as that of the Centre for Humanitarian Dialogue, which will soon launch a small, live database of selected women appropriate and available for the important task of conflict mediation at the highest levels. We should also not shy away from the targeted mentoring of women, and, for a while at least, some kind of affirmative action or positive discrimination.

Peace is too important a cause for us not to dedicate the best of our resources to achieving it. That means putting the best men **and** the best women we can find into the fray (www.hdcentre.org or e-mail hdcpolicy@hdcentre.org). ■

¹ Human Security Centre, University of British Columbia.

² "We the women: why conflict resolution is not just a job for men", Antonia Potter, Centre for Humanitarian Dialogue 2005, www.hdcentre.org.

³ Mediator between the Government of Uganda and the Lord's Resistance Army.

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16 February 2006. The Panel will work on how to improve UN system-wide coherence across the various development- and humanitarian-related agencies, including a range of options on how best to strengthen the coordination of UN operational activities worldwide, including, as requested by Member States, the possibility of creating more tightly managed UN entities in the fields of the environment, humanitarian assistance and development. The panel comprised 15 members, including three women: **H.E. Louisa Dias Diogo** (Mozambique); **Ruth Jacoby** (Sweden); and **Josette S. Shiner** (United States). The Panel is expected to complete its report by the summer to allow for formal presentation of its recommendations to the next session of the General Assembly in September 2006 and possible implementation in 2007.

WORK-LIFE

Parental leave. Statistics have indicated that Norwegian women have the highest birth rate among European countries. In Norway, mothers are entitled to 12 months off work with 80 per cent pay, or 10 months with full pay, while fathers are required to take at least four weeks off, lest the weeks are lost for the couple. The system was introduced in 1993. Paid leave has been guaranteed by the National Insurance Act since to 1956. The leave is financed through taxes, and employers are not financially affected when staff take their parental leave. Five out of six women in Norway between the ages of 30 and 39 are employed. The Government has proposed to expand the “daddy quota” with one more week. Notwithstanding this, however, women in Norway continue to advocate the standard duration of leave with additional paternity leave for 50:50 parenting leave between mother and father, by law. Only then, they say, will women begin to improve their chances of obtaining equality in the marketplace.

NEWS FROM THE FIELD

- **Soren Jessen-Petersen**, the Special Representative of the Secretary-General, UN Interim Administration Mission in Kosovo (UNMIK), urged political leaders that a higher profile is allowed to women in political life in a statement made on 2 March 2006. He urged Kosovo women leaders to enhance reconciliation among all Kosovo communities. He also emphasized their solid contributions, including negotiating skills and perspectives. Without taking women into account, he said, the future cannot successfully emerge.
- **The UN Observer Mission in Georgia** (UNOMIG) set up **the country's first police-women's association** on 20 January 2006. It is hoped that this association will become a model for other post-conflict countries and allow policing to become more representative of wider society. Peacekeepers serving with UNOMIG have been in the country since 1993. They monitor peace agreements between the Government and Abkhaz separatists. To bring balance to the traditionally male-dominated police service in Georgia, UNOMIG's Senior Police Adviser, Colonel Jozsef Boda (Hungary), advocated for the creation of the first policewomen's association, which was inaugurated last November 2005. **Angela Joseph** (Switzerland), the police officer responsible for implementing the project, said that as part of their advisory functions to the Georgian police, they had recommended having a policing institution that represented the diversity of society. The Department of Peacekeeping Operations was also working with Member States to increase the number of female police officers in their components, adding that such associations as the new Georgian policewomen's group could then develop links with other female police officer associations worldwide. Encouraging more female police officers into police services around the world would strengthen the approach of the police services in dealing with certain crimes, particularly those related

to domestic violence, child abuse and sexual assaults. It is important to achieve gender balance in police contingents; however, it is equally necessary to raise gender awareness in all the police, men and women, to deal more effectively and humanely with female victims of crime and engender their confidence in order to facilitate fair treatment and better reporting.

- The **Department of Peacekeeping Operations (DPKO)** held policy meetings in New York on 28 and 29 March 2006 to discuss ways to increase the number of women in peacekeeping missions. Although the civilian positions held by women increased recently to 27 per cent, the level of women's participation in the military and police is disheartening. There are only 746 women out of 63,862 military staff (**1 per cent**) and 314 out of 7,408 police staff (**4 per cent**). Participants at the meeting included senior military and police officers from troop-contributing countries, members of countries host to peacekeeping missions, women personnel serving in current peacekeeping missions, representatives of women's organizations and high-level representatives from some Member States. India committed to deploying a 125 strong all-female police unit, while Jordan recently said that for the first time it would deploy four female police officers. The United Nations asserted that this trend to include women peacekeepers constituted only a beginning that would translate into gains in efficiency and credibility with local population.



UN Photo/Martine Perret

VIOLENCE AGAINST WOMEN

- Although the **Sudan Comprehensive Peace Agreement** ending the long-running civil war in south Sudan was being implemented, security was still fragile and troops from the United Nations Mission in the Sudan (UNMIS) were not being redeployed to other areas, although the killings, rapes and other abuses of human rights in Darfur continue to threaten the peace in the Sudan as a whole.
- The United Nations Children's Fund (UNICEF) called on political and community leaders of **Zimbabwe** to halt **violence against women and girls**, on 1 March 2006, following the brutal murder of a student by her boyfriend. A combination of an inflexible approach to cultural and traditional practices and an economic downturn causing greater male unemployment resulted in women replacing men as breadwinners. Odious beliefs on HIV and virgins have also made gender-based violence frighteningly common in Zimbabwe. UNICEF strongly supported the acceleration of the enactment of a law on gender-based violence.

WOMEN'S HEALTH

- The **American National Cancer Institute** issued a clinical announcement on 5 January 2006 encouraging doctors in advanced cases of ovarian cancer to use a rarely used treatment that pumps cancer drugs directly into the abdominal cavity. The treatment can add about 16 months or more to the lives of many women with advanced cases of such cancer. The last such alert was issued in 1999 to publicize a major advance in cervical cancer. The institute is posting information at <http://ctep.cancer.gov/highlights/ovarian.html>.
- The World Health Organization (WHO) marked **World Cancer Day** on 4 February 2006. WHO proposed an anti-cancer plan that could save millions of lives. The plan sets a target of reducing chronic disease death rates by 2 per cent per year up to 2015. Also, it

targets the main causes of cancer and the health situation in low- and middle-income countries, where more than 70 per cent of all cancer deaths occur. It is **estimated that more than 40 per cent of all cancer can be prevented**. To address the situation, WHO said that later this year it would publish “Effective Programmes”, a series of six information packs aimed at helping Member States develop strategies to improve prevention and the treatment and care of cancer patients.

- The **UNICEF Regional Office for Eastern and Southern Africa and the Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI)** signed an agreement on 27 February 2006 to work together to improve access to antiretrovirals and other treatments for children and their families living with HIV/AIDS in the region. Approximately 2.3 million children are living with HIV and more than 5 million have died from the pandemic. The agreement is heralded as a critical step in transforming pediatric AIDS treatment in the region.
- A team from **University College London** found that **angina—often the first sign of heart disease—affects women at the same rate as men**, and that women with chest pains may be dying of heart disease unnecessarily, only because doctors underestimate the severity of their condition. The findings were reported in a study prepared by the American Medical Association on 21 March 2006. The study found that women diagnosed with angina were less likely to be given follow-up tests to confirm their condition, such as angiograms or treadmill exercise electrocardiograms (ECGs). Without these tests, patients do not qualify for surgical treatment, such as bypass operations. Consequently, women were found to be significantly more likely to die from heart disease.

RECOMMENDED READING

Marriage, a History: From Obedience to Intimacy, or How Love Conquered Marriage, by Stephanie Coontz. The author states that marriage has always been in flux, and “almost every marital and sexual arrangement we have seen in recent years, however startling it may appear, has been tried somewhere before.” Ms. Coontz’s fascinating study places current concepts of marriage in a broad historical context, revealing that there is much more to “I do” than meets the eye, and also offering very interesting statistical data.

WEBSITES

www.un.org/womenwatch/daw/index.html and www.un.org/womenwatch/daw/csw/csw50/documents.htm: The final report on the fiftieth session of the Commission on the Status of Women is now available.

www.interaction.org: InterAction is the largest alliance of United States–based international development and humanitarian non-governmental organizations.

www.lau.edu.lb/centers-institutes/iwsaw/publications.html: Al-Raida is a quarterly journal published by the Institute for Women’s Studies in the Arab World (IWSAW) in Lebanon. Its mission is to enhance networking between Arab women and women all over the world; to promote research on the condition of women in the Arab world, especially with respect to social change and development; and to report on the activities of IWSAW and the Lebanese American University.

www.svri.org: The Sexual Violence Research Initiative (SVRI) believes that sexual violence is a public health problem and a violation of human rights. It occurs worldwide and has a profound impact on physical, mental and social well-being, both immediately and in the long term. SVRI is committed to action to address these gaps.

Message from the Under-Secretary-General for Management: clarifying whistleblower protection

To All UN Staff Members:

In speaking with staff over the last couple of months, I have noticed continued confusion over what is protected by the new whistleblower protection policy. Staff members seem to be particularly confused about reporting misconduct to outside sources, such as law enforcement or the press. I want to assure all staff that external reporting is protected by the new policy so long as you satisfy the criteria included in section 4 of the Secretary-General's bulletin entitled "Protection against retaliation for reporting misconduct and for cooperating with duly authorized audits or investigations" (ST/SGB/2005/21). I include section 4 below for ease of reference.

Section 4

Reporting misconduct through external mechanisms

Notwithstanding staff rule 101.2 (q), protection against retaliation will be extended to an individual who reports misconduct to an entity or individual outside of the established internal mechanisms, where the criteria set out in subparagraphs (a), (b) and (c) below are satisfied:

- (a) Such reporting is necessary to avoid:
 - (i) A significant threat to public health or safety; or
 - (ii) Substantive damage to the Organization's operations; or
 - (iii) Violations of national or international law; and
- (b) The use of internal mechanisms is not possible because:
 - (i) At the time the report is made, the individual has grounds to believe he/she will be subjected to retaliation by the person(s) he/she should report to pursuant to the established internal mechanism; or
 - (ii) It is likely that evidence relating to the misconduct will be concealed or destroyed if the individual reports to the person(s) he/she should report to pursuant to the

established internal mechanisms; or

(iii) The individual has previously reported the same information through the established internal mechanisms, and the Organization has failed to inform the individual in writing of the status of the matter within six months of such a report; and

(c) The individual does not accept payment or any other benefit from any party for such report.

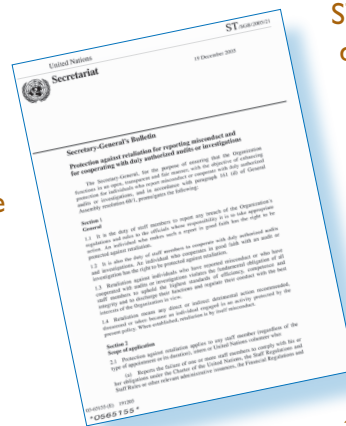
I would also like to remind staff that, just as it is your duty to report misconduct, it is also your duty to cooperate fully with authorized audits and investigations. Such cooperation is a protected activity under ST/SGB/2005/21.

Finally, staff should be aware that ST/SGB/2005/21 defines misconduct as the failure to comply with one's obligations under the Charter of the United Nations, the Staff Regulations and Staff Rules or other relevant administrative issuances, the Financial Regulations and Rules, or the Standards of Conduct of the International Civil Service. Misconduct can range from financial corruption to sexual harassment to a failure to

follow procurement procedures. It also includes asking another individual to violate the applicable regulations or Standards of Conduct of the Organization. Please note, however, that a colleague's or supervisor's refusal to agree with you concerning a policy matter or a management decision is not misconduct and should not be reported as such.

Should you have any questions or need additional clarification, please contact the Ethics Office at (917) 367-9858 or at ethicsoffice@un.org.

Sincerely,
Christopher B. Burnham



Summary of the report of the Secretary-General: improvement of the status of women in the United Nations system

In response to General Assembly resolution 59/164 of 10 February 2005, the report provides information on progress made in the representation of women in organizations of the United Nations system from 31 December 2003 to 31 December 2004, and in the United Nations Secretariat from 1 July 2004 to 30 June 2006. Both in the United Nations system and in the Secretariat the representation of women in the Professional and higher categories remained almost static with negligible improvement and, in some cases, even a decrease in representation. For example, the D-I level stood at 25.3 per cent, registering the most striking decrease, 6.95 per cent, since 2004. In the United Nations system, one positive development has been an increase in the number of women resident coordinators, from 21 per cent in 2004 to 32.5 per cent in July 2006. However, clearly, more concerted efforts are required to achieve gender parity at all levels and categories, particularly at the senior and policymaking levels. In this context, General Assembly resolution 57/180 of 30 January 2003 requested an analysis of the causes of the slow advancement of women. Phase I of the analysis on the Secretariat was presented to the General Assembly at its fifty-ninth session; phase II on the United Nations system is presented in this report. It points to several key factors: gender strategy, gender planning statistics, recruitment and selection processes, development and career planning, mobility, working climate and culture accountability and informal barriers. The analysis is accompanied by a set of suggested measures to improve the status of women in the United Nations system (*more information will be provided in the next issue of network with the official publication of the report*).

Trends in the representation of women in the Professional and higher categories in the Secretariat with appointments of one year or more, 30 June 1998 to 30 June 2006 (percentage)

Level	30 June 1998	30 June 1999	30 June 2000	30 June 2001	30 June 2002	30 June 2003	30 June 2004	30 June 2005	30 June 2006	Change, 2004-2006	Cumulative change, 1998-2006	Annual average change
USG	11.1	9.4	6.5	11.8	10.5	13.9	16.7	16.2	15.4	-1.3	4.3	0.54
ASG	13.0	14.3	11.5	10.8	12.5	15.0	17.1	18.8	21.2	4.0	8.2	1.03
D-2	18.8	21.6	20.8	17.9	21.6	24.7	27.6	26.7	30.4	2.9	11.6	1.45
D-1	23.7	28.1	29.3	30.1	28.7	28.9	32.3	29.9	25.3	-6.9	1.6	0.20
P-5	29.3	30.0	32.6	29.5	29.3	30.1	31.0	31.4	30.7	-0.3	1.4	0.18
P-4	32.3	33.7	33.5	31.4	31.4	31.5	34.1	34.6	35.9	1.8	3.6	0.45
P-3	39.4	39.5	40.2	36.9	38.0	39.9	41.5	41.0	41.4	-0.1	2.0	0.25
P-2	45.4	48.2	50.1	48.0	48.7	50.1	50.8	50.8	49.0	-1.9	3.6	0.45
P-1	64.3	77.8	50.0	60.6	63.2	63.6	83.3	100.0	100.0	16.7	35.7	4.46
TOTAL	34.60	35.80	36.50	34.60	34.90	35.70	37.37	37.10	37.43	0.06	2.83	0.35

Source: Office of Human Resources Management.

You can read *network* online at
<http://www.un.org/womenwatch/Network>
To receive hard copies of *network* please send an
e-mail request to network-newsletter@un.org

You can find a monthly list of senior
vacancy announcements (P-5 and above)
at <http://www.un.org/womenwatch/osagi/>

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