

## NNN Seleção APF 14 /4 a 8 de Abril de 2011

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### Report: Doctors need more data on LGBT community

The report, authored by the Institute of Medicine and commissioned by the National Institutes of Health, found a lack of research on LGBT individuals.

It lays the groundwork to close that information gap, suggesting more research into social influences, barriers to equitable health care and the differing needs of various generations of LGBT people.

"This is a sea change in establishing the scientific importance of research in LGBT health," said Dr Caitlin Ryan, director of the Family Acceptance Project at San Francisco State University and a contributor to the report.

The report summarized what many experts already know about the population, including that LGBT youths are at increased risk for suicide and depression, that HIV-AIDS primarily affects young black men who have sex with other men and that LGBT people are frequently targets of discrimination and violence.

Most practitioners, however, are not well educated in how to care for the LGBT population, including understanding sexual orientation development, gender identity and the impact of stigma and discrimination on health, the report said.

All this matters because it affects doctors' ability to ask the right questions about support at home, to make referrals, and to order the proper tests for physical and mental health care, Ryan said.

With a clearer picture of the patients they serve, doctors can provide better healthcare, policy makers can fund appropriate prevention programs and researchers will understand which problems need more study, Ryan said.

NIH director Dr Francis Collins said that going forward research should be viewed as an opportunity to collect demographic data on the LGBT community.

"The report makes clear that we have enormous gaps in our understanding of the health issues confronting LGBT people," Collins said.

"One critical issue is that we have not systematically or accurately collected data from research participants about sexual orientation or gender identity."

One of the best ways to gather data would be to include questions on existing surveys used by health departments to collect information about the general population, the report said.

"The inclusion of questions on sexual orientation and gender identity on federally funded surveys, if it occurs, is a huge step forward in understanding LGBT health issues and disparities," said Ryan.

However, getting the right data to researchers might prove to be more difficult than asking the right questions. Research team members at a Washington news conference on the report said there are methodological, funding, and political barriers.

"This is something that we've done for other populations and quite frankly we simply should be doing it for this population," physician and Northwestern University professor Robert Garofalo told reporters.

"This document goes a long way in framing it from a very scientific perspective and it's entirely now a matter of political will to get it done."

In separate comments, Judith Bradford, director of the center for population research in lesbian, gay, bisexual and transgender health at The Fenway Institute, credited the report with shining a spotlight on the fact that the LGBT community has different healthcare needs.

For example, older LGBT individuals are less likely to have children than their heterosexual counterparts, and less likely to receive care from adult children, said Bradford.

She said particular attention needs to be paid to ensuring that as the LGBT community ages, there will be appropriate health services available.

Dr. Harvey Makadon, director of education at The Fenway Institute and a contributor to the report, said clinicians need to feel comfortable talking about sexual orientation and gender identity and to understand what to do with that information.

National Gay and Lesbian Task Force executive director Rea Carey praised the report and said it "exposes the disturbing fact that our community has been largely ignored in most medical and health services research."

In response to the report findings, NIH said it will begin improving methodology for collecting survey data on sexual orientation and gender identity and consider new ways NIH can support recommended research initiatives.

Source: Reuters, 31 March 2011

## A list to save the lives of mothers and children

Millions of women and children die in developing countries each year because the public health facilities that they attend do not have the drugs available to save their lives. Most of these drugs are affordable, and should be accessible, but are often not because of depressingly simple reasons: they have not been ordered or have not been ordered in sufficient quantities.

Last week, WHO, UNICEF, and UNFPA launched the first ever priority medicines list for mothers and children to help address this issue. The list contains 30 essential medicines for the treatment of common illnesses and complications affecting mothers and children, such as oxytocin for post-partum haemorrhage and amoxicillin for childhood pneumonia—both major killers of new mothers and children.

WHO is careful to point out that the list is not comprehensive and should not be confused with their extensive Model List of Essential Medicines. But it is the minimum needed to save the lives of mothers and children. They also note that contraceptives and other reproductive drugs have not been included because a separate list of essential medicines for reproductive health already exists.

The document is a wish list in some respects. It contains five medicines that are urgently needed but do not yet exist for the prevention and treatment of tuberculosis, especially in HIV-infected children, and for newborn care.

Research and development into a child-friendly paediatric malaria drug has been successful, and the same effort is urgently needed for childhood tuberculosis and neonatal care.

Of course, knowing which drugs to stock will not be enough to save lives. Weak drug supply chains in many developing countries also need to be addressed, along with health worker recruitment, retention, and training to make sure there are the professionals to deliver the drugs to patients according to standard treatment guidelines.

Still, the list should serve as a valuable reminder to anyone providing public health services in developing countries. These medicines should always be on the shelf in sufficient quantities.

Source: The Lancet, 2 April 2011

## Canadian Doctors Are Donating a Day for Africa

So far, more than 60 physicians across Canada have signed up to 'Donate a Day for Africa' in support of World Health Day, on April 7th.

These Canadian physicians are demonstrating their commitment to overcoming poverty in Africa by donating part or all of their day's income by signing up for Canadian Physicians for Aid and Relief's (CPAR's) 6th Annual World Health Day Challenge.

One of the projects that physicians will support is the Safe Motherhood Project – a project that will provide Traditional Birth Attendants with safe birthing kits (containing gloves, mats and scissors), training and education, and bicycles needed for emergency care of mothers and children.

Providing support to Traditional Birth Attendants is critical. For women in industrialized nations, the risk of maternal mortality is about 1 in 4,000 whereas in sub-Saharan Africa, as many as 1 in every 16 women are facing the lifetime risk of maternal death.

On World Health Day, April 7th, Canadian physicians will donate part or all of their day's income and help prevent maternal and child death in rural Tanzania.

Physicians from cities including Vancouver, Winnipeg, Montreal, Toronto, Calgary, and Ottawa have signed up for the Challenge and will lend their support to this critical cause.

Dr. Vance Pegado, a physician based in Burlington, Ontario who donated a day of his income last year, believes that the World Health Day Challenge is an effective way to reach out to communities in rural Africa.

"Always having said that I would give back when I could and finally having done so last year, it was a wonderful feeling," says Dr. Pegado.

"To truly think about how someone far off would benefit from such a project, is all the motivation I need."

The World Health Day Challenge has not only garnered the support of physicians, but a wide variety of health professionals ranging from social workers, to nurses are also participating. These health care professionals believe that the global community has a part to play in supporting health and development beyond the geographic boundaries of their communities – especially in rural Africa.

CPAR's World Health Day Challenge is partly inspired by the efforts of Dr. N. Kevin Wade, a Vancouver-based ophthalmologist who donated an entire day of his medical service payment plans to CPAR in September 2002 and again in September 2005.

"When I saw CPAR's work in Africa first-hand and experienced the health conditions in Blantyre, Malawi during a research project, I knew I wanted to contribute to the cause," says Dr. Wade.

"My responsibilities in Canada to my patients, staff and family would make working in Africa difficult, so I think that donating a day's office income is another way I can help out."

CPAR's primary health care work focuses on reducing the burden of HIV & AIDS through community awareness programs, preventing the spread of common diseases by increasing access to clean water and sanitation facilities, promoting healthy pregnancies and educating communities about sexual and reproductive health issues.

CPAR works with local rural African communities to ensure access to clean water, adequate food, primary health care services and a safe and healthy environment.

Founded in 1984, CPAR works in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Ethiopia, Tanzania, Uganda and Malawi.

Each year on April 7th, the world celebrates World Health Day. On this day around the globe, thousands of events mark the importance of health in leading a productive life.

Source: Canada NewsWire, 5 April 2011

## Ivory Coast: Women Struggle to Survive in Crowded Refugee Camps

Buutuo, Liberia: After leaving her husband behind to protect their home, Philomene Eholi\* recently fled the Ivory Coast with her mother and 11 children.

Eholi is one of thousands of Ivorian refugees who have crossed into Liberia and, according to the Women's Refugee Commission, are receiving scant attention from the international community. The United Nations High Commission for Refugees (UNHCR) predicts that as many as a quarter of a million may soon be in Eholi's position.

The ongoing Ivorian crisis began after Laurent Gbagbo, Cote d'Ivoire's incumbent president since 2000, claimed he had won the 2010 Ivorian election, the first in ten years. Opposition candidate Alassane Ouattara was internationally-recognised as the real winner, but Gbagbo has refused to budge. The fight for the presidency has descended into another tragic civil war in the fragile West African region.

The area is no stranger to wars and their attendant refugee crises with recent fighting in neighbouring Guinea, Liberia and Sierra Leone. Refugees fleeing the Ivory Coast are mostly women and children and many, like Eholi, are struggling to feed their families and at the mercy of local Liberians living near the border.

Still in her twenties, she has eleven children. With her country on the brink of civil war, she fled to what she thought would be safety in Liberia.

When a team from Liberia's Ministry of Health and the United Nations Population Fund (UNFPA) recently visited Buutuo (the historic area where Charles Taylor launched his rebellion in 1989), Eholi had just given birth to a baby girl, whom she named Annie. Amongst her 11 children she has a set of twins who played with their grandmother while Eholi spoke to the media.

Through a translator, she said she is surviving in the Liberian border town only by the grace of God. Besides the UN donated ration, she has had to take up cassava farming to feed her hungry family. Her plight aroused the sympathy of the UNFPA resident representative, Esperance Fundira, who was in Buutuo to donate medical items to refugees.

Eholi's predicament is common in crisis situations, when women often become the breadwinners for their families.

The recently-ended civil war and fighting in Liberia meant many women here suffered the same problems in Ivory Coast and other neighbouring countries: this time the tables have turned.

The Women's Refugee Commission has called on international organisations, including the UN, to expedite the processing of donor money and services for Ivorian refugees, noting that "many of those displaced are women and children . . . and there has been little, or no, consideration of their specific needs."

Last year was the ten year anniversary of UN Security Council Resolution 1325 on Women Peace and Security. The Resolution was the first UN document to explicitly address the struggles faced by women in conflict and post-conflict situations. It also mandated women's involvement in every stage of the peace process.

However, the UN has been criticised for not taking stronger action in Ivory Coast, as it has recently done in Libya. This includes taking steps to protect refugees in neighbouring countries like Liberia.

In her book *Redemption Road*, Elma Shaw narrates the story of Bendu Lewis, an Americo-Liberian girl who, along with her grandmother, was caught in one of the bloody battles during the Liberian civil war. Bendu was forced into marrying a general named Cobra. She was raped and later forcibly conscripted into a unit. She gave birth to a baby girl who she eventually had to leave behind after she escaped and was reunited with her family. Stories like this are common in the region, epitomising the plight women bear in times of crisis and one of the reasons why women like Eholi are fleeing to Liberia.

If the UN and international agencies don't take measures to protect and feed these women and children soon, a similar or worse fate may soon befall Eholi and the thousands of other women caught in the middle of this senseless war.

\*Not her real name.

Source: [AllAfrica.com](http://AllAfrica.com), 5 April 2011