



WHEC Update

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

August 2020; Vol. 15. No. 08

Leadership Development Series

"Energy and persistence conquer all things" - Benjamin Franklin. The statement conveys – focus and determination beat brains and intellect every time. You don't have to be smarter or better educated to succeed. Your power lies in your ability to focus on doing what is important. If you focus on the right things, and work at them often, you will achieve exception results. One of the most important qualities of effective leadership is focus. Without focus, it is impossible to move forward to achieve your goals. Effective leaders, whatever their title, are able to keep themselves and those around them on task. Those who lack focus in their personal lives and in their careers tend to drift. In acting as a leader, you can handle just about anything that comes your way as long as you don't lose power and drift. Power, in this sense, is the ability to stay engaged in what is going on. It doesn't mean that you have control over every situation, any more than a boat has control over the waves. Rather, it is the ability to engage the situation with intent, with *focus*.

Drifting and waiting are very different things. Waiting is an intentional choice. It requires patience and deliberation. Drifting takes away your power of choice. When you wait, you believe that something will happen, although you may not know when. Instead of acting rashly or impetuously, you pause to gather information and seek insight. Drifting results from lack of leadership at the helm and lack of direction. When you drift, it doesn't even take particularly large wave to capsize the boat. It's all too easy to become distracted or lulled into complacency. Before you know it, you are drifting. A simple lack of attention can cause you to lose the power of purpose and engagement. Instead of initiating action, you become paralyzed. Rather than acting, you find yourself acted upon.

Distraction is determinantal. According to the National Association of Professional Planners, the average America's desk has about fifty-two hours of unfinished work on it. A recent study of knowledge workers found that they face a distraction every 11 minutes on average, and that once distracted, it takes them 25 minutes to get back to the task at hand. According to a study conducted at the University of Michigan in 2005, 20% to 40% of worker's productivity is eaten up by "task switching" – that is, the time it takes to mentally re-engage when shifting from one task to another. We live in a world of perpetual distraction. We are never "caught up," whatever that means. Multitasking, one valued as a productivity tool, now more often than not creates a sense of activity while actually decreasing output. The unimportant and the trivial consume the time we should spend doing significant, meaningful work. And it comes about because we neglect to focus.

The goal of anyone who wants to act as a leader is to move beyond the perpetual distractions we face and focus on what really matters. It is easy to become distracted or even addicted to cell phones, BlackBerrys, and the like. We have to work diligently to stay focused. To lead effectively, we can't wait for random events to help us achieve our goals. Our challenge is to plan to do things of significance and impact, then strategically pursue them.

Having clear focus helps us all to achieve our goals. The great advancements of history came about as a result of the ways individuals used their resources; their time and expertise, and the time and expertise of others. How you manage those precious resources will determine how effective you are in life – whatever your title may be.

Share your thoughts and ideas on ***WHEC Global Health Line (WGHL)***

The Power of Focus

Rita Luthra, MD



Your Questions, Our Reply

How to be an effective and successful leader? How do I get people to trust me? Should the leaders be the heroes, or make heroes out of those around you?

Your Impact on Others: I have found that those who aspire to lead (or lead better) learn to build people up, encourage them and make them heroes. According to researcher Tom Rath at Gallup, the number one reason why people quit their jobs is lack of appreciation. Everyone wants to feel significant, to be recognized for what they do. As 19th century British Prime Minister Benjamin Disraeli said, “The greatest good you can do for another is not just to share your riches by to reveal to him his own.” The lesson: It is important to make people feel appreciated. It is even more important to let people know that there is someone who believes in them so much that he or she will not let them be less than they can be.

To harness the power of others, you have to persuade them to follow your lead. This is even more important for untitled leaders who don't have the authority to promote or fire. To get others to follow your requires character, competence, connections – 3 Cs.

CHARACTER: those who wish to influence others understand how important character is, whatever their title. We all have blind spots. To see through our blind spots, we need to be open enough to work input from others. To get that honest input, we must earn their trust. **TRUST** is vital to leadership – if others can't trust you, how can they follow you? Be trustworthy. Don't make promises you can't keep.

Another essential aspect of character is humility – a focus on others born out of concern for them. Humility is not thinking less of yourself. It is thinking of yourself *less*. The opposite of humility is not pride; it is self-absorption. Few people can lead or inspire others, at work or at home, when they are self-absorbed.

COMPETENCE: people who act as leaders exude competence – by their actions, by their appearance, and in everything they undertake.

CONNECTION: when we act effectively as leaders, those around us bond with us – not because of our position or title in the organization, but because of their relationship with us. But that kind of emotional connection can only occur when you are genuinely concerned about others. You can't achieve that connection through gimmicks, tricks, or shortcuts. When you care for others – even those you have only limited personal contact with – it shows. Being nice to others is fundamental. We like people who are similar to us, people we are familiar with, people who have reciprocal feelings about us, and people who are considerate, cheerful and generous.

To be an effective leader, you need to know how to motivate others. The fact is people need reasons to do things. There are overwhelming demands on everyone's time and energy. To enlist the support and service of others, you need to show them how they will benefit.

Few people like confrontation. And nobody likes to be confronted. But of course in leading others, confrontation is necessary at times. If you avoid confrontation when it is needed, eventually others won't take you seriously. The solution? To confront *problems*, not *people*.

Set an Example. As a leader, your job is to act as a thermostat, not as thermometer. Show others the attitude, commitment, and performance you expect from them. Getting the best out others – and helping others give their best – is the very definition of people power.



HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT

2020 Session; ECOSOC High-Level Segment

7 July 2020 – 16 July 2020

The meeting of the High-Level Political Forum (HLPF) was held at UN Headquarters, New York from 7 July to 16 July. The theme of 2020 HLPF was: **Accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development**

The High-Level Political Forum (HLPF) is the main United Nations platform on sustainable development and it has a central role in the follow-up and review of the 2030 Agenda for Sustainable Development the Sustainable Development Goals (SDGs), at the global level. The Forum adopts intergovernmentally negotiated political declarations. Details: <https://sustainabledevelopment.un.org/hlpf/2020>

UN Document E/2020/NGO/1

The compilation of written statements by Non-Governmental Organizations in consultative status with ECOSOC on the theme of the High-level segment of ECOSOC and the HLPF is available. You will be pleased to know the Written Statement of Women's Health and Education Center (WHEC) was accepted for publication and it is available. Here is alphabetically compiled list:

Women's Health and Education Center (WHEC) is listed # 166 in this alphabetically arranged list; and its statement is available on **Pages 282 – 283** in this document.

https://sustainabledevelopment.un.org/content/documents/26614Written_Statements_NGO.pdf

Two decades of e-Health Educational Programme with the United Nations and Promoting Universal Health Coverage Worldwide.

Efforts of WHEC in the provision of e-Governments and Integrated e-Health Care are:

- Demographic change, rising incidence of chronic disease and unmet needs for more personalized care are trends that demand a new, integrated approach to health and social care.
- Telehealth, the provision of care at a distance, is a key component in future integrated care.
- Making the case for investment in telehealth applications requires better marshalling of existing evidence, not only to show that telehealth works, but also to show where – in what organized context – it will work.
- Financial flows in health system must be critically assessed for their ability to act as incentives or disincentives for telehealth provision, acknowledging that the “business case” for telehealth is often very different for different players.
- e-Government and e-Health platforms to attain United Nations' 2030 Agenda for Sustainable Development. As Governments transition towards e-Government and e-health throughout the world, there is growing acknowledgement of the role that the e-Government and e-Health could play to harness for women's empowerment and gender equality.

e-Health can result in economic benefits and improve health outcomes.

http://www.womenshealthsection.com/content/documents/2020_HLPF_Written_Statement.pdf

Join the efforts!



United Nations at a Glance

Permanent Mission of Japan at the United Nations

Japan became Member State of the United Nations on 18 December 1956

Japan; Officially Japanese: is an island country located in East Asia. It is bordered by the Sea of Japan to the west and the Pacific Ocean to the east, and spans from the Sea of Okhotsk in the north to the East China Sea and Philippine Sea in the south. Part of the Pacific Ring of Fire, Japan encompasses an archipelago of about 6,852 islands, with five main islands (Hokkaido, Honshu, Kyushu, Shikoku, and Okinawa) comprising 97% of the country's area. Japan is divided into 47 prefectures and traditionally into eight regions. Capital: Tokyo; National Language: Japanese; Government: Unitary parliamentary constitutional monarchy; Area total: 377,975 km² (145,937 sq. mi); Population 2019:



126,150,000.

In 1937, the Empire of Japan invaded China, beginning the Second Sino-Japanese War; in 1940, it signed the Tripartite Pact and entered World War II the following year on the side of the Axis powers. After suffering major defeats in Pacific and two atomic bombings, Japan surrendered to the Allies in 1945, coming under a brief occupation and adopting a new post-war constitution. Japan has since maintained a Unitary Parliamentary Constitutional Monarchy with the Emperor as a ceremonial head of state and an elected legislature known as the National Diet.

Today, Japan is the most powerful for most become in world's also the



is a member of the United Nations, the OECD, the G7, and the G20. Although officially renounced its right to declare war, Japan maintains a modern military peacekeeping and self-defense, which has been ranked as the world's fourth most powerful. Following World War II, Japan experienced record economic growth to the world's second largest economy by 1980. Today, Japan's economy is the third-largest by nominal GDP and fourth-largest by purchasing power parity; it is fourth-largest importer and exporter and a global leader in the automotive and electronics industries. Japan is ranked "very high on the Human Development Index; it population enjoys high levels of education and the second-highest life expectancy in the world, though it currently is experiencing a projected decline due to low birth rates. Culturally, Japan is renowned for its art, cuisine, literature, cinema, music and popular culture.

Foreign relations

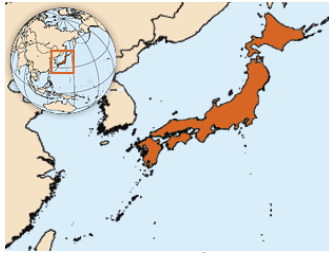
A Member State of the United Nations since 1956, Japan has served as a non-permanent Security Council member for a total of 20 years. It is one of the G4 nations seeking permanent membership in the Security Council. Japan is a member of G7, APEC, and "ASEAN Plus Three," and is a participant in the East Asia Summit. Japan signed a security pact with Australia in March 2007 and with India in October 2008. It is the world's fifth-largest donor of official development assistance, donating US\$9.2 billion in 2014. In 2017, Japan had the fifty largest diplomatic network in the world.

Japan has close economic and military relations with the United States; the US-Japan security alliance acts as the cornerstone of the nation's foreign policy. The United States is a major market for Japanese exports and the primary source of Japanese imports, and is committed to defending the country, having military bases in Japan for partially that purpose.

Details: https://www.un.emb-japan.go.jp/itprtop_ja/index.html

Collaboration with World Health Organization (WHO)

WHO | Japan



Japan renews primary healthcare to promote healthy ageing

Today, the average life expectancy in Japan is in the 80s, and because Japan has elderly population, non-communicable diseases (NCDs) are highly prevalent. About one out of two Japanese people will develop cancer at some point in their lives, and since many cancers are treatable, one major challenge is to accommodate the many people on cancer treatment, so that they can continue to work and take their place in society. Due to ageing, we also face the challenge of dementia. Since 2015, the health sector has been implementing the government's plan to address the challenge of dementia. The plan envisages a society in which dementia patients are respected and can continue to live at home and in the community for as long as possible. This should be achieved through the provision of timely and appropriate medical and nursing care, as well as support for the caregivers themselves.

In Japan, most physicians set up a private practice after completing specialty training. However, physicians are often concentrated in urban areas, while rural areas may be poorly served. Moreover, physicians need to address the demands of a rapidly ageing population. For these reasons, in 2012, the Japan Medical Association (JMA) started encouraging people to register with *kakaritusuke* physicians. *Kakaritusuke* physician does not refer to qualification or position such as 'general practitioner,' but a role or function played by a physician who may be a family doctor, a specialist or a hospital physician and who practices in his or her community. This is a physician who has up-to-date general medical knowledge, whom people can consult on any health issue and who can refer a patient to another specialist when needed. These physicians advise patients on how to stay healthy for as long as possible thus contributing to a society in which elderly people remain active. There are five key components to their work. First, they take a patient-centered approach to healthcare, attending to the individual as a whole. Second, they take a life-course approach, attending to patients at diverse time-periods, from the early years to old age. Third, they provide healthcare by teaming up with other professionals, for example, social workers to address the needs of the elderly. Fifth, they need to be able to fill in any healthcare gaps. For example, if hospices are not available, then they need to be able to provide palliative care in patients' home.

Japan's model of universal health coverage (UHC) has been praised by the World Bank

UHC was rolled out in Japan step by step. The Health Insurance Act was enacted in 1992, requiring companies to contribute to their employees' health insurance. This social health insurance for employees was later extended to everyone else, with coverage provided by regional health insurance funds. The public health insurance program is applied uniformly nationwide so that each individual has equal access to healthcare services. To address concerns about financial sustainability, the JMA is promoting preventive medicine, encouraging approaches that preserve people's health for as long as possible and the integration of health screening programs.

Currently, the Japanese government is proposing increasing patient contributions to address the financial burden on patients, particularly the elderly, will increase significantly. The JMA opposes this proposal, and through negotiations with the government, policy-makers are working hard to protect the health of all patients without increasing the burden on the patients and the general population.

Japan's Total Population (2016): 127,749,000; Total expenditure on health as % of GDP (2014): 10.2

Details: <https://www.who.int/countries/jpn/en/>

Bulletin Board

Obstetrics Section; <http://www.womenshealthsection.com/content/obs/>

Worldwide about 500,000 women die as a result of pregnancy each year. Every minute of every day a woman dies. We have, for several decades, had the knowledge and means to remove much of the risk and uncertainty associated with childbirth. This tragic picture has only gradually become clearer.

Maternal death is only the tip of the iceberg. In developing countries, a large number of women are in a state of constant and debilitating ill health, which they often accept fatalistically as the normal and unavoidable price of childbirth. The situation is not new, but until recently few people were aware of the enormity of the problem. With the growing motivation and politically will the need for better information has become more acute.

Knowledge and understanding are a precondition for action at all levels of the healthcare and other systems. This section is an attempt to bring together information from scientific journals and government reports, in order to give as complete a picture as possible of obstetrical care to reduce maternal mortality. The Internet has connected the world and this super-highway hopefully brings different cultures and customs together for better understanding. All those concerned with preventing maternal mortality and morbidity and disability and the suffering resulting there from, hopefully find these sections useful.

We hope our forms are helpful in suggesting solutions to the problem. We hope that this will provide a useful factual basis for action, for all those working for Safe Motherhood.

Join the efforts!

Women's Health and Education Center (WHEC) Editorial Board

Five things you didn't know about practices that harm girls



Every day, hundreds of thousands of girls around the world are harmed physically or psychologically, with the full knowledge and consent of their families, friends and communities. And without urgent action, the situation is likely to worsen.

UNFPA's flagship 2020 State of World Population Report, released this month, examines the origin and extent of harmful practices around the world, and what must be done to stop them.

It identifies 19 harmful practices – ranging from breast ironing to virginity testing – that are considered to be human rights violations. But it focuses on three practices in particular that are widespread and persistent, despite near-universal condemnation: female genital mutilation (FGM), child marriage, and son preference.

Below are five unexpected, and critical takeaways from the report

1. People who subject their daughters to these practices are often well intentioned. Child marriage may be intended to secure a girl's future by making her husband's family responsible for her care. It may be seen as a way to protect her from sexual violence, or as a way to safeguard her reputation if she becomes pregnant. FGM is often performed to ensure a girl is accepted by her future spouse or by the broader community.

2. Harmful practices are rooted in gender inequality and serve the purpose of controlling girl's bodies, sexuality or sexual desires. In many places, FGM is thought to suppress female sexuality, prevent infidelity or enhance sexual pleasure for men.

3. Harmful practices are widespread, cutting across countries, cultures, religions, ethnicities and socioeconomic levels. Child marriage, FGM and son preference take place around the world. Globally, the number of girls and women affected by these practices is staggering – and even, in some cases, growing. This year 4.1 million girls are at risk of FGM. 1 in 5 marriages today involves a child bride. And son preference has resulted in a deficit of some 140 million females.

4. The Covid-19 pandemic is likely worsening child marriage and FGM. The pandemic has vast impacts on the lives of girls and their families – from economic hardships and school closures to the loss of access to health services and community programs.



5. We know how to end these harmful practices – and this is the moment to do it. Lasting solutions will require changes to social norms rooted in gender inequality.

Changing social norms is crucial in achieving gender equality. Human behavior is not always a choice. Often it is automatic and unintentional, and rooted in the belief that others expect us to behave in a certain way, particularly when upholding traditions and culture.

Details: https://www.unfpa.org/sites/default/files/pub-pdf/WEB-UNFPASocial_Norms.pdf



Collaboration with UN University (UNU)

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

Asian Donor Support for Gender Equality and Women's Empowerment

Comparative experience, challenges and opportunities

Since the 1990s, gender mainstreaming has been accepted strategy for promoting gender equality within governments, multilateral agencies, and development NGOs, although critics continue to question its premises and results. This paper reviews how the development agencies in Australia, Japan, New Zealand, and the Republic of Korea, as well as the Asian Development Bank, have sought to promote gender equality through their activities, and considers lessons that can be drawn from their experience. The paper also considers the Philippines' harmonized guidelines on gender and development, and the experience of these development agencies in implementing the guidelines.

Gender equality is widely recognized as an important development objective in itself, as well as a prerequisite for inclusive and sustainable economic and human development. While substantial progress has been made in closing gender gaps and strengthening women's empowerment and rights, significant gaps remain in many areas, and reinforced by entrenched gender biases and other structural barriers. UNU-WIDER's program on Research and Communication on Foreign Aid (ReCom) aims to fill knowledge gaps and facilitate an exchange of experiences and lessons to promote more effective development co-operation for gender equality.

Japan's Official Development Assistance (ODA) Charter, which was updated in 2003, includes a specific commitment to promote gender equality, and the active participation of women under the basic principle of fairness. The ODA Charter also prioritizes development assistance to promote human security. These priorities are endorsed in Japan's Medium-Term Policy of ODA. Japan's organizational structure for development assistance underwent major reform in 2008, including the reorganization of JICA (Japan Bank of International Cooperation) to take over part of the loan portfolio of the former JICA, as well as grants previously managed by the Ministry of Foreign Affairs. JICA currently pursues three strategies:

1. Promoting gender-responsive policies, strategies and institutions;
2. Promoting women's empowerment; and
3. Promoting gender integration in programs and projects.

During this period, feminist academics, parliamentarians, and women's organizations in Japan advocated for domestic equality reforms and participating in the world conferences on women and related NGO fora and other international events such as the International Conference on Population and Development held in Cairo in 1994. Their efforts spurred Japan's ratification of CEDAW and enactment of equal employment legislation in 1985. At the 2005 session of the UN Commission on the Status of Women, which included the 10-year review of the Beijing Platform of Action, the Japanese government also announced a new "Initiative on GAD (Gender and Development)."

Publisher: UNU-WIDER; Author: Eugenia McGil; Sponsors: This study has been prepared within the UNU-WIDER project "ReCom – Research and Communication on Foreign Aid" directed by Tony Addison and Finn Tarp.

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)*

Japan increases contribution to the Global Partnership for Education



The additional funding toward the US \$ 6.95 million emergency funding provided by Global Partnership for Education (GPE) in 2016 to address urgent education needs in the region of Lake Chad benefitting 8,500 children both refugees and displaced with classroom, textbooks, school lunches and a better learning environment.

Chad has been at the forefront of several humanitarian crises and has been impacted by both the Sahel food crisis and a financial crisis following the decrease in oil prices.

Japan joined GPE in 2008 and has since contributed a total of US \$ 24.8 million. It is represented on the GPE Board of Directors and shares a seat with Australia, Korea and the United States.

Aid to Education

The Overseas Economic Cooperation Council is responsible for the overall strategic direction of Japan's ODA policy. Under this umbrella, the Ministry of Finance, Ministry of Foreign Affairs and Ministry of

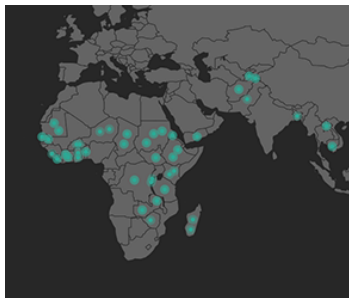
Economy, Trade, and Industry propose and recommend aid policies while the Japan International Cooperation Agency (JICA) and Japan Bank for International Cooperation (JBIC) implement the aid program.

Both JICA and the Ministry of Foreign Affairs consider education a key development sector and an integral part of their efforts to promote human security in developing countries. As part of its promise to fulfill the vision of the Sustainable Development Goals (SDGs), Japan created and “SDG Promotion Headquarters,” led by the Prime Minister and tasked with directing a whole-of-government approach to achieving the goals. Promotion of quality education is included in the first of 8 priority areas outlined in The SDGs Implementation Guiding Principles.

Education was additionally included in the G20 Initiative on Human Capital Investment for Sustainable Development of the G20 Development Working Group during the 2019 Japanese Presidency. JICA’s 2015-2020 position paper on education cooperation guides its work in the sector, focusing on Four priority areas:

- Quality education for learning development;
- Education for fostering equitable and sustainable growth;
- Education for knowledge co-creation in societies;
- Education for building inclusive and peaceful societies.

In 2017, the top recipients of basic education ODA disbursement were: Philippines, Egypt, Nepal, Bangladesh, Cambodia.



Explore GPE around the world. GPE helps partner countries strengthen their education systems

To be continued....

Two Articles of Highest Impact, July 2020

Editor’s Choice – Journal Club

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Homelessness, Health and Human Habitation;
<http://www.womenshealthsection.com/content/heal/heal027.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

Goal of The Month



Goal 17: Partnerships for the Goals; Revitalize the global partnership for Sustainable Development

The Sustainable Development Goals (SDGs) can only be realized with strong global partnerships and cooperation. A successful development agenda requires inclusive partnerships – at the global, regional, national and local levels – built upon principles and values, and upon a shared vision and shared goals placing people and the planet at the center. Many countries require Official Development

Assistance to encourage growth and trade. Yet, aid levels are falling, and donor countries have not lived up to their pledge to ramp up development finance.

Due to COVID-19 pandemic, the global economy is projected to contract sharply, by 3% in 2020, experiencing its worst recession since the Great Depression. Strong international cooperation is needed now more than ever to ensure that countries have the means to recover from the pandemic, build back better and achieve the SDGs.

Why does this matter to me?

We are all in this together. The Agenda, with its 17 SDGs, is universal and calls for action by all countries, both developed countries and developing countries, to ensure no one is left behind. Support for implementing the SDGs is gaining momentum, but major challenges remain. A growing share of the global population has access to the Internet, and a Technology Bank for Least Developed Countries (LDCs) has been established, yet the digital divide persists.

As partners, what would we need to do to achieve the Agenda?



We will need to mobilize both existing and additional resources – technology development, financial resources, capacity building – and developed countries will need to fulfill their official development assistance commitments. Multistakeholder partnerships will be crucial to leverage the inter-linkages between the SDGs to enhance their effectiveness and impact and accelerate progress in achieving the Goals.

What can we do to help?

Join/create a group in your local community that seeks to mobilize action on the implementation of the SDGs. Encourage your governments to partner with businesses for the implementation of the SDGs. Register your initiatives on the SDGs Partnership Platform to inform, educate, network, and be inspired!

To find out more about Goal # 17 and other Sustainable Development Goals, visit:
<https://www.un.org/sustainabledevelopment/>



In The News

Advice on the use of masks in the context of COVID-19

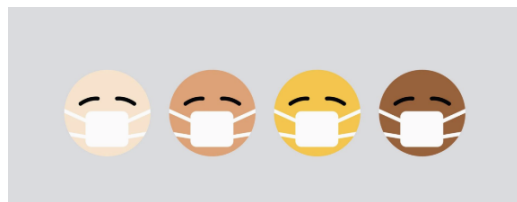
Interim Guidance by the World Health Organization 5 June 2020



This document is an update of the guidance published on 6 April 2020 and includes updated scientific evidence relevant to the use of masks for preventing transmission of Coronavirus Disease 2019 (COVID-19) as well as practical considerations.

Background: The use of masks is part of a comprehensive package of the prevention and control measures that can limit the spread of certain viral diseases, including COVID-19. Masks can be used either for protection of healthy persons (worn to protect oneself when in contact with and infected individual) or for source control (worn by an infected individual to prevent onward transmission).

However, the use of mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission of respiratory viruses. Whether or not masks are used, compliance with hand hygiene, physical distancing and other infection prevention and control (IPC) measures are critical to prevent human-to-human transmission of COVID-19. This document provides information and guidance on the use of masks in healthcare settings, for the general public, and during home care. The World Health Organization (WHO) has developed specific guidance on IPC strategies for health care settings, long-term care facilities, and home care.



Guidance on Mask Management

For any type of mask, appropriate use and disposal are essential that they are effective as possible and to avoid any increase in transmission. WHO offers the following guidance on the correct use masks, derived from best practices in health care settings:

- Perform hand hygiene before putting on the mask;
- Place the mask carefully, ensuring it covers the mouth and nose, adjust to the nose bridge, and tie it securely to minimize any gaps between the face and the mask;
- Avoid touching the mask while wearing it;
- Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind;
- After removal or whenever a used mask is inadvertently touched, clean hands with an alcohol-based hand rub, or soap and water if hands are visibly dirty;
- Replace masks as soon as they become damp with a new clean, dry mask;
- Do not re-use single-use masks;
- Discard single-use masks after each use and dispose of them immediately upon removal.

[Advice on the use of masks in the context of COVID-19: Interim guidance, 5 June 2020](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

https://youtu.be/9Tv2BVN_WTk

Art & Science

Art that touches our soul

Under the Horse Chestnut Tree

Under the Horse Chestnut Tree (1898), a drypoint (a printmaking technique of the Intaglio family, in which



image is incised into a plate or matrix with a hard-pointed needle of sharp metal or diamond point. In principle, the method is practically identical to engraving) and aquatint print by **Mary Cassatt**, an American painter and printmaker who lived most of her adult life in France, where she first befriended Edgar Degas and later exhibited among the Impressionists.

Cassatt often created images of the social and private lives of women, with particular emphasis on the intimate bonds between mothers and children, on which her reputation is largely based.

In recognition of her contributions to the arts, France awarded her the *Légion d'honneur* in 1904, but she never had as much success in her homeland, having been overshadowed by her brother, railroad magnate Alexander Cassatt. Although instrumental in advising American collectors, recognition of her art came more slowly in the United States.

Diagnosed with diabetes, rheumatism, neuralgia, and cataracts in 1911, she did not slow down, but after 1914 she was forced to stop painting as she became almost blind.

Cassatt died on June 14, 1926 at Château de Beaufresne, near Paris, and was buried in the family vault at Le Mesnil-Théribus, France.

Print: Mary Cassatt; Size: 19 X 15 in. Location: Museum of Fine Arts Houston.

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

<http://www.WomensHealthSection.com>

