WHEC
Helping Women World-Wide

WHEC Update

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

April 2020; Vol. 15. No. 04

Anniversary Edition

On **12 April 2001**, The Women's Health and Education Center (WHEC) came into being to undertake various projects/programs in maternal and child health with the United Nations (UN) and the World Health Organization (WHO). **This year we celebrate our 19th anniversary.** Join us as we move forward to achieve UN 2030 Sustainable Development Agenda. Our media channels are available in 227 countries and territories and are available in six official languages of UN.

Right to health includes both timely access to appropriate health care and related determinants of health such as access to safe and clean water, adequate sanitation, supply of safe food, nutrition and housing, healthy occupational and environmental conditions (including as a result of climate change), and access to health-related education and information, including on sexual and reproductive health.

Right to development is an inalienable human right by virtue of which every human person and all people are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized.

Both the right to health and development is to be understood and supported within the local cultural context, taking into account the views of local civil society.

The right to health and development is closely related to and dependent on the realization of other human rights, including the right to food, housing, work, education, participation, and enjoyment of the benefits of scientific progress and its applications, life non-discrimination, equality, the prohibition against torture, privacy, access to information and the freedoms of association, assembly and movement.

The Women's Health and Education Center (WHEC) believes that states, civil society and individuals should meet their responsibilities as rights holders and duty bearers of the right to health and development. WHEC recognizes that higher income countries have a *duty to support* lower income countries towards achieving the right to health and development. Such international cooperation should be based on sovereign equality and mutual respect.

With more than two decades of providing high-quality, evidence-based educational services in maternal and child health in over 227 countries and territories worldwide, WHEC has gained a wealth of knowledge and expertise with special foci on health policy, health financing, pharmaceutical supply management, and health care delivery. In line with its vision WHEC has developed relationships with institutions, consulting companies and individuals worldwide and actively develops its network further. WHEC is also actively involved as a member with the Global Strategies, such as PMNCH (Partnership for Maternal, Newborn, Child Health) of the World Health Organization (WHO) and NGO (Non-Governmental Organization of the ECOSOC (Economic and Social Council) of the UN (United Nations). These networks allow WHEC ready access to many types of specific expertise in the health and development sector.

Please create an account on **WHEC Global Health Line (**WGHL) and share your projects and programs. We welcome everyone.

Right to Health and Development

Rita Luthra, MD

Your Questions, Our Reply

How to fix the problem of financing of Universal Health Coverage? Where are we now in raising sufficient resources for health?

The Path to Universal Health Coverage (UHC): Three fundamental, interrelated problems restrict countries from moving closer to universal coverage. The first is the availability of resources. No country, no matter how rich, has been able to ensure that everyone has immediate access to every technology and intervention that my improve their health or prolong their lives. At the other end of the scale, in the poorest countries, few services are available at all.

The second barrier to UHC is an over reliance on direct payments at the time people need care. These include over-the-counter payments for medicines and fees for consultations and procedures. Even if people have some form of health insurance, they may need to contribute in the form of co-payments, co-insurance or deductibles. The obligation to pay directly for services at the moment of need – whether the payment is made on a formal or informal (under the table) basis – prevents millions of people receiving health care when they need it. For those who do seek treatment, it can result in severe financial hardship, even impoverishment.

The third impediment to a more rapid movement towards UHC is the inefficient and inequitable use of resources. At a conservative estimate, 20-40% of health resources are being wasted. Reducing this waste would greatly improve the ability of health systems to provide quality services and improve health. Improved efficiency often makes it easier for the ministry of health to make a case for obtaining additional funding from the ministry of finance.

The path to UHC, then, is relatively simple – at least on paper. Countries must raise sufficient funds, reduce the reliance on direct payments to finance services, and improve efficiency and equity. It is clear that every country can do more in at least one of three key areas. Even high-income countries now realize they must continually reassess how they move forward in the face of rising costs and expectations.

All countries have scope to raise more money for health domestically, provided governments and the people commit to doing so. There are three broad ways to do this, plus a fourth option of increasing development and making it work better for health. The Women's Health and Education Center's (WHEC's) recommendations are:

1. Increase the efficiency of revenue collection;
2. Reprioritize government budgets;
3. Innovative financing;
4. Development assistance for health.

While having sufficient funding is important, it will be impossible to get close to UHC if people suffer financial hardship or are deterred from using services because if people suffer financial hardship or a deterred from using services because they have to pay on the spot.

An Agenda for Action: Health can be trailblazer in increasing efficiency and equity. Decision-makers in health can do a great deal to reduce leakage, for example, notable in procurement. They can also take steps, including regulation and legislation, to improve service delivery and the overall efficiency of the system – steps that other sectors could then follow. Health financing strategy needs to be home-grown, pushing towards universal coverage out of existing terrain.

Join our efforts!

United Nations at a Glance

Permanent Mission of Ireland at the United Nations

Ireland became Member State of the United Nations on 14 December 1955

Ireland, is an island in the North Atlantic. It is separated from Great Britain to its east by the North Channel, the Irish Sea, and St George's Channel. Ireland is the second largest island of the British Isles, the third-largest in Europe and the 20th largest on Earth. Politically, the island is divided between the Republic of Ireland, and independent state, and Northern Ireland (a constituent country of the United Kingdom). They share an open border, and both are part of the Common Travel Area. The Republic of Ireland is a parliamentary democracy based on the British model, with a written constitution and a popularly elected president who has mostly ceremonial powers. The Republic today ranks amongst the wealthiest countries in the world in erm of GDP per capita, and in 2015 was ranked the 6th most developed nation in the world by the United Nations' Human Development Index.

Ireland, also known as Republic of Ireland, is a country in north-western Europe occupying 26 of 32 countries of the island of Ireland. Around the third of the country's population of 4.9 million people resides in the greater Dublin area. The sovereign state shares its only border with Northern Ireland, a part of the United Kingdom. The state was created as the Irish Free state in 1922 as a result of the Anglo-Irish Treaty. It had the status of Dominion until 1937 when a new constitution was adopted, in which the state was named "Ireland" and effectively became a republic, with an elected non-executive president as head of state. It was officially declared a republic in 1949, following the Republic of Ireland Act 1948.

Ireland at the UN

Ireland's membership of the UN has been central to Ireland's foreign policy since it joined in 1955. The principles and values enshrined in the UN Charter are those Ireland always striven to promote. Ireland pays 0.418% of the total UN budget. Ireland regularly seeks election to various bodies in the UN System. Over the years Irish nationals have served the UN with distinction. Ireland is actively involved in reforms efforts to ensure that the UN is fit for purpose. At the UN, Ireland seeks to translate the principle and values of the UN Charter into effective international action on a range of global challenging:

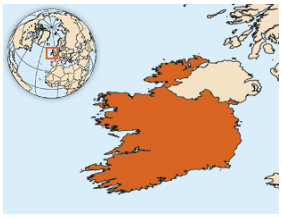
- Combating global poverty and hunger and devising a new development framework for the period 2015 – 2030;
- Ensuring international peace and security;
- Defending human rights;
- Eliminating the threat posed by nuclear weapons.

Ireland has earned considerable international respect through its active participation in the UN. Through our principled contribution on issues such as human rights, development, peacekeeping and disarmament, Ireland has been able to achieve an impact which is disproportionate to its size. This adds real value and reach to the role played by Ireland in international relations and assists the Government in realizing its key foreign policy objectives. Ireland's Permanent Mission in New York promotes Irish foreign policy interests and values at the United Nations. In addition, Ireland has permanent missions to the UN in Geneva and in Vienna.

Details: https://www.dfa.ie/pmun/newyork/

Collaboration with World Health Organization (WHO)

WHO | Ireland



In Ireland, overall responsibility for the health care system lies with the Government, exercised through the Department of Health, under the direction of the Minister of Health. The Irish health care system remains predominantly tax funded. Ireland has recently begun the process of introducing plain packaging of tobacco products, putting it on track to possibly being the first country in WHO European Region to introduce plain packaging.
Total Population (in 2016): 4,726,000; Life expectancy at birth m/f (Years, 2016): 80/83; Total expenditure on health per capita (Intl $, 2014) 3,801; Total expenditure on health as % of GDP (2014): 7.8.

Health Care System

Information and communication technologies (ICT) have an increasingly important role to play in the health care system. There are plans to develop an electronic health record system and extend the use of ICT. The National Patient Treatment Register (PTR), of instance, can be accessed electronically by health service professionals seeking to match hospitals with spare capacity to the needs of waiting patients.

One key area of reform in service provision is in primary care. A Primary Care Strategy set out in 2001 aimed to integrate more fully primary, secondary and continuing care. Central to reform was the development over a 10-year period of 400 – 600 multidisciplinary Primary Care Teams across the country. Each one would serve a population of between 3,000 and 7,000 people, depending on whether it is located in an urban or rural area. Work to implement the strategy is ongoing. The Primary Care Strategy had envisaged that 50-60 multidisciplinary Primary Care Teams would be in place by the end of 2015, but at that point only 10 pilot projects were up and running.

Provision of Services

A common public perception is that there are inequities in access to care in both primary and secondary care. In the primary care sector, attention has focused on the level of utilization and access by those individuals who have neither a Medical Card nor private health insurance and who, therefore, may reduce inappropriately their use of primary health care services to avoid high out-of-pocket payments.

The Irish health care system, in many ways, can be characterized as having been in a process of constant review and implementation of staged initiatives since the late 1990s. This process has culminated in major structural changes both to the organization of the health care system and its orientation, which are still being implemented.

The challenges of promoting equity in the system are likely to remain critical to public confidence in the performance of the health service. Given the continuing commitment of successive Irish governments to support a “mixed” health care system whereby the same personnel may deliver public and private services within the same facilities, a clarification of the “boundaries” of each sector must be addressed if the rights and entitlements of public patients, in particular, are to be protected. More generally, this may yet prove to be a particularly challenging undertaking in an environment where half the population have private health insurance, and the capacity of the private – as well as public – systems to deliver in the face of rising consumer expectations may be open to question.

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

World Health Day 2020

World Health Day 2020 – Support Nurses and Midwives

7 April 2020; In this International Year of the Nurse and the Midwife, World Health Day 2020 will shine a light on the vital role played by nurses and midwives in providing health care around the world and call for a strengthening of the nursing and midwifery workforce.

WHO has designated 2020, the bicentenary of the birth of Florence Nightingale, the International Year of the nurses and the midwives.

On 7 April, "dawn to dusk" advocacy events will be held around the world to mark World Health Day. One of the main events will be the launch of the first ever State of the World's Nursing Report 2020. The report will provide a global picture of the nursing workforce and support evidence-based planning to optimize the contributions of this workforce to improve health and wellbeing for all. The report will set the agenda for data collection, policy dialogue, research and advocacy, and investment in the healthy workforce for generations to come. A similar on the Midwifery workforce will be launched in 2021.

Goals

- Trigger a wave of public appreciation for the work of nurses and midwives and the part they play in delivering health care;
- Raise the profile of nurses and midwives withing the health workforce;
- Catalyze support and investment in nurses and midwives.

Call to Action
General Public

1. Nurses and midwives provide essential health services all through our lives. Show them your appreciation and thank them for what they do.
2. Nurses and midwives often work in challenging circumstances: undervalued, under-resourced, overworked. Let's remind our leaders to support them and make investments that enable them to work to their full potential.
3. Talk to your local nurse and midwife about getting the information and support you need to take care of your own health and the health of your family.

Policy-makers

1. More investment in nurses and midwives is needed to make universal health coverage a reality; you can make it happen.
2. Boost nursing and midwifery influence and leadership to improve health services.
3. This year, commit to gathering better health workforce data so we can target resources and make changes where they are needed most.

Health Workers

1. Nurses and midwives are the cornerstone of strong, resilient health systems. Show them respect.
2. Nurses and midwives are advocates and innovators in their communities, clinics, hospitals and in the health care system. Respect, value and support them.

3. Nurses and midwives, like other cadres of health workers, have the power to change people's lives for the better through quality health advice and care.

A day in the life of a nurse / midwife

Want to know what it's like to be a nurse or a midwife? We invite you to shadow a nurse or midwife in your community. Learn more about them, their life saving work and become an advocate for them. Nurses and midwives are vital to our future,

We need millions more.

Bulletin Board

UN Document: E/CN.6/2020/NGO/118

Published by: Commission on the Status of Women; 64th Session
9 – 20 March 2020

Written Statement submitted by Women's Health and Education Center (WHEC), a non-governmental organization in consultative status with the Economic and Social Council. The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

Title: **Empowering women and communities through education, health and technology: a concept note.**
http://www.womenshealthsection.com/content/documents/CSW_64_NGO_Statement_2020.pdf

Women's Health and Education Center's strategy on e-Health focuses on strengthening health systems in countries; fostering public-private partnerships in information and communication technologies research and development for health and education. We support capacity building for e-Health applications worldwide and 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 on Projects on the World Map.

There are three leading purposes of the health-related uses of information communications and technology in low- and middle-income countries:

1. To extend geographic access to health care;
2. To improve data management;
3. To facilitate communication between patients and physicians outside the physician's office.

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 the Women's Health and Education Center with the United Nations and World Health Organization to achieve our common goals and agenda.

Collaboration with UN University (UNU)

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

Developing Ireland

Committing to Economic Openness and Building Domestic Institutional Capabilities

This study sets out to explain the factors behind Ireland's exceptional period of economic growth from early 1990s to the mid-2000s. It suggests that an unbending commitment to economic openness and an on-going effort to establish quality domestic institutions were the main drivers of the so-called "Celtic tiger" phenomenon. The commitment to economic openness manifested itself in the relentless search for inward investment and a willingness to access deep forms of European integration. Building domestic institutional capabilities involved adopting new-classical macroeconomic policies, creating a robust system of social partnership and reforming the educational system. The two factors positively interacted with each other to create dynamic effects.

Ireland joined European Union (EU) in 1973 and immediately the workings of the custom union had an impact on the Irish economy. Trade creation and trade diversion are widely considered the two dynamics effects of a customs union. On the one hand, trade creation effects occur when the removal of tariff barriers exposes indigenous industries to more efficient producers in other member states. On the other hand, trade diversion occurs when the external tariff barriers that a country accepts on joining the EU denies domestic consumers access to producers outside the EU which are more efficient than internal producers. Membership of the EU released stronger trade creation rather trade diversion effects on the Irish economy.

Learning from Ireland

The Irish economy has been transformed during the past 30 years. A range of factors are responsible for this transformation, which has left the country a prosperous and dynamic place. Several lessons can be drawn from the Irish experience. One is that policy elites – the state, if you like – in a country need to forge an economic development policy vision, not only to guide government interventions, but also to create a framework of understanding that will foster national awareness and buy-in into the development model. In Ireland there has been unwavering support for the economic openness programme to the extent that there is deep suspicion of any political party or proposed public policy that might compromise the global Ireland brand.

A second lesson from Irish experience is the importance of building high quality institutions and institutional arrangements. As a result, it not only helped pull the country back from the economic abyss but is also advanced the core economic objective of making Ireland an attractive place for inward investment.

A third lesson from Irish experience is the importance of policy consistency. Thus, the Irish experience suggests that international bandwagons should be treated with caution and the focus should be on addressing the most pressing domestic economic problems and constrains. Problem-solving and social learning are the bywords of economic development in Ireland.

Publisher: UNU-WIDER; Author: Paul Teague; Sponsors: This study has been prepared within the UNU-WIDER project on Country Role Models for Development Success, directed by Augustin Kwasi Fosu.

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

Ireland: Mothers talking to mothers

For the last 20 years, in certain districts of Ireland's capital, the Community Mothers Programme has been working with women who have just given birth to their first child. The innovation: experienced local mothers are the ones giving guidance to the beginners.

Not long ago, the district of Ballymun was just a series of dingy gray buildings bristling with television aerials, their stairwells splattered with graffiti. Unemployment and drugs were endemic. In the last few years, however, the impact of the "Celtic Tiger" economic boom has transformed even this working-class area, located some five kilometers from downtown Dublin. Little by little, the blocks of buildings were torn down and their occupants moved into cozy little houses. Even a luxury hotel has materialized, and others are in construction. An unthinkable possibility eight years ago, when the Community Mothers Program (CMP) implanted itself in the area.

Launched at the beginning of the 1980s, the CMP helps mothers who are giving birth to their child to get off to a good start. It operates mainly in the less privileged parts of city. The programme is offered to all first-time mothers; choosing to participate or not is up to them. But I neighborhoods like Ballymun, nearly 80% sign up.

Measurable Results

Another resource for visiting mothers is the documentation provided by the health services. With the help of diagrams, it explains why it is a good idea to speak lovingly to your baby, hold him in your arms, get him his vaccinations, and not give him too many sweets. "Really, these are that seem obvious, but they're not necessarily obvious if they weren't passed on to you. I didn't know, for instance, that it was so important to read stories to your children" confides a young mother, another programme graduate who has now become one of the visiting mothers in Ballymun. As soon as child is nine months old, therefore, mothers are encouraged to join the nearest library.

The CMP employs a dozen nurses and works with nearly 1,200 mothers with an annual budget of 800,000 Euros. The results are already measurable. In 1990, the Bernard van Leer Foundation conducted a study with 232 women who were first-time mothers. Of those who had been involved in the Programme, 98% read stories to their children, versus only 54% of the others.

Seven years later, a follow-up study with one third of the same women revealed that 50% of the Programme graduates were against slapping as an educational method, versus less than 25% among the others. CMP mothers are also more likely to supervise their child's homework, limit time spent in front of the television, serve varied meals and take their children to the dentist. "It does not seem like very much," emphasizes a CMP mother, "but those few hours spent with the mothers can make all the difference."

Details: http://uis.unesco.org/country/IE

To be continued….

Two Articles of Highest Impact, March 2020

Editors' Choice – Journal Club Discussions
Fully open-access with no article-processing charges
Our friendship has no boundaries. We welcome your contributions.

1. Preanesthesia Care Recommendations for Gynecologic Patients;
   http://www.womenshealthsection.com/content/gyn/gyn037.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. Sudden Infant Death Syndrome;
   http://www.womenshealthsection.com/content/obsnc/obsnc008.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.

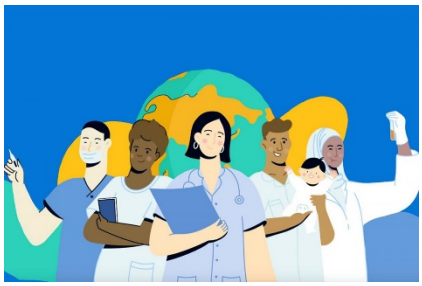
Partnership for Maternal, Newborn & Child Health (World Health Organization)
PMNCH Member

Worldwide service is provided by the WHEC Global Health Line

From Editor's Desk

WHEC Projects under Development

2020: Year of the Nurse and the Midwife



The world needs 9 million more nurses and midwives if this is to achieve universal health coverage by 2030. That is why the World Health Assembly has designated 2020 the International Year of the Nurse and the Midwife. Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving life-saving immunization and health advise; looking after older people and generally meeting everyday essential health needs. They are often, the first and only point of care in their communities.

Join World Health Organization (WHO), including the United Nations Population Fund (UNFPA), in a year-long effort to celebrate the work of nurses and midwives; highlight the challenging conditions they often face; and advocate for increased investments in the nursing and midwifery workforce.

The world has seen a steady decline in maternal and newborn deaths since 1990. Yet hundreds of thousands of women and newborns continue to die each year during pregnancy and childbirth. An estimated 295,000 women died in maternal causes in 2017, and about 2.5 million newborn babies dies in 2018. The vast majority lost their lives to complications and illness that could have been prevented with proper antenatal, delivery and post-natal care – services provided by midwives.

The WHO advocates for "skilled care at every birth" by an accredited health professional, such as midwife, doctor or nurse who has been trained to manage uncomplicated pregnancies, deliveries and the immediate post-natal period. They do not just deliver babies. They also provide comprehensive sexual

and reproductive health services and play a critical role in promoting health within their communities. As members of their communities, they are also able to provide culturally sensitive care that is more likely to have a lasting impact.

The Midwife Shortage

Midwives, when properly trained and supported, offer one of the most cost-effective and culturally sensitive paths to achieving universal health care. Yet midwives are in short supply in many developing countries, and they often lack the skills and supportive environment to perform their jobs well. The deficits are highest in the areas where needs are greatest.

What is WHEC doing?

The Women's Health and Education Center (WHEC), together with over 30 global partners and UN System, works to scale up quality midwifery education, policies, and services around the world. We and our partners also work to strengthen midwifery training curricula, institutions, associations and regulations. Today, support for midwifery services is growing.

WHEC finalized a new global midwifery strategy in 2019. It calls for: education to ensure competent, well-trained midwives and faculty; regulation to ensure midwives can provide quality care and are accountable and autonomous; strong, fully functional associations that advocate for the professional; workforce policies to increase midwifery recruitment, deployment and retention; enabling environments to ensure that legal and policy frameworks empower midwives to provide respectful care; and recognition that midwifery is central to sexual, reproductive, maternal, neonatal and adolescent health.

Midwives saves lives. Well-trained midwives could help avert roughly two-thirds of all maternal and newborn deaths.

73 countries have 96% of the world's maternal deaths, but only 42% of the world's midwives, nurses and doctors.

Join the efforts!

In The News

Global Tobacco Use Trends

Number of males using tobacco globally on the decline, showing that government-led control efforts work to save lives, protect health, beat tobacco.

By 2020, WHO projects there will be 10 million fewer tobacco users, male and female, compared to 2018, and another 27 million les by 2025, amounting to 1.299 billion. Some 60% of countries have been experiencing a decline in tobacco use since 2010. Reduction in global tobacco use demonstrate that when governments introduce and strengthen their comprehensive evidence-based actions, they can protect the well-being of their citizens and communities. Despite such gains, progress in meeting the global target set by governments to cut tobacco use by 30% by 2025 remains off track. Based on current progress, a 23% reduction will be achieved by 2025. Only 32 countries are currently on track to reach 30% reduction target.

Key Findings of The Report are:

- Children: Approximately 43 million children aged (13 – 15) used tobacco in 2018 (14 million girls and 29 million boys).
- Women: The number of women using tobacco in 2018 was 244 million. By 2025, there should be 32 million fewer women tobacco users. Most gains are being make in low- and middle-income countries. Europe is the region making the slowest progress in reducing tobacco use among females.
- Asian trends: WHO's South East Asian Region has the highest rates of tobacco use, of more than 45% of males and females aged 15 years and over, but the trend is projected to decline rapidly to similar levels seen in the European and Western Pacific regions of around 25% by 2025. The Western Pacific Region, including China, is projected to overtake South East Asia as the region with the highest average rate among men.
- Trends in the Americas: 15 countries in the Americas are on track to reach the 30% tobacco use reduction target by 2030.
- Policy action: More and more countries are implementing effective tobacco control measures, which are having the desired effect of reducing tobacco use. Tobacco taxes not only help reduce tobacco consumption and health-care costs, but also represent a revenue stream for financing for development in many countries.

Every year, more than 8 million people die from tobacco use, approximately half of its users. More than 7 million of those deaths are from direct tobacco use while around 1.2 million are due to non-smokers being exposed to second-hand smoke. Most tobacco-related death occur in low- and middle-income countries, areas that are targets of intensive tobacco industry interference and marketing.

Editor's Notes

The WHO report covers use of cigarettes, pipes, cigars, waterpipes, smokeless tobacco products (like chroots and kretek) and heated tobacco products. Electronic cigarettes are not covered in this report. The Report supports the monitoring of Sustainable Development Goal target 3.a, which calls for strengthening implementation of the WHO Framework Convention on Tobacco Control, including:

- Monitoring tobacco use and prevention policies.
- Protecting people from tobacco smoke.
- Offering help to quit tobacco use.
- Warning people about the dangers of tobacco.
- Enforcing bans on tobacco advertising, promotion, and sponsorship.
- Raising taxes on tobacco.

In The Mail…

- **THE WHITE HOUSE; President Donald J. Trump,**
  Re: Healthcare Policies in USA to achieve Universal Health Coverage.

http://www.womenshealthsection.com/content/documents/President_Trump_2020_March_2_small.pdf

- **COVID 19 (Coronavirus Disease) Outbreak**
  Country & technical guidance
  https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Art & Science

Art that touches our soul

Dämmernde Stadt (City in Twilight) by **Egon Schiele**

Dämmernde Stadt (City in Twilight) is an oil painting by Egon Schiele, a townscape of Krumau (today: Krumlov), completed in 1913. It was owned until 1930 by Elsa Koditschek, a Jew who survived the Holocaust hidden in Vienna. The painting was taken from her during the Nazi regime. It was auctioned in 1950 at the Dorotheum in Vienna and bought by a private collector Viktor Fogarassy in good faith.

Townscapes formed a large part of Schiele's work, who is known for nudes and self-portraits. He made them especially during his time in Krumau, where his mother Marie was born. The picturesque hon both banks of the Moldau is now a UNESCO World Heritage Site.

In 2018, in a voluntary act of private restitution, it was auctioned by Sotheby's, with the proceeds to be shared by the descendants of both owners. It was first presented in London, and then auctioned in New York, selling for US $24.57 million (€ 21.81 million) against an estimate of $18 million.

Medium: Oil on canvas; Dimensions: 90.5 cm X 90.1 cm (35 5/8 in X 35 ½ in).

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

http://www.WomensHealthSection.com