



WHEC Update

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

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Achieving Global Health

Perhaps the greatest advances in research on ageing over the past half-century have involved elucidating the fundamental process of ageing and the changes that accompany it, in terms of health disease, and geriatric conditions such as frailty, falls and delirium. Experiments have shown that several factors increase health span and life span in animals, including caloric restriction, rapamycin, deletion of senescent cells, and activation of sirtuins. Clinical trials of interventions to slow ageing are under way, and some effective strategies may be on the horizon. Population-based studies have defined opportunities for preventing disease and disability and promoting a long health span for all. Environmental, socioeconomic, and behavioral modifiers of population health also profoundly influence whether people live long and healthy lives. Scientific advances are now illuminating the continuum, in ageing people, from health and resilience to frailty.

The health span is known to be affected by health-promoting and deleterious exposure over the life course, and subpopulations that benefit from the former are demonstrating that it is possible to live longer healthy lives. If we aim to create equitable opportunities for such lives, the life-course and social factors that create health disparities should be prime targets of research and public health solutions. The accumulated evidence has laid the groundwork for a new era of prevention and health promotion for an extended health span.

“Geroscience” now covers basic molecular and cellular science; the physiology of ageing and related clinical conditions and risks; the exposome of social, behavioral, and environmental factors affecting ageing and health over the life course (and resulting disparities); and population-based prevention science. Over the past 50 years, geriatric medicine has matured into sub-specialty, incorporating the evolving understanding of the physiology and biology of ageing and key approaches to patient-centered care for people with complex health needs. Effective care at the far end of the continuum of needs is now understood, for example in Alzheimer's disease, to caregivers as well as the affected person and to incorporate appropriate supportive palliative care. Geriatricians now care for patients according to a continuum of evidence-based models that are applicable in varied care settings.

Care of older persons has been influenced by the recognition that some common clinical findings previously considered to reflect “normal ageing” actually represent important risk factors that require management and there is an opportunity for prevention. For example, mortality due to cardiovascular disease has been reduced dramatically in even the oldest age group. Since most deaths from cardiovascular causes occur after 65-years of age, this decline has contributed significantly to increased life expectancy in old age.

Recent years have seen a shift from a focus on individual diseases to recognition that several chronic diseases have shared risk factors and that having multiple coexisting medical conditions strongly influences people's health trajectories, disability, and the complexity of required care. Scientific advances have led to definitions of common geriatric syndromes and clarification of their import; notably, falls, frailty, and delirium are independent, important, and often preventable causes of disability, dependency, and death in older age.

There is now strong evidence supporting prevention/treatment or both for these syndromes. Share your opinions on **WHEC Global Health Line**: [WHEC Global Health Line: WHEC Global Health Line.pdf \(womenshealthsection.com\)](https://www.womenshealthsection.com/WHEC_Global_Health_Line.pdf) .

Ageing Gracefully!

Rita Luthra, MD



Your Questions, Our Reply

What are the strategies needed for building the geriatric health workforce and age-friendly medical and public health systems?

Ageing Societies and Preparedness of Health Systems: As life expectancy increases and fertility rates decline, most countries become “ageing societies,” with more people over 65 than under 15. The United States is reaching this point now. Are we prepared to provide healthcare to this ageing generation in USA? I do not think so. In USA societal institutions, including health care systems, are not designed for such long lives. Key measures of how well societies adapt to the demographic transformation include the evolution of public health and medical systems and institutions that support productivity and engagement of older people; older people’s health, financial, and physical security; intergenerational cohesion and the degree to which resources are equitably distributed among older people.

Indexes have been developed to measure adaptation, which allow for benchmarking the treatment to longest-lived societies supporting the well-being of all age groups. With the 65-and-older age group approaching 20% of the U.S. population, the ability to provide older Americans with high-quality prevention and care is critical. Doing so would improve the health span and quality of life, reduce health disparities, and lower health care costs. But it requires renewed attention to building a workforce of geriatric health professionals.

Board certification in geriatrics was established in 1988 in USA. Despite the existence of many fellowship programs, and geriatricians’ high career satisfaction, the number of U.S. physicians entering the specialty remains far below the need. According to NAM (National Academy of Medicine), there are 6,671 board certified U.S. geriatricians – one for every 7,242 older Americans. The situation is not much better when it comes to geriatric nurses and social workers, it’s worse for gero-psychiatrists, and just a handful of public health practitioners focus on healthy ageing. Strategies are needed for building the geriatric health workforce and age-friendly medical and public health systems.

One of the most pressing challenges faced by older adults and the health workforce is Alzheimer’s disease. Despite decades of investment and a trove of relevant new knowledge, little progress has been made against this devastating disease. It is difficult to imagine a more powerful game changer for ageing than effective prevention and treatment of Alzheimer’s disease.

Redesigning the life course and enabling society to benefit from older people’s capabilities and goals could transform our future. Such transformation will require investing in healthy longevity, creating opportunities for older people to participate meaningfully in the labor force and roles contributing to the public good, reconceiving education as a life-long experience, and adopting environment and lifestyle changes that support healthy longevity.

Healthy Ageing: A Call for Global Action

[Women’s Health and Education Center \(WHEC\) - Healthcare Policies & Women’s Health - Healthy Ageing: A Call For Global Action \(womenshealthsection.com\)](https://www.womenshealthsection.com/healthy-ageing-a-call-for-global-action)

Women’s Health and Education Center (WHEC) recommends understanding of how to resolve persistent disparities to create a healthy, long-lived population. With longer health spans, we need to reconsider our traditional life-course plans, which have been divided into successive stages of education, work, and retirement.

Join the efforts!



54th Session of Commission on Population and Development (CPD 54) Theme: Population, food security, nutrition and sustainable development 19 – 23 April 2021

A Population Commission was established by the Economic and Social Council in its resolution 3 (III) of 3 October 1946. In its resolution 49/128 of 19 December 1994, the General Assembly decided that the Commission should be renamed the Commission on Population and Development. In the same resolution, the Assembly decided that it, the Council and the Commission should constitute a three-tiered intergovernmental mechanism that would play the primary role in the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development, and that the Commission, as a functional commission assisting the Council, would monitor, review and assess the implementation of the Programme of Action at the national, regional and international levels and advise the Council thereon. The Commission is composed of 47 Member States elected by the Economic and Social Council for a period of 4 Years on the basis of geographic distribution.

Women's Health and Education Center (WHEC) Participation in CPD54

- Written Statement; published by CPD 54; UN Document: E/CN.9/2021/NGO/16
Title: **Strengthening global partnership (SDG 17) through food security and public health.**
Available @ http://www.womenshealthsection.com/content/documents/E_CN9_2021_ngo_16_E.pdf
- **High Level Segment – 20 April 2021**
Available @ [http://webtv.un.org/search/3rd-informal-meeting-54th-session-of-the-commission-on-population-and-development-cpd54-19-23-april-2021/6249725020001/?term=%22CPD54%20\(19-23%20April%202021\)%22&sort=date&t=1h5m30s](http://webtv.un.org/search/3rd-informal-meeting-54th-session-of-the-commission-on-population-and-development-cpd54-19-23-april-2021/6249725020001/?term=%22CPD54%20(19-23%20April%202021)%22&sort=date&t=1h5m30s)
- **Oral Statement – 22 April 2021**
Available @ [http://webtv.un.org/search/6th-informal-meeting-54th-session-of-the-commission-on-population-and-development-cpd54-19-23-april-2021/6249878635001/?term=%22CPD54%20\(19-23%20April%202021\)%22&sort=date&t=1h54m30s](http://webtv.un.org/search/6th-informal-meeting-54th-session-of-the-commission-on-population-and-development-cpd54-19-23-april-2021/6249878635001/?term=%22CPD54%20(19-23%20April%202021)%22&sort=date&t=1h54m30s)

STI Forum 2021: Women's Health and Education Center (WHEC) Statement

The 6th Annual Multi-Stakeholder Forum on Science, Technology and Innovation for the SDGs (STI Forum) was held from 4 to 5 May 2021. As in previous years, the theme of STI forum was closely aligned with that of High-Level Political Forum on Sustainable Development (HLPF), to be held from 6-15 July 2021, but have an exclusive focus on the role of contributions of science, technology and innovation.

Session 1: STI Lessons from the COVID-19 pandemic; 04 May 2021

This session explored lessons from COVID-19 pandemic for a better- science-policy-society interface, a resilient, sustainable and inclusive recovery, and rapid solutions for global challenges. WHEC's Statement; Title: **Looking back at the year 2020 that changed the world, and moving forward.**

Available @ <https://sdgs.un.org/documents/womens-health-and-education-centerwhecstatement-33079>



United Nations at a Glance

Permanent Mission of the Kingdom of Lesotho to the United Nations

Lesotho became UN Member State on 17 October 1966



Lesotho, is an enclaved country within the border of South Africa. It is by far the largest of world's three independent states completely surrounded by the territory of another country; with Vatican and San Marino being the other two. Additionally, it is the only such state outside the Italian peninsula, and the only one that is not a microstate. The name *Lesotho* roughly translates to "the land of the people who speak Sesotho."

Lesotho is just over 30,000 km² (11,583 sq. mi.) and has a population of around 2 million. Its capital and largest city is Maseru. The official language is Sesotho. Religions: 92.3% Christianity; 6.4% Traditional faiths; 1.0% Others; and 0.3% none. Government: Unitary parliamentary constitutional monarchy.

Lesotho's geographic location makes it extremely vulnerable to political and economic developments in South Africa. It maintains ties with the UK (Wales in particular), Germany, the USA and other western states. In 2019, Lesotho signed the UN treaty on the Prohibition of Nuclear Weapons. It does not have a single code containing its laws; it draws them from various sources including: Constitution, Legislation, Common Law, Judicial precedent, Customary Law and Authoritative texts.



Lesotho was previously the British Crown Colony of Basutoland, but it declared independence from United Kingdom on 4 October 1966. It is now a fully sovereign state and is a member of the UN, the Commonwealth of Nations, the African Union, and the Southern African Development Community (SADC).

Lesotho has been a member of the United Nations since she gained her independence in 1966. During that time she has tried to live with the norms established by the international community through the UN.

Lesotho places great store by the four underlying principles and objectives of the United Nation, namely:

1. The maintenance of International peace and security;
2. The development of friendly relations among nations;
3. The achievement of international co-operation in economic, social, cultural and humanitarian matters as well as in the promotion and encouragement of respect for human rights and fundamental rights and fundamental freedoms;
4. The harmonization of actions of nations in the attainment of these common ends.

Significant levels of child labor exist in Lesotho, and the country is in the process of formulating and Action Program on the Elimination of Child Labor (APEC). According to the UN, Lesotho has the highest rape rate of any country (91.6 per 100,000 people rate for reported rape in 2008).

The World Economic Forum's 2020 Gender Gap Report ranks Lesotho 88th in the world for gender parity, while neighboring South Africa ranks 17th.

Details: [Lesotho Permanent Mission to the United Nations](https://www.un.int/lesotho/)
<https://www.un.int/lesotho/>

Collaboration with World Health Organization (WHO)

WHO | Lesotho



Lesotho, is a landlocked country surrounded entirely by the Republic of South Africa. It is a developing country with high prevalence of HIV and tuberculosis (TB), which has affected all the development areas of the country including human resource. It is resource poor country with the GDP per capital standing at \$296 (2005). Thus, the majority of population is poor with about 50% living below the poverty line. Similarly, the level of unemployment is over 40% of adult population. Paradoxically, the literacy rate is one of the highest in the continent at 82%.

Health System Challenges

Lesotho with the help of technical partners has recently seen decentralization in its health system. More autonomy has been given to the districts, but the center has retained the policy and planning elements of the system. Opportunities:

- Stable Government;
- Good Infrastructure;
- Newly developed Poverty Reduction Strategy Papers document;
- National Vision 20/20 for Lesotho;
- Donor interests increasing.

Challenges:

- Declining population growth;
- Weak health systems;
- Serious human resource crisis with increasing human resource drain to greener pastures;
- Inequalities and inequities in service delivery;
- Most of the country is in hard-to-reach areas.

Partners

Many development partners and donors are supporting the Government of Lesotho in the health sector. The assistance from the development partners, including WHO's technical and financial support, over the last decade has consistently been a significant part of the health sector expenditure. The private sector is diverse, ranging from modern facility-based state of the art services to indigenous medical practitioners, village pharmacists and non-qualified practitioners. The development partners and donor support various areas of the sectors programme and activities.

Harmonization of donor support and alignment with national plans and strategies is essential for aid effectiveness. As a mechanism to strengthen the alignment and harmonization of technical and financial support as well as foster mutual accountability of Government and the partner organizations, a sector-wide approach (SWAP) mechanism is in place. The United Nations Development Assistance Framework (UNDAF), and umbrella programming mechanism of the UN Country Team in Lesotho, works in close cooperation with and has aligned its priorities to that of the government, now starting with the initiative of delivering as one.

While the development community and donor remain committed to supporting the Ministry of Health and Social Welfare in its health development programmes, the need for improvements in the coordination and follow-up of activities planned by different role players has been emphasized.

Details: [Lesotho \(who.int\) https://www.who.int/countries/lso/](https://www.who.int/countries/lso/)



United Nations Educational, Scientific and Cultural Organization *Collaboration with UNESCO*

Brief history of UNESCO

UNESCO was founded in 1945 as the successor to the League of Nations' International Committee on Intellectual Cooperation. Its constitution establishes the agency's goals, governing structure, and operating framework. UNESCO is a specialized agency of the United Nations (UN) aimed at promoting world peace and security through international cooperation in education, the sciences, and culture. As a focal point for world culture and science, UNESCO's activities have broadened over the years to include assisting in the translating and disseminating of world literature, establishing international cooperation agreements to secure World Heritage Sites of cultural and natural importance, defending human rights, bridging the worldwide digital divide, and creating inclusive knowledge societies through information and communication. UNESCO has launched several initiatives and global movements, such as Education - for-All, to further advance its core objectives.



UNESCO Headquarters, or **Maison de l'UNESCO**, is a building inaugurated on 3 November 1958 at number 7 Place de Fontenoy in Paris, France, to serve as the headquarters for the UNESCO. It is a building that can be visited freely. The main building, which houses the secretariat, consists of seven floors forming a three-pointed star. To this is added a building called the "accordion" and a cubic building, which is intended for permanent delegations and NGOs.

UNESCO has **193 Member States**: <https://en.unesco.org/countries> Membership of UNESCO is governed by Articles II and XV of the Constitution and by rules 98 to 101 of the Rules of Procedure of the General Conference. Membership of the United Nations carries with it the right to membership of UNESCO. States that are not members of the United Nations may be admitted to UNESCO, upon recommendation of the Executive Board, by a two-thirds majority vote of the General Conference.

UNESCO applies a zero-tolerance policy against all forms of harassment. Details: <https://en.unesco.org/>

UNESCO | Lesotho

Lesotho became Member State of UNESCO on 29 September 1967

UNESCO to host Policy Dialogue on Education for Sustainable Development in Southern Africa

The dialogue will gather policy makers, senior education actors and teacher educators from nine countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Tanzania, Zambia and Zimbabwe) that are fully involved in the Sustainability Starts with Teachers (SST) programme. The Objectives are: <https://sustainabilityteachers.org/about/>

1. Share the achievements of the SST programme in the six countries;
2. Showcase selected change project initiatives and their impact on teacher/TVET (Technical Vocational Education and Training) education policies;
3. Launch and present the interactive alumni website and the regional course of the SST;
4. Showcase ESD (Education for Sustainable Development) in policies in Southern Africa;
5. Engage with policy makers and education practitioners on ESD;
6. Share ideas on using data and information collected from the SST programme for national reporting on SDG 4.7;
7. Highlight the synergies between the SST programme and other ESD for 2030 country initiatives.

Additional three countries which have joined the programme in 2021 include, Eswatini, Malawi and Tanzania are invited to join the discussion as observers. Details: <https://en.unesco.org/countries/lesotho>

Education-for-All and Health-for-all

Bulletin Board

Uro/Gynecology Section

This section is part of our journey; it is about understanding how the lower urinary tract works and what goes wrong when it malfunctions.

From innocence to awareness and ignorance to knowing.

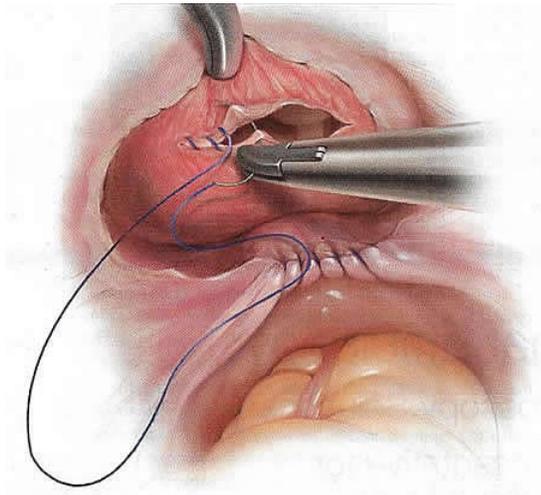
Women's bodies undergo a tremendous amount of changes and challenges during Pregnancy and Childbirth. Pelvic Floor Muscles are usually stretched to maximum and sometimes get damaged after vaginal births. In developing countries, obstructed labor is still a major health-care catastrophe for women between ages 15 – 44. One of the disastrous end results of this sometimes is Vesico-vaginal fistula and Recto-vaginal fistula. Unfortunately developing countries neither have medical or surgical technologies available nor the resources for social and family support systems (which are of utmost importance) to deal with this tragedy.

World-renowned experts will contribute state of the art chapters to address these problems. The “anatomy of failure” in the past has largely been a failure to apply the correct treatment to the specific urinary malfunctions.

We hope this section will serve both as a comprehensive review and reference. But most of all, we hope that the contents of the section will motivate the interest whose future research will further enhance the understanding of this subject.

Thank you.

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





Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

On the Dynamics of Multidimensional Chronic Poverty

Understanding chronic poverty and its evolution is complex given the amount of information involved. This paper proposes a new approach to analyzing the evolution of chronic poverty in a multivariate setting using a Shapley decomposition of a multidimensional chronic poverty measure proposed by Alkire and colleagues. This makes it possible to assess a vast array of information to find the drivers of change in chronic poverty and has proved to be a valuable tool in public policy programmes. The authors present an empirical application of the changes in chronic poverty in Argentina during the period 2004 – 2012 using the Permanent Household Survey.

Recognizing poverty dynamics is relevant, yet underpinning its determinants is a complex task. Chronic poverty has mostly considered the monetary dimension of poverty, partly because it is the indicator that can fluctuate the most in a short time. The determinants of changes in poverty have been well established in the literature. A widely used decomposition analysis in applied studies is the change in poverty in terms of growth and inequality components.

The central purpose of this paper has been to propose a coherent framework that allows us to analyze the factors that are driving the change of multidimensional chronic poverty. The authors distinguish between changes due to the within-group chronic poverty effect associated with changes in the headcount of the chronically poor and changes due to between-group effects characterized by the average measure of the intensity of chronic poverty over time.

The proposed decomposition reveals that households with children but without older adults performed best and drove the change in multidimensional chronic poverty. In contrast, households with older adults performed the worst, and were the least influential in the change of poverty, showing great persistence of poverty in time. If we follow the decomposition over time, the relative importance of the indicators' intensity varies greatly, while the relative importance of the household sub-groups presents some patterns. The resultant characterization of the evolution of chronic poverty suggests that focalization by household sub-groups rather than by indicators may prove to be more effective in policy programmes concerned with the reduction of chronic poverty.

Publisher: UNU-WIDER; Authors: Rocio Garcia-Diaz and Daniel Prudencio; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of 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/>



United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (continued)

Out of School Missing Boys – A Study from Lesotho



This study is based on the findings of a study on boys' underachievement that was undertaken by Commonwealth in some Commonwealth countries. Lesotho participated in study and selected the Lesotho Distance Teaching Center (LDTC), an arm of the Ministry of Education and Training (MOET) responsible for programmes targeting out of school youth and adult learners. The study selected the Basic Education Programme because of its relevance to the research objectives.

Basotho Society

It is this patriarchal society that believes in male superiority where a male, regardless of the high female population rate, is considered head of the family and the sole decision maker. This practice is based on customary and common laws supported by the national constitution. Yet, regardless of this practice, Basotho women enjoy high rates of educational attainment and literacy. Women are therefore presented as having attained better education than their male counterparts yet, because of cultural norms and practices, males continue to enjoy a recognizable status. The implication of this scenario is that males, due to their low education attainment cannot, under fair and normal circumstance, compete with women labor markets.

Education in Lesotho

Regardless of the complex gender-related issues in the country, on the whole Lesotho has made recognizable strides in ensuring that all its citizens attain basic education. This is a giant step in addressing significant gaps between boys and girls.

Developing Trends

A new trend is however developing in that the proportion of people, who in 2001 had never been to school, was considerably higher for males than for females – and it was also higher for older, rather than young age groups. This change could be attributed to the progress that Lesotho is making in providing basic education through the implementation of policies such as Free Primary Education (FPE). However, there are those boys, who regardless of numerous efforts aimed at addressing the literacy and numeracy problems continue to be missing out of schools.

In Search of Education

The Basotho are an education loving people. Regardless of a long history of difficulties affecting who could attend school, parents have always made it their responsibility to encourage their children to attend formal school. A major challenge for the herdboys, it seems, is not only the desire to be able to read and write but is how education can help them refrain from unacceptable behavior or indeed attain relevant education. The mode of delivery commonly used for teaching herdboys tends to emphasize the face-to-face approach to teaching. This situation which has been of great concern with authors and researchers is about to change. The Government of Lesotho, irrespective of the fact that gender parity issue is still being addressed, caters for the education of all children. The government, through the Ministry of Education and Training and in collaboration with partners such as UNICEF, is therefore engaged in a commendable activity.

To be continued....

Two Articles of Highest Impact, May 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 Group B Streptococcal Infection;
<http://www.womenshealthsection.com/content/obsnc/obsnc012.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 Interventions;
<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

Lesotho: Local Integration of Refugees Understanding and Learning from Refugee Problems



The UN refugee agency recently handed over to the government of Lesotho buildings that used to house apartheid's refugees from South Africa, bearing witness to the fact that no refugee problem is permanent.

UNHCR formally handed over the Lesotho government 48 low-cost brick houses which were used over three decades to house refugees from neighboring countries – mainly South Africa – until the early 1990s. This is a common procedure when refugee crisis is over. The houses will be used by the government as accommodation for the disadvantaged and as office blocks.

Lesotho's refugee history is closely linked to that of apartheid South Africa. Lesotho was one of the countries that used as an underground route into exile. Many of the refugees are living and working alongside their Basotho hosts. Some are married to Basotho women and have set up families in Lesotho. Like their hosts, they make their living by running business like hair salons or offering services like car battery-charging, mechanics and other small trading. There are also doctors, nurses, teachers and engineers among them.

Local integration is one of the best long-term solutions to any refugee problem, the other options being voluntary repatriation to one's home country and resettlement to a third country. In South Africa, UNHCR works closely with national governments to encourage local integration. Lesotho has signed and ratified all the international conventions on refugees. The kingdom's openness towards integrating refugees is an enviable example for many, not only for its partners in the Southern African Development Community (SADC), but also for countries outside the region.

[UNHCR - Local integration - A success story in Lesotho](https://www.unhcr.org/en-us/news/latest/2002/9/3d8849614/local-integration-success-story-lesotho.html)

<https://www.unhcr.org/en-us/news/latest/2002/9/3d8849614/local-integration-success-story-lesotho.html>

History of UNHCR

The Office of the United Nations High Commissioner for Refugees (UNHCR) was created in 1950, during the aftermath of the Second World War, to help millions of Europeans who had fled or lost their homes. We had three years to complete our work and then disband. Today over 70 years later, our organization is still hard at work, protecting and assisting refugees around the world.

With your support, we can continue and help refugees.

In 1954, UNHCR won the Nobel Peace Prize for its groundbreaking work in Europe. But it was not long before we faced our next major emergency. In 1956 during the Hungarian Revolution and during the 1960s, the decolonization of Africa produced numerous refugee crises. In 1981 UNHCR received the second Nobel Prize for what had become worldwide assistance to refugees.

The start of the 21st century has seen UNHCR help with major refugee crises in Africa, the Middle East and Asia. UNHCR now has more than 17,324 personnel working in 135 countries. Our budget, which in its first year was US \$300,000, grew to US \$8.6 billion in 2019.

So far, we have helped well over 50 million refugees to successfully restart their lives.



UNHCR, the UN Refugee Agency, is a global organization dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people. We work to ensure that everybody has the right to seek asylum and find safe refuge, have fled violence, persecution, war or disaster at home.

We help to save lives and build better futures for millions forced from home.

Women's Health and Education Center (WHEC) helps in advocacy to transform policies and services that affect displaced and stateless people on a national, regional and global level. It is a vital part of our work with the UNHCR.

In both countries of asylum and countries of origin, we work within national political, economic and social structures to bring policies, practices and laws into compliance with international standards.

In times of forced displacement, we use advocacy to influence governments, NGO partners and the public at large to adopt practices that ensure the protection of those in need.

We work to protect the most vulnerable.

Join the efforts!

Why it matters: Peace, Justice and Strong Institution

Conflict, insecurity, weak institutions and limited access to justice remain a great threat to sustainable development. Human rights are key in shaping the COVID-19 pandemic response. By respecting human rights in this time of crisis, we will build more effective and inclusive solutions for the emergency of today and the recovery for tomorrow. Human rights put people center-stage.

Facts and Figures

- Among the institutions most affected by corruption are the judiciary and police.
- Corruption, bribery, theft and tax evasion cost some US\$1.26 trillion for developing countries per year, this amount of money could be used to lift those who are living on less than \$1.25 a day above \$1.25 for at least six years.
- Birth registration has occurred for 73% of children under 5, but only 64% of sub-Saharan Africa have had their birth registered.
- Approximately 28.5 million primary school age who are out of school live in conflict-affected areas.
- The rule of law and development have a significant interrelation and are mutually reinforcing, making it essential for sustainable development at the national and international level.
- The proportion of prisoners held in detention without sentencing has remained almost constant in the last decade, at 31% of all prisoners.



Violence against Children

- The number of people fleeing war, persecution and conflict exceeded 70 million in 2018, the highest level recorded by the UN refugee agency (UNHCR) in almost 70 years.
 - In 2019, the UN tracked 357 killings and 30 enforced disappearances of human rights defenders, journalists and trade unionists in 47 countries.
 - Violence against children affects more than 1 billion children around the world and costs societies up to US \$7 trillion a year.
- 50% of the world's children experience violence every year.
- Every 7 minutes, somewhere in the world, a child is killed by violence.
- 1 in 10 children is sexually abused before the age of 18.
- 9 in 10 children live in countries where corporal punishment is not fully prohibited, leaving 732 million children without legal protection.
- 1 in 3 internet users worldwide is a child and 800 million of them use social media. Any child can become victim of online violence.
- Child online sexual abuse reports to NCMEC has grown from 1 million in 2014 to 45 million in 2018.
- 246 million children worldwide affected by school-related violence each year.
- 1 in 3 students has been bullied by their peers at school in the last month, and at least 1 in 10 children have experienced cyberbullying.

Responses that are shaped by and respect human rights result in better outcomes in ensuring healthcare for everyone and preserving human dignity.

Corruption is the ultimate betrayal of public trust. Corruption is criminal, immoral and the ultimate betrayal of public trust. It is even more damaging in times of crisis – as the world is experiencing now with the

COVID-19 pandemic. Together, we must create more robust systems for accountability, transparency and integrity without delay.

The best response is one that responds proportionately to immediate threats while protecting human rights and the rule of law. Looking ahead, we need to build back better. The Sustainable Development Goals – which are underpinned by human rights – provide the framework for more inclusive and sustainable economies and societies.

Strengthening economic and social rights bolsters resilience for the long haul. The recovery must also respect the rights of future generations, enhancing climate action aiming at carbon neutrality by 2050 and protecting biodiversity.

Join the movement!



Delicate Cluster

Delicate cluster! Flag of teeming life!
Covering all my lands – all my sea-shores lining!
Flag of death! (how I watch'd you through the smoke of battle pressing!
How I heard you flap and rustle, cloth defiant!)
Flag cerulean – sunny flag, with the orbs of night dappled!
Ah my silvery beauty – ah my woolly white and crimson!
Ah to sing the song of you, my matron mighty!
My sacred one, my mother.

- Walt Whitman (1819 – 1892); American Poet

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

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