WHEC
Helping Women World-Wide

Before & After Issue

Empowering women and communities through education, health and technology – a way forward. I am sure you have hundreds and thousands of ideas regarding this – we look forward to hearing from you. I wish to submit to you the global strategy of The Women's Health and Education Center (WHEC) to improve global health with special focus on the Maternal and Child Health. I hope you join us on this path.

WHEC, grounded in the vision of equality as enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and achievement of equality between women and men as partners and as beneficiaries of development, human rights, humanitarian action, peace and security. The healthy future of society depends on the health, education and technology literacy of today's children, women and communities. Gender equality, including in education, is a condition for development.

WHEC's strategy on e-Health focuses on strengthening health systems in countries; fostering public-private partnerships in information and communication technologies (ICT) research and development for health and education. **We support capacity building for e-Health applications worldwide.** And look forward to development and the use of norms and standards.

Success of our initiatives are predicted on investigating, documenting, analyzing the impact of e-Health data; and promoting better understanding by disseminating information. Our Global Network is available in 6 official languages of the United Nations. It is also posted in **Projects on the World Map**. Please visit CSO Net, under Best Practices ID # 364, and UN Document E/CN.9/2019/NGO/3 http://www.womenshealthsection.com/content/documents/N1901016.pdf

WHEC's nine action areas that form global strategy operational framework and guidance on what could be done at national and sub-national levels are:
1. Country leadership: country leadership;
2. Financing for health: aligning and mobilizing financing;
3. Health system resilience: strengthening health systems;
4. Individual potential: establishing priorities for realizing individual potential;
5. Community engagement: supporting community engagement, participation and advocacy;
6. Multi-sectoral action: enhancing mechanisms for multi-sectoral action;
7. Humanitarian and fragile settings: strengthening capacity for action in humanitarian and fragile settings;
8. Research and innovation: fostering research and innovation;
9. Accountability: reinforcing global and national accountability mechanisms.

The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations. Join the initiatives of WHEC with the United Nations and the World Health Organization to achieve our common goals and agenda.

Over the years this partnership and collaboration has strengthened, and we are serving in 227 countries and territories, and about 14 million subscribers, every year.

Create an account on WHEC Global Health Line and share your work

A Concept for Development
Rita Luthra, MD
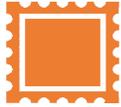
Your Questions, Our Reply

Gender equality is good for women; but what about men? How does inequality concern them, and why should they want to engage in fostering a more equitable society for both sexes? Are e-Governments a viable option?

Wave of The Future: We believe, we cannot fully empower women and girls without engaging boys and men. Men should support gender equality because it is in the interest of men too. Women and girls are also the stakeholders in conversation and development at local, national and international levels.

As Governments transition towards e-Government and e-Health throughout the world, there is growing acknowledgment of the role that e-Government and e-Health could play to harness ICTs for women's empowerment and gender equality. However, much of e-Government and e-Health policy implementation, still do not have account the differentiated access to, and impact of, technology for men and women. Recognizing this critical gap, WHEC as a part of gender equality initiatives aims to enhance knowledge awareness of good practices of gender-responsive policies, programs and strategies in e-Government and e-Health, in order to help build the capacity of Governments to harness this tool towards women's empowerment.

The WHEC Global Health Line (WGHL) aims to establish in collaboration with programs in low- and middle-income countries to improve maternal and child health, in collaboration with the developed countries, of mutual benefit and mutual respect, through its **LINK (Learning and Innovation Network for Knowledge and Solutions) Access Project**. Its syllabus is designed to promote and use of a broad understanding of women's and children's health; seek science and technology-based solutions to development challenges and encourage next generation especially girls and women to have education in science, mathematics and technology. Many economic and social factors impact women's and children's health and well-being to achieve good health and good health care systems. We believe, our initiatives are placing public health on the agenda and it is catalyzing collaborative networks – cutting across disciplines, sectors and borders.

We plan, promote and implement best-practices in both developing and developed countries. Eligible categories of institutions to participate are national universities, national academic societies, professional schools (medicine, nursing, pharmacy, public health, mental health institutions, dentistry), research institutes, teaching hospitals and healthcare centers, government offices, national medical libraries and NGOs associated with ECOSOC and UN DPI.

WGHL provides free access and educational programs to Least Developed Countries (LDCs), identified by United Nations Development Program (UNDP). This helps WHEC to address inequalities in health and education and encourage sustainable development.

WHEC Publications are intended to help countries all over the world understand and appreciate the linkages between the Sustainable Development Goals (SDGs) and women and girls in their localization efforts and in establishing various partnerships and networks that feed into the vision of localizing SDGs at the country and regional levels. Investing in the health, education, technology and social workforce is not only critical to avert the projected shortfall of 18 million health workers by 2030, it could also have a transformative impact on the economic participation and empowerment of rural women and girls. Investments into the education, training and employment of health and social workers are required. For example, in Africa, this could boost current rates of job creation by 40%, particularly for women in rural areas.

WHEC welcomes everyone!

Join the conversation on WGHL
http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf

United Nations at a Glance

Permanent Mission of the Cooperative Republic of Guyana to the United Nations

Guyana became UN Member State on 20 September 1966

Guyana, officially the **Co-operative Republic of Guyana**, is a country on the northern mainland of South America. It is, however, often considered part of the Caribbean region because of its strong cultural, historical, and political ties with other Anglo-Caribbean countries and the Caribbean Community (CARICOM). Guyana is bordered by the Atlantic Ocean to the north, Brazil to the South and southwest, Venezuela to the west, and Suriname to the east. With 215,000 sq. kilometer (83,000 sq. miles), Guyana is the third-smallest sovereign state on mainland South America after Uruguay and Suriname.

Official language is English; ethnic groups: 39.8% Indian, 29.3% African, 19.9% mixed, 10.5% Indigenous Amerindian and 0.5% others (includes Chinese and European). Religion: 63% Christian, 24.8% Hindu, 6.8% Muslim, 2.6% other and 3.1% none. Government: Unitary presidential constitutional socialist republic.

The region known as "the Guianas" consists of the large shield landmass north of the Amazon River and east of the Orinoco River known as the "land of many waters." Originally inhabited by many indigenous groups, Guyana was settled by the Dutch before coming under British control in the late 18th century. It was governed as British Guiana, with a mostly plantation-style economy until the 1950s. it gained independence in 1966, and officially became a republic within the Commonwealth of Nations in 1970. The legacy of British rule is reflected in the country's political administration and diverse population.

Guyana was admitted to membership of the United Nations by resolution A/RES/2133 (XXI) of September 20, 1966, during the 21st regular session of the General Assembly. This was less than four months after achieving political independence on 26 May 1966. Guyana was one of the four countries that joined the UN in 1966; the others were Barbados, Botswana, and Lesotho. Since that time Guyana has maintained an active presence and visible profile in the Organization. During the first year of membership in the United Nations, Guyana accepted an invitation to serve on the United Nations Council for Namibia. Guyana's service in the Organization has also extended to several of its principal organs. Guyana was elected twice as a Member of the Security Council, first in 1975 – 1976 and subsequently in 1982 – 1983, becoming the first CARICOM country to be so elected. On both occasions, Guyana served twice as President of the Council.

New Global Human Order

The proposal of a New Global Human Order is an initiative of Guyana aimed at mobilizing concerted global action over the long-term, within a holistic framework, to address development challenges and improve the wellbeing of people. A central theme of Guyana's proposal is a concern with reversing the growing disparities between rich and poor and a focus on human development. This proposal was first introduced at the United Nations General Assembly at its 55th session in the year 2000 under the agenda item, "the role of the United Nations in promoting a New Global Human Order."

Details: https://www.un.int/guyana/

Collaboration with World Health Organization (WHO)

WHO | Guyana

Guyana is an upper middle-income country located in South America, bounded by Brazil, Suriname and Venezuela and it is the only English-speaking country in South America. Its population is approximately 146,955 (2015 National Census) and the country occupies a land mass of 215,000 sq.km. The Ministry of Public Health has the mandate in law for health of the population. However, service delivery is the responsibility of the 10 Regional Democratic Councils. Some step have been taken towards further reforming of the health system including giving autonomy to the main hospital, Georgetown Public Hospital.

Health Situation Analysis

There have been significant positive strides in health since the development of the last Country Cooperation Strategy (CCS) in 2010. These include: increased life expectancy; reduction in maternal and child mortality; decreased incidence, prevalence and mortality from communicable diseases; high levels of immunization coverage; greater awareness of environmental health issues; and improved water and sanitation facilities. The Ministry of Health is mandated through the Public Health Act 2005 to ensure effective policy formulation, regulation, coordination, monitoring and evaluation of the health sector. Service delivery is provided through 5 levels of care – from health posts to national level facilities.

A National Health Accounts (NHA) study has been initiated with support from PAHO and WHO. Implementation has been slow due to staffing constraints. There is no national health insurance but there is a national insurance scheme that provides some health insurance benefits. An assessment of the health information system identified constraints such as fragmentation and inadequate human and financial resources.

Health Status of Population

Guyana is experiencing an epidemiological transition. Communicable diseases are still prominent in the disease profile while there is the increasing burden of the chronic non-communicable diseases. The reduction of infectious diseases in Guyana can be attributed to several factors including better sanitation and a strong immunization programs as well as the technical and financial support of donors that have resulted in the control of malaria, tuberculosis and HIV/AIDS and the vaccine preventable diseases. However, the decrease in donor funding poses challenges as to how to maintain gains. Strategies include better integration of vertical programs into the health services.

Maternal and Child Health

With respect to mortality data regarding pregnant women and children, 2014 data from the Ministry of Public Health contrasts sharply with that of the United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS) Round 5. For neonatal, infant and under 5 mortality rates, the MICS figures were much higher than those from the MOPH – with the neonatal rates data almost 3 times higher.

Skilled health personnel supervise nearly all births. However, several challenges exist in the care of pregnant women and newborns such as lack of specialist trained staff at some of the regional and district hospitals to cater for obstetric emergencies, quality of hospital care and delivery, and the need for more family planning services. The MICS found that the contraceptive prevalence rate was 34.1%.

Details: https://www.who.int/countries/guy/en/

Bulletin Board

NGO Status of WHEC with UN

Established on 12 April 2001 The Women's Health and Education Center (WHEC) came into being to undertake initiatives with the United Nations (UN) and the World Health Organization (WHO), to achieve the hopes and dreams of Sustainable Development Goals (SDGs). Our mission and our purpose focuses on every woman, every mother, every child and everywhere. The Substantive Session of the Economic and Social Council in July 2008 had granted Special consultative status to the organization "Women's Health and Education Centre." We are grateful for this honor.

The Journal, *WomensHealthSection.com*, and the **WHEC UPDATE** (monthly newsletter of WHEC designed to keep you informed on the latest UN and NGO activities), are the publications of THE WOMEN'S HEALTH AND EDUCATION CENTER (WHEC), NGO in Special Consultation with Economic and Social Council of the United Nations and are created by WHEC.

It is a forum for public health experts, healthcare providers, policy makers and professionals in other sectors, such as, economists, sociologists, educators, government officials, to whom health issues are important and to all whose responsibilities are affected by health considerations, to publish their findings, express their views and engage wider audience on critical public health issues of the day. Consequently, the views expressed by the writers in these pages do not necessarily represent the views of WHEC.

WHEC has implemented generally accepted standards of technology and operational security in order to protect information and data from loss, misuse, and alteration or destruction. For further details, Information Technologies (IT) environment and processes please refer to the description of WHEC Global Health Line, established by WHEC as per 4 July 2013.

When using the WHEC Global Health Line service, the following provisions apply, in addition to the USA laws and the WHEC-internal policies and regulations on Confidentiality and Data Protection, which are applicable to partners and other employees of WHEC USA.

Education improves health, while health improves learning potential. Education & Health, together, serve as the foundation for a better world.

http://www.womenshealthsection.com/content/Reference-3310-UN-Document.pdf

Join the efforts to achieve these goals! We welcome everyone!

Dedicated to Every Woman, Every Mother, Every Child, Everywhere

Understanding e-Health Platforms
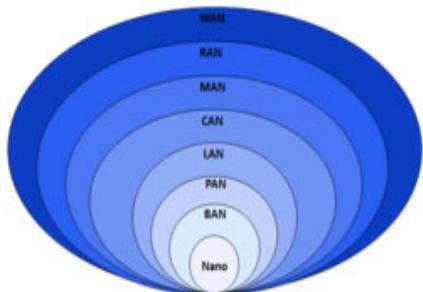
THE INTERNET (contraction of interconnected network) is the global system of interconnected computer networks that use the internet protocol suite (TCP/IP) to link devices worldwide. ***Not to be confused with World Wide Web*** (WWW). It a *network of networks* that consists of private, public, academic, business, and government networks of local to global scope, linked by a broad array of electronic, wireless, and optical networking technologies. The Internet carries a vast range of information resources and services, such as the inter-linked hypertext documents and applications of the WWW, electronic mail, telephony, and file sharing. Computer network types by spatial scope are seen in this picture – Nanoscale; Near-field (NFC); Body (BAN); Personal (PAN); Near-me (NAN); Local (LAN): Home (HAN), Storage (SAN), Wireless

(WLAN); Campus (CAN); Backbone; Metropolitan (MAN); Wide (WAN); Cloud (IAN); Internet; Interplanetary Internet.

THE INTERNET has no centralized governance in either technological implementation or policies for access and usage; each constituent network sets its own policies. Only the overreaching definitions of the two principal name spaces in the Internet, the Internet Protocol address (IP address) space and the Domain Name System (DNS), are directed by a maintainer organization, the Internet Corporation for Assigned Names and Numbers (ICANN). The technical underpinning and standardization of the core protocols is an activity of the Internet Engineering Task Force (IETF), a non-profit organization of loosely affiliated international participants that anyone may associate with by contributing technical expertise.

THE INTENET is included on the list of *New Seven Wonders*, in 2006.

The Internet continues to grow, driven by ever greater amounts of online information and knowledge, commerce, entertainment and social networking. The Internet is also often referred to as *the Net*, as a short form of *network*. The terms *Internet* and *World Wide Web* are often used interchangeably in everyday speech; it is common to speak of "*going on the internet*" when using a web browser to view web pages. However, the World Wide Web or the Web is only one of a large number of Internet services. The Web is a collection of interconnected documents (web pages) and other web resources, linked by hyperlinks and URLs.

Our e-Health Platform: http://www.WomensHealthSection.com launched in 2002 in collaboration with the Women's Health and Education Center (WHEC), the United Nations (UN) and the World Health Organization (WHO). It is a global network that comprises many voluntarily interconnected autonomous networks. This communication infrastructure is accessible in 227 countries and territories and available in six official languages of the UN. Its purpose is – *To provide access to reproduction health research worldwide to disseminate evidence-based medicine, standardization of terminology and management, and making healthcare affordable and accessible in every country.* We welcome everyone.

WHEC through its LINK (Learning and Innovation Network for Knowledge and Solutions) Access Project serves about 14 million subscribers, every year. We plan development together to promote and implement best-practices in both developed and developing countries. Our efforts focus on placing public health high on the agenda and to catalyze collaborative networks – cutting across disciplines, sectors and borders.

Please view the details and modules of our efforts on **UN Web TV:**
http://webtv.un.org/watch/player/5807660229001

Collaboration with UN University (UNU)
UNU-WIDER (World Institute for Development Economics Research) Expert Series on Health Economics

How can aid promote the empowerment of women?

Over the last 30 years the International Labour Organization (ILO) has actively pursued women's economic empowerment projects, seeking to raise global awareness of women's positive contributions to society and improve their welfare. A review of ILO interventions shows that targeting women directly and specifically, engaging and coordinating actively with local institutions to raise awareness, strategies for job creation, and programs that increase social security, are all crucial to improve gender equality.

Gender equality in the workplace

Women around the world suffer disproportionately from a number of critical economic challenges. Social norms that impede women's movements outside of the family sphere leave them with fewer property rights and a more limited scope of economic independence. Furthermore, discrimination towards women causes them to have lower levels of education, skills and knowledge than men, which limits their productive capacity and potential income. Women's productive activities are also hindered by childbirth and the healthcare issues surrounding it, and by traditional gender roles that tie women to unpaid domestic work.

As a result, of the 1.2 billion working women in the world in 2015, the ILO estimates that 650 million are working in vulnerable conditions and live in poverty. In the struggle for women's economic development, the ILO highlights four strategies that combine to succeed where others have failed.

Key findings

- Aid projects that specifically target women tend be better at increasing gender equality than those that mainstream gender.
- The gender gap can be narrowed through public works that focus on providing decent employment for women as well as training and micro-finance for female entrepreneurs.
- The lack of healthcare and social security are found to be main barriers to women's participation in economic activities.

Engaging with national institutions and coordination

Efforts to promote higher gender equality are not pursued in an institutional vacuum. Successful projects ensure that local actors are engaged enough in the intervention to allow it to continue beyond the initial horizons of the donors.

Implications
- Projects aiming to economically empower poor women should target them specifically.
- Both the provision of funding through microfinance lenders and public works aimed at job creation must be deployed to assist women entrepreneurs and for those who are not.
- A minimum of health insurance and childcare is necessary in order to economically empower women

Author and Publisher: UNU-WIDER; Project: Gender equality is part of ReCom-research and communication on foreign aid.

*Details of the paper can be accessed from the link of UNU-WIDER on CME Page*http://www.WomensHealthSection.com/content/CME

United Nations Girls' Education Initiative (UNGEI)
The Effort to Advance the Global Strategy (continued)
UNGEI serves as a platform for girl's education.

Learning, for life, for all: Can we close the education gap?

World-wide, upwards of 70 million primary-age children are not in school. Millions more drop out of school at an early stage, often losing the little learning they attained during those brief years at school, and further swelling the ranks of the 770 million illiterate adults who struggle to find their way in today's world.

In human rights terms, access to a basic primary education is one of the most fundamental entitlements of every child. Efforts by the global development community to achieve this, under initiatives like Education for All, the Millennium Development Goals and the Fast Track Initiative, are to be heartily

applauded. Trends such as the steady gains in access and the improvements in gender parity reported in EFA (Education for All) global monitoring reports are indeed encouraging.

WHEC's Global Campaign for Education for All

WHEC's Global Campaign for Education, is a movement that promotes education as a right. Our network of NGOs pressurizes governments and the international community to deliver on their promise of quality, free, compulsory education for all. Public pressure is crucial. Its goals are:

1. Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;
2. Ensuring that by 2030 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality;
3. Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programs;
4. Achieving a 50% improvement in levels of adult literacy by 2030, especially for women, and equitable access to basic and continuing education for all adults;
5. Eliminating gender disparities in primary and secondary education by 2030, and achieving gender equality in education by 2030, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality;
6. Improving all aspects of the quality of education and ensuring excellence so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

More than 75 countries won't achieve universal primary education by 2100, let alone 2030. It is generally accepted that education should be a responsibility of the public sphere and should be free and compulsory at least at primary level. There are numerous examples of policies that help make education accessible to all, even the most marginalized: well-trained teachers; appropriate curricula; friendly, safe and clean schools; and the right combination of incentives, benefits and public awareness-raising. Such policies have been proven to enable girls, children with disabilities, and those affected by HIV or AIDS to go to school.

Guyana and the Sustainable Development Goals (SDGs)

Guyana is well on track to achieving universal primary education net enrolment was 94% in 2015. Learning outcomes are also improving: fewer children are repeating classes, the average scores in two Secondary School Entrance Examination core subjects (Mathematics and English) have risen, and more children are remaining in school until the end of the primary cycle. Guyana is also well advanced in attaining gender parity in SDGs. The ratio of girls to boys in primary, secondary and tertiary education is close to equal.

Hopefully change will start … slowly, slowly. History has shown that quick solutions imposed upon a community do no work, and also that change requires the investment of the male population.

Girl's Education is the Global Civil Rights Issue of Our Time:
Details: http://www.ungei.org/infobycountry/247_6117.html

To be continued….

Two Articles of Highest Impact, June 2019
Editors' Choice – Journal Club Discussions
Our friendship has no boundaries. We welcome your contributions.

1. Neonatal Jaundice: Part I; http://www.womenshealthsection.com/content/obsnc/obsnc007.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

2. Neonatal Jaundice: Part II; http://www.womenshealthsection.com/content/obsnc/obsnc006.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

From Editor's Desk
New Initiatives, New Collaborations, New Directions

Ageing and Life Course

What is healthy ageing?

Every person – in every country in the world – should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favor health or be harmful to it. Environments are highly influential on our behavior, our exposure to health risks (for example air pollution, violence), our access to quality health and social care and the opportunities that ageing brings.

Healthy Ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience *Health Ageing.* Being free of disease or infirmity is not a requirement for *Healthy Ageing* as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing.

Healthy Ageing is the process of developing and maintain the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This include a person's ability to:

- Meet their basic needs;
- To learn, grow and make decisions;
- To be mobile;
- To build and maintain relationships; and
- To contribute to society.

Key considerations of initiatives of WHEC for *Health Ageing*

Diversity: there is no typical older person. Some 80-year-olds have levels of physical and mental capacity that compare favorably with 30-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating. Our policies are framed to improve the functional ability of all older people, whether they are robust, care dependent or in between.

Inequity: a large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives. Importantly, the relationships we have with our environments are shaped by factors such as the family we were born into, our sex, our ethnicity, level of education and financial resources.

WHEC's Healthy Ageing Initiatives emphasizes the need for action across multiple sectors and enabling older people to remain a resource to their families, communities and economies. Our global strategy (2016 – 2020) has two goals:

1. Five year of evidence-based action to maximize functional ability that reaches every person; and
2. By 2020, establish evidence and partnerships necessary to support a decade of *healthy ageing* from 2020 to 2030.

Our Strategic Objectives are:

- Commitment to action on *Healthy Ageing* in every country;
- Developing age-friendly environments;
- Aligning health systems to the needs of older populations;
- Developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
- Improving measurements, monitoring and research on *Healthy Ageing*.

Please share your ideas, support and projects on Partnerships for SDGs, #1212

https://sustainabledevelopment.un.org/partnership/?p=1212

In The News

Ageing

Every second, 2 people in the world turn 60. The world's population is ageing: virtually every country in the world is experiencing growth in the number and proportion of older persons in their population. Population ageing is poised to become one of the most significant social transformations of the 21st century, with implications for nearly all sectors of society, including labor and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties.

According to data from World Population Prospects: the 2017 Revision, the number of older persons – those aged 60 years or over – is expected to more than double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. Globally, population aged 60 or over is growing faster than all younger age groups.

Level and trends in Population Ageing

In 2017, there were an estimated 962 million people aged 60 or over in the world, comprising 13% of the global population. The population aged 60 or above is growing at a rate of about 3% per year. Currently, Europe has the greatest percentage of population aged 60 or over (25%). Rapid ageing will occur in other parts of the world as well, so that by 2050 all regions of the world except Africa will have nearly a quarter or more of their populations at ages 60 and above. The number of older persons in the world is projected to be 1.4 billion in 2030 and 2.1 billion in 2050 and could rise to 3.1 billion in 2100.

Globally, the number of persons aged 80 or over is projected to triple by 2050, from 137 million in 2017 to 425 million in 2050. By 2100 it is expected to increase to 909 million, nearly 7 times its value in 2017.

Older persons are increasingly seen as contributors to development, whose abilities to act for the betterment of themselves and their societies should be woven into policies and programs at all levels. In the coming decades many countries are likely to face fiscal and political pressures in relation to public systems of healthcare, pensions and social protections for a growing older population.

United Nations – Ageing, Department of Economic and Social Affairs

The Open-Ended Working Group on Ageing was established by the General Assembly by resolution 65/182 on 21 December 2010. The working group will consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures.
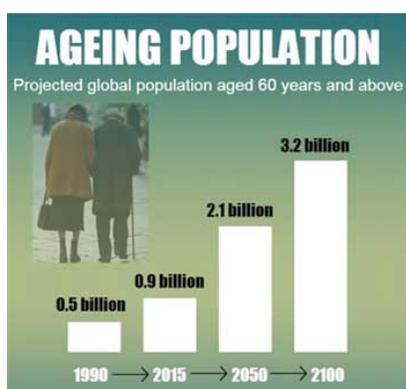
Population Ageing and Health

Across studies of population health, age nearly always stands out as the single most powerful predictor of the state of people's health and prevailing risks of morbidity and mortality they face. A person's age also reflects the amount of time he or she may have been exposed to various external health risks whose effects accumulate over time, such as tobacco use or unhealthy diet.

A recent assessment by the World Health Organization (WHO) warns that health systems around the world are falling short with respect to meeting the needs of older persons. The report summarizes the present situation: " Current public-health approaches to population ageing have clearly been ineffective.

The health of older people is not keeping up with increasing longevity; marked health inequities are apparent in the health status of older people; current health systems are poorly aligned to the care that older populations require even in high-income countries; long-term care models are both inadequate and unstainable; and physical and social environment present multiple barriers and disincentives to both health and participation."

Accurate, consistent and timely data on global trends in population age structure are critical for assessing current and future needs with respect to population ageing and for setting policy priorities to promote the well-being of the growing number and share of older persons in the population.

Join the efforts for better healthcare policies for the ageing population.

Details: https://www.un.org/development/desa/ageing/

Art & Science
Art that touches our soul

Impressionism is a 19th century art movement characterized by relatively small, thin, yet visible brush strokes, open composition, emphasis on accurate depiction of light in its changing qualities (often accentuating the effects of the passage of time), ordinary subject matter, inclusion of *movement* as a crucial element of human perception and experience, and unusual visual angles.

Impression, soleil levant (Impression, Sunrise) by Claude Monet

The Impressionists faced harsh opposition from the conventional art community in France. Claude Monet, *Impression, soleil levant (Impression, Sunrise)*, 1872, oil on canvas, Musée Marmottan Monet, Paris. This painting became the source of the movement's name, after Louis Leroy's article *The Exhibition of the Impressionists* satirically implied that the painting was at most, a sketch.

Sunrise depicts the port of Le Havre, Monet's hometown. It is now displayed at the Musée Marmottan in Paris. Monet's depiction of Le Havre's sunrise mirrors the renewal of France.

Year: 1872; Medium: Oil on canvas; Dimensions: 48 cm X 63 cm (18.9 in X 24.8 in)
Musée Marmottan Monet, Paris.

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*Monthly newsletter of WHEC designed to keep you informed on
The latest UN and NGO activity*

http://www.WomensHealthSection.com