Achieving Global Health

What went wrong? The pandemic has exposed countries’ reliance on highly globalized supply-chains. The production of active pharmaceutical ingredients, finished vaccines and essential medical supplies is concentrated in a limited number of countries, delaying global supply amidst surges in demand. Even locally manufactured products rely on materials produced in countries such as China and India. Intellectual property laws have led to dependency on a small number of vaccine manufacturers, many of which are located in high-income countries. Furthermore, staff absence due to illness or quarantine has shut down or slowed manufacturing. Rapid changes in cargo operations, airport and seaport closures and restrictions on population movements have made the transport of goods more expensive and unpredictable. Purchases of more vaccine doses than needed, together with export restrictions on COVID-19-related commodities by certain countries, has triggered shortages and created inequalities in other countries' access to vaccines.

Moreover importantly, despite repeated calls from the World Health Organization (WHO), there has been no coordinated, global strategy to defeat the pandemic, resulting in inadequate sharing of essential global public goods by higher-income countries. In September 2021, representatives of the pharmaceutical industry projected that by January 2022 enough vaccines for COVID-19 will have been produced to vaccinate every adult in the world. However, after 5.48 million deaths globally up to the end of January 2022, access to this life-saving public good has arguably been too slow. Critically, vaccine access remains uneven today, with countries in Africa lagging severely behind in the number of doses.

Manufacturers also did not foresee the need for booster doses, the vaccination of children and wastage of vaccines. While there are multiple barriers contributing to this gap, including hoarding of vaccine supplies by high-income countries and the public’s hesitancy or refusal to vaccinate, it is evident that production capacity and supply-chain robustness remain important determinants of vaccine availability. The pandemic has also put unprecedented strain on the supply of other essential health commodities, including personal protective equipment, diagnostic tests and treatments.

The way forward. Despite many encouraging initiatives, intellectual property rights on COVID-19 vaccines are providing to be a barrier to expanding regional manufacturing and freeing up unused capacity in several low- and middle-income countries. In December 2021, the World Health Assembly adopted the decision to start working on “an international instrument to strengthen pandemic prevention, preparedness and response.” This international treaty could potentially use emergency waivers on intellectual property rights and licenses to allow the manufacturing of COVID-19 vaccines and essential medical goods in low- and middle-income countries. These measures would enable regional hubs to be established, more manufacturers to be commissioned and more doses of vaccine to be created. The treaty could include provisions to tackle export bans on essential medical supply chains and could also promote knowledge sharing and technology transfer for safe, standardized and speedy production.

Sizeable financial commitments from high-income countries and global health donors as well as domestic investment will be essential to implement above recommendations. The Women’s Health and Education Center (WHEC) and its partners propose international treaty for pandemic prevention, preparedness and response shows promise for addressing global health governance issues.

Share your projects and opinions on WHEC Global Health Line (WGHL)

Building Better Supply Chain
Rita Luthra, MD

Your Questions, Our Reply

Should we be building a resilient health-care supply chains to manage future pandemics in low- and middle-income countries, especially in reproductive health? What are the root causes of still delaying access to vital pandemic tools?

What Went Well? Some low- and middle-income countries have prepared, adapted and responded rapidly to the supply-chain issues during the pandemic. Forecasting a rise in demand for medical oxygen right at the start of pandemic, the government taskforce in the Indian state of Kerala increased existing production, approved new manufacturing plants, diverted industrial oxygen cylinders for medical use and increased the number of hospital beds with oxygen capacity. Kerala managed surplus oxygen supply during the second wave of the pandemic, while other states of India struggled with acute shortages that led to preventable deaths. In western Kenya, a push-based supply strategy with electronic record monitoring was designed to supply essential medicines to patients while minimizing the risk of exposure to COVID-19.

Decentralized warehouses were set up in peripheral health facilities and essential medicines were delivered to patients at drop-off points in the community or at their homes via collaboration with local authorities. Public-private partnerships in Nigeria and Uganda have resulted in the production of low-cost ventilators by automobile companies, highlighting an innovative approach of diversifying the supply chain to this vital commodity. Nigeria has developed a low-cost and rapid COVID-19 diagnostic test which can be mass-produced in the country, thereby reducing costs and reliance on international supplies.

Low- and middle-income country governments can also use subsidies and other mechanisms to create incentives for existing local manufacturers of medical products to build excess capacity into the supply chain in the form of emergency stockpiles, diversified suppliers (including non-traditional sources) and increased manufacturing capacity. The surplus supplies may be used to facilitate trade negotiations as new treatments and vaccines emerge in advanced economies. Better use should be made of regional mechanisms, such as the African Continental Free Trade Area agreement, to ease existing export and import controls on essential medicines and to improve access to key supplies.

In the mid- to long-term, high-income countries need to work with low- and middle-income countries to invest in building regional manufacturing hubs that can produce adequate supplies of complex vaccines, antiviral drugs, drugs derived from natural sources, diagnostic tests and medical devices. Such partnerships will help countries prepare for future COVID-19 surges or other infectious disease outbreaks while offering the incentives of health security and efficient flow of trade for high-income countries.

In the long-term, investments are needed to in subnational, national and regional surveillance systems for infectious disease outbreaks, including genomic surveillance of pathogens. These investments will enable low- and middle-income countries to better forecast and monitor new variants of SARS-Co V-2 and other pathogens to issue timely and targeted responses to reduce the risk of sudden increases in demand for essential supplies and vaccines. Advanced analytic techniques can then be used to combine epidemiological and stock-related data to forecast the demand for these essential health goods.

Many high-income countries are already discussing the post-pandemic future. Yet without pledging significant changes in global pandemic preparedness, prioritizing the needs of high-income countries and low- and middle-income countries alike, the mistakes of the current pandemic will be repeated in the next global outbreak. Government teams at central, provincial and district levels will have to be strengthened, incorporating genuine incentives for transparency and accountability in supply chains to ensure equitable distribution of essential health goods and avoid any wastage.
WHY DO WE PROCRASTINATE?

People often procrastinate because they're afraid of failing at the tasks that they need to complete. This fear of failure can promote procrastination in various ways, such as by causing people to avoid finishing a task, or by causing them to avoid getting started on a task in the first place. Procrastination can become a vicious cycle and it is an avoidance behavior. In short, it is a self-regulation problem. The realization of not having completed a vital task might get worse over time, and at some point, the barriers to completing the task might seem unsurmountable. If you are prone to procrastination and you recognize yourself in this description, the good news is there are practical, effective ways to start making change. People who are inclined to more procrastination tend to have lower life satisfaction, lower achievement and poorer health.

ESSENTIAL KEY LEARNING TIPS

- Practice Self-compression. Tell yourself: "I am not the first person to procrastinate, and I will not be the last." Self-compression does not make people lazy; it actually increases people’s motivation to improve themselves.
- Focus on doing your best. Instead of getting caught in the trap of worrying about what others think.
- Attach meaning to the task. Think about how completing it will be valuable to your personal growth or happiness. Doing so will help you feel more connected to the task and less likely to procrastinate.
- Start small. Split up the task into manageable parts. Once you have gotten started, and made even a small bit of progress on your task, there is a good chance you will keep going. GETTING STARTED IS EVERYTHING.
- Set deadlines for yourself for all those small steps. As people accrue small, easy accomplishments, they feel ready to do that big one.
- Situate yourself in a spot that is interruption-free. This is particularly important for demanding tasks.
- Reward yourself. Lots of teachers and parents use the Premack principle, which essentially stipulates that "something somebody wants to do becomes the reward for something they do not want to do."
- Enlist external help. Post about your goals on your social-network of friends, to hold you accountable for finishing up the task.
- Time-management techniques can help engender feelings of control and so help prevent the emotional discomfort that causes procrastination.
- It is important to consider the possibility that you avoidance is more deeply rooted, and if so, whether you might benefit from more specialized help.

SUGGESTED READING

_Learning Life Lessons Series: Part I_; available at:  
http://www.womenshealthsection.com/content/gynmh/gynmh016.php3

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e-mail: rita@womenshealthsection.com
Women's Health and Education Center (WHEC)  
Participation in  
UN Activities in April and May 2022

55th Session of Commission on Population and Development (CPD)

Written Statement, published by 55th session of CPD; UN Document: E/CN.9/2022/NGO/2  
Title: Making Science and technology work better for inclusive economic growth;  
This project aims to identify gaps and promote partnerships in an effort to achieve a brighter and healthier world by 2030. It is essential that we work together – across borders, sectors and disciplines – to make science and technology work for everyone. Available @:

http://www.womenshealthsection.com/content/documents/E_CN9_2022_NGO_2.pdf

Side Event; 26 April 2022, from 13.15 – 14.30 EDT  
Global Science & Technology Cooperation: Our Initiatives;  
The objective of this Side event was to share the experiences of various technological solutions in improving the accessibility of health services and education, as well as to learn from the experts how to best apply technology in the learning process. It the poor and marginalized in our society and in our world, that have the most to gain from advances in healthcare, e-Health and online education; sadly – at this point, they are often the groups, who benefit the least. WHEC Statement:

7th Multistakeholder Science, Technology and Innovation (STI) Forum

Women's Health and Education Center (WHEC) - WHEC - Side Events during the Science, Technology and Innovation (STI) Forums (womenshealthsection.com)

Side Event; 4 May 2022, from 10.30 am to 11.15 am EST  
Strategies to Strengthen National and International Policies in Education & Health;  
The objective of this Side Event was:

• To establish collaboration with programs in low- and middle-income countries, to accelerate Sustainable Development Goals (SDGs) 3, 4, and 5, in association with the developed countries, of mutual benefit and mutual respect;
• To catalyze collaborative networks – cutting across disciplines, sectors and borders;
• To place public-health on the top of the agenda;
• To seek science and technology-based solutions to development challenges;
• To disseminate and provide access to evidence-based research and to develop initiatives in Health & Education, worldwide;
• To plan, promote and implement best practices in both developed and developing countries for SDG 3, 4, 5.

WHEC Statement: http://www.womenshealthsection.com/content/whec/sideevents.php3

Summary of the Side Event:

__________________
Malta, officially known as the Republic of Malta, is an island country of the European Union (EU) consisting of an archipelago in the Mediterranean Sea, and considered part of Southern Europe. It lies 80 km (50 miles) south of Sicily (Italy), 284 km (176 mi) east of Tunisia, and 333 km (207 mi) north of Libya. The official languages of Malta are English and Maltese, and 66% of the current Maltese population is at least conversational in the Italian language. Population: 516,000; Area: 316 km² (122 sq mi); Ethnic groups: 80% Maltese and 20% non-Maltese; Religion: 90% Christianity, 2% Islam; Government Unitary parliamentary republic.

Malta has been inhabited since approximately 5,900 BC. Its location in the center of the Mediterranean has historically given it great strategic importance as a naval base, with a succession of powers having contested and ruled the islands, including the Phoenicians and Carthaginians, Romans, Greeks, Arabs, Normans, Aragonite, Knights of St. John, French, and British, amongst others. Malta became a British Colony in 1813, serving as a way station for ships and the headquarters for the British Mediterranean Fleet. The British parliament passed the Malta Independence Act in 1964, giving Malta independence from the United Kingdom as the State of Malta, with Elizabeth II as its queen. The country became republic in 1974. It has been a member state of Commonwealth of Nations and the UN since independence, and joined EU in 2004; it became part of the eurozone monetary union in 2008.

Malta has had a system of local government since 1993, based on the European Charter of Local Self-Government. The country is divided into five regions. Local councils are responsible for general upkeep and embellishment of the locality (including repairs to non-arterial roads), allocation of local wardens, and refuse collection; they also carry out general administrative duties for central government.

Malta recognizes the 2030 Agenda as the most comprehensive global development plan thus far and its value lies in its universal and transformative nature. The 17 SDGs and accompanying targets offer a blueprint for a better future; preserving what have today whilst working towards a better tomorrow. Malta has embraced the 2030 Agenda and Malta’s VNR is an opportunity for Malta to share its endeavors with the international community in terms of SDG implementation.

Malta was part of the 2018 Voluntary National Review (VNR) provides information on policies and programs in place that contribute to sustainable development in general, and to implementation of the 17 SDGs in particular, informing on measures taking place across the Maltese islands. The VNR also contains input from Malta’s National Platform of Maltese Non-Government Development Organizations – SKOP, in terms to work being undertaken by the platform to further awareness and establish a channel of communication among local development NGOs and the public Sector, on development-related issues.

Malta acknowledges that reaching the goals of 2030 Agenda is a challenge for all, and the journey is long and requires the collective efforts of all stakeholders within the international community. Malta remains committed to continue on this journey of sustainability and sands to work in partnership with other States and stakeholders in this regard.

Details: https://sustainabledevelopment.un.org/memberstates/malta
Collaboration with World Health Organization (WHO)

WHO | Malta

Malta is situated by the Mediterranean Seas and is located south of Italy and north of Libya. In 2012, the Ministry of Health in Malta initiated development of a national health system strategy for 2013 – 2020 (NHSS) in order to meet the many challenges facing the health system in Malta. These challenges include an ageing population, growing burden of noncommunicable and chronic diseases and environmental changes.

Life expectancy at birth, in years (as of 2018): 81 years.

Small Countries Initiative

The Small Countries Initiative was established in 2013 at an informal meeting held during the 63rd session of WHO Regional Committee for Europe in Cesme Izmir. The countries participating in the Initiative are Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia. The objectives of the initiative are to:

- Leverage existing opportunities in small countries at the regional and international levels;
- Share best practice in implementing relevant policies strategies and interventions;
- Build capacity in several high-priority thematic areas, such as health workforce and digital health;
- Produce technical, practice-based evidence on ways to address different public health challenges; and
- Identify joint health and development priorities.

The Secretariat is housed at the WHO European Center for Investment for Health and Development in Venice, Italy.

Recent Key Action Areas

Most recently, given the present and future impact of COVID-19 on small countries in particular, the focus of the initiative has been on:

- Establishing a joint, forward-looking vision;
- Identifying the most immediate areas of need, as well as short-term priorities for action towards a fair recovery, leaving no one behind;
- Acting on common priorities for the medium term, taking national health plans into consideration and using the European Programme of Work, 2020 – 2025, as an overarching umbrella; and
- Disseminating good practice.

Throughout the years, the initiative has acted as a laboratory for innovation and a collaborative platform through which members can address issues unique to small countries; for example, these might related to social, environmental and economic contexts, or health-related needs and vulnerabilities.

Two New Tools

1. Health labor market analysis guidebook – questions answered in this are: What are key elements to access in a health labor market analysis (HLMA)? And Who should be involved in type of analysis?
2. Updated version of the WHO guidelines on health workforce development, attraction, recruitment and retention in rural and remote areas.

Details: [https://www.who.int/countries/mlt/](https://www.who.int/countries/mlt/)
How Malta is implementing Global Citizenship Education.

The Republic of Malta, Global Citizenship Education (GCED) is being implemented through religious and ethic education and social studies in primary and secondary schools. Since 2015, it is a legal requirement for schools to implement education that prevents people from being drawn into violent extremism.

It is a matter of fact that violent extremism does not know any boundaries irrespective of race, gender, age and other characteristics. Malta is no exception to this and with today’s immediacy, instant sharing of world news and instant and uncontrolled communication methods, dealing with different cultures, values, believes and ways of lives are bringing new challenges that need to be addressed.

Global Citizenship Education (GCED)
https://en.unesco.org/themes/gced

GCED changed the focus of learning from a wholly content-oriented programme to one that is student-focused. Malta switched from learning questions and answers to discussions of personal experiences and responses; and from differences being defined denominationally within the tradition, to an acknowledgement of the variety of people in Maltese society today and respect for the diversity of their religions and beliefs. Implementing GCED in Malta was facilitated by UNESCO’s guidance documents and in particular, the Teacher’s Guide on the Prevention of Violent Extremism.

In reviewing how GCED can be embedded in curricula, a Learning Outcomes Framework was produced which would be implemented in the school year 2018 – 2019. National Expert in the EU Commission’s working group in Brussels on promoting citizenship and the common values of freedom, tolerance and non-discrimination through education said “Increasingly, the need for professional education resources is being felt. As educators, our endeavors in promoting solidarity, a sense of belonging and responsibility are never enough. We as educators have an important role to play in pupils’ holistic formation and hence the high degree of relevance of [UNESCO] Teacher’s Guide.”

Since its inception, UNESCO has been committed to promoting a culture of peace and non-violence, particularly through GCED. It aims to empower young people to become active contributors to face and resolve global challenges and build a more peaceful, tolerant, inclusive and secure world. GCED is highlighted in Target 4.7 of the 2030 Agenda for Sustainable Development.

Ethics program which is gathering momentum and popularity in schools in Malta: “ The reasons for offering religious education are compelling: personal development, cultural understanding and social integration are all essential in a multi-cultural society like Malta, whereas ethics is very limited.

It is not enough to counter violent extremism --- we need to prevent it. This calls for forms of soft power, to prevent a threat driven by distorted interpretations of culture, hatred and ignorance. Non is born a violent extremist – they are made and fueled.

Details: https://en.unesco.org/countries/malta
Bulletin Board

LINK Access Project
To provide access to reproductive health research worldwide.
(Learning, Innovating, Networking for Knowledge [LINK])

…… Continued

WHEC Portal Part A
Objectives

• To connect developing world researchers and scientists with the international scientific community in the developed world.
• To reduce the ‘publishing gap’ and improve the quality of locally produced articles and journals.
• Ultimately – improve health, education, food security, environment, and development in relation of UN's 2015 – 2030 Sustainable Development Agenda.

WHEC Portal Part B
Partner, Publish & Promote

• WHEC Publications contain high quality independent evidence for healthcare decision-making. It includes numerous access options including via keywords.
• The Journal, http://www.WomensHealthSection.com contains a number of innovative and successful best practices from NGOs, participating institutions and their faculties, UN entities, and The Governments / UN Member States around the world.
• We wish to stimulate discussion and bring to light new approaches to old problems in health and education (SDGs 3, 4, and 5) development, and learn from everyone’s successes and mistakes. We welcome you to join our efforts.
• Writer’s Guidelines are available for your review: http://www.womenshealthsection.com/content/wg.pdf

To be Continued……
How can aid promote the empowerment of women?

Over the last thirty years the International Labor Organization (ILO) has actively pursued women’s economic empowerment projects, seeking to aim global awareness of women’s positive contributions to society and improve their welfare. A review of ILO interventions shows that targeting women directly and specifically, engaging and coordinating actively with local institutions to raise awareness, strategies for job creation, and programs that increase social security, are all crucial to improve gender equality.

Gender equality in the workplace

Women around the world suffer disproportionately from a number of critical economic challenges. Social norms that impede women’s movements outside of the family sphere leave them with fewer property rights and a more limited scope of economic independence. Furthermore, discrimination towards women causes them to have lower levels of education, skills and knowledge than men, which limits their productive capacity activities are also hindered by childbirth and the healthcare issues surrounding it, and by traditional gender roles that tie women to unpaid domestic work.

As a result, of the 1.2 billion working women in the world in 2012, the ILO estimates that 650 million are working in vulnerable conditions and live in poverty. In the struggle for women’s economic empowerment, the ILO highlights four strategies that combine to succeed where others have failed.

Promoting Social Security

Due to patriarchal society, childbirth, and because women are traditionally seen as the main caretakers of children in the household, women also face higher health risks and time constraints than their male counterparts.

The Micro-Health Insurance for Poor Rural Women Bangladesh, the Aseguradora Rural Senora Cuenta in Guatemala, and Jordan’s Micro-Fund for Women, all target women with affordable health insurance. India’s NREGA success also rested on offering childcare when there were more than five working mothers with young children on site. In Sri Lanka’s Poonakary, a grant for a cooperative to build a new processing factory requires that work be given to 100 local women, and that it has a creche facility for the children of workers.

Findings:

- Aid projects that specifically target women tend be better at increasing gender equality than those that mainstream gender.
- The gender gap can be narrowed through public works that focus on providing decent employment for women as well as training ad micro-finance for female entrepreneurs.
- The lack of healthcare and social security are found to be main barriers to women’s participation in economic activities.

AUTHOR and Publisher: UNU-WIDER; UNU-WIDER ReCom Brief. Country: Sri Lanka; South Africa; Bangladesh; Zambia.
Two Articles of Highest Impact, May 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](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 I**;
   [http://www.womenshealthsection.com/content/gynmh/gynmh016.php3](http://www.womenshealthsection.com/content/gynmh/gynmh016.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

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**From Editor’s Desk**
**WHEC Projects under Development**

**READ – YOU WILL NEVER FEEL ALONE**

**Why Reading is More Important Now Than Ever!**

During the last year when most countries have seen periods of confinement and people have had to limit their time spent outside, books have proved to be powerful tools to combat isolation, reinforce ties between people, expand our horizons, while stimulating our minds and creativity. In some countries the number of books read has doubled.

It is critical to take the time to read on your own or with your children. It is a time to celebrate the importance of reading, foster children’s growth as readers and promote a lifelong love of literature and integration into the world of work.

“A room without books is like a body without soul.” Marcus Tullis Cicero

Through reading, we can open ourselves to others despite distance, and we can travel thanks to imagination. “Books are people who wish who with they were somewhere else.” Mark Twain.

There are many books and teaching / learning material available, through the libraries, that can help engage all communities of readers, individuals and institutions. Whether you want to print and stick them on the walls, share them on social media or publish on your website, it helps a lot!

“Books give a soul to the universe, wings to the mind, flight to the imagination, and life to everything.” Plato.
Good books are like good medicines – can heal our heart and soul and are our best companion. The recent pandemic has reminded us all of the importance of books and reading for comfort and escapism – we have all needed it these past two years. Through reading, we can open ourselves to others despite distance, and we can travel thanks to imagination.

IT IS TIME TO CELEBRATE IMPORTANCE OF READING!

Women’s Health and Education Center (WHEC), encourages you to challenge yourself, to explore new topics, formats, or genres that out of your ordinary. Our goal is to engage people in reading, and to have fun doing so!

Learning to Read Effectively and Efficiently

Books have an enormous impact on our lives. Reading more effectively and efficiently means developing a watertight process to capture ideas, analyze arguments, and ask the right questions. It means identifying the right books to read, understanding the different reading goals, and using evidence-based techniques to increase reading productivity. In many ways, improving the way we read is the number one skill that can change our lives for the better. Books act as a personal mentor, and as a vehicle for compounding knowledge.

The Reading Objectives

Increasing our ability to read more effectively, as a means to unlock our own personal potential, begins by deciding on a reading goal. After all, we are probably going to have a different objective and experience reading various books. It is easier and more useful for our purposes to segment reading objectives into three distinct categories:

Category 1: Reading to Entertain. In this category, we read books purely for enjoyment. It is how we spend majority of our time as readers. There are no rules and there is no need to think too deeply or critically about what we are reading. The goal is simple – we can relax and immerse ourselves in the story.

Category 2: Reading to Inform. In this second category, we read books to learn specific facts or information about something. These books are easy to navigate and simple in their layout and structure. The goal is to learn without judgment. For most of us, reading to inform is not too problematic.

Category 3: Reading to Understand. In this category – reading to understand – that most of us tend to struggle with. It therefore deserves most of our attention when it comes to improving the efficiency and effectiveness of our reading. It requires the greatest cognitive effort. It forces us to challenge our preconceptions, critically analyze the status quo, and directly confront ideas that we may not be immediately comfortable with. This is hard. It can be uncomfortable. But it is the only way for us to level-up our thinking and personal growth.

More people can read, more people we can reach, and more people we can help!

Join the Initiative!
Women and peace and security: Investing in women in peacekeeping and peacebuilding—Security Council

Security Council, 8886 Meeting

Uptick in military coups, armaments race rapidly setting back clock on women’s rights, Secretary-General warns Security Council, at start of day-long debate. Speakers call for women’s Leadership in All Stages of Peacebuilding Efforts Worldwide.

Waning that an “avalanche of crises,” including an uptick in military coups and armament races, is rapidly setting back the clock on women’s rights, UN Secretary-General Antonio Guterres, made a fervent call to the Security Council to put women front and center in peacebuilding efforts worldwide. “Today, women’s leadership is a cause, tomorrow, it must be the norm.”

Presenting his latest report on the topic (document S/2021/827), he observed that military spending last year reached $40 trillion, the highest it has been since 2009, and pointed out that the report shows that an increase in investment in arms was invariably accompanied by a rise in insecurity and inequality suffered by women. He depicted a dismal picture for women’s rights and representation around the world, from Myanmar, where groups working to uphold women’s rights have had to go underground after the coup, to Afghanistan, where there is a sudden reversal in the rights of women and girls, from their right to a seat in Government to a seat in the classroom. We need to fight back and turn the clock forward.

On Afghanistan, UN Secretary-General said, the United nations remains on the ground and will strive to promote and defend the rights of women in all its engagements with the de facto authorities, the Taliban. UN will not stop until women can return to their jobs and girls can go back to school.

Many delegates expressed concern about the situation of women and girls in Afghanistan, who were seeing their rights comprehensively eroded. Afghanistan’s delegate said that while the female literacy rate almost doubled over the past two decades, and the number of girls in primary school increased from a few thousand in 2001 to 2.5 million in 2018, such advances were suddenly under threat. Without the support of the international community, millions of Afghan women and girls stand to lose access to such progress. The Taliban must know that they may have won the war, but they have yet to achieve peace.

Our Solutions: We support Member States’ efforts to translate the War, Peace and Security agenda from policy to practice and work to build capacities and increase opportunities for women at the local, national and regional levels. Our global presence allows us to provide timely and accurate information to inform policy and guide the expanding normative framework around peace and security. In the current global peace and security context, with many new and emerging threats from violent extremism, climate change, prolonged violent conflict, human trafficking, and unprecedented and protracted refugee and humanitarian crises, WHEC with its partners and UN System efforts to implement the women, peace, and security agenda are more critical now than ever.

Our resources and publications provide knowledge and guidance for ensuring women’s participation and inclusion in all aspects of peace processes.

Join the Movement! https://media.un.org/en/asset/k1m/k1me4xadai
Words of Wisdom

A Dream

In visions of the dark night
I have dreamed of joy departed
But a waking dream of life and light
Hath left me broken-hearted.

Ah! What is not a dream by day
To him whose eyes are cast
On things around him with a ray
Turned back upon the past?

That holy dream – that holy dream,
While all the world were chiding,
Hath cheered me as a lovely beam
A lonely spirit guiding.

What though that light, thro’ storm and night,
So trembled from afar
What could there be more purely bright
In Truth’s day-star?

* Edgar Allan Poe (19 January 1809 – 7 October 1849) was an American writer, poet, editor, and literary critic. Poe was the first well-known American writer to earn a living through writing alone, resulting in a financially difficult life and career.

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

http://www.WomensHealthSection.com