



WHEC Update

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

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Before & After Issue

Mental health is critically important to everyone, everywhere, for their physical health. All over the world, mental health needs are high, but responses are insufficient and inadequate. This edition of **WHEC Update** is designed to inspire and inform to have better mental health for all. Drawing on the latest evidence, showing examples of good mental health practices from around the world, and voicing people's lived experience: this edition highlights why and where change is most needed, and how it can best be achieved. The Women's Health and Education Center (WHEC) calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health.

Mental health is a lot more than the absence of illness: it is an intrinsic part of our individual and collective health and well-being. We need to transform our attitudes, actions and approaches to promote and protect mental health, and to provide and care for those in need. We can and should do this by transforming the environments that influence our mental health and by developing community-based mental health services capable of achieving universal health coverage for mental health. As part of these efforts, we must intensify our collaborative action to integrate mental health into primary healthcare. In doing so, we will reduce suffering, preserve people's dignity and advance the development of our communities and societies. Our vision is a world where mental health is valued, promoted and protected; where mental health conditions are prevented; where anyone can exercise their human rights and access affordable, quality mental healthcare; and where everyone can participate fully in society free from stigma and discrimination.

Several factors stop people from seeking help for mental health conditions, including poor quality of services, low levels of health literacy in mental health, and stigma and discrimination. In many places, formal mental health services do not exist. Even when they are available, they are often inaccessible or unaffordable. People will often choose to suffer mental distress without relief rather than risk the discrimination and ostracization that comes with accessing mental health services.

Mental disorders are the leading cause of years lived with disability (YLDs), accounting for one in every six YLDs globally. Schizophrenia, which occurs in approximately 1 in 200 adults, is a primary concern: in its acute states it is the most impairing of all health conditions. People with Schizophrenia or other severe mental health conditions die on average 10 to 20 years earlier than the general population, often of preventable physical diseases.

Committing to mental health is an investment towards a better life and future for all. There are three main reasons to invest in mental health:

1. Public Health;
2. Human Rights; and
3. Socio-economic development.

Scaling up treatment for depression and anxiety provides a benefit-cost ratio of 5 to 1. Poor mental health put a brake on development by reducing productivity, straining social relationships and compounding cycles of poverty and disadvantage.

Share your point of view on **WHEC Global Health Line (WGHL)** ... Create an account.

Tackling Mental Health Stigma Through Knowledge

Rita Luthra, MD



Your Questions, Our Reply

Is mental health experienced over the life-course? What is the role of the health sector in supporting mental health for all?

Determinants of Mental Health: Our mental health differs greatly depending on the circumstances in which we are born, raised and live our lives. This is because mental health is determined by a complex interplay of individual, family, community and structural factors that vary over time and space and that are experienced differently from person to person. Adversity is one of the most influential and detrimental risks to mental health.

The vicious cycle of disadvantage: Mental ill-health is closely linked to poverty in a vicious cycle of disadvantage. This disadvantage starts before birth and accumulates throughout life. People living in poverty can lack the financial resources to maintain basic living standards; they have fewer educational and employment opportunities; they are more exposed to adverse living environments; and they are less able to access quality healthcare. These are daily stresses that put people living in poverty at greater risk of experiencing mental health conditions.

Protective factors build resilience. Supportive families and careers are important at any age and can be a real enabler of recovery for people living with mental health conditions. Protective factors include positive parenting, quality education and employment, safe neighborhoods and community cohesion. Throughout adulthood, employment under decent working conditions is particularly important for mental health. At all levels, from individual to structural, protective factors improve people's resilience. They can be a means to promote and protect mental health, both within and beyond the health sector.

Suicide accounts for more than 1 in every 100 deaths globally. And for every death by suicide there are more than 20 suicide attempts unreported. Suicide affects people from all countries and contexts. And at all ages suicides and suicide attempts, have a ripple effect on families, friends, colleagues, communities and societies. Overall, it is the fourth leading cause of death among 15-29 years old and accounts for some 8% of all deaths in this age group. More than half (58%) of suicides happen before the age of 50 years. And suicide rates in people aged over 70 years are more than twice those of working age.

About US \$ 3.7 billion a year is spent globally on mental health research worldwide – an estimated 7% of global health research funding. Overall, more than half (56%) of all global funding for mental health research is spent on basic research rather than clinical or applied research. Moreover, some fields of mental health are underfunded compared with others. Most notably, suicide and self-harm, which is the subject of the only explicit Sustainable Development Goals (SDGs) indicator on mental health, receives less than 1% of the overall mental health research funding. Most countries spend less than 20% of their mental health budget on community mental health services.

Stigma – all over the world, people living with mental health conditions are subject of deep-rooted stigma and discrimination. Society in general has stereotyped views about mental health conditions and how they affect people. People with mental health conditions are commonly assumed to be lazy, weak, unintelligent or difficult. They are also often believed to be violent and dangerous, when in fact they are more at risk of being attacked or harming themselves, than harming other people. Women with severe mental health conditions are particularly at risk of sexual violence. Violence against people with mental health conditions can be deadly.

Investing in mental health can greatly reduce suffering and advance public health. Transformation in mental health is needed to stop human rights violations that people with mental health conditions experience. Investing in mental health means investing in strategies to: ensure access to effective, quality, affordable mental health care all; tackle stigma, discrimination and abuse; and address underlying social and economic realities that shape people's mental health.



United Nations at a Glance

Nauru became UN Member State on 14 September 1999



Nauru, officially the **Republic of Nauru** and formally known as Pleasant Island, is an island country and microstate in Oceania, in the Central Pacific. Its nearest neighbor is Banaba Island of Kiribati, 300 km (190 mi) to the east. With only a 21 km² (8.1 sq mi) area, Nauru is the third-smallest country in the world, behind Vatican City and Monaco, making it the smallest republic as well as the smallest island nation. Its population

is about 12,511 (2021) is the world's second-smallest, after Vatican City. Capital: none; Largest city: Denigomodu; language: English; Government: Parliamentary republic with an executive presidency under a non-partisan democracy. Ethnic groups: 58% Nauruan, 26% Pacific Islander, 8% Europeans and 8% Han Chinese.

Nauru was first settled by Micronesians at least 3,000 years ago, and there is evidence of possible Polynesian influence. In 1798, the British sea captain John Fearn, on his trading ship *Hunter* became the first Westerner to report sighting Nauru, calling it "Pleasant Island," because of its attractive appearance. After an agreement with Great Britain, Nauru was annexed by Germany in 1888 and incorporated into Germany's Marshall Islands Protectorate for Administrative purposes. In 1914, during World War I Nauru was captured by Australian troops. The Nauru Island Agreement forged in 1919 between the governments of the UK, Australia, and New Zealand provided the administration of the island and extraction of phosphate deposit by an intergovernmental British Phosphate Commission (BPC).

Japanese troops occupied Nauru on 25 August 1942. Nauru was finally liberated on 13 September 1945, when commander Hisayaki Soeda surrendered the island to the Australian Army and the Royal Australian Navy. In 1947, a trusteeship was established by the United Nations (UN), with Australia, New Zealand, and the UK as trustees. Nauru became self-governing in January 1966, and following two-years constitutional convention, it became independent on 31 January 1968 under founding president Hammer DeRobut. In 1967, the people of Nauru purchased the assets of the BPC, and in June 1970 control passes to the local owned Nauru Phosphate Corporation (NPC). Income from the mines made Nauruan among the richest people in the world.

Nauru



is divided into fourteen administrative districts, which are grouped into eight electoral constituencies and are further divided into villages. The Nauruan economy peaked in the mid-1970s, when its GDP per capita was estimated to be US \$50,000, second only to Saudi Arabia. Nauru currently lacks money to perform many of the basic functions of government; for example, the National Bank of Nauru is insolvent. There are no personal taxes in Nauru. The unemployment rate is estimated to be 23% and the government employs 95% of those who have jobs. Tourism is not a major contributor to the economy.

Literacy is 96% in Nauru. Education is compulsory for children from six to sixteen years old, and two non-compulsory years are offered (years 11 and 12). The island is served by the International Airport. And accessible by sea via the Nauru International Port.

2018, the Nauru government partnered with the deep-sea mining company Deep Green, planning to harvest manganese nodules whose minerals and metals can be used in the development of sustainable energy technology.

Details: <https://sdgs.un.org/statements/nauru-11753>

Collaboration with World Health Organization (WHO)

WHO | Nauru



Health Situation

The health situation in Nauru, like other Pacific islands, is challenged by a triple burden of communicable disease, non-communicable diseases (NCDs) and the health impacts of climate change. Despite some improvements in the past 10 years, tuberculosis (TB) and leprosy programs continue to report new cases. Additionally, outbreaks of diarrheal illness or typhoid fever still occur.

NCDs are the main cause of premature mortality and morbidity, contributing to a shorter life expectancy compared to other Pacific island countries. The four key risk factors are: tobacco use, alcohol use, unhealthy lifestyle and diets; and lack of physical activity – which contributes to high rates of obesity, diabetes and raised blood pressure.

Climate environment determinants of health are also a major public health concern for Nauru. Factors such as low elevation, small populations and scarce resources means that the island is vulnerable to impacts of water/food insecurity aggravated by the confluence of geographic, climate, demographic and socio-economic factors. The increasing toll of climate change and NCDs are having an adverse impact on health service delivery in Nauru.

Health Policies and Systems

The Government of Nauru provides healthcare services to all citizens. Primary healthcare and public health services are managed by the Division of Public Health at the Nauru Public Health Center, and curative services are provided by the Republic of Nauru Hospital. Services include medical, surgical and dental specialties, alongside hemodialysis, laboratory, radiological, physiotherapy and pharmaceutical services.

The vision of the *Nauru National Health Strategies* is “ a healthy and peaceful nation that values and supports human rights and dignity through the provision of quality healthcare and services.” The plan prioritizes four key result areas to provide quality health services that are accessible by all communities: 1) Health systems strengthening; 2) Primary health care and Healthy Islands; 3) Curative health ; and 4) Support services and networking.

Cooperation for Health

In implementing this strategy, WHO and the Ministry of Health will work together with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

Details: <https://www.who.int/nauru/>



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

Nauru joined UNESCO on 17 October 1996



Oceanographic Commission (IOC) of UNESCO welcomes the Republic of Nauru as its 148th Member State

On 11 February 2016, the Intergovernmental IOC of UNESCO welcomed the Republic of Nauru as a new Member State, bringing to 148 membership of the Commission, among which 35 Member States are Small Island Developing States (SIDS).

Several areas of IOC activities are of interest to Nauru, among which tsunami warning, the development of predictive tools that address coastal areas of local interest to SIDS, sea-level monitoring, as well as capacity-building in climate change phenomena, impacts and adaptation strategies.

The participation of Nauru in the Commission's activities will in turn contribute to the cooperation of the Member States of the region, primarily through the IOC Intergovernmental Sub-Commission for Western Pacific (WESTPAC) and the Intergovernmental Coordination Group for the Pacific Ocean Tsunami Warning and Mitigation System. (ICG/PTWS).



Natural Sciences & Small Islands Developing States (SIDS) *Environmental Resilience and Sustainability*

SIDS are big ocean sustainable States (BOSS). Protecting their terrestrial, aquatic and marine biodiversity, as well as their heritage, and securing equitable access to land and ocean resources are essential for sustainable development. In terms of natural resources, SIDS face numerous challenges due to their biophysical settings, which leave them vulnerable not only to extreme climatological and seismic events, but also other adverse environmental impacts, including pollution of groundwater and surface water resources, sustainable energy access, saline intrusion, soil and coastal erosion, biodiversity loss and coral bleaching, among others. For instance, in many SIDS groundwater quality and quantity are threatened by population growth, urbanization and climate change. Supporting SIDS to overcome these challenges is a priority which can be advanced through capacity enhancement of biodiversity, marine, natural and social sciences, engineering education, as well as through research and technology transfer and the application of traditional and non-traditional knowledge, tools and approaches. Four priority areas in the natural sciences are particularly relevant to address sustainable development in SIDS:

- Science, technology and innovation;
- Environmental Science;
- Resilience and adaptation;
- Human and institutional capacity-building.

Main Objective: To develop and implement policies, strategies and action plans that promote the use of science, technology and innovation (STI) as a driver of achieving sustainable development in SIDS. Assist decision-makers in designing transversal STI policies, institutional frameworks and policy instruments, and setting up monitoring and evaluation systems, with links to sustainable development processes. Details: <https://en.unesco.org/countries/nauru>

Education-for-All and Health-for-all

The United States of America (USA) Re-joining UNESCO in July 2023



12 June 2023: The Director-General of UNESCO, gathered representatives of the Organization's 193 Member States to inform them that the USA had officially notified her of its decision to re-join UNESCO in July 2023, on the basis of a concrete financing plan.

"This is a strong act of confidence, in UNESCO and in multilateralism. Not only in the centrality of the Organization's mandate – culture, education, science, information – but also in the way this mandate is being implemented today." – Audrey Azoulay, UNESCO Director-General.

In a letter sent to the Director-General, the U.S. Department of State welcomed the way in which UNESCO had addressed in recent years emerging challenges, modernized its management, and reduced political tensions. The return of the US was made possible by the agreement reached by Congress in December 2022 authorizing financial contributions to UNESCO. The U.S. had suspended its contributions in 2011 due to domestic legislation, before notifying UNESCO of its decision to legally withdraw on 12 October 2017, during the Trump administration.

The proposed financing plan must now be submitted to the General Conference of UNESCO Member States for their approval. Some Member States have requested that an extraordinary session be held soon so a decision can be made.

The United States is a founding member of UNESCO and Americans were an important part of UNESCO's creation. Author Archibald MacLeish, the first American member of UNESCO's executive board, wrote the preamble to its 1945 constitution opening lines: "Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed." The USA withdrew from UNESCO in 1984 and rejoined the Organization after almost twenty-year absence, in October 2003. The country is no longer a member since 2018, but is home to several UNESCO world heritage sites, UNESCO chairs, as well as UNESCO creative cities.



There are 24 World Heritage Sites in the USA, on UNESCO's World Heritage Sites list: Cahokia Mounds State Historic Site; Carlsbad Caverns National Park; Chaco Culture; Everglades National Park; Grand Canyon National Park; Great Smoky Mountains National Park; Hawaii Volcanoes National Park; Independence Hall; Kluane/Wrangell-St. Elias/Glacier Bay/Tatshenshini-Alsek; La Fortaleza and San Juan National Historical Site in Puerto Rico; Mammoth Cave National Park; Mesa Verde National Park; Monticello and the University of Virginia in Charlottesville; Monumental Earthworks of Poverty Point; Olympic National Park; Papahānaumokuākea; Redwood National and State Parks; San Antonio Missions; **Statue of Liberty** (Picture is on the left side); Taos Pueblo; the 20th-Century Architecture of Frank Lloyd Wright; Waterton Glacier International Peace Park;

Yellowstone National Park; and Yosemite National Park.

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Bulletin Board



Goal 11

Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable

FACTS and Figures

- Number of countries with local disaster risk reduction strategies nearly doubled between 2015 and 2021 (51 to 98 countries);
- Leaving no one behind will require an intensified focus on 1 billion slum dwellers;
- As cities grow, municipal solid waste problems mount: Globally municipal solid waste 82% collected and 55% managed in controlled facilities (2022);
- 99% of the world's urban population breathe polluted air;
- In sub-Saharan Africa, less than 1/3 of city dwellers have convenient access to public transportation.

Cities are hubs for ideas, commerce, culture, science, productivity, social, human and economic development. Urban planning, transport systems, water, sanitation, waste management, disaster risk reduction, access to information, education and capacity building are all relevant issues to sustainable urban development. Given the importance of this topic to global development efforts, recent movements pushing to address sustainable development from an urban perspective have taken place throughout the world. Recommendations and Areas of development, by 2030:

1. Ensuring access for all to adequate, safe and affordable housing and basic services and upgrading slums.
2. Proving access to safe, affordable, accessible and sustainable transport systems for all;
3. Enhancing inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.
4. Strengthening efforts to protect and safeguard the world's cultural and natural heritage.
5. Reducing the adverse effects of environmental impacts on cities, including by paying special attention to air quality and municipal and other waste management.
6. Providing universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.
7. Supporting positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning.
8. Adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, develop and implement, in line with the forth-coming Hyogo Framework, holistic disaster risk management at all levels.
9. Supporting least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials.
10. Significantly reducing the number of deaths and the number of people affected by economic losses relative to gross domestic product caused by disasters.



Collaboration with UN University (UNU)

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

Assessing the Economic Vulnerability of Small Island Developing States and the Least Developed Countries

Macro vulnerability of the small island developing states (SIDS) as well as of least developed countries (LDCs) has been an increasing concern for the international community. This concern has led to the creation of the economic vulnerability index (EVI) in order to assess comparatively the degree of structural economic vulnerability of countries. Structural vulnerability results mainly from natural or external shocks faced by countries, and their exposure to these shocks. General vulnerability, on the other hand, depends on the resilience of the country which is determined by policy.

The author first explains how vulnerability affects growth and development, particularly in small developing countries, by considering the consequences of the size of shocks, the exposure to shocks and the consequences of resilience. The channels of transmission are also explored in an attempt to explain how instability slows down poverty reduction not only directly but also through lower growth. The author also examined how the EVI, as a synthetic measure of structural vulnerability, has been designed and how it can be used to compare.

Several reasons account for the fact that during the last decade a renewed interest has been focused on macroeconomic vulnerability and its related issues in the developing countries. First, SIDS have repeatedly expressed concern over their level of vulnerability, as evidenced at the 1994 Barbados Conference on Sustainable Development of SIDS. Second, in accordance with Committee for Development Planning's (CDP's) own suggestion, the General Assembly requested the committee to consider 'the usefulness of the vulnerability index as a criterion for the designation of the LDCs.

Structural economic vulnerability is a matter of concern, particularly for the SIDS and the LDCs, albeit in a different way for each group. Vulnerability can conveniently be captured through two elements: 1) the economic vulnerability index (EVI) designed at the UN by the Committee for Development Policy, and 2) its shock and exposure components. This index is a suitable instrument to guide international development policies in two fields: the identification of LDCs, which are the low-income countries most severely affected by structural handicaps to growth. Economic vulnerability is a major disadvantage that needs to be considered in tandem with a low level of human capital. In order to be considered for inclusion in the LDCs list, in addition to meeting the vulnerability criterion, a country needs to comply with the stipulations of having a low income per capita and a low level of human capital. Consequently, once the income level of a country exceeds the low-income threshold and the country has a relatively high level of human capital, it is likely to be graduated from the list though it may still vulnerable

The second field where the use of EVI is needed is the geographical allocation of aid. For reasons of effectiveness and equity, structural vulnerability can constitute as one of the relevant criteria of aid allocation; its application would favor vulnerable counties, LDCs as well as SIDS, even if the latter do not comply in the strictest sense with the LDCs qualifications. In the two country groups, structural vulnerability should seriously be taken into account, but not exclusively. The identification of LDCs cannot rely solely on vulnerability, and vulnerability cannot be the compulsory criterion for exiting the list of LDCs. Aid allocation cannot rely on vulnerability only.

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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, June 2023

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Water, Sanitation, Hygiene and Health;**

<http://www.womenshealthsection.com/content/health/health029.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. **Sudden infant Death Syndrome;**

<http://www.womenshealthsection.com/content/obsnc/obsnc008.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

Reducing Suffering and Improving Mental Health and Physical Wellbeing.



Promote, Protect, Restore

In part, public health is about promoting and protecting mental and physical health by identifying the underlying factors that influence health – the individual, social and structural determinants – and intervening to enhance protective factors or reduce risks. This public health function includes a wide range of activities that can be targeted at individuals, groups of vulnerable people or whole populations.

Interventions where the evidence and experience of mental health benefits are particularly compelling include:

- Suicide prevention strategies;
- Positive parenting and preschool education and enrichment programs;
- School-based social and emotional learning programs; and
- Mental health promotion and protection in work settings.

For people experiencing mental health conditions, promotion and prevention is not enough and access to quality interventions to improve or restore mental health is essential. A range of effective and evidence-based interventions exist, yet they are unavailable to most people around the world who could benefit from them. This massive gap between the need for the uptake of care was the primary motivation behind WHO's Mental Health Gap Action Program (mhGAP). The program seeks to significantly expand coverage of evidence-based interventions for a range of priority conditions, with a focus on primary health care and other non-specialized healthcare settings in long-term medical care.

Providing essential care for everyone who needs it means not just integrating mental health care into primary healthcare. It also requires the development, strengthening or recognition of mental health care options are available, including acute patient care at general hospitals or community mental health centers or teams.



Improved Physical Health

The intimate links between mental health conditions and physical health mean that investing in mental health does not only reduce massive population suffering but can also deliver widespread physical health benefits. Many of the factors that influence mental health also influence other health conditions such as those related to reproductive and maternal health as well as chronic physical diseases, including NCDs such as cardiovascular diseases, diabetes, cancer and respiratory diseases; communicable diseases

such as HIV/AIDS, and neglected tropical diseases (NTDs) such as leprosy and cutaneous leishmaniasis.

The four greatest risk factors of Non-Communicable Diseases (NCDs) are: Tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol – are all linked with various mental health conditions. Childhood adversity, which is a major risk factor for later life mental health conditions, is similarly related to a range of adult onset NCDs, including heart disease, diabetes and asthma.

Integrated Care is a Good Care.

An integration approach to care ensures mental and physical health conditions are considered, managed and monitored simultaneously. Integration can be implemented in many ways and at different levels of the health system.

- **For Service Users:** Integrated care is about having a person-centered approach that is coordinated across diseases, settings and time.
- **For Healthcare Organizations:** Integrated Care is about having common information systems and professional partnerships based on shared roles and responsibilities, for example through multidisciplinary teams, task sharing and links to social care and community service.
- **For Ministries of Health:** Integrated care is about having joint policies, financing mechanisms and governance structures across physical and mental health.

Interventions provided under Universal Health Care should ensure that all essential mental health needs are covered.

Research to tackle stigma

WHEC's Network runs an evidence-based research and implementation program to understand the mechanisms and consequences of stigma and discrimination worldwide; and to develop the test new ways to end stigma. Our network coordinates multi-site projects, for example, to evaluate campaigns on improving referral rates to local healthcare services; or to investigate the potential of training medical students in order to improve knowledge, attitudes, and behaviors towards people with mental health conditions. WHEC's e-Learning, e-Health, e-Government Platform:

<http://www.WomensHealthSeciton.com> offers scales to access stigma and discrimination.

Political-Will is Made-up of Three Types of Commitments

All three types are needed to drive the mental health agenda forward and effective and meaningful change. These are:

1. Expressed commitment. Public expressions to support mental health by government leaders and decision-makers.
2. Institutional commitment. Establishment of the policies, plans and programs needed to realize the stated intent.
3. Budgetary commitment. Allocation of the necessary resources required to implement the response.

ADVOCACY AT ALL LEVELS IS NEEDED TO ADVANCE MENTAL HEALTH POLICIES AND PRACTICE.

Join the Movement!!

Global Issue: Ageing



Trends in Global Ageing

Globally, the population aged 65 and over is growing faster than all other age groups. According to data from the World Population Prospects: the 2019 Revision, by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million to 426 million in 2050.

The world's population is ageing. Virtually every country in the world is experiencing growth in the number and proportion of older persons in their population. Population ageing is poised to become one of the most significant social transformations of the 21st century, with implications for nearly all sectors of society, including labor and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties.



DESA United Nations Program on Ageing

Older women are in crisis; invisible among the most vulnerable. Evidence has shown that in situations of forced displacement, for example, older women face increased risks to elder abuse and abandonment due to lack of traditional support systems and structures. Older women also face a particular risk of vulnerability to climate impacts, experiencing disproportionate health risks, and have higher rates of mortality from extreme health events. Furthermore, as a result of higher levels of illiteracy, including digital illiteracy, cultural practices, and gendered expectations on the role they play in communities, older women may encounter additional barriers to accessing information and aid during an emergency.

WHEC aims to explore the experiences of older women in emergencies, be due to climate change or conflict, which are often overlooked by humanitarian actors, with negative consequences for the wellbeing of older women, their families and their communities. Bring examples from recent crises, WHEC will seek to explore the multiple and intersection forms of discriminations faced by older women in emergencies and put forward ideas on how to address such challenges and ensure that their needs are met.

Our policies, recommendations and practice statement: **Elder Abuse**

<http://www.womenshealthsection.com/content/vaw/vaw008.php3>

So far, the development agenda has fallen short of achieving effective responses to the situation of older persons. At the national level, effective legislation and policies responding to the situation of older persons have often not been adopted, or remain dispersed, underfunded and insufficiently implemented. The integrated approach to broadening the scope of statistics and incorporating new- and non-traditional data opens up opportunities for citizens to engage and report directly on progress of a new set of development goals post-2015.

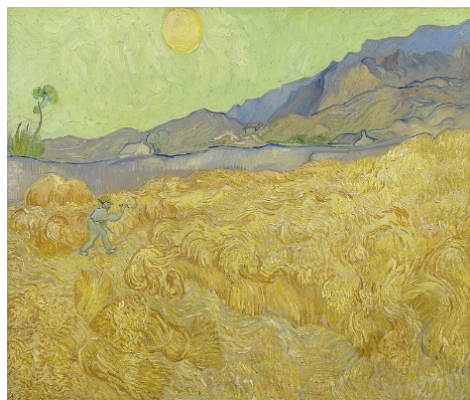
WHEC recommendations aim at compiling a compendium of the use of non-traditional data source and statistics that could be included in the discussions of its Side Events and further support to implementation of UN DESA Agenda.

Join the efforts!

Art & Science

Art that touches our soul

Reaper by Vincent van Gogh



Reaper is a series of three-on-canvas paintings by the Dutch artist Vincent van Gogh of a man reaping a wheat field under a bright early-morning sun. This is the second painting in the series, which Van Gogh appears to have completed in a single day in Saint-Remy-de-Provence, France, while taking breaks to write a letter on 4 – 5 September 1889. In a later part of the letter, he announced that: “Phew – the reaper is finished. I think it will be one that you will place in your home.”

Van Gogh initially preferred this version over the earlier study, describing it as “an image of death as the great Book of Nature speaks to us about it – but what I sought is the ‘almost smiling.’ It’s all yellow except for a line of violet hills – a pale, blond, yellow. I myself find that funny, that I saw that through the iron bars of a cell.” Van Gogh eventually came to believe that original painting created from nature was better than the replica.

The painting is now in the collection of the Van Gogh Museum in Amsterdam. Its dimensions, 73.2 cm X 92.7 cm (28.8 in X 36.5 in), was almost the same size as the first.

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

<http://www.WomensHealthSection.com>

