WHEC
Helping Women World-Wide

WHEC Update

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

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Shaping the Future

The relationships between digital media use and mental health have been investigated by various researchers – predominantly psychologists, sociologists, anthropologists, and medical experts – especially since mid-1990s, after the growth of the World Wide Web. A significant body of research has explored "overuse" phenomena, commonly known as "digital addiction," or "digital dependencies." These phenomena manifest differently in many societies and cultures. Some experts have investigated the benefits of moderate digital media use in various domains, including in mental health, and the treatment of mental health problems with novel technological solutions.

Internet addiction has been proposed as a diagnosis since the mid-1990s, and social media and its relation to addiction has been examined since 2009. A 2018 Organization for Economic Co-operation and Development (OECD) Report noted the benefits of structured and limited internet use in children and adolescents for developmental and educational purposes, but that excessive use can have a negative impact on mental well-being. It also noted an overall 40% increase in internet use in school-age children between 2010 and 2015, and that different OECD nations has marked variations in rates of childhood technology use, as well as differences in the platforms used.

The utility of term *addiction* in relation to overuse of digital media has been questioned, in regard to its suitability to describe new, digitally mediated psychiatric categories, as opposed to overuse being a manifestation of other psychiatric disorders. Usage of term has also been criticized for drawing parallels with substance abuse behaviors. Careless use of the term may cause more problems – both downplaying the risks of harm in seriously affected people, as well as overstating risks of excessive, non-pathological use of digital media. The evolution of terminology relating excessive digital media use to *problematic use* rather than *addiction* is encouraged by psychologists, all over the world.

Due to the lack of recognition and consensus on the concepts used, diagnoses and treatments are difficult to standardize or develop. Heightened levels of public anxiety around new media (including social media, smartphones, and video games) further complicate population-based assessments, as well as posing management dilemmas. Due to the ready availability of multiple technologies to children worldwide, the problem is bi-directional, as taking away digital devices may have a detrimental effect, in areas such as learning, family relationship dynamics, and overall development.

Though associations have been observed between digital media use and mental health symptoms or diagnoses, causality has not been established; nuances and caveats published by researchers are often misunderstood by the general public or misrepresented by the media. Females are more likely to overuse social media, and males video games. Following from this, problematic digital media use may not be singular constructs, may be delineated based on the digital platform used, or reappraised in terms of specific activities (rather than *addiction* to the digital medium).

Proposed diagnostic categories are: Internet addiction disorder, Internet sex addiction, Nomophobia, Problematic smartphone use, Problematic social media use, and Video game addiction. The delineation between beneficial and pathological use of digital media has not been established. There are no widely accepted diagnostic criteria, although some experts consider overuse a manifestation of underlying psychiatric disorders. Share your point of view on **WHEC Global Health Line (WGHL).**

Problematic Digital Media Use

Rita Luthra, MD

Your Questions, Our Reply

Is there association between some types of potentially problematic internet use and psychiatric or behavioral problems? Can you suggest assessment and treatment plans?

"A 21st Century Epidemic": A report published in *Clinical Psychological Science* in 2018, featured two cross-sectional surveys of 506,820 American high school students, and found that use of digital media was associated with higher rates of depressive symptoms and suicidality. They concluded that more time engaged with electronic devices, and less time on "non-screen activities" (such as in-person social interaction, sports/exercise, homework, and attending religious services) was correlated with depressive symptoms and suicide-related outcomes (suicidal ideation, plans, and attempts), especially among girls. A later report in the same publication questioned the survey's research methodology, citing "inaccurate research measurements, negligible correlations between the main variables, [and] insufficient and inadequate statistical analyses."

The relationship between bipolar disorders and technology use has been investigated in a singular survey of 84 participants for *Computers in Human Behavior*. The survey found marked variations in technology use based on self-reported mood states. The authors of the report then postulated that for patients with bipolar disorder, technology may be a "double-edged sword" with potential benefits and harms.

Symptoms of ADHD (Attention Deficit Hyperactivity Disorder) have been positively correlated with digital media use in a large prospective study. The ADHD symptom of hyper focus may cause affected people to overuse digital media such as video games or online chatting. The study showed that the manner of social media use is the key factor, rather than the amount of time engaged, concerns in adolescent mental health regarding digital media use.

Rigorous, evidence-based assessment of problematic digital media use is yet to be comprehensively established. This is due partially to a lack of consensus around the various constructs and lack of standardization of treatments. In 2017, UNICEF Office of Research literature review, have recommended addressing potential underlying problems rather than arbitrarily enforcing screen time limits. Different methodologies for assessing pathological internet use have been developed, mostly self-report questionnaires, but none have been universally recognized as a gold standard. For gaming disorder, both the American Psychiatric Association and the World Health Organization (WHO), through the ICD – 11, have released diagnostic criteria.

There is some limited evidence of the effectiveness of cognitive behavioral therapy and family-based interventions for treatment. In randomized controlled trials, medications have not been shown to be effective. A 2019 UK parliamentary report deemed parental engagement, awareness and support to be essentially in developing "digital resilience" for young people, and to identify and manage the risks of harm online.

Women's Health and Education Center (WHEC) supports the projects and its advocacy programs provide resources to people overusing digital media with or without codified diagnoses. Individuals with mental illness can develop social connections over social media, that may foster a sense of social inclusion in online communities. Sufferers of mental illness may share personal stories in a perceived safer space, as well as gaining peer support for developing coping strategies. People with mental illness are likely to report avoiding sigma and gaining further insight into their mental health condition by using online services from reliable sources.

Use Internet wisely.

United Nations at a Glance

Permanent Mission of Jordan to the United Nations

Jordan became UN Member State on 14 December 1955

Jordan, officially **Hashemite Kingdom of Jordan**, is an Arab country in Western Asia, on the East Bank of the Jordan River. Jordan is bordered by Saudi Arabia to the south and the east, Iraq to the north-east, Syria to the North and Israel and Palestine to the west. The Dead Sea is located along its western borders and country has a 26-kilometer (16 mi) coastline on the Red Sea in its extreme south-west. Jordan is strategically located at the crossroads of Asia, Africa and Europe. The capital, Amman, is Jordan's most populous city as the country's economic, political and cultural center.

Jordan is a relatively small, semi-arid, almost landlocked country with an area of 89,342 km^2 (34,495 sq. mi) and a population numbering 10 million, making it the 11^{th} most populous Arab country. Sunni Islam, practiced by around 95% of the population, is the dominant religion and coexists with an indigenous Christian minority. Jordan has been repeatedly referred to as an "oasis of stability" in a turbulent region. Jordan is a founding member of the Arab League and the Organization of Islamic Co-operation. The sovereign state is a constitutional monarchy, but the king holds wide executive and legislative powers.

Jordan is classified as a country of "high human development" with an "upper milled income" economy. The Jordanian economy, one of the smallest economies in the region, is attractive to foreign investors based upon a skilled workforce. The country is a major tourist destination, also attracting medical tourism due to its well-developed health sector. Nonetheless, a lack of natural resources, large flow of refugees and regional turmoil have hampered economic growth.

Foreign relations

The kingdom has followed a pro-Western foreign policy and maintained close relations with the Untied States and the Untied Kingdom. Science and technology is the country's fastest developing economic sector.

Jordan has made considerable economic, social and human development achievements over the past decades, infesting significantly in infrastructure, human resources, and improving upon living standards. Highly urbanized and with limited natural resources, the country relies heavily upon its services sector, which fosters an economy particularly vulnerable to exogenous influences.

The country lies at the center of one of the most volatile regions in the world and has been historically accustomed to sudden influxes of population from neighboring countries seeking safety and security. Jordan was one of first countries globally, and in the Arab Region, to take action towards the achievement of the Millennium Development Goals (MDGs). Overall, considerable achievements were made during the first 10 years, especially in the area of poverty eradication, maternal and child health, communicable disease, universal primary education, and environmental sustainability. Abject poverty was reduced to less than 0.5% and absolute poverty rates were further reduced while infant, under-five and maternal mortality rates were significantly lowered, and universal primary education was achieved.

Jordan sustainable development knowledge platform
https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=344&menu=3170

Collaboration with World Health Organization (WHO)

WHO | Jordan

Country Health and Development Challenges

Jordan is a small country with a total area of 89,342 sq. kilometers. Three quarters of the total area of Jordan is sparsely populated desert. The country has limited natural resources and suffers from sever fresh water scarcity; it is ranked among the five most water-proof countries in the world.

Jordan is a developing country with an estimated population of 5.6 million. 82.6% of the population is urban, with the majority (71.5%) concentrated in the country's three largest urban areas (15.7% of the total area of Jordan): central Amman, Zarka and Irbid governorates. The Human development report 2016 ranked Jordan at 86 out of 177 counties in terms of human development indicators.

Health System
Governance

The Government of Jordan is committed to making quality health care services available and accessible to all citizens. The governance of the health system in Jordan is vested in the Ministry of health, mandated by the Public Health Law and other legislation to license, monitor and regulate all health professionals and institutions in the country. Professional associations, other health councils and independent public organizations (Jordan Medical Council, High Health Council, High Nursing Council, Jordan Food and Drug Administration, Private Hospitals Association and Others) participate with the Ministry of Health in regulating and monitoring functions. The Ministry of Health is the major health care provider in Jordan and is responsible for all health matters in the country, including health promotion and protection, administration of the Civil Insurance Program (CIP), organization and supervision of health services provided by both the public and private sectors, and establishment of educational and health training programs.

Strategic Agenda for WHO Cooperation

The General programme of Work is a requirement specified in Article 28(g) of the WHO Constitution. The General Programme of Work analyses current health challenges in light of WHO's core functions and sets broad directions of its future work. The core function provides:

- Providing leadership on matters critical to health and engaging in partnership where joint action is needed.
- Shaping norms an standards, and promoting and monitoring their implementation.
- Articulating ethical and evidence-based policy actions.
- Providing technical support, catalyzing change and building sustainable institutional capacity.
- Monitoring the health situation and assessing health trends.

The structure of WHO's Secretariat assures involvement with countries. Headquarters focuses on issues of global concern and technical backstopping for regions and countries. Regional offices focus on technical support and building of national capacities. WHO's presence in countries allows it to have a close relationship with ministries of health and its partners inside and outside government. The Organization also collaborates closely with other bodies of the United Nations system and provides channels for emergency support.

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

Bulletin Board

Newborn Care Section

A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at the highest risk of dying. It is thus crucial that appropriate feeding and care are provided during this period, both to improve the child's chances of survival and to lay the foundations for a healthy life.

Newborn or neonatal deaths account for 46% of all deaths among children under 5 years of age. The majority of all neonatal deaths (75%) occur during the first week of life, and about 1 million newborns die within the first 24 hours. The main causes of newborn deaths are prematurity and low-birth-weight, infections, asphyxia (lack of oxygen at birth) and birth trauma. These causes account for 80% of deaths in this age group.

In 2016, 46% of all under 5 child deaths were among newborn infants, babies in their first 28 days of life (the neonatal period) – up from 40% in 1990. Globally 2.6 million children died in the first month of life – approximately 7,000 newborn deaths every day with about 1 million dying on the first day and close to 1 million dying within the next 6 days. Children who die within the first 28 days of birth suffer from conditions and diseases associated with lack of quality care at birth or skilled care and treatment immediately after birth.

The vast majority of newborn deaths take place in developing countries where access to health is low. Most of these newborns die at home, without skilled care that could greatly increase the chances of survival. Skilled health care during pregnancy, childbirth and in the postnatal (immediately following birth) period, prevents complications for mother and newborn, and allows for early detection and management of problems.

The Women's Health and Education Center (WHEC), *NGO in Special Consultative Status with the Economic and Social Council of the United Nations*, with its partners agree that a core principle of underlying maternal, newborn and child health efforts is life-long access to health care: a continuum of care for the mother starting from long before pregnancy (during childhood and adolescence) through pregnancy and childbirth. The continuum begins again with adequate newborn care for the new life. The appropriate care can be delivered in the home and community, as well as at health clinics and hospitals.

The purpose of this section is to provide evidence-based solutions to prevent newborn deaths and stillbirths. It sets out a path to accelerate Sustainable Development and to achieve its goals by 2030 with specific global and national milestones. We hope, it provides a road map of strategic actions for ending, preventable newborn mortality and stillbirth. And also contributes to reducing maternal and newborn mortality and morbidity.

Women's Health and Education Center (WHEC)
http://www.womenshealthsection.com/content/obsnc/

This is an open access journal; no processing fees. We invite you to submit your research projects, point-of-view, reviews and opinions, especially from the academic institutions and its faculty.

Submit your contributions on WHEC Global Health Line
http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf

Join the efforts!

Collaboration with UN University (UNU)

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

Return migration and socioeconomic mobility in MENA
Evidence from Labor market panel surveys

This study examines the effects of cross-border return migration on intertemporal and intergenerational transmission of socio-economic status across six new harmonized surveys from three Arab countries: Egypt (1998, 2006, 2012), Jordan (2010, 2016) and Tunisia (2014). The authors link individuals' current outcomes to those in prior years and to their parents' outcomes. We first isolate the outcomes of interest – income, employment status, household wealth based on both productive and non-productive assets, and residence status. Next, authors evaluate individuals' socioeconomic mobility over time and across generations as a function of their migration histories. Return migrants, current migrants, and (yet) non migrants are distinguished. Transitions in individuals' outcomes across years and generations are make functions of pre-existing socioeconomic status, demographics and migration status.

Migration patterns are found to differ systematically between Egypt, Jordan and Tunisia, as well as across years. Migration destination is driven by economic, geographic but also historical considerations. Migrant flow from Egypt and Tunisia is highly concentrated, but that from Jordan is much more diffused, on account of job search methods and type of work sought. Egyptian migrants predominantly come from rural areas and disadvantaged governorates, and are less educated, while in Jordan the opposite is the case.

Tunisia represents an immediate case, with migrants slightly less educated but also less likely to be rural than non-migrants. Return migrants find employment in higher earning occupations and are more socially and inter-generationally mobile than non-migrants. However, they outperform non-migrants non only currently, but also in the previous occupation, occupation before previous, and eight years prior, suggesting that individual-level effects and demographics contribute more than migration experience per se. More research is needed to isolate the causal effects of migration spells on migrants' lifetime outcomes.

As the last thought, the authors concur that we have yet failed to find evidence that migration helps to promote mobility of economic status over workers' lifetimes. We surmise that migration does have a beneficial role with respect to intergenerational and lifetime mobility, but in order for this benefit to be shared with individuals other than those predisposed for migration and for economic success, non-governmental and governmental actors should exert effort to enable even disadvantaged workers to partake in this opportunity enhancing careers, family welfare and social structure.

Publisher: UNU-WIDER; Author: Vladimir Hlasny and Shireen AlAzzawi; Sponsors: The United Nations University World Institute for Development Economic Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency – providing a range of services from policy advice to governments as well as freely available original research.

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

Jordan: Background

A national approach to community-led social development is actively promoted. NGOs and community leaders mobilize local resources, establish community development structures and strengthen their self-organization, participatory assessment and program management skills. Through the convergence of all other program interventions, this program will empower families of under-privileged communities with the skills and knowledge to effect positive behavior change for the benefit of children and women.

Global Women's Action Network for Children launched in Jordan

Queen Rania Al-Abdullah opened the session and spoke of the importance of interdependence as the driving force in tackling humanity's oldest tragedies and urged the gathering of women leaders to become advocates and actors to mobilize their political will on behalf of maternal mortality, inequality and children's sufferings.

UNICEF welcomes Jordan's offer of education to Iraqi children

UNICEF welcomes the Government of Jordan's recent announcement that it will open all public schools to Iraqi children. They and their families have fled violence from neighboring Iraq and have encountered numerous obstacles as they resettle. Many have lost a parent, a teacher, their friends and their place in communities. A large proportion of Iraqi children living in Jordan had not attended school for years.

For the first time, when Jordanian public schools start classes on 19 August, they will open their doors to these children, regardless of whether they posses a residency permit or not. Previously, formal education was available only to Iraqis holding residency permits.

UNICEF has been supporting education of Iraqi children in Iraq and through the region, and in July launched a joint, $ 129 million appeal with the UN High Commissioner for Refugees to support host governments such as Jordan, Syria, Egypt and Lebanon in providing schooling for 155,000 Iraqi children for the 2017 – 2018 academic year, including 50,000 in Jordan. These funds are needed urgently to allow children to begin the school year in a little over a week, and also to ensure that they can continue their education into 208 and beyond.

Education is a right for all children, including those in emergencies. Schools restore a sense of normalcy to children whose lives have been disrupted by violence and/or displacement and provide the forum to deliver interventions beyond education.

About UNICEF

UNICEF is on the ground in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is funded entirely by the voluntary contributions of individuals, business, foundations, and governments.

To be continued….

Point of View

The United States vs. the World Health Organization

The headquarters of the World Health Organization in Geneva

On July 7, 2020, the Trump administration has formally notified the United Nations that the United States (US) will withdraw from the World Health Organization (WHO), a move that would cut off one of the largest sources of funding from the premier global health organization in the middle of a pandemic.

The United States' notice of withdrawal, effective July 6, 2021, has been submitted to the U.N. secretary general, who is the depository for the W.H.O. The departure would take effect sometime next year, should the United States meet established conditions of giving a one-year notice and fulfilling its current financial obligations.

Health experts widely condemned the departure. The full implication of this decision are not yet clear. The US is responsible for the largest for the largest amount of funding for the WHO, 22% of assessed dues, and provides the largest voluntary contributions – to polio eradication, nutrition, and vaccine programs, for example. Because of the COVID-19 pandemic, measles and polio campaigns have already been suspended in dozens of countries, and these delays will be exacerbated by the withdrawal of U.S. financial support.

The WHO serves a role that is a bit of a hybrid of the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and various other federal health agencies in the US. It needs the authority and the funding to fulfill that role. There is no question that as the current pandemic recedes, the international community should reevaluate the priorities and needs of the WHO and should raise the funds needed for more effective response.

Of course, our own CDC and FDA, the world's premiere public health agencies, have had its own issues during COVID-19 pandemic. Funding for the CDC's international programs, and particularly for the CDC office in China, have been severely cut back. Despite the advantage of long lead time, the US was inadequately prepared for COVID-19 when it arrived and stumbled through testing and early policy making. And the national response, countrywide, has been inconsistent and often ineffective.

At some point there should be a reckoning, an evaluation of why the US has done so poorly and who is responsible for the tens of thousands of excess deaths in the US and billions of dollars in additional economic damage that have resulted. But today, in the middle of the outbreak, we must not take stock of where we are and how we can do better. To do that effectively, we need the WHO. "We must not make a mistake of firing the firefighters in the midst of a fire."

The WHO is not perfect. It is governed by the consensus of 194 Member States, which often renders decision-making slow and bureaucratic. In particular, the WHO has not been a highly effective and rapid-response organization; its mis-steps in the 2010 cholera epidemic in Haiti, the 2013 – 2016 Ebola virus

outbreak in West Africa, and the current outbreak of SARS-CoV-2 are clear. The fact is, however, that it relies on information from affected countries, along with invitations from affected countries, along with invitations from those countries, to investigate outbreaks, and it lacks adequate funding for those investigations.

The WHO and its staff have many roles in global health. They set the standards for care, definitions and therapies for common diseases, in countries that lack the public health resources to set their own policies. They provide a global standard for drug approval, helping to ensure drug safety in countries that don't have robust regulatory capacity. They develop guidelines for disease treatment, particularly for illnesses such as malaria and tuberculosis that predominantly affect the developing world. And they help persuade Member States to provide adequate nutrition to infants and children and family planning resources to parents.

This work is important and has ramification for all of us in the US as well. As we have clearly seen, infectious diseases DO NOT respect borders or need passports.

What happens to our neighbors in the developing world and even to remote countries affects our health in the United States as well.

Two Articles of Highest Impact, August 2020

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

1. Neonatal Abstinence Syndrome;
   http://www.womenshealthsection.com/content/obsnc/obsnc010.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. 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.

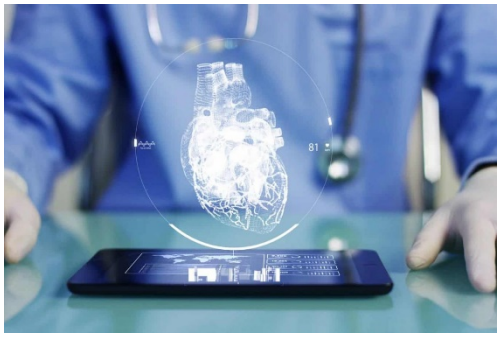
Partnership for Maternal, Newborn & Child Health (World Health Organization)
PMNCH Member

Worldwide service is provided by the WHEC Global Health Line

From Editor's Desk

WHEC Projects under Development

5G & Human Health



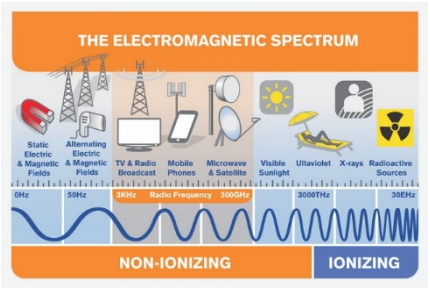
5 G is the 5th generation of mobile technologies – an evolution from the previous generations of mobile technology; 2G, 3G and 4G. Mobile, or wireless, technologies – mobile phones, tablets and other wireless devices – have become basic communication tools of everyday life. For many on this planet, mobile is the primary – sometimes only – channel for accessing the Internet and the benefits it brings. 3G, 4G and 5G networks produce radio-frequency electromagnetic fields which are used to transmit information.

With the introduction of mobile communication technologies, there has been some public concern about the potential health risks associated with the use of mobile phones and living near base stations. For all radio frequencies (0 to 300 GHz), international maximum levels are designed to avoid any adverse health effects.

Overview

- 5G – the 5th generation of mobile technologies – is an evolution from the previous generations of mobile technology: 2G, 3G and 4G.
- 3G, 4G and 5G networks produce radio-frequency electromagnetic fields which are used to transmit information.
- Despite extensive studies into the health effects of mobile phones and base stations over the last two or three decades, there is no indication of an increased health risk when exposed to electromagnetic fields below the levels specified by international bodies.
- For all radio frequencies (0 to 300 GHz), international maximum levels are designed to avoid any adverse health effects.
- ITU ((International Telecommunication Union) does not set maximum level of exposure of the public to electromagnetic fields (EMF). These levels are set by competent bodies and ITU in turn references their standards and recommendations in its relevant ITU Recommendations.
- Countries (ITU Member States) are sovereign and set their own national standards for exposure to electromagnetic fields. Most countries draw on the ITU Recommendations.

Mobile Technologies and Human Health



Together with the introduction of mobile communication technologies, there has been some public concern about the potential health risks associated with the use of mobile phones and living near base stations.

3G, 4G and 5G networks produce radio-frequency electromagnetic fields which are used to transmit information. Electromagnetic fields have been around in different forms since the birth of the universe. They differ from each other by frequency and visible light is its most familiar form. For all radio frequencies (0 to 300 GHz), international maximum levels are designed to avoid any adverse health effects. Despite extensive studies into the health effects of mobile phones over the last two or three decades, there is no indication of an increased health risk when exposed to EMF below the levels specified by international bodies.

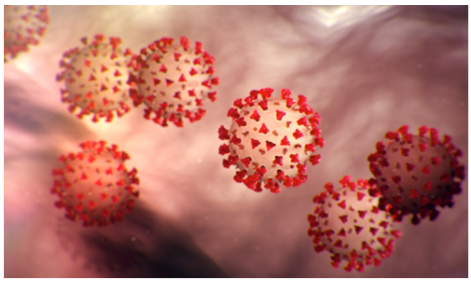
Three is no evidence that EMF from existing (2G, 3G and 4G) mobile networks pose any health risks, provided that administrations enforce the exposure limits established by international bodies.

There is no scientific basis of any relation between the transmission of the COVID-19 and 4G or 5G or any other electromagnetic waves.

Join the efforts!

In The News

COVID – 19: Facts and Figures



- There are currently more than 19 million cases globally, with over 727,000 deaths;
- Mexico is now third in the world with the highest number of COVID-19 deaths, surpassing the UK;
- Cases in Latin America have reached 5 million;
- New Zealand reports no new cases.

Source: WHO

WHO Dashboard for COVID-19: https://covid19.who.int/

Timeline: WHO's COVID-19 Response

WHO provides this timeline of the organization's COVID-19 response activities for general information; an interactive version is available below. WHO will update the timeline on a regular basis and in light of evolving events and new information.

29 January 2020: on his return to Switzerland from China, the Director-General presented an update to Member States on the response to the outbreak of novel coronavirus infection in China, at the 30th Meeting of the Program, Budget and Administration Committee (PBAC) of the Executive Board. He informed the PBAC that he had reconvened the Emergency Committee on the novel coronavirus virus under the IHR (2005), which would meet the following day to advise on whether the outbreak constituted a PHEIC (Public Health Emergency of International Concern). The Director-General also spoke of his agreement with President Xi Jinping that WHO would lead a team of international experts to visit China as soon as possible to work with the government on increasing the understanding of the outbreak, to guide global response efforts.

WHO held the first of its weekly informal discussions with a group of public health leaders from around the world, in line with its commitment to conducting listening exercises and outreach beyond mechanisms.

30 January 2020: WHO held a Member State briefing to provide more information about the break. The WHO Director-General reconvened the IHR Emergency Committee (EC).

3 February 2020: WHO finalized its Strategic Preparedness and Response Plan (SPRP), centered on improving capacity to detect, prepare and respond to the outbreak. The SPRP translated what had been learned about the virus at that stage into strategic action to guide the development of national and regional operational plans. Its content is structed around how to rapidly establish international coordination, scale up country preparedness and response operations, and accelerate research and innovation.

4 February 2020: The WHO Director-General asked the UN Secretary-General to activate the UN Crisis management policy, with held its first meeting on 11 February.

Details:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!

Words of Wisdom

Hope

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all.

And sweetest in the gale is heard;
And sore must be the storm
That could abash and little bird
That kept so many warm.

I've heard it in the chilliest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

- Emily Dickinson (1830 – 1886); America's foremost woman poet.

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

http://www.WomensHealthSection.com