WHEC
Helping Women World-Wide

WHEC Update

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

February 2021; Vol.16. No. 02

Annual Project Report

There is a strong consensus that immediate action is needed to bolster the emotional health of clinicians. Clinician well-being has multiple components, and limited progress has been made in addressing some important drivers of well-being, including improvements in workplace efficiency and workflow, increased supplies of personal protective equipment, and strengthening of communication with organizational leaders. Other efforts often fail, however, when it comes to supporting clinicians' emotional well-being. The design of initiatives to bolster emotional well-being, which has been rooted in mental health models, leads to low utilization because of barriers related to deeply entrenched, counterproductive views about what is expected of clinicians.

One barrier is that these expectations are often unrealistic. Clinicians have been taught that self-care is selfish. The culture of medicine reinforces the belief that physical and emotional exhaustion is part of the job. Although meant to be appreciative, messages depicting clinicians as heroes imply and expectation of personal sacrifice at all costs. Well-being efforts have overemphasized personal resilience, thereby placing the burden of handling emotional distress solely on individual clinicians. Stigma and isolation are also important barriers to the success of well-being efforts. The ethos that vulnerability is a sign of weakness is reinforced regularly.

Supporting clinicians during COVID-19 pandemic and beyond is essential. Clinicians are facing important emotional stressors during the COVID-19 pandemic, including grief from seeing so many patients die, fears of contracting the virus and infecting their family members, and anger over health care disparities and other system failures. For some, these stressors have caused or exacerbated burnout, depression, or post-traumatic stress disorder (PTSD), and they have been implicated in suicides. Even before the pandemic, there were unacceptably high rates of burnout and suicide among clinicians, especially among physicians.

We at the Women's Health and Education Center (WHEC), believe there are several important strategies that medical institutions could use to design emotional-support programs that clinicians will embrace. Mental health programs are often reactive, waiting for clinicians to exhibit distress rather than anticipating that compassionate clinicians will experience emotional pain associated with their challenging work. Mistrust in organizations also keeps some clinicians from seeking help.

Medical institutions have historically punished clinicians who have mental health issues. Other factors have further eroded clinicians' trust that their organizations will support them, such as a pattern of valuing productivity over well-being, and a failure to address healthcare disparities that have been highlighted during the pandemic COVID-19.

Finally, there has been a lack of accountability when it comes to fostering well-being. Despite declaring that clinician well-being is an organizational priority, support programs are often poorly resourced, and leaders are rarely held accountable for outcomes related to well-being. Peer support also fosters a sense of camaraderie that is crucial to sustaining joy at work. Seeing that colleagues understand one's emotional responses and have had similar experiences reduces the feelings of isolation and self-recrimination associated with distress.

Share you point of view on ***WHEC Global Health Line.***

Learning from Past Failures and Envisioning New Strategies

Rita Luthra, MD

Your Questions, Our Reply

What are strategies which institutions can implement to support healthcare personnel's mental health well-being? Are there specific pandemic COVID-19 outreach programs for the clinicians' well-being?

Preventing a parallel pandemic: The COVID-19 pandemic has highlighted the urgent need to address the emotional well-being of clinicians and has laid bare the cultural and structural barriers that cause many programs to fail. Programs should be designed to overcome these barriers using a range of strategies, including peer support as a way of framing emotional stress as an occupational hazard; processes that involve reaching out to clinicians and proactively offering support; reaching components that allow clinicians seeking help to easily obtain access to professional resources; and leadership accountability for mitigating workplace stressors and for financially supporting and assessing program outcomes.

First, institutions can create and provide funding for peer-support programs. Emotional stressors are often occupational hazards rather than mental health problems. Programs built solely on a mental health model – in which the need for support is portrayed as applying to people with mental health disorders and treatment is provided by mental health professional – aren't used by many people who might benefit from them. Clinicians are more likely to accept support from colleagues who understand their specific stressors. The peer-support model frames emotional fallout as an occupational hazard, thereby reducing the stigma associated with receiving support.

Second, institutions can prioritize reaching out to employees who may benefit from receiving help by developing systems for offering support to clinicians rather than relying on self-referral. Even when emotional-support programs exist, physicians rarely seek them out because of barriers including concerns about confidentiality, sigma, and access. Programs therefore should have a robust component that involves proactively reaching out to clinicians and that destigmatizes receiving support and facilitates access.

Third, institutions can provide easily accessible and psychologically safe "reach-in" services for clinicians requiring help. Although some emotional stress can be mitigated by means of preventive approaches such as peer support programs, some clinicians will need professional mental health services. These supplemental services must be confidential, affordable, and accessible at any time. In these cases, have peer supporters make initial contact with clinicians has the advantage of normalizing and facilitating connections to professional mental health resources.

Fourth, institutional leadership should be accountable for clinicians well-being. Leaders should empower clinicians to speak up about unsafe, highly stressful, or morally challenging workplace conditions and ensure that concerns are listened to, and whenever possible, acted on.

We have found that stressful events such as the occurrence of medical errors can be stressful events such as the occurrence of medical errors can be successfully used as triggers for peer-support outreach. Outreach triggers specific to COVID-19 could include clinical service on a coronavirus ward or the death of a patient with COVID-19, especially if the patient was the clinician's colleague. We have also found while providing peer support to hundreds of clinicians that their emotional stress often comes from workplace issues that should be mitigated, such as inadequate resources; unsustainable clinical volume and hours; other clinicians' unprofessional and problematic behavior; including racist and sexist behavior; and persistent health care disparities.

We believe, organizations have an obligation to assess and address concerns in order to treat the causes of emotional stress rather than merely the symptoms.

2020 in Review: Working Together for Health

Our Projects & Our Promises

2020 has been a year like no other. The COVID-19 crisis has torn through our world, causing illness, death and disruption, and turning our lives upside down. Let us all move forward.

Deadly consequences of misinformation. Misinformation is damaging. Our efforts across issues, such as COVID-19 pandemic, climate action and racial justice which we share with you, is released after extensive fact checks, editorial input and extensive research. The simple act of pausing before you share information online interrupts the emotional response and triggers a moment of critical thinking. As a part of global push to stop spreading misinformation online and the Verified Campaign, we are asking you to join our movement. With the COVID-19 pandemic sparking a "communications emergency" caused by false information disseminated on social media, we are encouraging people everywhere to take a breath before sharing content online.

Confronting Misinformation – Our campaign is based on research which indicates that taking a brief pause before sharing information can significantly lessen the inclination to share shocking or emotive material and slow the spread of misinformation.

Our efforts aims to increase media literacy so that social media users can spot misinformation and stop themselves from passing it on. Our new initiative *Confronting Misinformation* launched in July 2020 to share science-backed health information and stories of global solidarity around COVID-19, is a global campaign. It is the first global behavior-change campaign on misinformation, to mobilize experts and researchers, governments, influencers, civil society, businesses, regulators and the media, under a single message – pledge to pause.

Join us to distribute campaign messaging!

WHEC's Published UN Documents *in the* Year 2020

1. 2020 ECOSOC High-Level Segment (July 2020); UN Document: E/2020/NGO/1
   Efforts of WHEC in the provision of e-Governments and Integrated e-Health Care

2. 53rd Session of CPD (April 2020); UN Document: E/CN.9/2020/NGO/1
   Healthy mother healthy infant through nutrition – the need for strategic planning and promotion

3. 64th Session of CSW (March 2020): UN Document: E/CN.6/2020/NGO/118
   Empowering women and communities through education, health and technology: a concept note.

4. 58th Session of CSocD (February 2020); UN Document E/CN.5/2020/NGO/60
   Our initiatives for achieving Universal Health Coverage based on concepts of equality and reducing poverty – A Concept Note

5. Side Event: 58th Session of CSocD (17 February 2020) UN Web TV # 6133241030001
   Housing: An Important Determinant of Health

Available @: **http://www.womenshealthsection.com/content/whec/publications.php3**

2021 will be lucky one.

http://www.WomensHealthSection.com served **14 million** readers / subscribers in **227 countries and territories** with an average of about 1.35 million visitors / subscriber, per month, in 2019 with links to about 250,000 websites. On average 210,000 files, 38,600 URLs and 82,600 pages were accessed, every month. It expanded to 30 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2020 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Best of 2020

Top 15 Countries out of 227 Countries and Territories, where ***WHEC Global Health Line / WHEC Net Work*** is accessed frequently:

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes:

- US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,012:

- The Knowledge AI; Mozilla/5.0; Mobile Safari/604.1; Adsbot/3.1; bingbot/2.0; Googlebot/2.1;

Top 5 most popular sections out of 28:

- 1) Newborn Healthcare; 2) WHEC Update; 3) Obstetrics; 4) Gynecology; 5) Violence against Women.

Top 10 most read comprehensive review articles out of 280 Practice Bulletins:

- Marijuana and Pregnancy Implications; 2) Neonatal Hearing Loss Detection and Intervention; 3) Neonatal Jaundice: Part I; 4) Newborn Nutrition; 5) Neonatal Jaundice: Part II; 6) Newborn Screening Program in the United States; 7) Benign Vulvar Skin Disorders: Part 2; 8) Novel Coronavirus (COVID-19) Disease and Pregnancy; 9) Sexual Violence; 10) End of Life Decision Making.

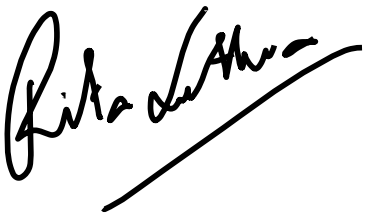
So, we want to hear from you, and we are eager to work together to advance good ideas that have enduring impact. As a global community, we can create change at scale. Tackle that big dream. Ignore the doubt in your head and follow the joy in your heart. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations.

Beneficiaries: Visitors of http://www.WomensHealthSection.com (more than 250 million readers / subscribers worldwide so far and growing fast…)

With very best wishes for a new year of passion, purpose and promise.

We the peoples of the United Nations…...

Dedicated to Women's and Children's Well-being and Health Care Worldwide



59th Session of the Commission for Social Development – CSocD59

The 59th session of the CSocD59 will take place **ONLINE** from 8 to 17 February 2021 at the United Nations Headquarters in New York. The Commission is the advisory body responsible for the social development pillar of global development.

Priority Theme

Socially just transition towards sustainable development: the role of digital technologies on social development and well-being for all. Details: http://bit.ly/un-csocd59.

NGO Written Statements

The Written Statement of the Women's Health and Education Center (WHEC)
UN Document: E/CN.5/2021/NGO/38 has been published by 59th session of CSocD -
https://undocs.org/E/CN.5/2021/NGO/38 also available @:
http://www.womenshealthsection.com/content/documents/E_CN.5_2021_NGO_38_E.pdf

Side Event Sponsored by Women's Health and Education Center (WHEC)

It is indeed our pleasure and privilege to invite you to attend this virtual Side Event.
https://teamup.com/ksujmnkje9338vu1ux/events/855106281
https://teamup.com/ksftz13i7fw9ruy2je

Title: **Role of digital technologies on social development and well-being of all: Building the capacity to care.**

Thursday February 11th from 10 to 11.15 am. (New York, Eastern Standard Time, [4pm - 5.15 pm, Geneva, Switzerland time])

Concept Note:
http://www.womenshealthsection.com/content/documents/59th-CSocD-Side-Event-2021-Concept-Note.pdf

Join us for a thought-provoking presentation and discussion.

See you all on 11 February 2021 for the session!

United Nations at a Glance

Permanent Mission of Kyrgyz Republic to the United Nations

Kyrgyzstan became UN Member State on 2 March 1992

Kyrgyzstan, officially the **Kyrgyz Republic** and also known as **Kirghizia** is a landlocked country in Central Asia. It is the smallest country in Central Asia in area. It is bordered by Kazakhstan to the north, Uzbekistan to the west, Tajikistan to the southwest and China to the east. Its capital and largest city is Bishkek. Official language: Kyrgyz, co-official Russian; population (2020 estimates: 6,586,600; Religion:90% Islam, 7% Christianity, 3% others. Government: Unitary parliamentary constitutional republic. Kyrgyzstan was the ninth poorest country in the former Soviet Union and is today the second poorest country in Central Asia after Tajikistan. 22.4% of the country's population lives below the poverty line.

Kyrgyzstan's history spans a variety of cultures and empires. Although geographically isolated by its highly mountain terrain, Kyrgyzstan has been at the crossroads of several great civilizations as part of the Silk Road and other commercial routes. Kyrgyzstan attained sovereignty as a nation state after the breakup of the Soviet Union in 1991. Since independence, Kyrgyzstan has officially been a unitary parliamentary republic, although it continues to endure ethnic conflicts, revolts, economic troubles, transitional governments and political conflict. Kyrgyzstan is a member of the Commonwealth of Independent States, the Eurasian Economic Union , the Collective Security Treaty Organization, the Shanghai Cooperation Organization, the Organization of Islamic Cooperation, the Turkic Council, the Türksoy community and the UN.

Ethnic Kyrgyz make up the majority of the country's six million people, followed by significant minorities of Uzbeks and Russians. Kyrgyz is closely related to other Turkic languages, although Russian remains widely spoken and is an official language, a legacy of a century of Russification.

As of today, Kyrgyzstan celebrates its independence Day annually on August 31, the anniversary of its declaration of independence in 1991. Since independence Kyrgyzstan has make some impressive developments such as creating genuinely free news media and fostering an active political opposition.

On cooperation of the Kyrgyz Republic with the United Nations

The Kyrgyz Republic joined the United Nations (UN) on 2 March 1992 in accordance with the resolution of the UN General Assembly (GA) 46/225. The Kyrgyz Republic considers the UN as an authoritative and universal international organization .Kyrgyzstan established close relationship with the UN in many areas related to sustainable human development. The interaction of the Kyrgyz Republic with the UN is viewed through the prism of the country's foreign policy priorities such as implementation of the provisions the resolutions on sustainable mountain development, assistance to poor mountain countries, a block of socio-economic issues, combating terrorism, drug trafficking, security and disarmament issues, on Afghanistan, water and energy issues, recultivation of uranium tailings, peacekeeping operation etc.

Currently Kyrgyzstan presented its candidature to the Non-permanent members of the UN Security Council for 2027 – 2028. The Kyrgyz Republic and the UN have established a mutually beneficial and fruitful cooperation with each other. The cooperation allows Kyrgyzstan actively participate in resolving pressing international issues, and at the same time, to receive support from the UN in matters of sustainable development of the country.

Details: https://mfa.gov.kg/en/dm/Permanent-Mission-of-the-Kyrgyz-Republic-to-the-United-Nations

Collaboration with World Health Organization (WHO)

WHO | Kyrgyzstan

Health Situation

Since opening the Country Office in Kyrgyzstan in 1994, WHO has focused on: improving the population's health and addressing health inequalities; health sector reform; and enhancement of access to quality health-care services. The role of the WHO Country Office is also to respond to requests from the host country to support policy-making for sustainable health development, taking a holistic health-system approach.

WHO country assessment on sexual, reproductive, maternal, newborn, child and adolescent health from Kyrgyzstan show that several areas and interventions are lagging behind on the path to universal health coverage (UHC). Sexual and reproductive health is fundamental in making UHC a reality.

Kyrgyz Street Food: High in Salt, Fat and Sugar

Street food all over Bishkek, the Kyrgyz capital unfortunately contains high levels of trans fat, which increases the risk of coronary health disease, and salt the in excess, causes high blood pressure. It poses major health risk in Kyrgyzstan.

COVID-19 overview: in Kyrgyzstan, in 2020 there were 52,910 confirmed cases of COVID-19, with 1,113 deaths. Over the years, the Office has been the focal point for all WHO activities in Kyrgyzstan. In 2015, the Country Office profile was upgraded: the Office is now under the leadership of a WHO Representative/Head of Country Office and is scaling up the level of activities to support national policy development.

WHO Country offices represent WHO in its work to:

- Support the development of policies and strategies in the health sector and those influencing health;
- Channel technical advice and provide capacity building;
- Promote and develop partnerships;
- Promote the health dimension;
- Share information on health topics.

WHO's corporate leadership priorities give focus and direction to work at all levels of the Organization.

- Advancing Universal Health Coverage;
- Achieving health-related development goals;
- Addressing non-communicable disease, mental health, violence, and injuries and disabilities;
- Detecting and responding to acute public health threats under the International Health Regulations;
- Increasing access to good-quality, safe, efficacious and affordable medical products;
- Addressing the social, economic and environmental determinants of health.

Kyrgyzstan implements WHO strategies with the aim of achieving universal health coverage and strengthening the health system, improving public health service capacity; addressing health security; and strengthening the control of communicable and non-communicable diseases.

Details: https://www.who.int/countries/kgz/

Bulletin Board

Gynecology Section

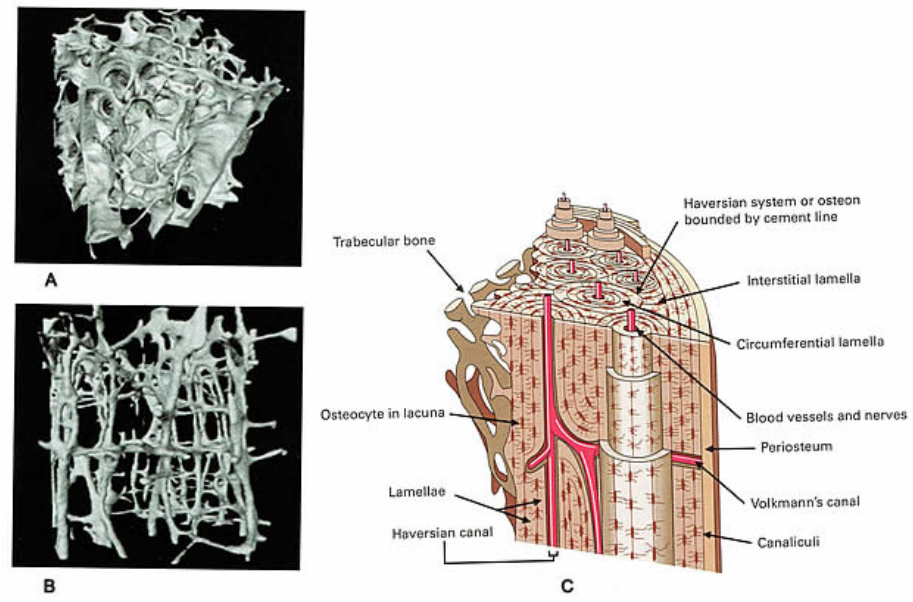
This section is dedicated to the improvement of women's health and we hope that it will aid all the readers accomplishing that goal. Our objective is to provide both useful information and practical clinical management.

The past 50 years have seen a continued expansion on clinical, basic knowledge and prevention of diseases of the female genital tract. Our ultimate goal remains to provide diagnostic and therapeutic knowledge required to reduce the significant morbidity and prevent mortality resulting from the various preventable disease. This section is an expression and formulation of our collective professional activities as teachers, investigators, and most importantly as clinicians in the field of gynecology.

Just like real life, this is a work in progress, too. We strive to achieve a greater balance between treatment of organic diseases and the overall health of the woman. Physical and emotional aspects of women's healthcare are addressed to provide the best possible care.

We hope that our efforts contribute to improved and informed care.

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



Bone Health: Prevention of Osteoporosis

Collaboration with UN University (UNU)

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

Migration impact on left-behind women's labor participation and time-use
Evidence from Kyrgyzstan

This paper aims to study the impact of migration on labor supply and time-use of women left behind in Kyrgyzstan. Using the household survey data for 2017, labor supply is measured by occupational choices and working hours. Apart from the labor supply data, this study uses detailed information on daily time-use, which is analyzed withing women's occupation.

This approach makes it possible to indicate the impact of migration not only through the labor supply analysis, which may be limited by reflecting labor market behavior only, but also through the measure of allocation of time among different activities at home.

To address the issue of endogeneity, the instrumental variable approach is applied. Results show that the migration of a household member increases the choice of left-behind women to be unpaid family workers. Moet of the left-behind women choose unpaid family work and work more hours in this occupation.

Although in the labor supply analysis wag-employment is not affected by migration, time-use model estimations reveal that wage-employed women are mostly affected through increases in the time for housework.

Publisher: UNU-WIDER; Authors: Kamalbek Karymshakov and Burulcha Sulamimanova; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work programme from Denmark, Finland, Sweden, and the United Kingdom

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

Children affected by migration.

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (continued)

UNICEF in Kyrgyzstan

In Kyrgyzstan, UNICEF's Country Program 2018 – 2022 aims to reach the most disadvantaged children. INICEF works at policy level with the Government to improve the social system, and on the ground to make sure that this system reaches all children, with a particular emphasis on the most vulnerable. UNICEF welcomes the initiative of Government of the Kyrgyz Republic to introduce remote learning activities for children in Kyrgyzstan. This will minimize the impact of the temporary closure of education institutions and ensure ongoing learning for all children.

Children in Kyrgyzstan: overview of the situation

Kyrgyzstan is a young nation, and 2.1 million children make up 36.5% of its population. Child poverty is a serious issue in Kyrgyzstan. Poverty in on rise (32.1%) with children over-represented in poverty statistics (40.5% in 2015), resulting in poor access to quality services and protection, and higher vulnerability to natural and man-made disasters. Children living in poverty miss out on pre-school and school education and healthcare, and face malnutrition. The poorest children live mainly in rural areas in the southern regions of the country, many belong to families with three and more children and families with unemployed adults.

The problem is further complicated by the fact that parents often lack the knowledge and skills to interact effectively with their children – even simple play can boost a child's intellectual, cultural, social, emotional and physical development. Youth unemployment and underemployment rates are high, and many adolescents feel disenfranchised and experience injustice and inequality. Children and young people live in an environment characterized by local conflicts, poor intercommunal relations and divided ethic communities.

Almost 73% of children report experiencing abuse or neglect in the family. There have been improvements to protect children in contact with the law: the number of prison sentences imposed on juveniles has decreased by 84%. The country is prone to frequent natural disasters and is considered as highly vulnerable to climate change, which impacts the growing number of natural hazards in Kyrgyzstan. Nearly all of the country is vulnerable to frequent earthquakes, avalanches, floods, mudflows and landslides. Thus, more than 1 million children are prone to potential disaster risks.

Children Affected by Migration

According to 2019 estimates, in Kyrgyzstan there are over 250,000 children left behind by migrating parents with 120,000 of them separated from both parents. The current COVID-19 pandemic, unfortunately, has already proven to make their lives even harder and expose them to higher risks of violence. For this reason, UNICEF is stepping up its support to make sure that each child will have an accountable and responsible adult ready to protect their best interest.

The European Union (EU) and UNICEF launch a new program to protect children affected by migration in countries across Southeast, South and Central Asia, including Kyrgyzstan. The EU allocates EUR 800,000 to support the project which will last 42 months.

Details: https://www.unicef.org/kyrgyzstan/

To be continued….

Two Articles of Highest Impact, January 2021

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. Newborn Hearing Loss Detection and Intervention;
   http://www.womenshealthsection.com/content/obsnc/obsnc011.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

Our Growing Population

In 1950, five years after the founding of the United Nations, world population was estimated at around 2.6 billion people. It reached 5 billion in 1987 and 6 billion in 1999. In October 2011, the global population was estimated to be 7 billion.

The world's population is expected to increase by 2 billion persons in the next 30 years, from 7.7 billion currently to 9.7 billion in 2050 and could peak at nearly 11 billion around 2100.

This dramatic growth has been driven largely by increasing numbers of people surviving to reproductive age and has been accompanied by major changes in fertility rates, increasing urbanization and accelerating migration. These trends will have far-reaching implications for generations to come.

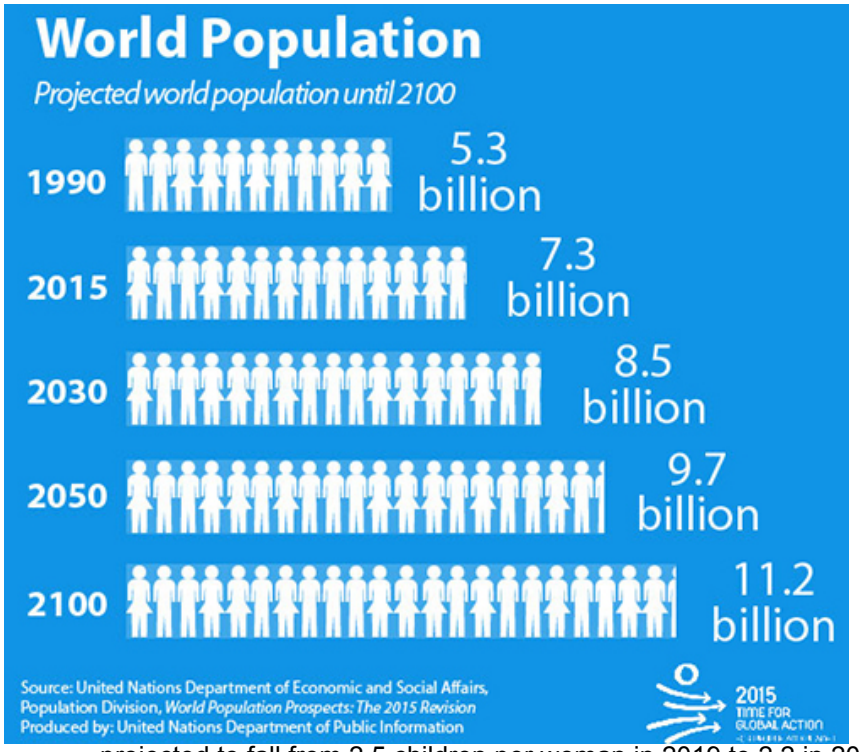
61% of the global population lives in Asia (4.7 billion), 17% in Africa (1.3 billion), 10% in Europe (750 million), 8% Latin America and the Caribbean (650 million), and the remaining 5% in North America (370 million) and Oceania (43 million).

China and India: most populated countries

China (1.44 billion) and India (1.39 billion) remain two largest countries of the world, both with more than 1 billion people, representing 19% and 18% of the world's population, respectively. Around 2027, India is projected to overtake China as the world's most populous country, while China's population is projected to decrease by 31.4 million, or around 2.2%, between 2019 and 2050.

Africa

More than half of global population growth between now and 2050 is expected to occur in Africa. The population in sub-Saharan Africa is projected to double by 2050.



Shrinking population in Europe

In sharp contrast, the population of 55 countries or areas in the world are expected to decrease by 2050, of which 26% may see a reduction of at least 10%. Several countries are expected to see their populations decline by more than 15% by 2050, including Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Japan, Latvia, Lithuania, Republic of Moldova, Romania, Serbia, and Ukraine.

Factors Influencing Population Growth

- Fertility Rates; according to the World Population Prospects (2019 revision), global fertility is projected to fall from 2.5 children per woman in 2019 to 2.2 in 2050.

- Increasing Longevity; Overall, significant gains in life expectancy have been achieved in recent years. Globally, life expectancy at birth is expected to rise from 72.6 years in 2019 to 77.1 years in 2050.

- International Migration; between 2010 and 2020, 14 countries or areas will see a net flow of more than 1 million migrants, while 10 countries will see a net flow of similar magnitude.

Role of WHEC in Population issues

WHEC is long been involved in addressing these complex and interrelated issues – notably, through the work of the United Nations (UN), the World Health Organization (WHO), UN Population Fund (UNFPA) and the UN Population Division. Our programs are based on human right of individuals and couples to freely determine size of their families. Its mandates are flashed out in great detail, to give more emphasis to the gender and human rights dimensions of population issue.

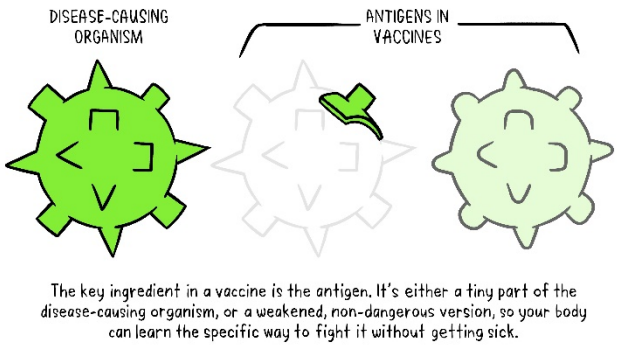
The three key areas of WHEC mandate are reproductive health, gender equality, and population and development.

Peace, dignity and equality on a healthy planet – join the efforts!

In The News

Understanding Vaccines and the Development

Part II: How are vaccines developed?



The key ingredient in a vaccine is the antigen. It's either a tiny part of the disease-causing organism, or a weakened, non-dangerous version, so your body can learn the specific way to fight it without getting sick.

Most vaccines have been in use for decades, with millions of people receiving them safely every year. As with all medicines, every vaccine must go through extensive and rigorous testing to ensure it is safe before it can be introduced in a country's vaccine programme.

Each vaccine under development must first undergo screening and evaluations to determine which antigen should be used to invoke an immune response. This preclinical phase is done without testing on humans. An experimental vaccine is first tested in animals to evaluate its safety and potential to prevent disease. If vaccine triggers and immune response, it is then tested in human clinical trials in three phases.

Phase 1
The vaccine is given to a small number of volunteers to assess its safety, confirm it generates and immune response, and determine the right dosage. Generally in this phase vaccines are tested in young, healthy adult volunteers.

Phase 2
The vaccine is then given to several hundred volunteers to further assess its safety and ability to generate an immune response. Participants in this phase have the same characteristics (such as age, sex) as the people for whom the vaccine is intended. There are usually multiple trials in this phase to evaluate various groups and different formulations of the vaccine. A group that did not get the vaccine is usually included in phase as a comparator group to determine whether the changes in the vaccinated group are attributed to the vaccine or have happed by chance.

Phase 3
The vaccine is next given to thousands of volunteers – and compared to a similar group of people who didn't get the vaccine but received a comparator product – to determine if the vaccine is effective against the disease it is designed to protect against and to study its safety in a much larger group of people. Most of the time phase 3 trials are conducted across multiple countries and multiple sites within a country to assure the findings of the vaccine performance apply to many different populations.

During phase 2 and n3 trials, the volunteers and the scientists conducting the study are shielded from knowing which volunteers had received the vaccine being tested or the comparator product. This is called "blinding" and is necessary to assure that neither the volunteers nor the scientists are influenced in their assessment of safety or effectiveness by knowing who got which product. After the trial is over and all the results are finalized, the volunteers and the trial scientists are informed who received the vaccine and who received the comparator.

When the results of all these clinical trials are available, a series of steps is required, including reviews of efficacy and safety for regulatory and public health policy approvals. Officials in each country closely review the study data and decide whether to authorize the vaccine for use. A vaccine must be proven to be safe and effective across a broad population before it will be approved and introduced into a national

immunization programme. The bar for vaccine safety and efficacy is extremely high, recognizing that vaccines are given to people who are otherwise healthy and specifically free from the illness.

To be continued in March Edition….

Art & Science

Art that touches our soul

The Return of the Bucentaur to the Molo on Ascension Day by **Canaletto** (1730)

The **Bucentaur** was the state barge of the doges (Duke) of Venice. Several vessels were built for this purpose over the years, and this one, the most magnificent made its maiden voyage on Ascension Day, 1729. A two-deck floating palace some 35 m (115 ft) long, and more than 8 m (26 ft) high. Its main salon had a seating capacity of 90; the doge's throne was in the stem, and the prow bore a figurehead representing justice with sword and scales.

When Napoleon ordered the destruction of the ship in 1798 to symbolize his victory in conquering the Venetian Republic, the vessel burned for three days, and French soldiers used 400 mules to carry away the gold.

This picture is an oil-on-canvas painting by Italian artist Canaletto, showing the Bucentaur on the Venetian Lagoon with various other vessels, returning to the pier following the Marriage of the Sea Ceremony on Ascension Day. St. Mark's Campanile and Doge's Palace are visible in the background.

This work is now in the collection of the Pushkin Museum in Moscow.

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