The days of multilateralism as a closed and exclusive club of governments and super-rich are over. The Women’s Health and Education Center (WHEC) with its partners is spearheading a new approach to international cooperation. This will be networked, inclusive and effective in addressing the challenges of the 21st century. The future of international cooperation – Time to Think Big – has come. Unchecked inequality is undermining social cohesion, creating fragilities that affect us all. Technology is moving ahead without guard rails to protect us from its unforeseen consequences.

The importance of protecting vulnerable groups is recognized in commitments to gender equality and leaving no-one behind, which include reinforcing social protections and promoting gender equality. Ensuring a more sustainable global economy is identified as a goal, with support for the poorest, and a fairer international trading system. In order to achieve these aims, WHEC calls for: forge a new global consensus on what our future should look like, and how we can secure it. Our goal should be a more inclusive and networked multilateralism, to navigate this complex landscape and deliver effective solutions. Better partnerships between governments, multinational organizations, the private sector, and civil society; and an emergency platform to better prepare for global crisis, with stronger global health security is essential. One example is the creations of a Future Global Networks for Knowledge Exchange, which would work with partners including governments, academia, civil society, and the private sector, to issue regular reports on megatrends and catastrophic risks. In addition, measures on education, skills training and lifelong learning should also be included.

As WHEC embarks on the third Decade of Action – 10 years to make real progress to deliver the promise of a sustainable, fairer future by 2030 – there is an opportunity to reshape the world for the better, with multilateralism at the heart of the process. Here are four ways you can join us in this effort and have your voice heard:

1. Join our Partnership Forums, to rally the UN Member States and an unprecedented variety of other stakeholders to exchange new ideas, expectations and priorities for the year ahead, including the Side Events sponsored by WHEC.
2. Have your say. Our Side Events have become a large-scale, global “consultative moment,” engaging all stakeholders to discuss – challenges and new strategies to achieve United Nations 2030 Agenda. This is the place to share your ideas and priorities for the year.
3. Find you Sustainable Development Goal (SDG) partners. This Forum will also feature a hands-on “Partnership Exchange” to share knowledge and expertise on multi-stakeholder partnerships.
4. Connect. Anyone interested in these sessions can do so through online event platform. This user-friendly tool will provide an all-in-one access to all sessions of the Forum and networking opportunities. WHEC does not charge registration fee. Formal session will also on UN Web TV (for UN Commissions Annual Meetings). For global dissemination, the webcast will be posted on http://www.WomensHealthSection.com and social media.

WHEC Partnership Forums will be held in a hybrid format. To prepare for the Partnership Forum – a global online stakeholder consultation – has been set up to solicit views, experiences and proposals from all stakeholders and make them widely available in advance of the event. WHEC will also publish summary reports of the events to highlight the main findings. Share your perspectives on WHEC Global Health Line (WGHL).

Connecting Points – Influencing Global Agenda
Rita Luthra, MD
Your Questions, Our Reply

How can we build a common agenda to influence the global agenda? Is now a good time to take the next steps together in our journey together, for all people?

**Boost Partnerships**: For millions of people around the world, poverty, discrimination, violence and exclusion are denying them their rights to the basic necessities of life: health, safety, a vaccination against disease, clean water to drink, a plate of food or a seat in a classroom. Increasingly, people are turning their backs on the values of trust and solidarity in one another – the very values we need to rebuild our world and secure a better, more sustainable future for our people and our planet.

Conflicts continue to rage and worsen.

In our biggest shared test since the Second World War, humanity faces a stark and urgent choice: a breakdown or a breakthrough. The COVID-19 is unending the world still after two years – threatening our health, destroying economies and livelihoods and deepening poverty and inequalities. The disastrous effects a changing climate – famine, foods, fires and extreme health – threaten our very existence.

Humanity’s welfare – and indeed, humanity’s very future – depend on solidarity and working together as a global family to achieve common goals. For people, for the planet, for prosperity and for peace.

First, now is the time to re-embrace global solidarity and find new ways to work together for the common good. This must include a global vaccination plan to deliver vaccines against COVID-19 into the arms of the millions of people who are still denied this basic lifesaving measure. Moreover, it must include urgent and bold steps to address the triple crisis of climate disruption, biodiversity loss and pollution destroying our planet.

Second, now is the time to renew the social contract between Governments and their people and within societies, so as to rebuild trust and embrace a comprehensive vision of human rights. People need to see results reflected in their daily lives.

Third, now is the time the “infodemic” plaguing our world by defending a common, empirically backed consensus around facts, science and knowledge. The ‘war on science must end.”

Fourth, now is the time to correct a glaring blind spot in how we measure economic prosperity and progress. When profits come at the expense of people and our planet, we left with an incomplete picture of the true cost of economic growth.

Fifth, now is the time to think for the long-term, to deliver more for young people and succeeding generations and to be better prepared for the challenges ahead. Our common agenda includes recommendations for meaningful, diverse and effective youth engagement both within and outside the United Nations, including through better political representation and by transforming education, skills training and lifelong learning.

Sixth, now is the time for a stronger, more networked and inclusive multilateral system, anchored within the United Nations.

Now is the time to take the next steps in our journey together, in solidarity with and for all people.

Joint the efforts!
CHAPTER II – IMPROVING EMOTIONAL INTELLIGENCE

WHAT IS EMOTIONAL INTELLIGENCE (EI)?

It is the capacity to be aware of, control, and express one’s emotions, and to handle interpersonal relationships judiciously and empathetically. **EI is the key to both personal and professional success.**

It is array of skills and characteristics that drive leadership performance. It is as important as IQ (intelligent quotient) for success, including in academic, professional, social, and international aspects of one’s life. EI is a skill that can be taught and cultivated, and outlines methods of incorporating emotional skills in school curriculum.

CHILD DEVELOPMENT GUIDE FOR EMOTIONAL INTELLIGENCE (EI)

- Label your child’s Emotions; both positive and negative.
- Show empathy – Validate their feelings and show empathy.
- Model appropriate ways to express feelings: The best way to teach your child how to express feelings is by modeling these skills yourself.
- Teach healthy coping skills; Knowing how to calm themselves down, cheer themselves up, or face their fears can be complicated for a young child. Encourage your child to get active and take control of their emotions in a healthy manner.
- Teach your child anger-management skills. Anger rules should center around behaving respectfully toward others. Also teach problem-solving skills so children learn to recognize that they can solve problems. A trained professional can rule out any underlying mental health problems and can offer assistance in creating a behavioral management.
- Develop problem-solving skills. When your child makes mistake, work through what could have been done differently and what your child can do to resolve any lingering issues. Try to act as a coach, rather than the actual problem-solver

Emotional Intelligence is an ongoing goal. Make it an ongoing conversation. With your ongoing support and guidance, your child can develop the EI and mental strength they will need to be successful in life.

EI is an asset and helps to achieve:

- High EI is linked to high IQ;
- Better relationships;
- Childhood EI is linked to higher success during adulthood; and
- Improved mental health.

SUGGESTED READING


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United Nations at a Glance

Mauritius became UN Member State on 24 April 1968

Mauritius, officially the Republic of Mauritius, is an island nation in the Indian Ocean about 2,000 kilometers (1,200 miles) off the southeast coast of the African continent, east of Madagascar. It includes the main island (also called Mauritius), as well as Rodrigues, Agalega and St. Brandon. The islands of Mauritius and Rodrigues, along with nearby Reunion (a French overseas department), are part of the Mascarene Islands.

The main island of Mauritius, where most of the population is concentrated, hosts the capital and largest city, Port Louis. The country spans 2,040 square kilometers (790 square miles) and has an exclusive economic zone covering 2.3 million kilometers. Official Languages: None, English (de facto) French (de facto); Population: 1,265,475 (2019 estimate – 158th); Religion: 50% Hinduism; 33% Christianity, 18% Islam, rest others; Government: Unitary Parliamentary Republic.

Owing to its geographic location and centuries of colonialism, the people of Mauritius are highly diverse in ethnicity, culture, language and faith. It is the only country in Africa where Hinduism is the most practiced religion. Mauritius is also the continent’s only country with “very high” Human Development Index. According to the World Bank, the country is classified as a high-income economy. Mauritius is also ranked as the most competitive, one the most developed economies in the African region. The country is a welfare state. The government provides free universal healthcare, free education up through the tertiary level and free public transportation for students, senior citizens, and the disabled. In 2019, Mauritius was ranked the most peaceful African country by the Global Peace Index.

Outer islands of Mauritius and Districts of Mauritius

The island of Mauritius is subdivided into 9 districts, which are the country’s second-order administrative divisions.

On 22 May 2019, the United Nations General Assembly debated and adopted a resolution that affirmed that the Chagos Archipelago, which has been occupied by the UK for more than 50 years, “forms and integral part of the territory of Mauritius.” The resolution give effect to an advisory opinion of the International Court of Justice (ICJ), demanded that the UK “withdraw its colonial administration … unconditionally within a period of no more than six months.” 116 states voted in favor of the resolution, 55 abstained and only Australia, Hungary, Israel and Maldives supported the UK and US. During the debate, the Mauritian Prime Minister described the expulsion of Chagossians as “a crime against humanity.” While the resolution is not legally binding, it carries significant political weight since the ruling come from the UN’s highest court and the assembly vote reflects world opinion. The resolution also has immediate practical consequences: the UN, its specialized agencies, and all other international organizations are now bound, as a matter of UN law, to support the decolonization of Mauritius even if the UK claim that tit has no doubt about its sovereignty.

Details: https://sdgs.un.org/statements/mauritius-9738
Collaboration with World Health Organization (WHO)
WHO | Mauritius

Health Situation

Mauritius is at an advanced stage in its epidemiological transition. The demographic status is marked by a rapidly aging population while total fertility rate is below replacement level. Communicable diseases, problems of maternal and child health has markedly declined and are controlled effectively. Coverage rates for immunization, ante and postnatal care, and attended births have reached relatively high levels resulting from implementation of a comprehensive national and maternal and child health programs. HIV prevalence (2015) estimates are 0.8% with some 10,000 people living with HIV. The epidemic is classified as concentrated with high prevalence among key populations, in particular among people who inject drugs (44.3%), 15% among female sex workers, 17% among men who have sex with men, and 19% among prison inmates.

Incidence of cancer is on the rise. The Age Standardized Incidence Rate (World) in males rose from 84.8 per 10^5 in 2009 to 141.1 per 10^5 in 2016; and among females from 111.5 per 10^5 in 2009 to 175.5 per 10^5 in 2016. The most prevalent common site for cancer incidence among males in 2016 were colorectal (19.5 per 10^5) followed by prostate (19.2 per 10^5) and lungs (13.9 per 10^5). Among females, breast cancer (63.6 per 10^5) followed by colon/rectum (14.7 per 10^5) and cervix (12.2 per 10^5).

Health Policies and System

The three-year National Strategy plan (2017 – 2019) identifies three priority areas: refocusing health expenditure on prevention and control of Non-Communicable diseases (NCDs), adjusting health care policies for an ageing population, and improving public health services delivery to make health system responsive to the health care needs of the population. The Republic of Mauritius has an established welfare system with the State fully committed to sustain the provision of universal access to quality health care services, free of any user cost, at the point of use to the population. The PHC package is delivered through a network of institutions providing preventive, curative and rehabilitation services to the community. Private services are largely separated from the Public system and financed by out-of-pocket payment and to some extent by the Voluntary Health Insurance schemes. Existing legislations have been reviewed and new ones enacted to improve health system responsiveness, including FCTC compliant regulations on tobacco.

Cooperation for Health

There is no formal sector-wide approach mechanism in place to align and harmonize technical and financial support between the government and all the development partners in the health sector. Rising per capita income, couples with favorable health indicators, has impacted on Mauritius’ eligibility for external aid, especially for the health sector. Presence of development partners in Mauritius remains limited. External resources as a percentage of total health expenditures accounted for an average of 2.4% for the period of 2017 – 2011. The main sources of technical assistance and grants to the health sector are WHO and other UN agencies and the Global Fund to fight AIDS, TB and Malaria, Mauritius, though its engagement with the European Union under the EU/LUX-WHO UHC Partnership Programme, is expected to benefit in terms of support for policy dialogues for UHC.

Details: https://www.afro.who.int/countries/mauritius
Mauritius joined UNESCO on 25 October 1968

Aapravasi Ghat

In the district of Port Louis, lies the 1,640 m² site where the modern indentured labor diaspora began. In 1834, the British Government selected the island of Mauritius to be the first site for what is called “the great experiment” in the use “free” labor to replace slaves. Between 1934 and 1920, almost half a million indentured laborers arrived from India at Aapravasi Ghat to work in the sugar plantations of Mauritius, or to be transferred to Reunion Island, Australia, southern and easter Africa or the Caribbean. The buildings of Aapravasi Ghat are among the earliest explicit manifestations of what was to become a global economic system and one of the greatest migrations in history.

Outstanding Universal Value: the buildings of Aapravasi Ghat are among the earliest explicit manifestations of what would become a global economic system. The success of the “Great Experiment” in Mauritius led to its adoption by other colonial powers from the 1840s, resulting in a worldwide migration of more than 2 million indentured laborers, of which Mauritius received almost half a million.

Ensuring the right to Education for Vulnerable Groups

Every human being has the right to quality education and lifelong learning opportunities. Education is a basic human right that works to raise men and women out of poverty, level inequalities and ensure sustainable development. But worldwide 258 million children and youth are still out of school for social, economic and cultural reasons. Education is one of the most powerful tools in lifting excluded children and adults out of poverty and is a stepping stone to other fundamental rights. It is the most sustainable investment. The right of quality education is already firmly rooted in the Universal Declaration of Human Rights and international legal instruments, the majority of which are the result of the work of UNESCO and the United Nations.

Why is it important to have the right to education formally enshrined in law and other instruments? Education is an empowering gift in itself and one of the most powerful tools by which economically and socially marginalized children and adults can lift themselves out of poverty and participate fully in society. To unleash the full transformational power of education and meet international markers of progress such as those of the Sustainable Development Agenda, everyone must have access to it. Binding countries to certain standards by way of law is one of ensuring access to quality education is widened. Legal guarantees and protection of the right to education are not time-bound (unlike policies and plans). They also ensure that judicial mechanisms (such as the courts and tribunals) can determine whether human rights obligations are respected, impose sanctions for violations and transgressions, and ensure that appropriate action is taken.

Details: https://en.unesco.org/countries/mauritius

Education-for-All and Health-for-all
Bulletin Board

Goal 1
End poverty in all its forms everywhere

Facts & Figures

- The Global Poverty Rate is projected to be 7% in 2030; (missing the target of eradicating poverty).
- As of April 2021 118 countries reported national and/or local disaster risk reduction strategies, up from 45 in 2015.
- COVID-19 has led to the first rise in extreme poverty in a generation. An additional 119 – 124 million people were pushed back into extreme poverty in 2020.
- Governments worldwide have put in place 1,600 short-term social protection measures in response to COVID-19; but 4 billion people are still not covered by social precautions.
- While countries were coping with the economic impact of the COVID-19, 33 countries reported $16.55 billion of direct economic losses in 2020 due to other disasters, which amounted to 0.14% of national GDP.
- In 2020, for the first time in two decades, the world’s share of workers living with their families below the international poverty line increased from 6.7% in 2019 to 7.2%, pushing additional 8 million workers into poverty.

Working Poverty Disproportionately affects Women and Youth, and the Pandemic is likely to magnify those disparities.

The Women’s Health and Education Center’s (WHEC’s) initiatives / Recommendations:

1. Create sound policy frameworks at the National, regional levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.
2. Proportion of total government spending essential services (education, health and social protection)
3. Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programs and policies to end poverty in all its dimensions.
4. The adoption and implementation of robust disaster risk reduction strategies, which incorporates biological risks such as pandemics, is critical. In order to maintain progress on the 2030 deadline for this target, efforts need to be stepped up and drastically accelerated.
5. The adverse effects of disasters are stifling economic development and require more ambitious risk reduction action to meet SDG1 within deadline.

There has never been a more critical time for investments in social protection. Effective social protection systems are crucial to fight extreme poverty and safeguard the poor and vulnerable against crises such as COVID-19, climate-related hazards and other shocks and disasters.
Lessons from Botswana, Ghana, Mauritius and South Africa.

Botswana, Ghana, Mauritius and South Africa are sub-Saharan African countries that stand out for their development progress. Each of these countries has succeeded against the odds, against expectations. This working paper synthesizes the common ingredients of these countries' success, and derives lessons. It concludes that smallness, landlockedness, tropical location, distance from world markets, racism, colonialism and other challenges can be overcome through appropriate institutions, governance and good economic policies.

Mauritius, despite being an extremely vulnerable, relatively isolated small island state in the Indian Ocean, managed not only to raise its per capita income to levels higher than that of the average Pacific Island to be on par with the richer Caribbean Islands, but also to achieve a remarkable structural transformation of its economy. These countries, with the exception of Ghana, have managed to escape much of the ravages of colonialism. Given the long-term impact of colonialism, and specifically slavery on affected African economies.

Botswana, Ghana, Mauritius and South Africa are a very diverse group of countries. Each, in its own way, is an African country role model, as they have each achieved remarkable progress in the face of daunting challenges. They have faced different growth-retarding initial conditions, including colonialism and adverse geography. Their development progress illustrates that history, and the environment is not destiny. The message that smallness, landlockedness, tropical location, distance from the world markets, racism, colonialism, and corruption and many other challenges can be overcome through appropriate institutions, governance and good economic policies.

These countries managed to achieve better governance, and more generally, were able to establish better institutions that other African countries. The cases of Botswana and Mauritius, in particular, are intriguing, as the former is very homogenous in term of population and the latter quite diverse. The former has also been ruled by one party (albeit democratically elected), whilst in Mauritius there have been more fiercely contested elections. Mauritius’ good governance also enabled its heterodox trade regime, with heavy reliance on import restrictions and promotion of exports through export processing zones (EPZs) to be successful. EPZs have failed in most countries because institutions and governance have not been able to manage the rent seeking, corruption and inefficiency that is required to manage the high degree of selective interventionism embodied in EPZs.

Publisher: UNU-WIDER; Author: Wim Naude; Sponsor: This study has been prepared within the UNU-WIDER project on Country Role Models for Development Success, directed by Augustin Kwasi Fosu.

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, August 2022
Editors’ Choice – Journal Club Discussions
Fully open-access with no article-processing charges
Our friendship has no boundaries. We welcome your contributions.

1. LGBTQ+ Healthcare: Building A Better Foundation for Understanding;
   http://www.womenshealthsection.com/content/heal/heal028.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

From Editor's Desk
WHEC Projects under Development

Financial Inclusion – to reduce the poverty

G20 Financial Inclusion Indicator

Financial inclusion means that individuals and businesses have access to useful and affordable financial product and services that meet their needs – transactions, payments, savings, credit and insurance – delivered in a responsible and sustainable way.

- Financial inclusion has been identified as an enabler for 7 of the 17 Sustainable Development Goals.
- The G20 committed to advance financial inclusion worldwide and reaffirmed its commitment to implement the G20 High-Level Principles for Digital Financial Inclusion.
- The World Bank Group considers financial inclusion a key enabler to reduce extreme poverty and boost shared prosperity.

Being able to have access to a transaction account is first step forward toward broader financial inclusion since a transaction account allows people to store money, and send and receive payments. A transaction account serves as a gateway to other financial services, which is why enduring that people worldwide can have access to a transaction account continues to be an area of focus on the World Bank Group (WBG). Most notably, it was the focus of the WBG’s Universal Financial Access 2020 initiative, which concluded at the end of 2020. Though many gains were made through this initiative, it is an indicator of the scale of the challenge that still more work remains to be done.
Great strides have been made toward financial institution and 1.2 billion adults worldwide have gotten access to an account between 2011 and 2017. As of 2017, 69% of the world’s adults had an account. Digital financial services – including those involving the use of mobile phones – have now been launched in more than 80 countries, with some reaching significant scale. As a result, millions of formerly excluded and underserved poor customers are moving from exclusively cash-based transactions to formal financial services using a mobile phone or other digital technology to access these services.

Moving from access to usage of accounts is the next step for countries where 80% or more of the population have accounts (China, Kenya, India, Thailand). These countries relied on reforms, private sector innovation, and a push to open low-cost accounts, including mobile and digitally-enabled payments.

However, close to one-third of adults – 1.7 billion – were still unbanked in 2017, according to latest Findex data. About half of the unbanked people included women poor households in rural areas or out of the workforce. Between 2011 and 2017 gender gap in account ownership remained stuck at 9% points in developing countries, hindering women from being able to effectively control their financial lives.

G20 Financial Inclusion Indicators Key Findings:

- **Financial inclusion is on rise.** Globally, 515 million adults opened an account at a financial institution or through a mobile money service between 2014 and 2017. This represents a rise from 62% to 69% of the adult population owning an account. Despite this progress, 1.7 billion adults still remain unbanked, and inequalities persist. Women in developing countries remain 9% points less likely than men to have an account. (Global Index).

- **Mobile money continues to grow in all regions**, especially in West Africa. In low-income economies, there are twice as many mobile money accounts than bank accounts per 1,000 adults. (IMF Financial Access Survey)

- **Small and medium-sized business are mostly excluded from formal borrowing**, despite increasing have an account at a financial serve provider. For instance, in Latin America and the Caribbean, about 90% of firms have an account, although only half have a bank loan or line of credit from a bank. (World Bank Enterprise Surveys).

- **People over 60 are joining the digital age.** Two-third of older adults in developing countries, and 85% in wealthier economies, own a mobile phone. They are half as likely as younger adults to make a payment using a mobile phone or internet. (Global Findex).

The Global Partnership for Financial Inclusion (GPFI) developed the indicators, which were endorsed by G20 leaders in 2012. An expanded set of indicators, including financial literacy, use and quality of financial services, was endorsed by the GPFI in 2013. New indicators measuring the use of digital payments and access to digital infrastructure were endorsed in 2016. This portal is powered by the World Bank’s Data Group.

https://www.gpfi.org/
**In The News**

**Deteriorating Conditions at Ukraine’s Zaporizhzhia Nuclear Power Plant**

**Europe’s Largest Nuclear Plant Shelled.**
Director General of the International Atomic Energy Agency (IAEA) Rafael Mariano Grossi warned the Security Council on 11 August 2022, regarding the deteriorating conditions of Ukraine’s Zaporizhzhia Nuclear Power Plant.

One reactor unit was disconnected from the electric grid, triggering its emergency protection system and setting generators into operation to ensure power supply. The senior UN official said that there were also shelling a nitrogen oxygen station. While firefighters had extinguished the blaze, repairs must still be examined and evaluated.

**Attacking A Nuclear Plant is “Suicidal”**

UN Secretary-General Antonio Guterres condemned a recent attack on a nuclear power situation in southern Ukraine during a meeting in Tokyo on Monday with Japan National Press Club. Both Moscow and Kyiv have denied responsibility for the strike on the Zaporizhzhia plant. While Europe’s largest nuclear power site has been under Russian control since the early days of the war, Ukrainian technicians are still running it.

**Nuclear Disaster “Real Risk”**

Since then, a preliminary assessment by UN atomic power overseer experts found that the safety and security situation seemed stable with no immediate threat, despite that several pillars were breached.

The Women’s Health and Education Center (WHEC) and its partners support the IAEA on their efforts in relation to create the conditions of stabilization of that plant. We hope that the IAEA would be able to access the plant.

Against the backdrop that the world currently has 13,000 nuclear bombs while continuing to make huge investments into modernizing atomic arsenals, after decades of nuclear disarmament efforts – we are moving backwards. STOP IT. The billions of dollars being leveraged into the arms race need to be used in – fighting climate change, fighting poverty, and addressing the needs of the international community.

**Nuclear-free world is possible?**

Nuclear weapons will continue to pose a risk to humanity unless countries fully adhere to the treaty that prohibits their testing. In order to achieve this world, we all aspire to, a universal and effectively verifiable prohibition on nuclear testing is a fundamental necessity.

We need to strengthen all avenues of dialogue and transparency. Peace cannot take hold in an absence of trust and mutual respect. Countries also must work relentlessly towards the goal of eliminating nuclear weapons, which begins with new commitment to shrink their numbers. This will also mean reinforcing multilateral agreements and frameworks on disarmament and non-proliferation, which includes the important work of the IAEA.

**Treaty on the Non-Proliferation of Nuclear Weapons (NPT);**
Words of Wisdom

O Fool

O Fool, try to carry thyself upon thy own shoulders!  
O beggar, to come beg at thy own door!

Leave all thy burdens on his hands who can bear all,  
and never look behind in regret.

Thy desire at once puts out the light from the lamp it touches  
with its breath.

It is unholy – take not thy gifts through its unclean hands.  
Accept only what is offered by sacred love.

- Rabindranath Tagore (1861 [Kolkata, India] – 1941 [Kolkata, India]). He was a Bengali poly math who reshaped his region’s literature and music. Author of Gitanjali and its “profoundly sensitive, fresh and beautiful verse,” he became the first non-European to win the Nobel Prize in Literature in 1913.

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

http://www.WomensHealthSection.com