



WHEC Update

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

December 2020; Vol. 15. No. 12

A Grand Collaboration

Happy Holidays from all @ the Women's Health and Education Center (WHEC)

As 2020 draws to a close, and as **WHEC Update** celebrates its 15 years in circulation and increasing in popularity, we would like to take this opportunity to extend our sincere thanks to you for your loyal readership and for continuing to follow the Women's Health and Education Center's (WHEC's) efforts in promoting Sustainable Development for all. Next year *WHEC Update* will celebrate its 16th anniversary.

The year 2020 will be remembered as a critical crossroad in development history. Never before has science painted a starker picture of the world we are facing. We can either continue down the path of business-as-usual and suffer the catastrophic consequences of gender inequality and growing inequalities or we can embrace "rapid, far-reaching and unprecedented changes in all aspects of the society." In a word, we have to achieve the Sustainable Development Goals (SDGs), and we have to accelerate our actions.

This path of change will be as painful and challenging as it is necessary. It is the role of this Non-governmental Organization (NGO) – WHEC, to rise to the challenge and support United Nations Member States as they navigate this trying transformation in a way that leaves no one behind. Through **WHEC Update**, we convey the voice of the various projects and programs of the Women's Health and Education Center (WHEC) with the United Nations (UN) and the World Health Organization (WHO). In 2020 many high-level UN officials had contributed to this publication. Issues we covered spanned from gender inequality, climate change to food security, from economic situation to social inclusion.

2021 will mark the 20th anniversary of The NGO – WHEC, at a time when traditional multilateral cooperation is under strain. More than ever before, we realize that our fates are interconnected. We must work together to secure the planet for present and future generations.

Staying united is the only solution.

Please also encourage colleagues and friends who might be interested in getting an insider's look into our efforts in the economic, social and sustainable development fields, to sign up for our newsletter. Last but not the least, we are happy to share with you our **Milestones Page**; (from 2001 till now) - <http://www.womenshealthsection.com/content/whec/milestones.php3>, where you can find an abstract of our work done in the last 20 years, towards Sustainable Development. It is a lot of work!

Our Publications and **UN and WHO Documents** can be accessed from the link:

<http://www.womenshealthsection.com/content/whec/publications.php3>

We are pleased and proud to have you accompany us on this journey. We are also glad that through **WHEC Update**, we made more new friends. You are among our 14 million subscribers, who represent governments, academia, business sector and even students. As we're always looking to improve our content, we'd love to hear your feedback. We are writing for you, and it is your opinion that matters to us!

You can reach our team @ **WHEC Global Health Line (WGHL)**. Stay tuned for jam-packed 2021 editions of **WHEC Update**! With Best Wishes from us all @ WHEC.

Protecting Vulnerable Populations

Rita Luthra, MD



Your Questions, Our Reply

How can we improve the way in which science and technology are harnessed to resolve global challenges, such as the current pandemic? Why is global solidarity essential for COVID-19?

COVID-19 Pandemic: Global Science and Technology Cooperation: A world free of COVID-19 requires the most massive public health effort in history. Data must be shared, production capacity prepared, resources mobilized, communities engaged, and politics set aside. WHEC always put people first. WHEC is prioritizing the responsibility to “recover better.” When we recover, we must be better than we were before.

Our Recommendations:

1. Strengthen national capacities for science-based decision making across all countries.
2. Enhance public trust in science.
3. Share knowledge and data to promote collaborative research.
4. Ensure universal access to solutions.
5. Act with greater urgency on global scientific assessments.
6. The way forward – a call for stronger international cooperation. This pandemic is a crisis and a human tragedy – but it is also an opportunity to recognize and address the deeper shortcomings of our current science-policy advisory systems, and their interface with society at all levels. Much of the action will need to come from countries themselves, but international cooperation, supported by the UN System, can facilitate progress in all these areas.

WHEC Global Health Line (WGHL),

http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf through its Learning and Innovation Network for Knowledge and Solutions (**LINK**), aims to catalyze collaborative networks – cutting across disciplines, sectors, and borders – that seek science and technology-based solutions to development challenges. It is serving in 227 countries and territories, available in six official languages of the United Nations; 14 to 15 million subscribers every year. Apart from medicines, technology-driven solutions are available in different countries, as they come to terms with the pandemic.

We are proud to be part of the global alliance. Your support, assistance and friendship are helping to open science movement to progress towards establishing norms and standards that will facilitate greater, and more timely, access to scientific research across the world. Actively engaging with different stakeholders in countries around the dissemination of the findings of such assessments can help in building public trust in science.

Collective action is the only answer for the multiple crises that humanity is facing. The pandemic is reminding us of the importance of multilateralism and international cooperation to face the challenges facing the world today. **Treatments and vaccines must be considered a global public good.** Similarly, the international response to COVID-19 needs global and national statistical systems to collaborate to provide the data and statistical evidence to understand the scope of the pandemic, including disaggregated data to monitor disproportional impacts.

Support our efforts.....

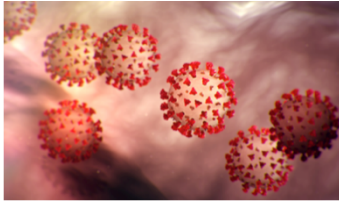
Universal Health Care (UHC): UN Document – E/CN.5/2020/NGO/60

Title: Our Initiatives for achieving Universal Health Coverage based on concepts of equity and reducing poverty. Published by: 58th Commission for Social Development; 10 -19 February 2020
http://www.womenshealthsection.com/content/documents/CSocD_2020_Written_Statement.pdf

We welcome everyone.

What is Herd Immunity?

Herd Immunity and Understanding COVID-19



Basic Concept of Herd Immunity: Acquired immunity is established at the level of the individual, either through natural infection with a pathogen or through immunization with a vaccine. Herd immunity refers to the indirect protection from infection conferred to susceptible individuals when a sufficiently large portion of immune individuals exist in a population. This population-level effect is often considered in the context of vaccination programs, which aims to establish herd immunity so that those who cannot be vaccinated, including the very young and immunocompromised, are still protected against disease.

In a completely naïve population, a pathogen will propagate through susceptible hosts in an unchecked manner following effective exposure of susceptible hosts to infected individuals. However, if a fraction of the population has immunity to that same pathogen, the likelihood of an effective contact between infected and susceptible is reduced, since many hosts are immune, and therefore cannot transmit the pathogen. If the fraction of susceptible individuals in a population is too few, then the pathogen cannot successfully spread, and its prevalence will decline. The point at which the proportion of susceptible individuals falls below the threshold needed for transmission is known as the herd immunity threshold. Above this level of immunity, herd immunity begins to take effect, and susceptible individuals benefit from indirect protection from infection.

In a sufficiently immune population, herd immunity provides indirect protection to susceptible individuals by minimizing the probability of an effective contact between a susceptible individual and an infected host. In its simplest form, herd immunity will begin to take effect when a population reaches the herd immunity threshold, namely when the proportion of individuals who are immune to the pathogen crosses $1 - 1/R_0$. At this point, sustained transmission cannot occur, so the outbreak will decline. However, in real-world populations, the situation is often much more complex. Epidemiological and immunological factors such as population structure, variation in transmission dynamics between populations, and waning immunity, will lead to variation in the context of indirect protection conferred by herd immunity. Consequently, these aspects must be taken into account when discussing the establishment of herd immunity within populations. There are two possible approaches to build widespread COVID-19 immunity:

1. A mass vaccination campaign, which requires the development of an effective and safe vaccine;
2. Natural immunization of global populations with the virus over time. However, the consequences of # 2 are serious and far-reaching – a large fraction of the human population would need to become infected with the COVID-19 virus, and millions would succumb to it.

Thus, in the absence of a vaccination program, establishing herd immunity should not be the ultimate goal. Instead, an emphasis should be placed on policies that protect the most vulnerable groups in the hopes that herd immunity will eventually be achieved as a by-product of such measures, although not the primary objective itself.

Glossary

Herd immunity: the indirect protection from infection conferred to susceptible individuals when a sufficiently large proportion of immune individuals exist in a population.

Herd Immunity threshold: the point at which the proportion of susceptible individuals in a population falls below the threshold needed for transmission.

R_0 : the average number of secondary infections caused by a single infectious individual introduced into a completely susceptible population.



United Nations at a Glance

Permanent Mission of Kiribati to the United Nations

Kiribati became UN Member State on 14 September 1999



Kiribati, officially the **Republic of Kiribati**, is an independent country in the central Pacific Ocean. The permanent population is just over 110,000 (2016), more than half of whom live on Tarawa atoll. The state comprises 32 atolls and one raised coral island, Banaba. They have a total land areas of 811 sq. kilometers (313 sq. mi.) and are dispersed over 3.5 million km² (1.4 million sq. mi.).

Their spread straddles the equator and the 180th meridian, although the International Date Line goes round Kiribati and swings far to the east, almost reaching the 150° W meridian. This brings Kiribati's easternmost islands, the southern Line Islands south of Hawaii, into the same day as the Gilbert Islands and places them in the most advanced time zone on Earth: UTC+14. Kiribati is one of the few countries in the world to be situated in all four hemispheres.

Kiribati gained its independence from the United Kingdom, becoming a sovereign state in 1979, Kiribati is a member of the Pacific Community (SPC), Commonwealth of Nations, the International Monetary Fund (IMF), and the World Bank, and became a full member of the United Nations in 1999. Official languages: English and Gilbertese; Ethnic groups: Gilbertese 96.8%, Others 3.2%. Religions: Christian 96.2%, Baha I Faith: 2.1%, others 1.2%. Government Unitary Parliamentary republic with an executive president.



The bokikokiko (*Acrocephalus aequinoctialis*) is the only land wildlife species endemic to Kiribati. Seaweed farming is an important part of the economy. There are 600-800 species of inshore and pelagic finfish, some 200 species of corals and about 1,000 species of shellfish. Fishing mostly targets the family Scombridae, particularly the skipjack tuna as well as flying fish.

Kiribati has few natural resources. Commercially viable phosphate deposits on Banaba were exhausted at the time of independence. Copra and fish now represent the bulk of production and exports. Kiribati is considered one of the Least Developed Countries (LDC) in the world.

The World Bank

Kiribati – Kiribati Adaptation Project: restructuring. The Second Kiribati project aims at changing the way Kiribati handles its planning and implementation of regular activities so that they can better take account of climate risks. The proposed changes are meant to simplify and streamline the project design by reducing the scope and number of activities under the project to reflect the severe human resources and logistical constraints specific to Kiribati.

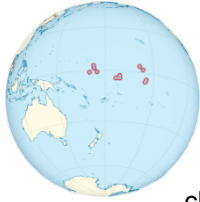
Those constraints have significantly affected the capacity of the Government of Kiribati (GoK) to implement the project as originally designed. In view of those challenges, the original project implementation period of three years was unrealistic, and the project closing date was therefore extended. This is the first extension of the project and it was processed ahead of the proposed restructuring due to the impending expiration of the original date of the Grant as well as that of co-financing grants.

Details: <http://data.un.org/en/iso/ki.html>

<https://sustainabledevelopment.un.org/partnership/partners/?id=290>

Collaboration with World Health Organization (WHO)

WHO | Kiribati



KIRIBATI – WHO Country Cooperation Strategy 2018 – 2022

Kiribati is a republic headed by a president. It is one of the most isolated geographically isolated countries in the world. Its 33 atolls, of which 22 are inhabited, cover a total land area of 811 sq. ki, spanning 3.5 million sq. ki. of ocean. The country is vulnerable to sea-level rise and extreme weather events including those resulting from climate change. Delivering services to its widely scattered population of 110,136 (2016) is challenging and costly, especially in terms of transportation and communication costs. Among Pacific island countries, Kiribati has high levels of poverty and domestic overcrowding, particularly in the capital city of South Tarawa where half of the population lives.

Health and Development

Kiribati's population health status has improved over time and health gains have been made. Average life expectancy at birth has risen from 60 years in 1990 to 66 years in 2015. The incidence of some common communicable diseases such as diarrhea and respiratory tract infections has declined. Health services are delivered free of charge through a network of health facilities comprised of four hospitals, 30 health centers staffed by medical assistants and 75 clinics staffed by public health nurses, with sustained high levels of essential services coverage. Health remains among the top six priorities of the Government, receiving the second highest government budget allocation for 2015 and 2016, with the education sector being the highest.

In 2015, the maternal mortality ratio was 90 per 100,000 births, and infant and under-five mortality rates were 44 and 56 per 1,000 live births, respectively. High levels of neonatal mortality (10.2 per 1,000 live births in 2015) and malnutrition are central concerns. In 2015, Kiribati had the highest number of cases of tuberculosis (TB) and leprosy in the Pacific, with 516 and 155 new cases, respectively. Hepatitis B, sexually transmitted infections, lymphatic filariasis, soil-transmitted helminths and diarrhea remain leading infectious diseases.

Significant gaps in health services delivery include deteriorating health facilities with limited bed capacity and frequent shortages of medical equipment and drug supplies; limited human and financial resources for health coupled with increasing health demands; and need for improvement in the standard and quality of care. A rapidly increasing population puts pressure on services that were already strained to provide adequate standards of care. Adverse impacts on health of gender inequality, poverty, poor sanitation, overcrowding and contaminated water sources add to the complexity of challenges for the health sector.

Six strategic key results and goals are:

1. Strengthen initiatives to reduce the prevalence of risk factors for non-communicable diseases (NCDs), and to reduce morbidity, disability and mortality from NCDs;
2. Increase access to and use of high-quality, comprehensive family planning services, particularly for vulnerable populations, including women whose health and well-being will be at risk if they become pregnant;
3. Improve maternal, newborn and child health;
4. Prevent the introduction and spread of communicable diseases, strengthening existing control programmes and ensure Kiribati is prepared for any future outbreaks;
5. Address gaps in health services delivery and strengthen the pillars of the health system; and
6. Improve access to high-quality and appropriate healthcare services for victims of gender-based violence, and services that specifically address the needs of young people.

Details: <https://www.who.int/countries/kir/>

Bulletin Board

Infectious Diseases in Pregnancy Section

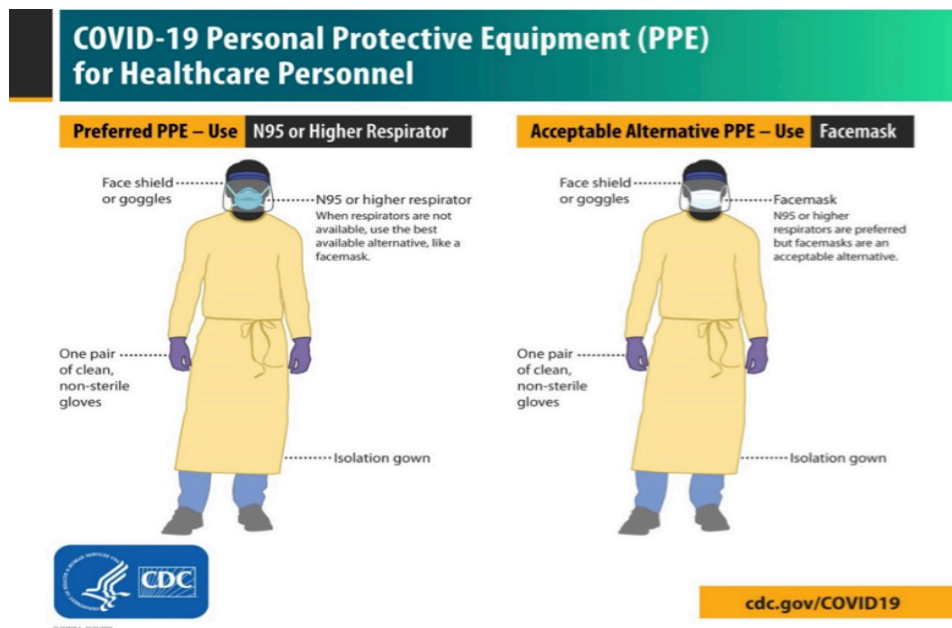
Medicine is an every-changing science. The internist deals with infectious diseases that are primarily mono-etiological; a single organism is responsible for a given set of symptoms. While the obstetricians and gynecologists deal with mono-etiological disease, its pathogenic spectrum is often different. The principle pattern in obstetrics and gynecology is poly microbial infection, which involves primarily microaerophilic and obligatory anaerobic bacteria. Even when two disciplines are dealing with the same genus of bacteria, the spectrum of disease may diverge significantly. Nevertheless, the basic ground rules for both the disciplines are the same:

1. Computation of the probable pathogenic etiology of a given process;
2. The selection of one or more antibiotics predicated upon the probability listing;
3. The selection of antibiotic(s) should be – **Drug of Choice**;
4. Proper determination of dosage by body weight, route of administration, functional status of the principle mode of detoxification (hepatic and renal);
5. Delineation of anticipated therapeutic response and development of an alternative plan if inadequate response ensues.

As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The editors and the writers of this section have checked with sources believed to be reliable in their efforts to provide dosage schedules that are complete and in accord with the standards accepted. However, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in these schedules is accurate and that changes have not been made in the recommended dose or in the contraindications of administration. This recommendation is of particular importance in connection with new or infrequently used drugs.

Women's Health and Education Center (WHEC)

<http://www.womenshealthsection.com/content/obsidp/>





Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Paradise Lost

The Costs of State Failure in the Pacific

Globally, state failure is hugely costly. The authors estimate the total cost of failing states at around US \$276 billion per year. In this paper authors apply the global framework and methodology to analyze the cost of failing states in the Pacific Ocean. Globally, failing states inflict very large costs on their neighbors and this both justifies and requires regional intervention in decision processes that would normally be the sovereign domain of nation states. This analysis suggests that islands do not have neighbors in this economic sense. In this respect the Pacific region is distinctive because its countries are islands, the neighborhood spillovers estimated the cost of state failure at US \$36 billion. However, these results also indicate that failing states themselves suffer considerably more in terms of income losses if they are islands. This may be due to the greater openness of islands, implying greater flight of financial and human capital. The authors conclude that because neighbors are not directly affected by state failure in the Pacific, any possible interventions should be centered on the humanitarian concern rather than be guided by self-interest of the other countries within the Pacific region.

States can 'fail' in two distinct senses. The most basic role of state is to provide physical security to its citizens through maintaining a monopoly of organized violence within the society. Where the government fails to do this and rival organizations of violence emerge, the state descends into civil war. However, in the modern world the demands legitimately placed upon the state extend beyond this basic function of security. Governments in all modern societies play some role as regulators of private economic activity, and as suppliers of public goods such as transport infrastructure, health and education. The quality of regulation and public goods is important for the capacity of citizens to earn a living. Increasingly, as globalization makes economic activity more mobile between countries, the quality of government matters in a relative rather than an absolute sense: governments that are much worse than others are likely to lose economic activities and this will rebound upon their citizens. Hence, a state which is markedly worse than that provided by other governments. Henceforth, this refer to the provision of regulation and public goods by the shorthand term 'governance.'

State failure has two manifestations, bad governance, and the collapse into internal violence. The incidence of bad governance in the Pacific islands is about 19%. This is identical to the global incidence of bad governance among low-income countries. By contrast, among the 11 smaller Pacific islands there has been no situation that meets the standard international criteria for a civil war. Once a society has experienced violent conflict it is considerably more prone to further bouts of violence, partly due to the legacy of guns and organizations, and perhaps also due to the examples set by past experience.

Publisher: UNU-Wider; Authors: Lisa Chauvet, Paul Collier and Anke Hoeffler; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the project by 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)

Youth employment: “We are not the problem; we are the solution”



The 22 island nations cover about one fourth of the globe, but the total population, excluding Australia and New Zealand, is only about nine million, more than two-thirds of whom were in Papua New Guinea. Seven of these states are ILO members: Fiji, Kiribati, the Marshall Islands, Papua New Guinea, Samoa (previously Western Samoa), the Solomon Islands and Vanuatu.

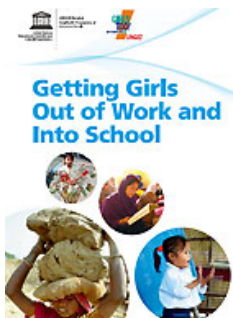
The last decade has seen a rapid increase in the youth population (ages 15-24) in these countries. In 2005, 58% of the population was aged under 25, and about one in five were between 15 and 24. This increase is expected to continue; if current demographic trends continue the number of young people will rise 42% by 2050.

There are systematically higher open unemployment rates among young people than among those over 25. In Papua New Guinea for example, almost half of those registered as unemployed are under 25.

In Samoa only about 1,000 of 4,500 the school leavers every year are able to find work. In Kiribati, where the total number employed in the cash economy is just 13,000 about 2,000 young people look for jobs for the first time every year. In Vanuatu it is estimated that there are just 500 new formal sector jobs available each year, although 3,500 leave school annually.

These countries will face enormous pressure to provide education and create jobs for millions of young labor market entrants in the coming years. These developments will take some pressure off the youth labor market. Countries with declining numbers of young people in their labor force will have the opportunity to focus on improving pathways from education to work, enhancing job quality, and ensuring that young women have the same opportunities as young men.

There are many obstacles facing young people, in these regions, who want to get an education and a job in the Pacific. The areas is characterized by small, low income developing countries with high economic and political volatility. According to the latest figures Asia's 378 million-strong youth labor force accounts for more than one in five of the region's total labor force and 58% of the global youth labor force. Although the portion of young people in the workforce is projected to decline by 2030, a new report says that for many countries in South East Asia and Pacific, the youth employment challenge remains huge.



Getting Girls Out of Work and Into School

While some areas of the Asia-Pacific region have had a strong record of girls in school, others still lag behind. This poses a serious challenge for the region to achieve Education for All (EFA) by 2030 as it has already missed 2015 gender parity target in education. The Asia-Pacific region is also home to the largest numbers of working children. This brief summarizes the causes and consequences of girls' child labor on their educational opportunities and describes some of the instruments and strategies in place to reduce girls' labor. It also provides insights into current good practice, assisting policy-makers and practitioners to better understand and address the issues of getting girls out of work and into school.

Details: http://www.ungei.org/unesco_girls_out_ofwork.pdf

To be continued....

Supporting your child's mental health as they return to school during COVID-19

How parents can help their children navigate their feelings during school re-openings.



Is there anything I should look out for as my child starts back at school?

In addition to checking in on your child's physical health and learning when he or she goes back to school, you should also keep an eye out for signs of stress and anxiety. COVID-19 may be impacting your child's mental health, and it is important to demonstrate that it is normal and OK to feel overwhelmed at times. When in doubt, empathy and support are the way to go.

There have also been concerns that incidents of stigmatization and bullying may increase when children return to school, due to some of the misinformation about COVID-19. You should explain that the virus has nothing to do with what someone looks like, where they are from or what language they speak. If they have been called names or bullied at school, they should be encouraged to tell a trusted adult. Remind your children that everyone deserves to be safe at school and online. Bullying is always wrong, and we should each do our part to spread kindness and support each other.

My child is worried about bullying at school and online, how can I talk to them about it?

If your child is worried about bullying either in person or online, it is important to let them know that they are not alone and they can always talk to you or another trusted adult. The more you talk to your children about bullying, the more comfortable they will be telling you if they see or experience it. Check in with your children daily and ask about their time at school and their activities online, and also about their feelings. Some children may not express their emotions verbally, so you should also look-out for any anxious or aggressive behavior that may indicate something is wrong.

You should also engage your children in open and honest conversations about how to stay safe online. Have an honest dialogue with your children about who they communicate with and how. Make sure they understand the value of kind and supportive interactions and that mean, discriminatory or inappropriate contact is never acceptable. If your children experience any of these, encourage them to tell you or a trusted adult immediately. Be alert if you notice your child becoming withdrawn or upset, or using their device more or less than usual, it could be a sign that they are being bullied online.

It is also important to familiarize yourself with your child's school's safeguarding and bullying policies, as well as the appropriate referral mechanisms and helplines available.

Two Articles of Highest Impact, November 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 Jaundice: Part I; <http://www.womenshealthsection.com/content/obsnc/obsnc007.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.
2. Neonatal Jaundice: Part II; <http://www.womenshealthsection.com/content/obsnc/obsnc006.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

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

Towards Equal Future: My Voice, Our Equal Future



The world is home to more than 1.1 billion girls under age 18, who are poised to become the largest generation of female leaders, entrepreneurs and change-makers the world has ever seen.

Progress for adolescent girls has not kept pace the realities they face today, and COVID-19 has reinforced many of these gaps. In 2021, under this theme, let us seize the opportunity to

be inspired by what adolescent girls see as the change they want, the solutions-big and small-they are leading and demanding across the globe.

Did you know?

Worldwide, nearly 1 in 4 girls aged 15 – 19 years is neither employed nor in education or training compared to 1 in 10 boys of the same age. By 2021 around 435 million women and girls will be living on less than \$1.90 a day – including 47 million pushed into poverty as a result of COVID-19.

1 in 3 women worldwide have experienced physical or sexual violence. Emerging data shows that since the outbreak of COVID-19, violence against women and girls, and particularly domestic violence, has intensified.

At least 60% of countries still discriminate daughters' rights to inherit land and non-land assets in either law or practice.

Background

Our initiative in 2021, focuses attention on the need to address the challenges girls face and to promote girls' empowerment and the fulfillment of their human rights. Adolescent girls have the right to a safe, educated, and healthy life, not only during these critical formative years, but also as they mature into women. If effectively supported during the adolescent years, girls have the potential to change the world – both as the empowered girls of today and as tomorrow's workers, mothers, entrepreneurs, mentors, household heads and political leaders.

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) adopted by world leaders in 2015, embody a roadmap for progress that is sustainable and leaves no one behind.

Mission and Purpose

To attain the global agenda for advancing the rights and empowerment of women and girls, everywhere, we had launched Generation Equality in early 2020 as a multi-year, multi-partner campaign and movement for bold action on gender equality. A clear narrative and actions related to the needs and opportunities of adolescent girls and their solutions is central to the Generation Equality mission.

As adolescent girls worldwide assert their power as change-makers, our initiative in 2021 will focus on their demands to:

1. Live free from gender-based violence, harmful practices, and HIV and AIDS.
2. Learn new skills towards the futures they choose.
3. Lead as a generation of activists accelerating social change.

Ways to get involved

- Share stories of inspiring adolescent girls or girl-led organizations who are developing innovative solutions or leading efforts towards positive social change, including gender equality, in their communities and nations. Let us amplify their leadership, actions and impact to inspire others.
- Participate in youth-led digital activation launching on International Day of the Girl. Young people across the world are developing a digital activism campaign, aiming to raise the diversity of girls' voices and their vision for a reimagined future.

A New Era for Girls



Today's more than 1.1 billion girls poised to take on the future. Every day, girls are breaking boundaries and barriers, tackling issues like child marriage, education inequality, violence, climate justice, and inequitable access to healthcare. Girls are proving they are unstoppable.

We know the best advocates for girls are girls. Every girl is a powerful agent of change in her own right. And, when girls come together to demand action, shape policies, and hold governments to account, we can together change our schools, families, communities and nations for the better. As leaders, it is our duty to bridge the generations, working with and for today's girls to raise their voices and achieve their dreams.

Join the initiative! We welcome everyone!

Everyone Included – Championing Social Inclusion



People want social and economic systems that work for everyone. The response to the pandemic, and to the widespread discontent that preceded it, must be based on a New Social Contract and a New Global Deal that create equal opportunities for all and respect the rights and freedoms of all.

But we still have a long way to go. Even before COVID-19 started ravaging nations across the globe, the World Social Report 2020 confirmed that inequality has increase in most developed countries and remains very high in developing countries.

The coronavirus pandemic has now turned a multi-faceted crisis, affecting people across regions. The virus has exposed the weakness of national health systems due to many years of under-investment, inadequacy of social protection systems and the acute vulnerability of marginalized communities and people living in poverty. It has reaffirmed the need of putting people at the center of development to address existing inequality in opportunity and access to health care, quality education, food, sustainable energy, clean drinking water and sanitation, adequate housing, digital technologies, and employment.

Aspirations to ‘place people at the center of development, ensuring full participation by all’ are not new. They were shaped 25 years ago when the Copenhagen Declaration on Social development and its Programme of Action were adopted at the World Summit for Social Development (WSSD) in Copenhagen. Guiding multilateral action on social development ever since, the Declaration represented a unique consensus on three key objectives:

1. Eradicating poverty;
2. Promoting full and productive employment; and
3. Fostering social inclusion.

As this year marks the 25th anniversary of this landmark event, the international community has an opportunity to reset inclusive social policies and to help countries recover better and with greater resilience to meet future challenges.

WHEC with UN DESA will celebrate the anniversary on 1 December 2020 with a high-level General Assembly event, which will enable actors to renew their commitments to social development in support of the global goals and the world’s pledge to leave no one behind.

WHEC aims to inspire and motivate people around the world to join an ongoing multifaced dialogue on the progress and future of social development and its role in achieving sustainable development.

Everyone Included.

Join the campaign!



In The News

Disaster Risk Reduction Is All About Governance



This year's International Day for Disaster Risk Reduction is all about governance. You can measure good disaster risk governance in lives saved, reduced numbers of disaster-affected people and reduced economic losses.

COVID-19 and the climate emergency are telling us that we need clear vision, plans and competent, empowered institutions acting on scientific evidence for the public good.

Good national and local strategies for disaster risk reduction must be multi-sectoral. It's time to raise our game if we want to leave a more resilient planet to future generations.

We need to see strategies that address not just single hazards like floods and storms, but those that respond to systemic risk generated by zoonotic diseases, climate shocks and environmental breakdown.

Did you know?

- Allocation for emergency response is approximately 20 times higher than for prevention and preparedness, countering sustainability principles.
- There is no such thing as a natural disaster, only natural hazards.
- Risk is the combination of hazard, exposure and vulnerability.
- Death, loss and damage is the function of the context of hazard, exposure and vulnerability.
- Data and analytics tend to compartmentalize risk, to make it simple and quantifiable – which is dangerous – a focus on numbers emphasizes direct short-term consequences.



Reducing Disaster Risk

Every two years, the United Nations Office for Disaster Risk Reduction (UNDRR) works with thinkers, practitioners, experts and innovators to investigate the risk of risk across the globe: highlighting what's new, spotting emerging trends, revealing disturbing patterns, examining

behavior, and presenting progress in reducing risk.

Bad situations only get worse without good disaster risk governance. COVID-19 has shown us that systemic risk requires international cooperation. Good disaster risk governance means acting on science and evidence. And that requires political commitment at the highest level to deliver on the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction. To eradicate poverty and reduce the impacts of climate change, we must place the public good above all other considerations. For these reasons and more, we must strengthen disaster risk governance to build a safer and more resilient world.

Details: <https://www.undrr.org/>

Art & Science

Art that touches our soul

Christ Crucified (*Cristo crucificado*) by Francisco de Goya



Christ Crucified is a 1780 oil-on-canvas painting of the crucifixion of Jesus by Spanish Romantic painter Francisco de Goya. He presented it to the Real Academia de Bellas Artes de San Fernando as his reception piece as an academic painter.

The painting is neoclassical in style, though rooted in traditional Spanish iconography of the subject and related to the treatment of the same topic by Velázquez (even borrowing its dark black background with no landscape) and Anton Raphael Mengs (borrowing his presentation of the right leg pushed forward). Goya conforms to the Spanish Baroque iconographic rules for portraying the Crucifixion as laid by Francisco Pacheco – the black background, four rather than three nails, supported feet and a trilingual inscription at the top of the cross beginning IESUS NAZARENUS REX IUDEORUM.(King of the Jews). By obeying these rules Goya diminished the emphasis on devotional features such as drama and the presence of blood in

order to concentrate attention on the painting's soft modelling, since his intention was to please the academicians then dominated by Mengs' neoclassicism.

Painted with loose and vibrant brush work, Christ's head is lifted and leaning to the left, dramatically looking upwards, possible in a representation of a gesture of ecstasy as he said, "My God, My God, why have you forsaken me?" (Mathew 27:46; Mark 15:34), though the serenity of the painting as a whole avoids a pitiful sensation.

Dimensions: 225 cm X 154 cm (100 in X 61 in). It now forms part of the permanent collection of the Prado Museum in Madrid.

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

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