



## **WHEC Update**

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

May 2022; Vol. 17. No. 05

## ***Sustainable Development***

Achieving meaningful participation of women in peace processes and what meaningful participation means for her and what men can do to further the Women, Peace and Security Agenda, is a challenging reality. It is not just about having women at the table in peace processes, it is having women advance in society writ large. The evidence is clear: Peace processes that systematically and meaningfully include women, and civil society more broadly, are more likely to generate broad national ownership and support. They are, therefore, more likely to lead to more sustainable peace. To create lasting peace, we need women's voices and leadership. Women are often the first to notice rising tensions that can escalate to violence. They are also the first responders in the aftermath of conflict, taking on the lion's share of care-work for families and stepping in to repair shattered economies. Peace is synonymous with women's rights. Historically, women have been the most affected by wars and conflicts, yet they have also been among the most engaged in fruitful peace processes. In 1915, long before the Charter of the United Nations was signed in 1945, the Women's International League for Peace and Freedom, was shaped as a response to the horrors of the First World War.

I think we have made a lot of progress. No one can deny that. But there is so much more to be done. We have lost some ground in the last few years, not just on 1325 but on women's issues at large. We have the normative structure that we need. What we need is full, meaningful participation of women in peace processes, and that is going to take a lot of implementation. The Women's Health and Education Center's (WHEC's) approach and goal is implementation, implementation, and implementation. We have tools at hand, we just have to keep at it and devote not only our attention, but the resources for this to happen.

Success stories are when women are at the peace-tables. It is not that women are more peaceful than men, but when you have women at the table, there are other issues that are brought to the forefront. Issues that impact women, that impact children, a different perspective that needs to be taken into account in order to have a peace process have an impact and last. And the statistics show that it does. Having women at the table means that there is a greater longevity in a peace process. It is not just about having women at the table in peace process, it is having women advance in society at large.

One of the reasons that women are not in many peace processes, is that they are in very male-dominated societies. And until women can achieve positions throughout, it is going to be extremely hard for them, to have the percentages of women that really should be, at the table going forward.

UN Security Council resolution 1325  
[https://undocs.org/S/RES/1325\(2000\)](https://undocs.org/S/RES/1325(2000))

From our experience, the process on regional cooperation in India, Pakistan and the Middle East, has been very much male-driven. There is an opportunity to include more women in this process. Female engagement can bring more added value in terms of confidence-building and trust-building. Therefore, we are looking at the possibility to support the creation of a Women's Network in these regions.

Women belong at the peace table!

Share your projects on **WHEC Global Health Line (WGHL)**

Women and Peace Process

**Rita Luthra, MD**



## Your Questions, Our Reply

What does meaningful participation mean for women in peace-process? What are the hopes and ambitions of Security Council's resolution 1325 on Women, Peace and Security?

**Full and Equal Participation of Women in Peace-Process:** It means full and equal participation of women in peace process not merely holding a seat on the table. It is about women being considered an equal to the person sitting next to male or female; and given the floor to speak at an event as much as, a man is given the floor to speak; and listened to when the designated woman speaks. I think, it is a question of full and meaningful participation, totally engaged in a process or a meeting, whatever we are talking about, but it also means that I am respected by those I am speaking to. I am hopeful could be seen as equals at the table, talking about a way forward for the region, where women are especially impacted by the violence during the conflict. I may be overly optimistic about what Security Council resolution 1325 do.

This is what Security Council resolution 1325, the text that formally enshrined the women, peace, and security agenda, at the United Nations (UN) in the year 2000, is all about. The Women's Health and Education Center's global media, which is serving in 227 countries and territories, about 14 million subscribers, available in six official languages of the UN; advises on disaster risk reduction policies and advocacy programs. Its focus is on:

1. How to promote women's political inclusion,
2. Make peace processes and prevention efforts more inclusive,
3. Include a gender perspective in their political and conflict analysis.

Our advocacy programs provide support to women's groups or women's leaders platforms. **Our projects/programs organize networking meetings, and Side Events at United Nations Headquarters.** In countries where the UN is supporting a peace process, our programs provide advice on ways to include women in the process, for example, through the application of quotas or the establishment of a women's advisory board. Women's Health and Education Center (WHEC) also promotes women's political participation in elections, including through advising on temporary special measures, such as quotas, in its electoral support.

As a general practice, we apply a gender neutral approach to all our activities. We particularly focus on addressing the conditions conducive to the spread of terrorism and measures to ensure respect for human rights for all and the rule of law as the fundamental basis for the fight against terrorism, which include a strong gender component. For instance, we look at different roles women and men are playing in terms of countering terrorism and fighting violent extremism. We also focus on sociological issues, such as the need to challenge stereotypes and we encourage greater participation by women in local and national decision-making.

In order to facilitate equal participation of young women and men, our e-Health and e-Learning platform – <http://www.WomensHealthSection.com> has introduced the Women, Peace and Security Agenda as an important component of all health and educational training curriculums.

WHEC hopes, that the engagement of men, women, and equality, will become more natural. It is a challenging task, one of the projects that takes into consideration not only political, economic and social factors, but also cultural factors. However, the dynamic in this field is positive.

WHEC has identified seven priority action areas to accelerate progress.

We are acutely aware that peace is more than just the absence of war.

## Commission on Population and Development, fifty-fifth session (2022)



New York  
25 April 2022 to 29 April 2022

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. The Commission is composed of 47 Member States elected by the Economic and Social Council for a period of four years on the basis of geographic distribution. Representatives should have a relevant background in population and development. It met typically every two or three years until 1994, after which it has met once a year.

The population Division of the Department of Economic and Social Affairs conducts demographic research, supports intergovernmental processes at the United Nations in the area of population and development, and assists countries in developing their capacity to produce and analyze population data and information. [Population Division | \(un.org\)](https://www.un.org/popdev/)

**Population and Sustainable Development, in particular sustained and inclusive economic growth.**  
<https://www.un.org/development/desa/pd/content/cpd55-calendar-side-events>

**Women's Health and Education Center (WHEC) has been granted a Side Event during this session; 26 April 2022, 13.15 to 14.30 EDT (New York Time)**  
[CPD55: Calendar of side events | Population Division \(un.org\)](https://www.un.org/development/desa/pd/content/cpd55-calendar-side-events)

### Global Science & Technology Cooperation: Our Initiatives

#### Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/documents/55th-Session-CPD-Side-Event-Poster.pdf>

#### Concept Note

<http://www.womenshealthsection.com/content/documents/55th-Session-CPD-Side-Event-Concept-Note.pdf>

**Side Events and other events organized / hosted / sponsored by WHEC at UN, since 2018**  
<http://www.womenshealthsection.com/content/whec/sideevents.php3>

*\*If you wish to be on our Speaker's List for the Side Events at the United Nations, please contact Dr. Rita Luthra, President & Editor-in-Chief, Women's Health and Education Center (WHEC); e-mail: [rita@WomensHealthSection.com](mailto:rita@WomensHealthSection.com)*

We thank you for your friendship and support!

# STI FORUM

Science, Technology & Innovation for  
the Sustainable Development Goals



## 7<sup>th</sup> Multi-stakeholder Forum on Science, Technology and Innovation (STI) for the Sustainable Development Goals.

<https://sdgs.un.org/tfm/STIForum2022>

### Virtual Side Event

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

04 May 2022, 10.30 am – 11.45 am EST (New York Time)

### Strategies to Strengthen National and International Policies *in* Education and Health

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

It is indeed our privilege to invite you to join us to participate in this UN STI Side Event.

#### Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/documents/7th-STI-Forum-2022-Flyer.pdf>

#### Concept Note

<http://www.womenshealthsection.com/content/documents/7th-STI-Forum-2022-Concept-Note.pdf>

#### Speaker's List:

<http://www.womenshealthsection.com/content/documents/2022-STI-Side-Event-Speaker-List.pdf>

#### WHEC Statement:

<http://www.womenshealthsection.com/content/documents/2022-STI-Side-Event-WHEC-Statment.pdf>

**Even though each country has its unique culture, economics and politics -- they all share similar developmental challenges. This whole world is a developing country -- some have a longer way to go than others.**

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

ALL ARE WELCOME

Our Brief History: <http://www.womenshealthsection.com/content/documents/Our-Brief-History.pdf>

We look forward to welcoming you!



## United Nations at a Glance

### Permanent Mission of the Republic of Mali to the United Nations



Mali became UN Member State on 28 September 1960

**Mali**, Officially the **Republic of Mali**, is a landlocked country in West Africa. Mali is the 8<sup>th</sup>-largest country in Africa, with an area of over 1,240,000 square kilometers (480,000 square miles). Mali borders Algeria to the north-northeast, Niger to the east, Burkina Faso to the south-east, the Republic of Côte d'Ivoire to the South, Guinea to the south-west, and Senegal to the west n Mauritania to the north-west.

The population of Mali is 19.1 million. 67% of its population was estimated to be under the age of 25 in 2017. Its capital and largest city is Bamako. Official language: French. Ethnic Groups:33.3% Bambara; 13.3% Fula; 9.6% Soninke; 9.6% Senufo/Bwa; 8.8% Malinke. Government: Unitary provisional government under a military junta. The Mali Federation gained independence from France on 20 June 1960. Religions: 90% of Malians are Muslim (mostly Sunni), 5% are Christian.

France seized control of Mali, making it a part of French Sudan, in the late 19<sup>th</sup> century, during the Scramble for Africa. French Sudan (then known as the Sudanese Republic) joined with Senegal in 1959, achieving independence in 1960 as the Mali Federation. Shortly thereafter, following Senegal's withdrawal from the federation, the Sudanese Republic declared itself the independent Republic of Mali. After a long one-party rule, a coup in 1991 led to the writing of a new constitution and the establishment of Mali as a democratic, multi-party state.



#### Regions and Cercles of Mali

Since 2016, Mali has been divided into ten regions and the District of Bamako. Each region has a governor. The ten regions in turn are subdivided into 56 cercles and 703 communes.

One of Mali's most prominent natural resources is gold, and the country is the third largest producer of gold on the African continent. It also exports salt.

Estimates of literacy rates in Mali range from 27 – 30 to 46.4%, with literacy rates significantly lower among women than men. In 2017, Mali ranked 157<sup>th</sup> out of 160 countries in the gender inequality Index as reported by the UNDP. The Malian Constitution states that it protects women's rights, however many laws exist that discriminate against women. Provisions in the laws limit women's decision-making power after marriage, in which the husband becomes superior to his wife. The unstable government of Mali has led to organizations like USAID attempting to improve the lives of the people, mainly women and girls' rights in order to re-engage the development of the country.

Strengthening and support of girls' and women's access to education and training is recommended to improve gender equality in Mali. The involvement of international organizations like USAID assist Mali financially to enhance their development through the efforts of the improvement of women's rights.

Slavery persists in Mali today with as many as 200,000 people held in direct servitude to a master. In the Tuareg Rebellion of 2012, ex-slaves were a vulnerable population with reports of some slaves recaptured by their former masters.

Details: <https://www.un.int/mali/>

## Collaboration with World Health Organization (WHO)

### WHO | Mali



Life expectancy at birth m/f 2019: 62 / 63;  
Total expenditure on health as % of GDP, 2019: 6.86  
Mali faces numerous health challenges related to poverty, malnutrition, and inadequate hygiene and sanitation. Mali's health and development indicators rank among the worst in the world. In 2000, 62 – 65% of the population was estimated to have access to safe drinking water and only 69% to sanitation services of some kind. In 2011, the general government expenditures on health totaled about US\$ 4 per capita at an average exchange rate.

In recent years, Mali has faced an unprecedented security crisis caused by armed and inter-ethnic violence. This has led to a massive displacement of populations from conflict-affected areas to safer places. Currently about 1,013 people are displaced in the Senou site. WHO works to ensure that displaced people have equitable access to health services. These are people who have already had to leave their homes and landmarks. It is our duty to ensure that they receive the best treatments and that they are not left behind. An estimated 85 – 91% of Mali's girls and women have had female genital mutilation (FGM)- 2016 data. And estimated 1.9% of the adult and children population are afflicted with HIV/AIDS, among the lowest rates in Sub-Saharan Africa.

One of the challenges faced by internally displaced persons at reception sites is inadequate access to hygiene and sanitation services. They are also more vulnerable to disease and lack basic health services. The COVID-19 pandemic, now in its third wave in Mali, has exacerbated these conditions and made displaced people even more vulnerable to infection and a wide spread of disease. Nationally, only 9.9% of the population has been vaccinated against COVID-19 to date, putting the country far from the recommended 40% vaccination target by the end of the year. Vaccination rates remain sadly low in Africa, with the continent having vaccinated less than 10% of the populations. WHO is calling for early warning and scaling up campaigns as vaccines become more available. To over the pandemic, these public health measures remain highly recommended for all, without exception.

### **Mali contraception within the context of adolescents' sexual and reproductive lives: Country Profile** <https://apps.who.int/iris/bitstream/handle/10665/339466/WHO-SRH-20.39-eng.pdf>

The rationale for the development of the country profiles is that while data on individual indicators such as child marriage prevalence or modern contraceptive use provide useful information, they do not give an overall picture of adolescents' sexual and reproductive health (ASRH). The country profiles are intended to place data on a selected set of indicators that are available in the public arena to provide a holistic picture of ASRH, within the broader context of their lives. They are primarily intended for national level decision makers working on adolescent health, to inform their policies and strategies. First, ten domains of indicators were agreed upon:

1. Socio-demographic characteristics;
2. Sexual activity;
3. Child marriage/ In Union Status;
4. Childbearing;
5. Fertility Intentions and Contraceptive Use;
6. Abortion;
7. HIV / AIDS, Sexually Transmitted Diseases, HPV (Human Papillomavirus);
8. Gender-based violence;
9. Female Genital Cutting;
10. Menstruation.

Medical facilities in Mali are very limited, and medicines are in short supply.

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



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

**Mali joined UNESCO: 07 November 1960**



World Heritage sites: 4

Cultural (3): Old Towns of Djenne (1988); Timbuktu (1988); Tomb of Askia (2004).  
Mixed: Cliff of Bandiagara (land of the Dogons) (1989).

**UNESCO trains 400 teachers in the prevention of early and unwanted pregnancies, HIV/ AIDS and School-based gender-based violence in**

**Bamako's two academies.**

This activity is organized by the Ministry of National Education, in partnership with UNESCO, through its 03 program (our rights, Our lives, Our future). It falls within the framework of capacity building for teachers, provided for in PRODEC 2 through in-service training, in the field of health and wellbeing education. It will also contribute to providing teachers with reliable knowledge adapted to the context of the country to promote the health of young people and adolescents in the school and community space. This will help the activity contribute to the creation of a safe, healthy and inclusive learning environment.

The quality of education is at the heart of Our Collaboration with UNESCO's interventions, and in line with SDG 4, this training on the health and wellbeing of students, contributes to the creation of safe, healthy and inclusive learning environment, this contributing to the quality of education. For teachers, this training is timely. Such training is very important, because unfortunately, every day we see girls who contract early and unwanted pregnancies in our schools and who are forced to drop out of school. With this training, we will make sure to transmit all the information so that our girls can continue their study. We also recommend that these themes be included in the school curriculum so that all children can access all the information required in this area of health and wellbeing. .

### **UNESCO Commits to Stabilizing the regions of Central Mali**

As part of the activities of the action plan "An Ka Baro Ke" (let us talk together), jointly launched by the United Nations, UNESCO is supporting media actors to strengthen their capacities to effectively carry out their mission of informing and raising awareness among populations in this context of crises Multidimensional. The objective of this workshop is to enable participants to appropriate the cultural richness, the endogenous values of dialogue, tolerance, social cohesion and living together that have enabled the communities of the Center, and those of Mali as a whole, to face and overcome all the challenges that this country has faced in its very ancient and very rich history. It is funded by UNESCO and the Swedish International Development Agency (SIDA) as part of implementation of the project entitled "Rethinking Cultural Policies for the Promotion of Fundamental Freedoms and Diversity of Cultural Expressions (2018 – 2021).

### **Mali: Gender equality is an investment for the future**

In Mali, amid widespread poverty and insecurity, education is a child's best chance for a better future. This is why it is a top national priority, with major efforts being devoted to giving girls the same opportunities as boys – not only for equal opportunities for all students, but for the future of the country. Women contribute immensely to the development of society, and invest much more in the education of children, and in their health. When a woman succeeds, it is good not only for the home, but for society and the country. Creating girl-friendly learning environments requires awareness and community engagement. Join the efforts.

Details: <https://en.unesco.org/countries/mali>

***Education-for-All and Health-for-all***

## Bulletin Board

### **LINK Access Project**

*To provide access to reproductive health research worldwide.*

(Learning, Innovating, Networking for Knowledge [LINK])

..... *Continued*

### **WHEC Database Protection Policy**

*What is allowed and What is not?*

Our e-resource is devoted to promote health and educational projects and programs (SDGs 3, 4, 5) in collaboration with the UN, WHO and WHO Academy; and it is created by researchers, experts, governmental agencies and other specialists who have professional knowledge of a particular field and have accumulated information and data about it. Our main focus is on Health & Education related links and networks.

Big data requires – big servers and big networks.

Policy implications of big data in the health sector – Artificial Intelligence (IA) is a fast-emerging area in Information Technology (IT) in healthcare and education sector. Increasingly massive data collections are being used for both clinical improvement and population health advances.

[Microsoft Word - WHEC Data Protection Policy.docx \(womenshealthsection.com\)](#)

[http://www.womenshealthsection.com/content/documents/WHEC\\_Data\\_Protection\\_Policy.pdf](http://www.womenshealthsection.com/content/documents/WHEC_Data_Protection_Policy.pdf)

We hope you avail this resource!

### **Why Internet-Search-Strategy is Important?**

*Areas for Future Development*

Currently there is information explosion – billions and billions of documents in the www; hard to find the information specific, reliable and authoritative information which can be applied to your every day's work and patientcare. It is like finding 'a needle in the hay stack.' Moreover on the social media it is **not** easy spot and differentiate, the misinformation and best-practices in health and education.

Limited availability of evidence-based medicine and information in developing and Least Developed Countries (LCDs) – healthcare providers are not using enough evidence in clinical practice in many regions of the world.

Good health and good healthcare includes the provision of information to consumers or professionals, policy-makers (reliable, accurate, up-to-date information); easily accessible and affordable.

Promote quality care and best-practices worldwide.

**Promote net-neutrality and affordable-access-to-Internet.**

**Establishing a global-fund for continuing medical education.**

*To be continued.....*





## Collaboration with UN University (UNU)

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

### Foreign Aid in Dangerous Places

#### The donors and Mali's democracy

Mali long seemed a model, low-income democracy. Yet, in a few short weeks in early 2012, more than half the territory came under the military control of an Islamism secessionist movement, and a military coup deposed the democratically -elected government in the capital. Given the substantial amount of foreign aid received by the democratic regime in the years before these events, this paper asks whether or not foreign aid could have done more to prevent the present outcomes. The paper concludes that it is very difficult to make such an assessment. On the one hand, aid can be credited for helping strengthen key elements of vertical accountability that are necessary for democracy. On the other hand, aid was not very successful at reducing several of the underlying, structural constraints that were to prove the country's undoing in 2020.

The culpability of foreign aid in failing to resolve the structural issues analyzed in the last section needs to be relativized. The government in Bamako itself should not be absolved of primary responsibility in these matters. In addition, these structural issues are exceeding difficult to resolve, involve complicated trade-offs, and require much time. The security situation in the north has involved a vicious cycle which posed real problems for the donors; entirely legitimate fears for the safety of donor staff resulted in a progressive decline in aid activities in the north, which contributed further to the marginalization of the region, as well as even greater security issues.

Nor is there an easy causality between the flaws in Malian democracy and the breakdown in the democratic order that took place in early 2012. In the absence of an obvious counterfactual, I cannot prove that three issue areas I have discussed had anything to do with the breakdown, and on the other hand, a much more aggressive donor effort to attack these issues could conceivably not have prevented it either.

Still, the preceding survey of Mali does call into question the role of foreign aid in the processes of democratic consolidation in low-income countries, and it points to several issues in which a more proactive and careful intervention on the part of the donors is desirable. First, the current modalities of foreign aid their almost exclusive focus on the executive branch of government do have implications which the donors need to heed more than they have in the past. Second, and repeatedly, direct democracy assistance has focused on vertical accountability mechanisms and has typically paid inadequate attention to strengthening horizontal accountability, which is equally important to democratic consolidation. Third, several fairly clear threats to Malian democracy were either ignored or treated without adequate urgency. It seems clear in retrospect that more could have been done to avert the collapse of Malian democracy in the spring of 2012.

Publisher: UNU-WIDER; Author: Nicolas van de Walle; sponsors: UNU-WIDER also acknowledges core financial support to UNU-WIDER's work programme from the governments of Finland (Ministry of Foreign Affairs), the United Kingdom (Department for International Development), and the government of Denmark and Sweden.

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

## Two Articles of Highest Impact, April 2022

*Editors' Choice – Journal Club Discussions*

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

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

1. **Learning Life Lessons: Part III;**

<http://www.womenshealthsection.com/content/gynmh/gynmh018.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. **Learning Life Lessons: Part II;**

<http://www.womenshealthsection.com/content/gynmh/gynmh017.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***

## **75<sup>th</sup> World Health Assembly, May 22 – 28 May 2022** **Geneva, Switzerland**

### **75<sup>th</sup> World Health Assembly**

The World Health Assembly is the decision-making body of WHO. It is attended by delegates from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

Post of Director-General – Appointment of the Director General – Note by the legal Counsel

This document provides information on the election that will take place at the 75<sup>th</sup> World Health to appoint the Director-General. In particular, it addresses the following aspects:

[https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_INF1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_INF1-en.pdf)

- a) The legal basis for the election;
- b) The appointment of the Director-General;
- c) The procedures for the conduct of the election
- d) Procedures for the conduct of the secret ballot in hybrid or in-person meetings;
- e) Procedures for the conduct of the secret ballot in a fully virtual format.

Details: [https://apps.who.int/gb/e/e\\_wha75.html](https://apps.who.int/gb/e/e_wha75.html)

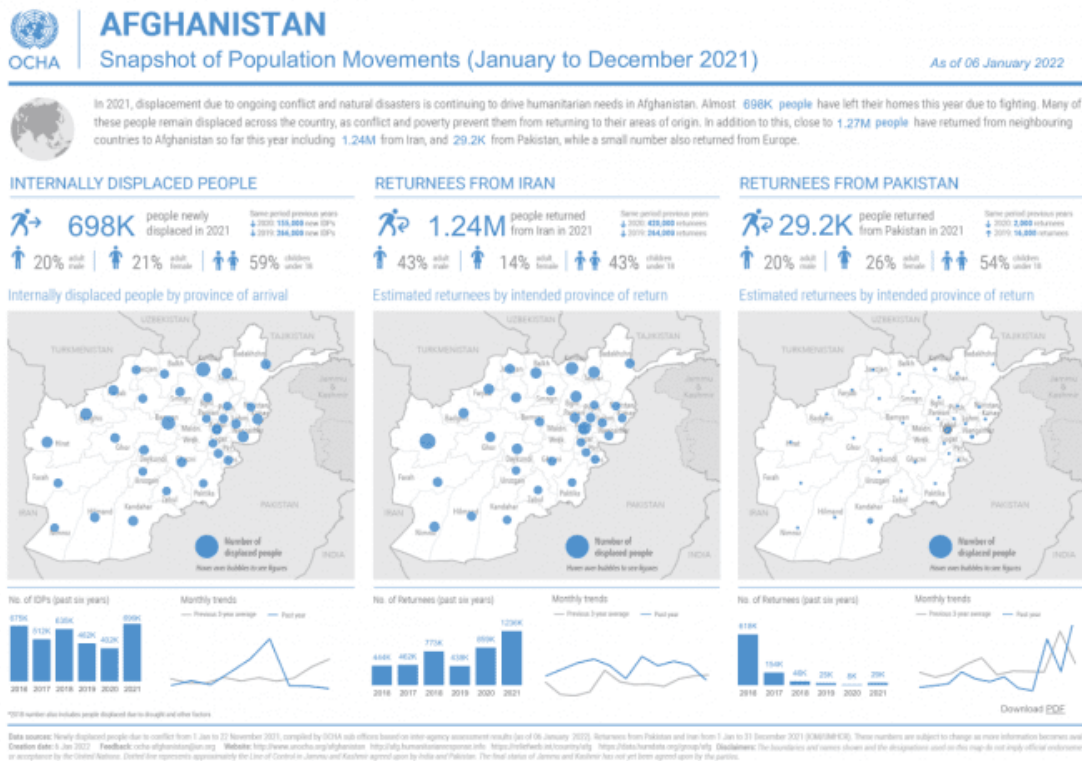


## From Editor's Desk

### WHEC Projects under Development

## Afghanistan – Women's Rights and Humanitarian Projects

Forty years of war, recurrent natural disasters, chronic poverty, drought and the COVID-19 pandemic have left more than 18 million people in Afghanistan in need of humanitarian assistance. The recent escalation and resulting upheaval have exacerbated needs and further complicated an extremely challenging operational context.



**OCHA (Office for the Coordination of Humanitarian Affairs)** resumed its operations in Afghanistan in 2009, providing humanitarian assistance in a complex environment where separate – and not always complementary – military, political and security objectives pose challenges to the implementation of humanitarian principles, the ability of responders to reach people in need and the safety and security of aid workers. OCHA's work in Afghanistan focuses on assisting the most vulnerable by coordinating the delivery of effective humanitarian aid and principled humanitarian action. OCHA ensures that:

- Humanitarian decision making is based on a common situational awareness.
- Humanitarian action is guided by joint strategic response planning based on prioritized needs.
- Coordination mechanisms are adapted to the context and support the effective and coherent delivery of humanitarian assistance.
- Humanitarian financing is predictable, timely and allocated based on priority needs.
- People in emergencies are protected from harm and have access to assistance as a result of advocacy and coordination.
- Preparedness helps respond to humanitarian emergencies without delay and with the right assistance.

Effective responses depend on adequate preparation. Preparedness saves lives and can reduce the cost of responding. Consistent and coordinated preparedness measures build the readiness of humanitarian actors prior to the onset of a crisis or a sudden new shock as well as during ongoing crises that may deteriorate.

Afghanistan is prone to recurrent natural disasters. Given this underlying fragility – at the economic, political and security levels – the country is not able to cope with the consequences of such disasters, which put, which puts additional strain on humanitarian actors working on the ground.

The humanitarian community stands beside the people of Afghanistan, during what is undoubtedly one of the country's most difficult periods. Given the sheer scale of needs, we are all called upon to remain in solidarity with ordinary Afghans and to expand efforts to reach more people with the life-saving assistance they urgently need to survive. We must act collectively and creatively in this pivotal moment to reduce suffering, rebuild lives and livelihoods and ensure the rights of the most vulnerable are upheld.

We all at WHEC, urge donors, NGOs and policy makers to stay engaged in the wellbeing of the people of Afghanistan, and to give early and generously to humanitarian organizations. The people of Afghanistan cannot wait, and the cost of inaction is simply far too high.

To this end, WHEC supports work of OCHA to improve response outcomes through system response readiness.

## Ukraine Emergency



WHO is working through their offices in Ukraine and neighboring countries, and with partners, to rapidly respond to health emergency triggered by the war. We are delivering specialized medical supplies, coordinating the deployment of medical teams, and working with health authorities to minimize disruptions to the delivery of critical healthcare services within Ukraine and in countries hosting refugees.

WHO Continues to deliver much-needed support on urgent health needs.

During the crisis, health must remain a priority pillar, with health workers being protected so they can continue to save lives and with health systems and facilities being protected so that they remain functional, safe and accessible to all who need essential medical services. It is imperative to ensure that life-saving medical supplies – including oxygen – reach those who need them.

Ensuring the health and well-being of all people lies at the core of WHO's mandate and commitments in all situations, including humanitarian crises and conflicts.

The Ukrainian population needs your help – **DONATE Via WHO Foundation.**

The escalating crisis in Ukraine has seen casualties and injuries rising and people forced to flee, severely reducing the capacity of health systems to cope with people wounded and others in need of urgent healthcare. 12 million Ukrainians need urgent assistance and more than 3 million people have been forced to flee to neighboring countries, while millions are internally displaced. This crisis is having a devastating impact on these countries' health systems and severely reducing the capacity to cope.

More than 300 health facilities are along conflict lines or in areas that Russia now controls, and a further 600 facilities are within 10 kilometers of the conflict line. <http://www.ukraine.who.foundation/>



## In The News

### The United Nations General Assembly (UNGA or GA) 11<sup>th</sup> Emergency Special Session

Ongoing since 28 February 2022



The session was temporarily adjourned on 2 March following the adoption of Resolution ES-11/1, which deplored the invasion and demanded a full withdrawal of Russian forces from Ukraine. It reconvened on 23 and 24 March to adopt Resolution ES-11/2, which reiterated the exhortations made in Resolution ES-11/1 and called for the full protection of civilians, including humanitarian personnel, journalists and vulnerable persons, and again on 7 April to adopt **Resolution ES-11/3, which Suspended Russia's Membership of the United Nations Human Rights Council.**

#### Vote

On 7 April, the UN General Assembly, which required a two-thirds majority, adopted the resolution with 93 votes in favor and 24 countries voting against it. 58 countries abstained. With Russia's membership valid through 2023, the Russian delegation announced it had quit the Human Rights Council earlier that day in expectation of the vote.

#### Emergency Special Session

An emergency special session is an unscheduled meeting of the United Nations General Assembly to make urgent, but non-binding decisions or recommendations regarding a particular issue. Emergency sessions are rare, having been convened only eleven times in the history of the United Nations.

The mechanism of emergency special session was created in 1950 by the General Assembly's adoption of its "United for Peace" resolution, which made the necessary changes to Assembly's Rules of Procedure. The resolution likewise declared that:

..... if the Security Council, because of lack of unanimity of the permanent members, fails to exercise its primary responsibility for the maintenance of international peace and security in any case where there appears to be a threat to the peace, breach of the peace, or act of aggression, the General Assembly shall consider the matter immediately with a view to making appropriate recommendations to Members for collective measures, including in the case of a breach of the peace or act of aggression the use of armed force when necessary, to maintain or restore international peace and security. If not in session at the time, the General Assembly may meet in emergency special session within twenty-four hours of the request therefor. Such emergency special session shall be called if requested by the Security Council on the vote of any seven members, or by a majority of the Members of the United Nations .....

These conditions were deemed to have been met following the Russian Federation's use of its veto power within the United Nations Security Council on 25 February to defeat draft resolution S/2022/155 deploring the invasion and calling for the withdrawal of Russian troops.

#### United Nations General Assembly Resolution A/RES/ES-11/1

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N22/293/36/PDF/N2229336.pdf?OpenElement>  
[N2229336.pdf](https://documents-dds-ny.un.org/doc/UNDOC/GEN/N22/293/36/PDF/N2229336.pdf) (un.org)

A/RES/ES-11/3: <https://digitallibrary.un.org/record/3967950?ln=en>

### **My Polar Star**

I have made You the polar star of my existence;  
Never again can I lose my way in the voyage of life.

Wherever I go, You are always there to shower beneficence all around me.  
Your face is ever present before my mind's eyes.

If I lose sight of you even for a moment, I almost lose my mind.

Whenever my heart is about to go astray,  
Just a glance of You makes it feel ashamed of itself.

- Rabindranath Tagore (1861 [Kolkata, India] - 1941 [Kolkata, India]) nickname Gurudeva, was a Bengali polymath, who shaped his region's literature and music. He became the first non-European to win the Nobel Prize in Literature in 1913.

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