WHEC
Helping Women World-Wide

WHEC Update

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

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Before & After Issue

In theory, the diffusion of new knowledge and technology through global trade and investment should improve the surveillance, treatment, and prevention of disease. Economic growth, necessary for sustaining public goods such as health care, should improve the supply of the access to essential health-promoting services, while also reducing poverty, both of which would lead to better health. However, there is now considerable evidence to suggest that the prevailing globalization policies, emphasizing trade and investment liberalization, privatization of state assets and global market integration, have not reduced health inequalities. Rather they have contributed to the rapid spread of infectious diseases and high-risk lifestyles, systematically undermined the public provision of essential services and self-sufficiency and reduced the authority and capacity of states to protect public health.

Other problematic consequences of contemporary globalization include trade in health-damaging products, such as military weapons and tobacco, migration of people displaced by conflict and/or poverty; new environmental threats including depletion of resources and climate change; and increased commercialization and privatization of essential services associated with segmentation of health systems and diminished access to services in poor communities.

A growing evidence base, but a lack of policy-relevant synthesis. To support improvements in health equity, gaps need to be filled in five distinct but interrelated research areas:

1. Global factors and processes affecting health equity.
2. The societal and political structures and relationships that differentially affect people's chances to be healthy within a given society.
3. The interrelationships between individual factors and social context that increase or decrease the likelihood of achieving and maintaining good health.
4. Factors within the healthcare system that influence health equity.
5. How to influence factors 1 – 4 effectively, i.e., identification of policy interventions with the potential to reduce inequalities in the determinants of health and health care. In each of these areas, much remains to be understood.

Research aimed at maximizing or protecting health and access to health care must take into account these features of globalization and cannot be confined to the national and subnational levels. The economic and political drivers of harm to health include policies and trends that transcend national borders and are at least in part beyond the policy "reach" of national governments acting in isolation.

Working Group at Women's Health and Education Center (WHEC) suggest the research agenda must identify and analyze effective policy approaches and interventions that could be implemented within countries. Until recently, research on health equity has described inequalities more than it has explained or proposed interventions to address them.

It is now timely to invest in research evaluating the health effects of policies and interventions among different population segments; framing the health consequences of alternative options for enhancing equity; and guiding policy-making.

Share you point-of-view on ***WHEC Global Health Line (WGHL)***

Global Factors Affecting Health Equity

Rita Luthra, MD

Your Questions, Our Reply

What are the priorities for research to move forward the health equity policy agenda? How can the research community support the levels of interventions and policy?

Effective Policy Interventions: Research and interventions that focus only on the technical, clinical, or financial dimensions of health interventions and systems generally lose sight of these structural (political and economic) and social dimensions. Promoting health equity requires:

1. Integrated action to develop healthier social, economic, political, and physical environments;
2. Improved access to appropriate universal health systems; and
3. Priority interventions and programs within health systems (e.g. scaling up antiretroviral therapy for HIV/acquired immunodeficiency syndrome (AIDS) in sub-Saharan Africa) where the burden of disease is greatest and resources to address it are least.

Biomedical research, while making a significant contribution to curative services, often ignores the social etiology of disease – the causes behind the causes. Similarly, research on individual risk factors often neglects the social context that frames their distribution and modifies their effects.

We need to improve our understanding of the effects of social context and position on health outcomes for individuals and populations. Studies are needed on how macroeconomic and social policies have affected the life chances and health of different population subgroups, defined by socioeconomic position, gender, race/ethnicity, religion, or geography. Research must go beyond the behavioral and other individual determinants of illness, to examine the links between proximal and structural (distal) determinants of ill-health and study the institutions and processes leading to health inequalities.

It should be acknowledged that there has already been considerable research in the above-mentioned areas. However, as addressing the social and environmental determinants of health invariably raises policy questions that are highly political, and political discourse on these issues current. Addressing the main determinants of population health usually requires actions from many sectors, not only the health sector, and new forms of multidisciplinary research focusing on equity are needed to guide multisectoral policy.

Research, whether biomedical or social, is invariably informed by value judgements, even if these are not explicit. The equity-oriented research discussed here is primarily defined by a desire for social justice, specifically to reduce modifiable inequalities that are particularly unfair. Our concepts of “unfairness” influence both the research questions and the methods used to address them.

Health care system factors influencing health equity. In the past two decades, major changes in the health sector have occurred worldwide. These reforms, often market-oriented, have introduced structural changes, including privatization, commercialization, and segmented financing, that have led to a fundamental reorganization of the principles driving health systems. Other changes have included performance-based funding or private-sector management contracts. Specific approaches vary between countries and regions, but the main motivation for reform appears to have been economic efficiency rather than health equity.

We need to choose the questions and generate the knowledge and analysis that explains the drivers of unacceptable gaps between our social aspirations and our economic and social practice. More importantly, we need to generate the knowledge and analysis that informs public policy-making and the economic and social processes that influence it.

United Nations at a Glance

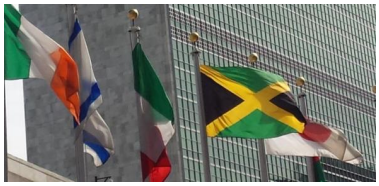
Permanent Mission of Jamaica to the United Nations

Jamaica became UN Member State on 21 September 1962

Jamaica, is an island country situated in the Caribbean Sea. Spanning 10,990 sq. kilometers (4,242 sq. mi) in area, it is the third-largest island in the Greater Antilles and the Caribbean (after Cuba and Hispaniola). Jamaica lied about 145 kilometers (90 mi) south of Cuba, and 191 kilometers (119 mi) west of Hispaniola (the island containing the countries of Haiti and the Dominican Republic); the British Overseas Territory of the Cayman Islands lies some 215 kilometers (134 mi) to the north-west. Population of about 2.9 million, Jamaica is the third-most populous Anglophone country in the Americas (after USA and Canada), the fourth most populous country in the Caribbean. Kingston is the largest city and the capital .

Originally inhabited by the indigenous Arawak and Taino peoples, the island came under Spanish rule following the arrival of Christopher Columbus in 1494. Many of the indigenous people were either killed or died of diseases to which they had no immunity, and the Spanish thus forcibly transplanted large numbers of African slaves to Jamaica as laborers. The island remained a possession of Spain until 1655, when England (later Great Britain) conquered it, renaming it *Jamaica*. Under British colonial rule Jamaica became a leading sugar exporter, with a plantation economy dependent on the African slaves and later their descendants. The British full emancipated all slaves in 1838, and many freedmen chose to have subsistence farms rather than to work of plantations. The island achieved independence from the United Kingdom on 6 August 1962.

Jamaica is a parliamentary democracy and constitutional monarchy. The head of the state is the Queen of Jamaica (Currently Elizabeth II), represented locally by the Governor-General of Jamaica. The Governor-General is nominated by the Prime Minister of Jamaica and entire Cabinet and then formally appointed by the monarch. All the members of the Cabinet are appointed by the governor-general serve largely ceremonial roles, apart from their reserve powers for ruse in certain constitutional crisis situations. The position of the monarch has been a matter of continuing debate in Jamaica for many years; currently both major political parties are committed to transitioning to a Republic with a President.



Permanent Mission of Jamaica to the United Nations

Jamaica has served on the United Nations Security Council (1979 – 1980) and on the Economic and Social Council on a number of occasion. Its representatives have frequently been elected to the Governing Council of several specialized agencies and other bodies in the United Nations Organization. Jamaican nationals have also served with distinction in various capacities within the Secretariat of the United Nations. It is of some significance that, as the international community celebrates the 50th Anniversary of the United Nations, Jamaica's Permanent Representative to the United Nations in New York served a Rapporteur of the Preparatory Committee for that Anniversary.

Jamaica began its contribution to the UN by putting emphasis on the promotion and encouragement of human rights. Much has been achieved in putting into effect the fundamental principles of the UN in the areas of civil and political rights. However, so long as many, many millions of people in the world exist in abject poverty, the vast numbers of children are undernourished and without even basic health and educational facilities, it is a major challenge to promote economic, social and cultural rights to facilitate a better, more equitable distribution of the fruits of the productive process. Moreover, the empirical evidence is that the wealth of nations is enhanced by better education and health care and improving living conditions. The twin objectives of human rights and economic well-being would therefore be achieved by closer international economic cooperation. Details: https://www.un.int/jamaica/

Collaboration with World Health Organization (WHO)

WHO | Jamaica

National Development Plan – Vision 2030 Jamaica – The National Development Plan provides a strategic road map to guide the country to achieve its goals of sustainable development and prosperity by 2030. It is aligned with the Sustainable Development Goals (SDG) that integrates the standards and principles of human rights – participation, non-discrimination, and accountability. The vision of this National Development Plan is to make "*Jamaica, the place of choice to live, work, raise families and do business."* The Plan has four national goals that overlap:

1. Jamaicans are empowered to achieve their fullest potential (this goal emphasizes health and is linked to the National Outcome 1-A Healthy and Stable Population).
2. The Jamaican society is safe, cohesive, and just.
3. Jamaica's economy is prosperous.
4. Jamaica has a healthy natural environment.

National Outcome #1 of the Plan is aligned to SDG Goal #3 (Ensure healthy lives and promote well-being for all at all ages and is a cross-cutting theme in goals), #2 (End hunger, achieve food security, improve nutrition and promote sustainable agriculture), and #6 (Ensure availability and sustainable management of water and sanitation for all).

Health Status of the Population

Demographic Trends: Jamaica is undergoing epidemiological and demographic changes. The estimated population in 2015 was 2,728,907 of which 49.5% were males and 50.5% were females. In the same year there were 37,556 births and 17,327 deaths. The 50-59 and 60 and over age groups showed the largest percentage increase of 15% (278,403) and 10% (341,071) respectively. In 2015, the percentage of working-age population was 48.63%.

Women, Children and Adolescent: Jamaica continues to face some challenges to reduce maternal and infant mortality. Three-quarters of all maternal deaths are caused by complications during delivery and the immediate postpartum period. In 2014, the Ministry of Health (MOH) in collaboration with the European Union (EU) launched the "Programme for the Reduction of Maternal and Child Mortality (PROMAC)," which aims to improve the quality of care for expectant mothers and babies. The MOH also received support through its 'Safe Motherhood' initiative, with technical assistance provided by UNICEF, UNFPA and PAHO/WHO from 2011 – 2013. Jamaica's Ministry of Education Policy "*Reintegration of School-Age Mothers into the Formal School System"* ratified in 2007, assured teen mothers the right to an education, and reduced poverty for young mothers. In 2015, under the "Baby-Friendly Hospital Initiative," one hospital was re-accredited with plans for at least four hospitals per year to be accredited / reaccredited.

Monitoring and Evaluation

The monitoring and evaluation methodology for the Country Cooperation Strategy (CCS) will be in keeping with the PAHO/WHO results-based management approach used for monitoring and evaluation programs. It will assess PAHO's performance in Jamaica and will be led by the PAHO/WHO Country Office with the support of the sub-regional office and HQ. A participatory approach which involves key stakeholders such as decision-makers within the MOH and other health-related Ministries, implementers of the CCS, and partners will be used.

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

Bulletin Board

WHEC Update

The Purpose of WHEC Update, launched in 2006, is to deepen the knowledge on various issues facing international community, sharpen its focus and act more effectively.

The aim of this monthly newsletter is to help keep relevant stakeholders informed on the latest development and events to improve Maternal, Newborn and Child Health. We share information with interested members of Civil Society on human health and related topics as well as promote partnerships to advance the causes of peace, health and security among civil society, the UN and wider international community – A Grand Collaboration.

http://www.womenshealthsection.com/content/update/

Editors of *WHEC Update* welcome contributions from our readers.

Please share your Point of View!

COVID-19 Update

WHEC Manifesto for a healthy and green recovery from COVID-19

COVID-19 is the greatest global shock in decades. Societies need to recover themselves, and to recover, as quickly as possible. Pandemic is a reminder of the intimate and delicate relationship between people and planet. Any efforts to make our world safer are doomed to fail unless they address the critical interface between people and pathogens, and the existential threat of climate change, that is making our Earth less habitable.

Attempting to save money by neglecting environmental protection, emergency preparedness, health systems, and social safety nets, has proven to be a false economy – and the bill is now being paid many times over. The world cannot afford repeated disasters on the scale of COVID-19, whether they are triggered by the next pandemic, or from mounting environmental damage and climate change. Going back to "normal" is not good enough.

National governments are now committing trillions of dollars, in a matter of weeks, to maintain and eventually resuscitate economy activity. These investments are essential to safeguard people's livelihoods, and therefore their health. But the allocation of these investments, the policy decisions that will guide both short- and long-term recovery, have the potential to shape the way we live our lives, work, and consume for years to come. Decisions made in the coming months can either "lock-in" economic development patterns that will do permanent and escalating damage to the ecological systems that sustain all human health and livelihoods, or, if wisely taken, can promote a healthier, fairer, and greener world.

Prescription for a healthy, green recovery

1. **Protect and preserve the source of human health: Nature.** Economies are a product of healthy human societies, which in turn rely on the natural environment – the original source of all

clean air, water, and food. Human pressures, from deforestation, to extensive and polluting agricultural practices, to unsafe management and consumption of wildlife, undermine these services. They also increase the risk of emerging infectious diseases in humans – 60% of which originate from animals, mainly from wildlife.

2. **Invest in essential services, from water and sanitation to clean energy in healthcare facilities.** Around the world, billions of people lack access to the most basic services that are required to protect their health, whether from COVID-19, or any other risk. Handwashing facilities are essential for the prevention of infectious disease transmission but are lacking in 40% of households. Antimicrobial-resistant pathogens are widespread in water and waste and their sound management is needed to prevent the spread back to humans.
3. **Ensure a quick healthy energy transition.** Currently, over 7 million people a year die from exposure to air pollution – 1 in 8 of all deaths. Over 90% of people breathe outdoor air with pollution levels exceeding WHO air quality guidelines values. Two-thirds of this exposure to outdoor pollution results from the burning of the same fossil fuel that are driving climate change. Energy infrastructure decisions taken now will be locked in for decades to come. Factoring in the full economic and social consequences, and taking decisions in the public health interest, will tend to favor renewable energy sources, leading to cleaner environments and healthier people.
4. **Promote healthy, sustainable food systems.** Diseases caused by either lack of access to food, or consumption of unhealthy, high calorie diets, are now the single largest cause of global ill health. They also increase vulnerability to other risks – conditions such as obesity and diabetes are among the largest risk factors for illness and death from COVID-19.
5. **Build healthy, livable cities.** Over half of the world's population now lives in cities, and they are responsible for over 60% of both economic activity and greenhouse gas emissions. Many of the most dynamic cities in the world, such as Milan, Paris, and London, have reacted to the COVID-19 crisis by pedestrianizing streets and massively expanding cycle lanes – enabling "physically distant" transport during the crisis, and enhancing economic activity and quality of life afterwards.
6. **Stop using taxpayers money to fund pollution.** The economic damage from COVID-19 and the necessary control measures, is very real, and will place huge pressure on Government finances. Globally, about US$ 400 billion every year of taxpayers money is spent directly subsidizing the fossil fuels that are driving climate change and causing air pollution. The damage to health and the environment that they cause, brings the real value of the subsidy to over US$ 5 trillion per year.

Our Global Movement and Initiatives for Healthy Planet

The COVID-19 crisis has shown that people will support even difficult policies if decision-making is transparent, evidence-based, and inclusive, and has clear aim of protecting their health, their families, and their livelihoods – rather than serving special interests. This needs to be reflected in the way that policy is made. Most fundamentally, protecting lives, livelihoods and the environment depends on the support of the people.

It is inspiring to see the millions of nurses, doctors, and health workers, who are leading us through this defining health crisis of our time, equally speaking up to call for a healthy long-term recovery from COVID-19.

It is also shown by the millions of young people who have mobilized to demand action not only on climate and biodiversity – but also for the right to breathe clean air, and for their future on a livable planet.

Join the efforts!

Collaboration with UN University (UNU)

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

Natural Disasters and Remittances
Exploring the linkages between Poverty, Gender, and Disaster Vulnerability in Caribbean Small Island Developing States (SIDS)

This paper explores the linkages between poverty and disaster vulnerability in the context of remittance flows to households in the Caribbean. Jamaica is used as the case study country. The paper discusses the channels through which natural disasters and remittances affect each other but also reviews the distribution of female-headed households in Jamaica as a percentage of households living below the poverty line and seeks to identify whether flows of remittances alleviate the post-disaster living conditions of such households. The dislocation of households coupled with the loss of livelihoods caused by natural disaster, which usually affects the poor disproportionately, provides as push factor for migration and future remittances. After hurricane Gilbert in Jamaica (1988) there was an increase in migration. At the same time, there is an increased flow of remittances to help alleviate some of the suffering in the aftermath of a natural disaster. The paper concludes that given the increase in remittances to Jamaica, this flow of income could be used to smooth out the consumption patterns of already vulnerable, female-headed households living in poverty.

The literature suggests that remittances are significant form of post-disaster financing which help to smooth consumption for affected households. The impact of remittances in this regard is seen as having both an immediate as well as a lagged effect. Many studies show that remittances rise in the year following and economic shock. In the case of the Central America and the Caribbean, the major disasters are hurricanes and tropical storms that occur mainly during the third-quarter of the year. Hence one would expect an increase in remittances flows during the year of the disaster with some spillover into the following year for reconstruction purposes.

The poor suffer the most especially in times of a disaster. With women constituting 70% of the world's estimated 1.3 billion poor, there is need to have a gendered approach to disaster risk-management. The PVI clearly points to Jamaica's lack of socioeconomic and environmental resilience to disasters, and given both that country's poverty and gender profile, it is suggested that risk reduction policies are implemented bearing the gender disparities in mind.

A useful disaggregation of the remittances data would be information on the recipients of remittances by gender and by structure of household. There is no doubt that remittances play a significant role in smoothing consumption after a disaster. The data in this paper show that the poorest decile in that country, remittances constituted the lion's share of their income, 87%. Additional useful information would be about who these recipients are, whether the split in remittances is 50:50 between male- and female-headed households, or whether women receive more than men. Casual empiricism suggests that women receive the greater portion of these remittances.

Publisher: UNU-WIDER; Author: Marlene Attzs; Sponsors: UNU-WIDER gratefully acknowledges the contributions to its project on Fragility and Development from the Australian Agency for International Development (AusAID), the Finnish Ministry for Foreign Affairs, and the UK Department for International Development – DFID.

*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.

Jamaica: Background

Children account for 39% of Jamaica's population of 2.6 million. Although the overall poverty rate declined from 26% in 1996 to 16.9% in 1999, children account for 43% of all poor, most of whom are in rural areas. Integration with reginal plans for children, such as the Caribbean Plan of Action for early childhood education, care, and development, is high. Significant steps have been taken to strengthen existing instruments and develop new ones, such as preparing a national policy on children and drafting the Child Care and Protection Act. Jamaica has signed the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict.

While near-universal primary enrolment exists, the quality and efficacy of learning and teaching are a problem. It is calculated that 30% of students, mostly boys, are functionally illiterate at the end of the primary cycle. Low attendance and drop-out rates increase by age. Only 3.6% in the 0 to 3-year age group are enrolled in supervised early childhood care.

Jamaica has high HIV/AIDS prevalence (1.6 per 1,000 persons) vis-à-vis the region. Nearly 8% of those infected are children under 10 years of age, with mother-to-child transmission a major contributing factor. Almost 8% of the total reported number of cases (4,443) are among children under the age of 10. Four fifths of infected children live in poor households, and one out four will be abandoned. Among adolescents, infection rates have doubled every year since 1995, and adolescent girls are three times as likely as adolescent boys to become infected. The teenage fertility rate is high, and 112 per 1,000 births. Sexual initiation occurs as early as 10 years of age. Knowledge of contraception among adolescents is high, but it is estimated that only 50% extensively use condoms.

Approximately 22,000 children work and some 2,500 children, mostly boys, are homeless. Commercial sexual exploitation of children is an emerging concern. Child abuse is increasing, as is exposure to and involvement in violence at home and school. Poverty, weakened family structures, weak community support systems and poor parenting are key underlying causes. About 2,000 children are in residential institutions where standards of care need improvement. Major areas of concern with regard to adolescents are high levels of suicides, alcohol abuse, acts of violence. Vehicular accident and criminal offences. The juvenile justice and correctional systems have inadequate standard of detention, placement, and training, as well as insufficient resources.

A Smile Makes It Worthwhile

Early childhood care and Education has a long-standing tradition in Jamaica, with 95% participation rates for four- and five-years-old and around 60% for three-year-old. National efforts are now focusing on better access for children under 3 and those from the poorest families and most disadvantaged and rural areas.

It is not only the children and families who benefit, but the communities too.

Giving back to communities
http://www.ungei.org/infobycountry/jamaica_1204.html

To be continued….

Two Articles of Highest Impact, June 2020

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

1. Novel Coronavirus (COVID-19) and Pregnancy;
   http://www.womenshealthsection.com/content/obsidp/obsidp013.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. Birth Trauma: Newborn Brachial Plexus Injury;
   http://www.womenshealthsection.com/content/obsnc/obsnc009.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

Sustainable Cities and Sustainable Communities

Cities are hubs for ideas, commerce, culture, science, productivity, social development and much more. At their best, cities have enabled people to advance socially and economically. With the number of people living within cities projected to rise to 5 billion people by 2030, it's important that efficient urban planning and management practices are in place to deal with the challenges brought by urbanization.

Many challenges exist to maintaining cities in a way that continues to create jobs and prosperity without straining land and resources. Common urban challenges include congestion, lack of funds to provide basic services, a shortage of adequate housing, declining infrastructure, and rising air pollution within cities.

Rapid urbanization challenges, such as the safe removal and management of solid waste withing cities, can be overcome in ways that allow them to continue to thrive and grow, while improving resource use and reducing pollution and poverty. One such example is an increase in municipal waste collection. There needs to be a future in which cities provide opportunities for all, with access to basic services, energy, housing, transportation and more.

Facts and Figures: Goal 11 Targets

- Half of humanity – 3.5 billion people – live in cities today and 5 billion people are projected to live in cities by 2030.
- 95% of urban expansion in the next decades will take place in developing world.
- 883 million people live in slums today and most of them are found in Eastern and South-Eastern Asia.
- The world's cities occupy just 3% of the Earth's land, but account for 60 – 80% of energy consumption and 75% of carbon emissions.
- Rapid urbanization is exerting pressure on fresh water supplies, sewage, the living environment, and public health.
- As of 2016, 90% of urban dwellers have been breathing unsafe air, resulting in 4.2 million deaths due to ambient air pollution. More than half of the global urban population were exposed to air pollution levels at least 2.5 times higher than the safety standard.
- 2 billion people do not have access to waste collection services.
- One out of Four urban residents live in slum=like conditions (2018).
- Only half (53%) of urban residents have convenient access to public transport (2018).
- 9 out of 10 urban residents breathe polluted air.
- 150 countries have developed national urban plans, with almost half of them in the implementation phase.

What's the goal here?

To make cities inclusive, safe, resilient, and sustainable.

Why?

The world is becoming increasingly urbanized. Since 2007, more than half the world's population has been living in cities, and that share is projected to rise to 60% by 2030. Cities and metropolitan areas are power-houses of economic growth – contributing about 60% of global GDP. However, they also account for about 70% of global carbon emission and over 60% of resource use.

What can I do to help achieve this goal?

Take an active interest and management of your city. Advocate for the kind of city you believe you need. Develop a vision for your building, street, and neighborhood, and act of that vision. Are there enough jobs? Can your children walk to school safely? Can you walk with your family at night? How far is the nearest public transport? What's the air quality like? The better the conditions you create in your community, the greater the effect on quality of life.

In The News

Preventing Tomorrow's Wars: A Question of Trust

In recent years, the conflict landscape has changed, with a growing involvement of non-State actors, which has had a significant impact on the activities of the United Nation (UN). This is just one of many destabilizing factors, however, and one of the most significant is the changing circumstances. For example, in Africa farmers and herders fighting over land, the displacement of people that then leads to inter-communal tensions, and in some cases, inter-communal violence. And whilst we seek to reap the

benefits of innovation, we know that new technologies can also be destabilizing. So, there are many areas that we have to take into account.

When it comes to dealing with armed conflict, the eyes of the world often turn to the UN Security Council and members' attempt, with varying degrees of success, to resolve or prevent bloodshed.

Behind the scenes, however, a team of mediators, overseen by the UN's political chief and the team, is using quieter diplomacy in conflict zones across the world, to bring warring parties together and make the world a safer place. Mediation, however, has been a mainstay of the team of experienced mediators, who help parties at war, come to the negotiating table, assist in inter-communal dialogue, provide advice on constitution drafting and security sector reform, and broadly deal with a range of issues often at the root of mounting conflicts.

Impartial Negotiation

UN's ability to act as an "honest broker," including safeguarding the confidentiality of sensitive negotiations, is of vital importance. Every situation should be approached from a very impartial perspective. UN Mediators help people to decide for themselves how to move forward.

The first priority is to build trust with the panelists, but also to ensure confidentially. The goal of mediation is, people to be able to come together, and feel as if they come to an agreement that will be lasting between them.

Don't let UN be misunderstood

Sometimes it can be extremely hard to listen to Member States or individuals questioning the merits of the United Nations, when you know that UN's initiatives are working hard in the field to bring sparring groups together and find a peaceful resolution, all over the world.

Since the beginning of UN Secretary-General, António Guterres' mandate in 2017, mediation is one of his key priorities, and in 2017,set up a High-level Advisory Board of Mediation, made up of 18 members, all highly experienced in diplomacy and mediation, has been hard at work. Since the launch of the mandate and with the help of diverse voices, we believe peacebuilding process will be a success.

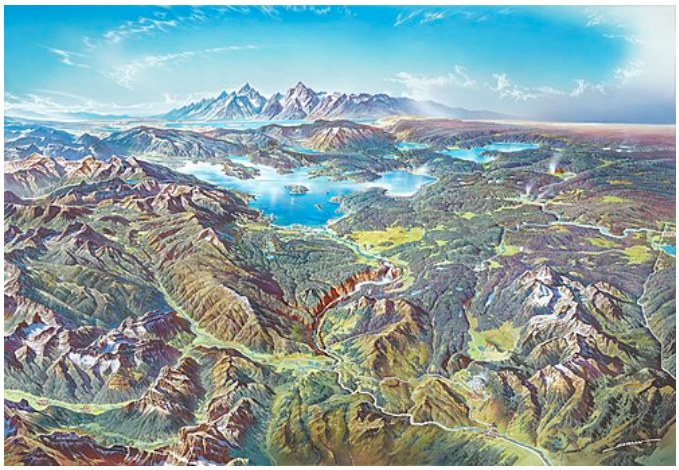
Working with the advisory board, and with the inclusion of women and youth, in various political processes is essential. And when the envoys in the field submit their periotic reporting to the Secretary-General and the Security Council, mediators also include aspects related to women and youth, in their analysis.

Join the efforts!

Art & Science

Art that touches our soul

Yellowstone National Park (USA)



Yellowstone National Park is an American national park located mostly in Wyoming and extending into Montana and Idaho. It was established by the U.S. Congress and signed into law by President Ulysses S. Grant on March 1, 1872.

Yellow stone was the first national park in U.S. and is also widely held to be the first national park in the world. The park is known for its wildlife and its many geothermal features, especially the Old Faithful geyser, one of its most popular landmarks.

It has many types of ecosystems, but the subalpine forest is the most abundant. The park is part of the South-Central Rockies forests ecoregion. In 1978, Yellowstone was named a World Heritage Site by UNESCO.

This picture is a stylized panoramic map of Yellow stone National park as viewed from the northeast, created in 1991 by Austrian painter and cartographer Heinrich C. Berann for the National Park Service. Yellowstone Lake and the Grand Canyon of the Yellowstone are in the center, while Old Faithful is visible on the right, next to a brown building representing the Old Faithful Inn. Jackson Lake and the peaks of the Teton Range are depicted in the background.

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

http://www.WomensHealthSection.com