



## WHEC Update

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

January 2021; Vol. 16. No. 01

## *Practice & Policy*

### Happy New Year from all of us @ the Women's Health and Education Center (WHEC)

As we look towards the new year, let us focus on our successes, and our work together in the past, to ensure that 2021 will be a great year for everyone, everywhere! Keep your thoughts, ideas and questions coming – we welcome them.

Over the past two decades, the health evidence, technologies and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. Despite these advances, an estimated 22 million abortions continue to be performed *unsafely* each year, resulting in the death of an estimated 47,000 women and disabilities for an additional 5 million women. Almost every one of these deaths and disabilities could have been prevented through sex-education, family planning, and the provision of safe, legal induced abortion and care for complications of abortion.

**Every individual has the right to decide freely and responsibly** – without discrimination, coercion and violence – the number, spacing and timing of their children, and to have the information and means to do so, and the right to attain highest standard of sexual and reproductive health. Access to legal, safe and comprehensive abortion care, including post-abortion care, is essential to attainment of the highest possible level of sexual and reproductive health. Worldwide, 3 out of 10 pregnancies end in induced abortion. Nearly half of all abortions are unsafe, and almost all of these *unsafe abortions* take place in developing countries. Contraceptive protection is something that every woman must have access to, and to control her own destiny. The ability of women to participate equally in the economic and social life of a Nation has been facilitated by their ability to control their reproductive lives.

Targeted Regulation of Abortion Providers (TRAP) laws that require clinics to make architectural changes and clinicians to hold various hospital privileges, under the guise of making abortion safer are discriminatory. Tonsillectomy, colonoscopy, in-office dental surgery, and childbirth are all far more dangerous to patients than abortion yet are not subject to surgical-center or admitting-privileges requirements. Abortion rights are necessary to protect women's equality as autonomous beings and not only the privacy of their decision making. When, even in the face of tragic circumstances leading to later-term abortions, US Supreme Court upheld a ban on dilation and extraction, a medical procedure that is sometimes needed to protect a woman's health, and continued fertility. This deprives women of the right to make an autonomous choice, even at the expense of their safety. This way of thinking reflects ancient notions about women's place in the family and under the Constitution – ideas that have long since been discredited.

Women's Health and Education Center (WHEC) is a tireless advocate for equality. We believe, The Supreme Court has been on a trajectory toward limiting reproductive rights in the USA and toward limiting remedies for gross inequalities in access to healthcare. Women must participate in society as equals, they must have control over their bodies and reproductive choices. All people, participating in society as equals requires access to medical care. Only through our choices in elected leaders and the crafting of legislation we can ensure that; The Court does not become a heartless court as well. Access to safe abortion protects women's and girl's health and human rights. Laws and policies on abortion should protect women's health and their human rights. Regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed.

Equality and Community

**Rita Luthra, MD**



## Your Questions, Our Reply

How can we increase transparency of abortion laws and policies? Are the restrictive abortion laws dangerous?

**Increasing Transparency of Abortion Laws and Policies:** Abortions are safe when they are carried out with a method that is recommended by the World Health Organization (WHO) and that is appropriate to the pregnancy duration, and when the person carrying out the abortion has the necessary skills. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedures.

When women with unwanted pregnancies do not have access to safe abortion, they often resort to *unsafe abortion*. An abortion is unsafe when it is carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. Characteristics of an unsafe abortion touch upon inappropriate circumstances before, during or after an abortion. Unsafe abortion can lead to immediate health risks – including health – as well as long-term complications, affecting women's physical and mental health and well-being throughout her life-course. It also has financial implications for women and communities. Unsafe abortion procedures may involve the insertion of an object or substance (root, twig, or catheter or traditional concoction) into the uterus; dilatation and curettage performed incorrectly by an unskilled provider; ingestion of harmful substances; and application of external force.

**Restricting Access to Abortion Does Not Reduce the Number of Abortions.** Women with unintended pregnancies rely on abortion even in settings where abortion is restricted. Generally speaking, abortion rates are similar in countries where abortion is broadly legal and in those where it is restricted (40 per 1,000 women and 36 per 1,000 women, respectively). In countries where abortion is legal on broader grounds, most of the abortions that take place are safe. In contrast, in countries where abortion is banned or allowed only to save a woman's life or physical health, most abortions that occur are unsafe.

Legal restrictions, as well as social and cultural beliefs linked to abortion, can make women reluctant to seek timely medical care in case of abortion-related complications, which further puts women's health and well-being at risk. An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care. Policies should be geared to respecting, protecting and fulfilling the human rights of women, to achieving positive health outcomes for women, to providing good quality contraceptive information and services, and to meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV.

**Economic Cost of Unsafe Abortion are profound.** Safe abortion is cost saving. A recent study estimated an annual cost of US \$ 23 million for treating minor complications from unsafe abortion at the primary healthcare level; US \$ 6 billion for treating post-abortion infertility; and US \$ 200 million each year for the out-of-pocket expenses of individuals and households for the treatment of post-abortion complications. US \$ 930 million is the estimated annual expenditure by individuals and their societies for lost income from death or long-term disability due to chronic health consequences of unsafe abortion.

Legal restrictions on abortion do not result in fewer abortions nor do they result in significantly increases in birth rates. While countries differ in prevailing national health system conditions and constraints on available resources, all countries can take immediate and targeted steps to elaborate comprehensive policies that expand access to sexual and reproductive health services, including safe abortion care.

Suggested reading: <https://www.who.int/publications/i/item/medical-management-of-abortion>  
Safe abortion: Technical and Policy Guidance for Health Systems;  
<https://www.who.int/publications/i/item/safe-abortion-technical-and-policy-guidance-for-health-systems>



## United Nations at a Glance

### Permanent Member of State of Kuwait to the United Nations



Kuwait became UN Member State on 14 May 1963

**Kuwait**, officially the **State of Kuwait** is country in Western Asia. Situated in the northern edge of Eastern Arabia at the tip of the Persian Gulf, it borders Iraq to the north and Saudi Arabia to the south. As of 2016, Kuwait has a population of 4.5 million people: 1.3 million are Kuwaitis and 3.2 million are expatriates. Expatriates account for approximately 70% of the population. Official language: Arabic; Capital: Kuwait City; Religion: 74.36% Islam (official), 18.17% Christianity, 7.47% Other. Government: Unitary constitutional monarchy. Official language is Modern Standard Arabic. English is widely understood.

Kuwait is a constitutional sovereign state with a semi-democratic political system. Kuwait has a World Bank high-income economy backed by the world's sixth largest oil reserves. The Kuwait dinar is the highest valued currency in the world. According to the World Bank, the country has the 19<sup>th</sup> highest per capita income. The Constitution was promulgated in 1962.

The court system in Kuwait is secular. Unlike other Arab states of the Persian Gulf, Kuwait does not have sharia courts. Sections of the civil court system administer family law. Kuwait has the most secular commercial law in the Gulf. The parliament criminalized alcohol consumption in 1983. Kuwait's Code of Personal Status was promulgated in 1984.



The Security Council, at its 1034<sup>th</sup> meeting, held on the 7<sup>th</sup> May 1963 unanimously decided to recommend to the General Assembly that Kuwait be admitted to membership to the United Nations. Following this recommendation, the General Assembly, at its Fourth Special Session, adopted resolution 1872, on 14<sup>th</sup> May 1963, admitting the State of Kuwait to the membership in the United Nations. As a result, the State of Kuwait became 111<sup>th</sup> member state of the United Nations.

Since its membership to the United Nations, the State of Kuwait has made significant contribution to the work of the United Nations, and has been an active partner, working closely to promoting mobile principles and purposes of the United Nations Charter. The Permanent Mission of the State of Kuwait to the United Nations has been responsible for carrying out the State of Kuwait's participations at the United Nations.

The State of Kuwait is committed to fulfilling all of its financial obligations towards the regular budget of the United Nations, the budgets of peacekeeping operation, and paying its mandatory assessed contributions in full and on time. Kuwait also supports the efforts and endeavors to reform and enhance the performance of the United Nations bodies, and to promote the principles of accountability, in order to make them more effective, efficient and transparent in carrying out their responsibilities and increase their capability to confront global challenges.

The State of Kuwait is considered among the group of high-income developing countries, and thus has, since its independence from Britain in 1961, striven to shoulder its international and regional responsibilities by establishing the Kuwait Fund for Arab Economic Development. The fund works to assist and support developing and least developed countries (LDCs) to achieve development in its various dimensions.

Details: <http://www.kuwaitmissionun.org/>

# Collaboration with World Health Organization (WHO)

## WHO | Kuwait



### Health Situation

The population of the country in 2016 was 4.3 million (1.3 million nationals and 3.0 million non-nationals). It is estimated that 1.7% of the population lives in rural settings (2012), 12.1% of the population of the population (19.0% nationals, and 6.9% non-nationals) is between the ages of 15 and 24 years (2016) and life expectancy at birth is 78 years (2012). The literacy rate for youth (15 to 24 years) is 98.8% (adults 95.5%) (2012).

The burden of disease (2012) attributable to communicable diseases is 16.1% (noncommunicable diseases 72.9% injuries 11.0%). The share of out-of-pocket expenditure is 15.7% (2013). The health workforce density (2014) is 24.0 physicians and 5.9 nurses and midwives per 10,000 population.

### Health Policies and Systems

The Supreme Council of Planning distributes the framework of the five-year national plan to all Ministries of Health. The Department of Planning and Follow-up in the Ministry of Health in turn distributes the plan to all departments and one comprehensive plan to the Ministry of Health's contribution to the five-year national plan is developed. Health care financing is based on a single-payer system.

The country is divided into six health areas or regions: Kuwait City, Hawali, Ahmadi, Jahra, Farwania and Al Subah. The health sector in each region is a decentralized administrative unit with considerable autonomy in terms of financial and administrative affairs, training of the health workforce management of health delivery. The country has one of the most modern health care infrastructure. Family practice is a major overarching strategy for service provision at public health facilities. The primary health care centers provide a comprehensive and quality-based package of services.

Challenge in the health delivery system are to reduce the waiting time for patients due to high patient load and overextension of medical staff. Other challenges include structuring a systematic assessment of quality of services delivered by primary health care centers, hospitals and specialized clinics at regular intervals; the referral and follow-up system, which is aided by the new computerized linkages between primary, secondary and tertiary levels; training and development of health promoters and volunteers; and development of home-based and community-based interventions.

In accordance with Ministerial Decree 80/2013, the hierarchy of the Directors of Health Statistics and Medical Records has been restructured and renamed the National Center of Health Information and the Family of International Classifications Collaborative Center.

### Cooperation for Health

Kuwait is a high-income country and supports – as part of the Kuwait Fund – development projects and initiatives in many developing countries, mostly in the social sector and agriculture. Kuwait also has provided substantial funds to the United Nations system for activities at the global level. The United Nations system has significant presence in Kuwait. The UNDP is headed by a Resident Coordinator. In addition, ILO, UN HABITAT, UNHCR, the International Organization of Migration (IOM), and World Bank have Representatives and offices in Kuwait. The collective work of the UN system is to support the “Strategic Vision of Kuwait” that is set by the Council of Ministers.

Details: <http://www.emro.who.int/countries/kuwait/index.html>

## Bulletin Board

### Pain Management During Labor and Delivery Section

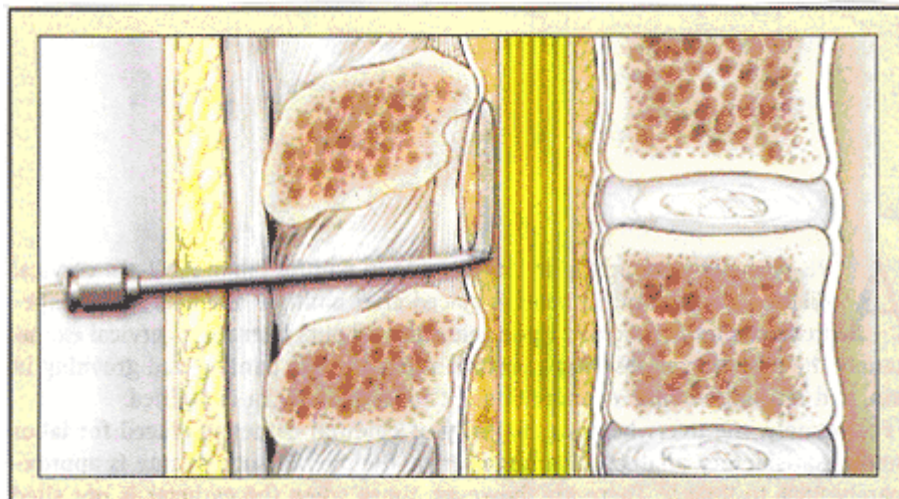
The use of techniques and medications to provide pain relief in obstetrics requires an expert understanding of their effects to ensure the safety of both mother and fetus. Positive attitudes and the need for good medical care should be stressed. Individualize the treatment of every patient, because each one reacts differently. Be familiar with the limitations, dangers, and contraindications as well as its advantages of the drugs you intend to administer. The management of labor analgesia can be determined only when the patient experiences the pain and decides on options with the help and reassurance of her physician. Current clinical practice is to provide analgesia and not amnesia during labor and deliver. Maternal mortality relating to anesthesia has reduced 10-fold since the 1950s, largely due to an enhanced appreciation of special maternal risk with anesthesia. Ideally, obstetric deliveries today should be conducted only in hospitals where equipment and specially trained personnel are available.

Labor results in severe pain for many women. In the absence of a medical contraindication, maternal request is a sufficient medical indication for pain relief during labor. Regional analgesia provides a superior level of pain relief during labor when compared with systemic drugs, and therefore, should be available to all women. Pain management should be provided whenever it is medically indicated.

We hope this section helps obstetricians and gynecologists understand the available methods of pain relief to facilitate communication with their colleagues in the field of anesthesia, thereby, optimizing patient comfort while minimizing the potential for maternal and neonatal morbidity and mortality.

*Women's Health and Education Center (WHEC)*

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



Cather in Epidural Space for Epidural Anesthesia





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

## **Oil Driven Macroeconometric Model of Kuwait**

Kuwait is well endowed, small and open economy. In this economy the Government is the owner of the bulk of the wealth. Its wealth comes basically from underground oil and oil-accumulated assets. Sincere there is virtually no tax, the government influences economic activity through its expenditure and expenditure is determined by returns from its wealth. Moreover, the country depends heavily on imports. The structure of the model contains these features and the inherent dichotomy of Oil vs. Non-oil, and Kuwaiti vs. Non-Kuwaiti. The empirical analysis of the 1970 – 1986 data confirmed the dominance of the Government in the economy and the characteristics of a small and open economy. More importantly, the simulation exercise emphasizes the leading role of oil prices in overall economic activities and various accounts to the extent that a modest rise in oil prices is likely to turn the budget deficit into huge public savings and foreign accounts into mounting surpluses.

The financial and non-financial resources generated by the economy result in demand for goods and services domestically. This basically comes from private consumption, investment and government expenditure. The government is owner of the bulk of the wealth in the country, thus the government is the prime mover of domestic activities. It is empirically verified that returns from the total financial and non-financial wealth determine government expenditure; however, the state saves more than it spends. To satisfy public and private consumption, the country is a small open economy. In turn, its domestic inflation is determined by world inflation and growth in its money stock. The country also imports more than 80% of its labor force and this situation is predicted to continue through the century.

Although, terms of trade are not spelled out in the model, the price setting behavior of the producers and the historical pattern of the overall price level confirmed the instantaneous price adjustment mechanism. This simple Keynesian price model is used in the model simulation so that aggregate supply equates aggregate demand with the insignificant discrepancy representing less than the historical average change in the stocks. The condition guarantees the closure of the model.

Publisher: UNU- WIDER; Authors: Siddig A. Salih, William H. Branson, Yusuf Al Ebraheem; Sponsors: Economics Department of KISR, Kuwait and UNU/WIDER, Finland for making available the research facilities.

*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)*

### The Road Not Traveled: Education Reform in the Middle East and Africa



Education is at the crossroads for the future of the Middle East and North Africa (MENA). It plays a crucial role in promoting poverty alleviation and economic growth, both at national and at household levels. It reflects the aspirations of the people for a successful integration into the global economy in an ever-changing world. Various stakeholders in region regard education as their most important development challenge, and education reform is at the top of the reform agenda of many regional governments.

Education is also a strategic priority for the World Bank in the MENA region and worldwide. This report argues that reforms in this area will need to be implemented hand-in-hand with those for the education system proper. Having succeeded in expanding the education systems to include most eligible children – boys and girls – MENA region is now ready to travel a new road. While the exact configuration of this new road will not be the same for each country, all countries, irrespective of their initial conditions, will require a shift from “engineering inputs” to “engineering for results,” along with a combination of incentives and public accountability measures, as well as measures to improve labor market outcomes.

#### The Road Ahead

Having succeeded in expanding their education systems to include most eligible children – both boys and girls – the countries in the MENA region is now ready to travel a new road. The new road requires a new balance of *engineering incentives*, and *public accountability* measures. Simultaneously, it requires renewed emphasis on reforming domestic and external labor market. The exact form of the new road for each country will not be the same, since some countries have already carried out more education reforms and achieved better results than others. Thus, the reform agenda for each country will differ, depending on initial conditions. However, all countries will need to find a new combination of engineering, incentives, and public accountability, along with measures to improve labor market outcomes.

Girl's education goes beyond getting girls into school. It is also about ensuring that girls learn and feel safe while in school; have the opportunity to complete all levels of education acquiring the knowledge and skills to compete in the labor market; learn the socio-emotional and life skills necessary to navigate and adapt to a changing world; make decisions about their own lives; and contribute to their communities and the world. <https://www.worldbank.org/en/topic/girlseducation>

#### Kuwait Economic Update – October 2020

Subdued oil prices and lower oil production led to slower overall economic growth in 2019, but robust public spending and credit growth are expected to underpin non-oil growth through the medium term. Real GDP growth slowed to an estimated 0.7% in 2019 from 1.2% in 2018 due to contraction in oil output in line with the since-lapsed OPEC+ agreement.

Economy profile: Kuwait; Doing Business 2020

<https://www.doingbusiness.org/content/dam/doingBusiness/country/k/kuwait/KWT.pdf>

*To be continued....*

## Two Articles of Highest Impact, December 2020

*Editors' Choice – Journal Club Discussions*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. Benign Vulvar Skin Disorders: Part 1;  
<http://www.womenshealthsection.com/content/gyn/gyn035.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. Benign Vulvar Skin Disorders: Part 2;  
<http://www.womenshealthsection.com/content/gyn/gyn038.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*



#### **Housing: An Important Determinant of Health**

The analysis of initiatives of Women's Health and Education Center (WHEC) shows poverty and homelessness, have disastrous impact on both physical and mental health, of people. Our experience shows and our efforts are focused on:

1. Improvements in housing and improved mental health and general health;
2. The possibility of improved housing leading to rent rises, impacting negatively on health;
3. Movement of original tenants after housing improvement and therefore not benefiting from the improvements.
4. Housing tenure, outdoor temperature, indoor air quality, dampness, housing design, rent subsidies relocation, allergens and dust mites, home accident prevention, and fire prevention.
5. Homelessness.

The Women's Health and Education Center (WHEC), grounded in the vision of equality as enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and achievement of equality between women and men as partners and as beneficiaries of development, human rights, humanitarian action, peace and security. The healthy future of society depends on the health, education and technology literacy of today's children, women and communities.



WHEC Publications are intended to help countries all over the world understand and appreciate the linkages between the Sustainable Development Goals (SDGs) and women and girls in their localization efforts and in establishing various partnerships and networks that feed into the vision of localizing SDGs at the country and regional levels.

**Our recommendations on how to promote poverty-reduction strategies, homelessness, healthy diets and affordable healthcare for vulnerable population are:**

1. Creating coherence in national policies and investment plans – include trade, food and agricultural policies – to promote a healthy diet and protect public health by increasing incentives for producers and retailers to grow, use and sell fresh fruit and vegetables.
2. Implementing the UN recommendations on the marketing of foods and non-alcoholic beverages.
3. Establishing standards to foster healthy dietary practices through ensuring the availability of healthy, nutritious, safe and affordable foods in pre-schools, schools, other public institutions and the workplace.
4. Encouraging transitional, national and local food services and catering outlets to improve the nutritional quality of their foods – ensuring the availability and affordability of healthy choices – and review portion sizes and pricing.
5. Encouraging consumer demand for healthy foods and meals.
6. Developing school policies and programs that encourage children to adopt and maintain a healthy diet.
7. Providing nutrition and dietary counseling at primary healthcare facilities.
8. Promoting appropriated infant and young child feeding practices.
9. Implementing the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.
10. Implementing policies and practices to promote protection of working mothers.

Details: <http://webtv.un.org/watch/housing-an-important-determinant-of-health-csocd58-side-event/6133241030001/>

## The Place We Call Home Matters When We Grow Old



Our world is rapidly growing older. As we age, where and how we live and what support we are given, matter greatly for our health and wellbeing. Living arrangements and family support for older persons have become increasingly important for policymakers, especially in countries at advanced stages of population ageing. Understanding these links also matters for the world's pledge to leave no one behind.

The world's population is ageing due to increasing life expectancy and falling levels of fertility. According to the latest estimates from UN DESA's Population Division, the share of population aged 65 years or over is expected to increase globally from 9.3% in 2020 to around 16% in 2050. Since women on average live longer than men, they comprise the majority of older persons, especially at advanced age.

The living arrangements of older people determine their economic wellbeing as well as their physical and psychosocial health and life satisfaction. Older persons living alone or in institutions have overall mortality risks than those living with a spouse or other family members.

Where and how older persons reside also has important economic, social and environmental implications. In particular, the number of independent households affects the demand for housing, social services, energy, water and other resources.

As the world is facing the threat of COVID-19, older persons are at much higher risk of dying from the virus than younger persons. Advanced age and the presence of underlying health conditions affecting the cardiovascular, respiratory and immune systems are associated with an increased risk of severe illness or death.

Mitigating the impact of COVID-19 on the older population will require continued efforts to curb the spread of the virus and to put in place measures to protect the most vulnerable segments of the population – for example, older persons with pre-existing conditions and those who reside in institutions – from exposure to the disease.

Keeping the promise to leave no one behind means that the Sustainable Development Goals (SDGs) must be achieved for all segments of society and at all ages, with a particular focus on the most vulnerable, including older persons.

## A Six Point Plan to Protect our Children

Global coordination is urgently needed to prevent COVID-19 crisis from becoming a child-rights crisis. Progress towards the Sustainable Development Goals (SDGs) is slipping backwards, and children continue to pay the steepest price. Without coordinated, global action to prevent, mitigate and respond to the effects of the pandemic, the consequences for children now, and for the future of our shared humanity, will be severe.



This six-point plan proposes a set of practical and concrete actions to reunite the world around a common cause: the realization of SDGs and the Convention on the Rights of the Child. WHEC calls for and supports these global action to:

1. Ensure all children learn, including by closing the digital divide. Prioritize the reopening of schools.
2. Guarantee access to health and nutrition services and make vaccines affordable and available to every child.
3. Support and protect the mental health of children and young people and bring an end to abuse, gender-based violence, and neglect in childhood.
4. Increase access to clean water, sanitation and hygiene and address environmental degradation and climate change.
5. Reverse the rise in child poverty and ensure an inclusive recovery for all.
6. Redouble efforts to protect and support children and their families living through conflict, disaster and displacement.

Averting a lost COVID generation is the priority. Children face a trifecta of threats: direct consequences of the disease itself, interruption in essential services and increasing poverty and inequality.

Despite being less affected than any other age group, emerging data suggest that children and young people's health may be more directly impacted by COVID-19 than originally anticipated when the crisis began in late 2019. Disruptions to essential services such as education, healthcare and nutrition and child protection interventions are harming children. A severe global economic recession is impoverishing children and compounding deep pre-existing inequalities and exclusion.

Respond, recover and reimagine a post-pandemic world for every child.

Join the movement!

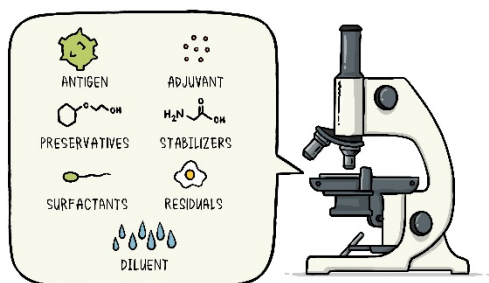


## In The News

### Understanding Vaccines and Its Development

The world is in the midst of a COVID-19 pandemic. Vaccines save millions of lives each year. Vaccines work by training and preparing the body's natural defenses – the immune system – to recognize and fight off the viruses and bacteria they target. This three-part series will help us understand about the development and COVID-19 or any other vaccine to protect our health.

#### Part I: What are the ingredients in a vaccine?



vaccines contain tiny fragments of the disease-causing organism or the blueprints for making the tiny fragments. They also contain other ingredients to keep the vaccine safe and effective. These latter ingredients are included in most vaccines and have been used for decades in billions of doses of vaccine.

Each vaccine component serves a specific purpose, and each ingredient is tested in the manufacturing process. All ingredients are tested for safety.

#### Antigen

All vaccines contain an active component (the antigen) which generated an immune response, or the blueprint for making the active component. The antigen may be a small part of the disease-causing organism, like a protein or sugar, or it may be the whole organism in a weakened or inactive form.

#### Preservatives

Preservatives prevent the vaccine from becoming contaminated once the vial has been opened if it will be used for vaccinating more than one person. Some vaccines don't have preservatives because they are stored in one-dose vials and are discarded after the single dose is administered. The most commonly used preservative is 2-phenoxyethanol. It has been used for many years in a number of vaccines, is used in a range of baby care products and is safe for use in vaccines, as it has little toxicity in humans.

#### Stabilizers

Stabilizers prevent chemical reactions from occurring within the vaccine and keep the vaccine components from sticking to the vaccine vial. Stabilizers can be sugars (lactose, sucrose), amino acids (glycine), gelatin, and proteins (recombinant human albumin, derived from yeast).

#### Surfactants

Surfactants keep all the ingredients in the vaccine blended together. They prevent settling and clumping of elements that are in the liquid form of the vaccine. They are also often used in foods like ice cream.

#### Residuals

Residuals are tiny amounts of various substances used during manufacturing of vaccines that are not active ingredients in the completed vaccine. Substances will vary depending on the manufacturing process used and may include egg proteins, yeast or antibiotics. Residual traces of these substances which may be present in a vaccine are in such small quantities that they need to be measured as parts per million or parts per billion.

#### Diluent

A diluent is a liquid used to dilute a vaccine to the correct concentration immediately prior to use. The most commonly used diluent is sterile water.

## **Adjuvant**

Some vaccines also contain adjuvants. An adjuvant improves the immune response to the vaccine, sometimes by keeping the vaccine at the injection site for a little longer or by stimulating local immune cells. The adjuvant may be a tiny amount of aluminium salts (like aluminium phosphate, aluminium hydroxide or potassium aluminium sulphate). Aluminium has been shown not to cause any long-term health problems, and humans ingest aluminum regularly through eating and drinking.

*To be continued in February Edition....*

## **Strong Health Systems are Key to Distribute COVID-19 Vaccine**

**Altering the course of the pandemic with vaccines:** In March 2020, the World Bank Group was already one of the first organizations to begin thinking about the rapid development and scale-up of COVID-19 vaccines, for developing countries.

The World Bank Group is providing a financing package of up to \$12 billion to help low- and middle-income countries finance the purchase and distribution of COVID-19 vaccines, tests, and treatments. While purchasing vaccines and receiving treatments are straight forward, ensuring that they are deployed and reach those who need them the most is much more complicated. The pandemic compounded a problem that existed already before.

Across the globe, it highlighted the urgent need to strengthen health systems that showed a lack of sufficient trained health workers, limited storage and transport capacity of vaccines to store and ensure cold chain to remote areas, and in some countries, inadequate number of health centers equipped for vaccinations.

According to our estimates, global extreme poverty is expected to rise this year for the first time in a generation. COVID could push up to 150 million people into extreme poverty (defined as living on less than \$1.90 a day) by the end of 2021.

**World Bank Supporting India's Health Sector:** On April 2<sup>nd</sup>, to help India meet its emergency medical needs and ramp up its preparedness for future outbreaks of disease, the World Bank sanctioned a \$1 billion loan in a record 12 days. This is the largest World Bank loan for the health sector in India. In less than a month, \$500 million was distributed to help India strengthen health facilities in states, procure essential medical supplies such as testing-kits, PPEs, masks and ventilators, and insure all urban and rural health workers. A further \$ 200 million will help India bolster its program for disease surveillance, revamp its infectious disease hospitals and build a network of containment laboratories that have a high level of biosafety.

Over time, the program will help create a system that will strengthen the delivery of India's safety nets programs. It will:

- Help India's social protection system move from a collection of 460 plus fragmented schemes to an integrated system that is fast and more flexible, acknowledging the diversity of needs across states.
- Enable geographic portability of benefits – food, social insurance and cash-support – so that migrants and urban poor can access them from anywhere in the country.
- Move India's social protection system from one that was predominantly focused on the rural areas to a pan-national safety net that recognizes the needs of the urban poor.

Going forward, the World Bank's work will focus on strengthening health systems. It will soon release a new report that contributes evidence and analysis to a growing consensus that health leaders will achieve best results if they build system reforms around primary health care.

**Working with Partners:** Future preparedness, prevention, and crisis responses must be global and collaborative. Not a single country can do this alone with adequate control, much less prevent the type of

emergency the world is now experiencing. To help a global challenge like a pandemic, we need to work together. Over the next 100 days, we hope to help at least 100 countries get ready to deploy COVID-19 tests, treatments, and vaccines.

While many challenges and uncertainties lie ahead, we need to move forward and help countries to make health systems stronger, while recognizing the need to be flexible to adapt our approaches and self-correct when needed. This is what we believe in and what we are doing with the World Bank.

## Art & Science

*Art that touches our soul*

### **Beech Grove I** by Gustav Klimt



*Beech Grove I*, by the Austrian artist Gustav Klimt (1862 – 1918), is an oil-on-canvas painting dated 1902. Klimt is noted for his paintings, murals, sketches, and other objects of art. Klimt's primary subject was the female body, and his works are marked by a frank eroticism.

It is part of a collection of about 300 paintings held by the Galerie Neue Meister in Dresden, Germany.

Klimt, one of the most prominent members of the Vienna Secession movement, is best known for his opulent, symbol-laden portraits of the Viennese bourgeoisie, but his landscapes represent an important aspect of his career. For many years he travelled each summer through the Austrian and Italian countryside, painting and sketching as he went.

In this work, he captures shafts of light illuminating the bare trunks of young beech trees above a litter of leaves on the forest floor.

Dimensions; Height: 1,000 mm (39.7"); Width 1,000 mm (39.7")

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