



WHEC Update

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

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Leadership Development Series

What does a good-communication accomplish? The goals that of a good-communication, at the simplest level, is to exchange the information at the minimum. All leaders must provide the necessary, practical tools for accomplishing this objective. They must say what needs to be done, when and how. It is surprising how difficult even this seems to be for many people who are in the leadership positions and management. Beneath the surface or between the lines of truly masterful leadership communication, however, there is a deeper purpose. In a word, it is MOTIVATION.

True enthusiasm is made up of two parts: eagerness and assurance. Action may be wasted energy, or even self-destructive in the absence of two other fundamental components. Let us be very clear about this. Real motivation requires action, plus emotion, plus intelligence. To put it another way, motivation must engage the body, the heart, and the mind. Leadership experts can touch all three of these elements. They can engage us at every level of our lives. In terms of pure technique, motivation can express itself in three basic forms: negative motivation, positive motivation to motivate others, and the unique highly individualized techniques you need to motivate yourself. It is important for a leadership expert to understand all these categories. So let us look at them one at a time.

Pitfalls of negative motivation: in our views – negative motivation have a very limited approach that many leaders rely on. True, criticism or the threat of punishment can be somewhat effective. The possibilities of firing or demoting someone can get his or her attention, but much research has shown that negative motivators have very serious limitations, especially over the long-term. In the past, loudness was often equated with toughness. Stubbornness was equated with honesty. We should all be grateful that those days are coming to an end. There is only one way under heaven to get anyone to do anything that is by making the other person want to do it. This is the positive motivation and of supreme importance. Leadership is about behavior first, and skills second. People respond to leaders who inspire trust and respect, rather than to the skills they possess. In this sense, leadership is different from management, which relies more on planning, organization, and communication skills. Leadership includes management skills too, but leadership's foundation contains qualities such as integrity; honesty, humility, courage, commitment, sincerity, passion, confidence, wisdom, determination, compassion, sensitivity, and personal charisma.

Leadership comes in many different ways and styles. A leader's personal style may be right for certain situations and wrong for others. Others are able to adapt and use different leadership styles for a variety of challenges. Someone new to a leadership role may feel pressure to lead in a particularly dominant way. Dominant leadership is rarely appropriate, however, especially in well-established organizations. Misreading this situation can cause problems for a new leader. Resistance from the constituents becomes a problem, and a cycle of discontent and reduced performance may get started. So much leadership is paradoxical. It is often more about serving than leading. Teams respond best to gratitude, encouragement, recognition, and inclusiveness. Tough, dominant leadership gives people a lot to push against and resist. It also blocks any sense of ownership and empowerment among those being led. Yes, leaders need to make tough decisions, but in the day-to-day world a leader should most concentrate on enabling the team to thrive and grow.

Today, ethical leadership is more important than ever, and there is a very practical reason for that. The world is more transparent and interconnected than it has ever been. Share your point of view.....

Motivation that empowers

Rita Luthra, MD



Your Questions, Our Reply

What is the leadership philosophy at the Women's Health and Education Center (WHEC)? Does a modern leader need to understand finance, diversity, environmental issues and lead all these areas?

Teamwork is critical: A leader's philosophy is simply the fundamental purposes and principles with which he or she identifies. It is the foundation for strategy, management, operational activities, and pretty much everything else that happens in an organization. Regardless of the size of an organization, everything that takes place under a leader's needs to be congruent with clearly defined philosophy.

Executive, managers, staff, customers – they all need solid philosophical principles on which to base their expectations, decisions, and actions. In a complex organization, leadership will be very challenging at the best of times due to size, diversity, or other issues. A conflicted philosophy dramatically increase these difficulties for everyone, and certainly for the leader, because the frame of reference becomes confusing. For leadership to work well, team members must connect their expectations, aims and activities to the basic purpose or philosophy of the organization. This philosophy can provide reference points and grounding for employees' decisions and actions – an increasingly significant factor in modern “empowered” organization. Seeing a clear philosophy and purpose is also essential for staff, customers, and outsiders in assessing crucial organizational characteristics such as integrity, ethics, fairness, quality and performance. A clear philosophy is vital to the psychological contract – almost always unstated – under which employees, managers, and customers initiate their decisions and actions.

Too many organizations, large and small, have conflicting and confusing fundamental aims. The lesson here is that philosophy and purpose are the foundation of leadership. If the foundation is not solid then, everything built onto it is prone to wobble, and may fall over completely. As a leader your responsibility extends to protect or refine fundamental purpose and philosophy. Get the philosophy right, in harmony with the actions, and the foundation is strong. Different leaders have different ideas about leadership. But to anyone who studies the experience of contemporary business and organizational leaders, certain points emerge. These are key principles of leadership:

- When leaders say that the people are not following, it is the leader who are lost, not the people.
- Leaders get lost because of isolation, arrogance, or bad judgment. But above all they get lost because they become preoccupied with imposing their authority instead of truly leading.
- Leadership is helping people, achieve a shared vision, not telling people what to do.
- Loyalty to leadership relies on the leader's connection and understanding of people's needs, wishes, and possibilities. Solutions to leadership challenges do not lie in the leader's needs and wishes. Leadership solutions lie in the needs and wishes of the followers.
- Loyalty cannot be built by simply asking or forcing people to be loyal.
- Before expecting anyone to follow, a leader first needs to demonstrate a vision and values worthy of a following.
- Any specific type of leadership inevitably attracts the same types of followers. In other words, for people to embrace the follow modern compassionate, honest, ethical, peaceful, and fair principles, they must see these qualities demonstrated by their leadership.
- People are a lot more perceptive than most leaders think. People have a much keener sense of truth than most leaders think. People quickly lose faith in a leader who ignores these two facts.
- Often people have answers that elude their leaders. Leaders, therefore, should solicit ideas, opinions, and suggestions to gain buy-in and cultivate loyalty.
- A leader who makes mistakes should come clean and admit errors. People will generally forgive mistakes but do not appreciate leaders who are unwilling to take responsibility for their actions.
- A leader should be brave enough to negotiate when lesser people want to fight. Anyone can resort to threats and aggression, but being aggressive is not leading.

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SDGs
LEARNING

**Summary and Program 2024 HLPF Side Event
Strengthening Trust in Digitalization and
Accelerating Sustainable Development Goals**

Virtual Side Event

Date: 09 July 2024; 1:15-2:30 (EDT, New York Time)

Future of health and education sectors is digital, in each and every country, rich and poor alike. In view of the scale of today's global challenges and the great potential of science, technology and innovation to deliver responses, it is essential to mobilize financial and knowledge resources from governments, businesses, academia and civil societies. It is necessary to accelerate and achieve all Sustainable Development Goals (SDGs). Both public and private sectors play an important role in financing, research, and development. There is need for a balanced strategy that leverages the strengths and weaknesses of both.

In order to democratize digitalization and its benefits for public and social value, Women's Health and Education Center (WHEC) and its associates believe that a dedicated place is needed in the United Nations to develop and refine appropriate norms, policies and pilots; promote future-ready human capabilities; and mobilize financing for public innovation ecosystems. Openness in science is an essential component of the scientific process. When Open-science, artificial intelligence and big data management meet the social reality of human cooperation and governance, it becomes more sustainable, and help to close digital divide.

We must implement comprehensive and inclusive policies, change our way of thinking, and prioritize efforts to eliminate poverty and bridge the digital divide. It is crucial for governments to integrate social, economic, and environmental policies to promote social justice. If we wish to leave no one behind, we must ensure that we give voice and decent-work to all.

Details of the 2024 HLPF Side Event

[Women's Health and Education Center \(WHEC\) - WHEC - High-Level Political Forums \(HLPF\) \(womenshealthsection.com\)](https://www.womenshealthsection.com/)

Program Video

<https://www.youtube.com/watch?v=79oSpgl1LcQ&t=78s>

Education for All and Health for All

Join the movement!



United Nations at a Glance

Paraguay became UN Member State on 24 October 1945



Paraguay, officially the **Republic of Paraguay**, is a landlocked country in South America. It is bordered by Argentina to the south and southwest, Brazil to the east and northeast, and Bolivia to the northwest. It has a population of around 7.4 million, nearly 3 million of whom live in the capital and the largest city of Asuncion, and its surrounding area. Although one of only two landlocked countries in South America (other is Bolivia), Paraguay has ports on the Paraguay and Parana rivers that give exit to Atlantic Ocean, through the Parana-Paraguay Waterway. Official languages: Spanish and Guarani; Ethnic group 75% Mestizo (mixed Amerindian and white), 20% White, 2% Indigenous; Religions: 96.1% Christianity, 2.6% no religions; Government Unitary dominant-party presidential republic; Area: 406,796 km² (157,065 sq .mi.); Currency: Guarani (PYG). Paraguay is a developing country, ranking 105th in the Human Development Index.

The first Europeans in the area were Spanish explorers in 1516. The Spanish explorer Juan de Salazar de Espinosa founded the settlement of Asuncion on 15 August 1537. The city eventually became the center of a Spanish colonial province of Paraguay. It overthrew the local Spanish administration on 14 May 1811. Paraguay's first dictator was Jose Gaspar Rodriguez de Francia who ruled Paraguay from 1814 until his death 1840, with very little outside influence or contact. After Francia's death in 1840, Paraguay was ruled by various military officers under a new *junta*, until Carlos Antonio Lopez came into power in 1841. Paraguayan War (1864 – 1870): Paraguay lost 25-33% of its territory to Argentina and Brazil, paid an enormous debt and at least 50% of its population died. In the aftermath of WWII, Paraguay became a hideout for Nazi fugitives accused of war crimes.



Present day: from August 2013 – August 2018, the President of Paraguay was Horacio Cartes. In May 2023, Santiago Pena of the long-ruling Colorado Party, won the presidential election to succeed Mario Abdo.

Paraguay consists of 17 departments and one capital district. For many years, the country's image was associated with the illicit trade in electronic products, weapons and drugs. However, this scenario began to change in 2000s, with the rise of legalized businesses such as the production of soy, maize, beef, among others. In the 2010s, the economy largely directed towards soybean production, grew by an average of 4%. In 2012, Paraguay's government introduced the MEROSUR (FOCEM) system in order to stimulate the economy and job growth through a partnership with both Brazil and

Argentina. Paraguay is the sixth largest producer of soybean in the world, the second largest producer of stevia and 9th largest exporter of beef.

The World Bank lists the top producing countries each year, based on the total value of production. By the 2019 list, Paraguay had the 79th most valuable industry in the world (\$6.9 billion). The country was the 7th largest producer of soybean oil in the world in 2018. The mineral industry of Paraguay produces about 25% of the country's gross domestic product (GDP) and employs about 31% of the labor force. The pharmaceutical industry, Paraguayan companies now meet 70% of domestic consumption and have begun to export drugs. Paraguay is quickly supplanting foreign supplies in meeting country's drug needs. Strong growth also is evident in the production of edible oils, garments, organic sugar, meat processing, and steel. Literacy rates have been extremely low among Paraguay's Indigenous population, who had a literacy rate of 1.7% compared to the 51% rate of the general population as to 2022 census.

Details: <https://sdgs.un.org/statements/paraguay-16258>

Collaboration with World Health Organization (WHO)

WHO | Paraguay



Health Situation

Paraguay has achieved many significant public health achievements. Healthcare has been experienced notably due to the elimination of public health care charges, the creation of 754 Family Health Units, and the advancement of the Integrated Networks of Health Services. In just a few years, these strategies have achieved a doubling of access to the health system for the poorest quintile of the population. In addition, the coverage of the sexual and reproductive health services has been increased and infant mortality is reduced. public health resources allocated increased to \$124 per capita (about 3% of GIP), with a growing direct out of pocket payment (60%). Despite these advances, Paraguay still has some challenges related to universal access to basic services, affecting mainly the people from rural areas, Indigenous people, and lower-income people and in some cases women and children. Noncommunicable Chronic Diseases (NCCD) constitute a real threat to the social and economic development of a country. Currently NCCD, particularly cardiovascular diseases, which are the leading cause of deaths, surpass the burden of communicable diseases. Infant mortality is still high in regional departments with greater rural population and Indigenous communities, as well as maternal mortality and adolescent pregnancy. Road safety, access of elderly people and people with disabilities to services, food safety and access to sanitary services, particularly for rural population, remain health challenges.



Health Policies and Health Systems

The constitution of 1992 established that the State shall protect and promote health as an essential human right and to the best interest of the community. Values assumed by the health sector are universal coverage, integrality of its services, equitable benefits, solidarity and social responsibility. The Paraguay Health System (SNS) is regulated by the Law 1032/96, and establishes that the system will provide services through the public, private or public-private partnership, from health insurances and universities. It includes the establishment of the National Health Council as a coordinating body of inter-institutional participation of the public and private health sectors. Between 2008 – 2013, the Institutional Strategic Plan (PEI) was developed that reflected the Government health goals. The National Plan of Development and the National Plan of Extreme Poverty Reduction have been the basis for the PEI. The PEI for the 2013 – 2018 period was based on principles of universality, social inclusion, social equity, integrality, complementarity, efficiency, quality, sustainability and sustainability. It is oriented towards four cross-sectional approaches: Right to Health: gender equality; inter-culturalism, and social determinants. The PEI has identified 3 pillars: 1. Strengthening the steering role; 2. Strengthening the provision of health services (promotion, prevention, attention, and rehabilitation) focused on right, equity, gender and inter-culturalism; 3. Guaranteeing transparency, efficiency, efficacy, civic participation and management quality.

Cooperation For Health

Paraguay has received cooperation aid through different modalities. In terms of bilateral cooperation Paraguay has received support from the governments of Germany, Canada, China, Korea, Spain, USA, France, Israel, Japan, and UK. Multilateral partners working at country level are the Inter-American Development Bank (IDB), World Bank (WB), European Union (EU), Organization of American States (OAS), and the UN System.

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



United Nations Educational, Scientific and Cultural Organization Collaboration with UNESCO

Paraguay became Member State of UNESCO in 1955



Jesuit Missions of La Santísima Trinidad de Parana

In addition to their artistic interest, these missions are a reminder of the Jesuits' Christianization of the Rio de la Plata basin in the 17th and 18th centuries, with the accompanying social and economic initiatives. They are part of a series of 30 missions in the Rio de la Plata basin established by the Society of Jesus (the Jesuits). 7 of these missions were located in Paraguay and the rest in the present-day countries of Argentina and Brazil. The mission complexes were attached to *reducciones* (settlements) and are evidence of a unique urban scheme. While each period had a singular style, all combined indigenous elements with Christian attributes and symbolism exhibiting Baroque, Romanesque, and Greek influences, as part of an unprecedented process of acculturation.

The Jesuits arrived in the Guayra in 1588. With the permission of King Philip II of Spain, the missionaries' goal was to Christianize the Indigenous population as well as protect them from the colonial labor system of *encomienda*, a condition of virtual slavery. The inhabitants were brought together and encouraged to adopt a sedentary form of life and the Christian religion but unlike other missions in the Americas, they were not forced to "Europeanize." Many Indigenous traditions were retained and encouraged such as cultivation of yerba mate, which continues to be a representative regional product today.



Presentation of Global Education Monitoring (GEM Report in Paraguay

UNESCO signed an agreement concerning the organization of the international seminar "Empowerment of the local language speakers, communities and Nations" in Paraguay. The International seminar aims to providing a substantive contribution to and update analysis at national and regional level, reinforcing the capacities from the region to address the issues of languages within the context of the various global commitments. On the agenda of the international seminar will be presentations of good practices, initiatives and concrete actions taken at national level in the framework of multilingual context. There will also be dialogue on the situations of languages in Latin America and the Caribbean region, and a debate on the regional contributions to the implementation of the international commitments to linguistic diversity.

This event contributes significantly to the realization of UNESCO's mandate related to the promotion of cultural diversity and multilingualism which play a key role in fostering pluralistic equitable, open, and inclusive knowledge societies.

Details: <https://www.unesco.org/en/countries/py>

Education-for-All and Health-for-all

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development

Adopted at the United Nations Sustainable Development Summit on 25 September 2015

.....*Continued The New Agenda*

25. We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race ethnicity, and persons with disabilities, migrants, Indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend including through safe schools and cohesive communities and families.

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the programs made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive healthcare services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioral, developmental and neurological disorders, which constitute a major challenge for sustainable development.

27. We will seek to build strong economic foundations for all our countries. Sustained, inclusive and sustainable economic growth is essential for prosperity. This will only be possible if wealth is shared and income inequality is addressed. We will work to build dynamic, sustainable, innovative and people-centered economies, promoting youth empowerment and women's economic empowerment, in particular, and decent work for all. We will eradicate forced labor and human trafficking and end child labor in all its forms. All countries stand to benefit from having a healthy and well-educated workforce with the knowledge and skills needed for productive and fulfilling work and full participation in society. We will strengthen the productive capacities, productivity and productive employment; sustainable agriculture, pastoralist and fisheries development; sustainable industrial development; universal access to affordable, reliable, sustainable and modern energy services; sustainable transport systems; and quality and resilient infrastructure.

28. We commit to making fundamental changes in the way that our societies produce and consume goods and services. Governments, international organizations, the business sector and other non-state actors and individuals must contribute to changing unsustainable consumption and production patterns, including through the mobilization, from all sources, of financial and technical assistance to strengthen developing countries' scientific, technological and innovative capacities to move towards more sustainable patterns of consumption and production. We encourage the implementation of the 10-Year framework of Programmes on Sustainable Consumption and Production. All countries take action, with developed countries taking the lead, taking into account the development and capabilities of developing countries.

To be continued



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Informality, Labor Transitions, and the Livelihoods Workers in Latin America

This paper studied the incidence and heterogeneity of labor informality in six Latin American countries – Argentina, Brazil, Ecuador, Mexico, **Paraguay**, and Peru.

The authors divide workers into five work statuses: formal wage-employed, formal self-employed, upper-tier informal wage-employed, lower tier informal wage-employed, and informal self-employed. Authors evaluate the patterns of the occupational turnover between these work statuses and assess their impact on wage dynamics. In all countries, wages are highest for formal workers and lowest for lower-tier informal jobs. The proportions of formal workers who maintain their work status of origin or move up the job ladder is significantly higher than those who transition into lower-paying work statuses. However, despite the high labor turnover experienced by lower-tier informal wage employees, most failed to move up the wage ladder. Education plays an important role, as it increases the probability of transitioning into a better job, and within informality, the chance of better wages.

Since the 2000s, an increasing trend in labor formality has been observed in several Latin American countries. However, despite this positive evolution, informal employment continues to be one of the most distinct characteristic in this region. Informal employment is a complex and heterogenous phenomenon. It encompasses wage earners and the self-employed, including employers and own-account workers. Likewise, informality can be found in both big firms and micro-enterprises. However, the existence of a broad group of informal workers is mainly associated with a high presence of small, unstructured firms that operate with very low levels of productivity and competitiveness. In all countries, formal workers earn the highest wages and lower-tier informal workers earn the lowest wages. Two contrasting labor mobility patterns were found: on the one hand, the proportion of formal workers who maintain work status of origin or move up the job ladder is significantly higher than the proportion of who transition into lower-paying work statuses; on the other hand, despite the high labor turnover experienced by lower-tier informal wage employees, most of them failed to move up the wage ladder. Education plays an important role by increasing the probability of transitioning to a better job and by increasing wages, even in informal occupations. In other words, informal workers who remain in this work status can improve their wages by increasing their level of education.

In addition, to progress towards greater global efficiency and better labor conditions, there is a need for a medium- and long-run development path which generates continuous demand for greater human capital and enables the offer of education to be reflected in higher wages and better working conditions. It is also essential that the institutional design of these programs ensures that they last over time, so that such programs become permanent state policies to achieve both short- and long-term objectives. Finally, all these policies should be framed within an economic development strategy based on an integrated productive structure leading to high efficiency and systematic competitiveness. Productive convergence within a framework of high productivity standards is a necessary condition for sustained growth, employment promotion, and wage increase over time.

Publisher: UNU-WIDER; Authors: Roxana Maurizio, Ana Paula Monsalvo; Sponsors: United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency—providing a range of services from policy advice to governments as well as freely available original research.

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, July 2024

Editor's Choice – Journal Club

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Nitrous Oxide Analgesia for Labor;** [Nitrous-Oxide-Analgesia-for-Labor.pdf \(womenshealthsection.com\)](#)

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.

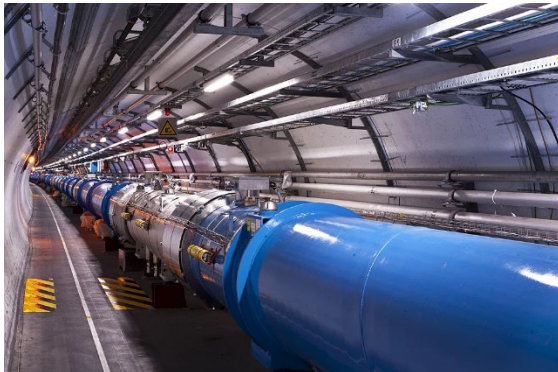
2. **First Trimester Ultrasound Applications;** <http://www.womenshealthsection.com/content/obsdu/obsdu009.php3>

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

The Large Hadron Collider (LHC)



The Large Hadron Collider (LHC) is the world's largest and highest-energy particle collider. It was built by the **European Organization for Nuclear Research (CERN)**, between 1998 and 2008 in collaboration with more than 10,000 scientists and hundreds of universities and laboratories, as well as more than 100 countries. The LHC lies in a tunnel 27 kilometer (17 miles) in circumference and as deep as 175 meters (574 ft) beneath the France-Switzerland border near Geneva. On 2 July 2012, CERN announced the discovery of the Higgs boson at the LHC, after a 40-year search for its existence.

This photograph shows the interior of a section of the LHC's tunnel (sector 3-4). The collider's dipole magnets are painted blue to protect them from rust.

The LHC's goal is to allow physicists to test the predictions of different theories of particle physics, including measuring the properties of the Higgs boson, searching for the large family of new particles predicted by supersymmetric theories, and other unresolved questions in particle physics. The term *hadron* refers to subatomic composite particles composed of quarks held together by the strong force (analogous to the way that atoms and molecules are held together by the electromagnetic force). The best-known hadrons are the baryons such as protons and neutrons; hadrons also include mesons such as the pion and kaon, which were discovered during cosmic ray experiments in the late 1940s and early 1950s.

Purpose: Many physicists hope that the LHC will help answer some of the fundamental open questions in physics, which concern the basic laws governing the interactions and forces among the elementary objects, the deep structure of space and time, and in particular the interrelation between quantum mechanics and general relativity.

<https://home.cern/>



Improving Refugee and Migrant Health – Join the Efforts!



Rabat Declaration

Ministers and government representatives adopted a ground breaking political declaration, the Rabat Declaration, to strengthen the global commitment to improve the health of refugees and migrants.

It aims to promote the inclusion of refugees and migrants in national health systems as part of the global movement for universal health coverage, and work towards resilient and sustainable health emergency prevention, preparedness and response capacities. 1 in 8 people globally is either a migrant or is forcibly displaced by factors

including conflict, persecution, environmental degradation, or the lack of human security and opportunity.

Taking stock of the progress achieved in refugee and migrant health and considering the lessons learned during COVID-19 pandemic, the countries supporting the Rabat Declaration committed to:

1. Accelerate efforts to improve the health of refugees, migrants and their host communities;
2. Address the root causes that negatively influence their health; and
3. Work towards including health and social protection considerations in national policies related to refugees and migrants.

The declaration also reaffirms the right of every human being, including refugees and migrants, to enjoy the highest attainable standard of physical and mental health.

Countries supporting it commit to including refugee and migrant populations and their host communities in policies and plans for prevention, preparedness, response and recovery to pandemics and other public health emergencies, while strengthening international and cross-border collaboration.

Stakeholders also pledge to foster inclusive financing mechanisms to reduce pressures on national systems and promote the meaningful participation of refugees and migrants in health policy discussions to identify and design appropriate interventions for their health needs.

Our ultimate goal for this initiative is to promote the appropriate interventions that improve, protect and preserve the health and wellbeing of all refugees and migrants, and host communities. This goal cannot be realized without political commitment and a whole-of-government approach. And this means involving representatives from the ministries of health, finance, foreign affairs, interior, planning and other senior officials.

In this declaration, Member States have pledged that no one will be left behind when addressing the health needs of those forcibly displaced. Their commitment to not only include refugees, migrant and their hosting communities in national health policies and plans but, to also include them meaningfully in policy health discussions is a significant momentum towards universal health coverage and worthy of global support.

Refugee and Migrant Health – KEY FACTS

- **More than 1 billion people are on the move globally, about 1 in 8 of the global population;**

- **Of this total, 281 million people are international migrants, and 84 million are forcibly displaced (48 million are internally displaced, 26.6 million are refugees, 4.4 million are asylum seekers). Among the forcibly displaced, 35 million are children and 1 million were born into refugee life.**
- **The number of people on the move is expected to grow due to poverty, lack of security, lack of access to basic services, conflict, environmental degradation and disasters.**
- **Migration could both improve or diminish an individual's health status. Refugees and migrants often face worse health outcomes in countries of transit and destination due to barriers including language and cultural differences, institutional discrimination and restricted use of health services.**
- **Social, political and economic exclusion can result in poverty, homelessness and exploitation, which can create a higher risk for non-communicable diseases.**
- **The COVID-19 pandemic has exacerbated existing inequalities in certain populations, which may include refugees and migrants, particularly those in irregular situations.**

Barriers to Access to Health Services

Refugees and migrants remain among the most vulnerable members of society and are often faced with xenophobia; discrimination; substandard living, housing and working conditions; and inadequate or restricted access to mainstream services. Migrants, particularly in an irregular situation, are often excluded from national programs for health promotion, disease prevention, treatment and care, as well as financial protection in health. They can also face high user fees, low levels of health literacy, poor cultural competency among health providers, stigma and inadequate interpreting services. Barriers are even greater for people with disabilities. Women and girls may find difficulty in accessing sexual and gender-based violence protection and response services. Refugee and migrant children, especially unaccompanied minors, are more likely to experience traumatic events and stressful situations, such as exploitation and abuse, and may struggle to access health care. The ability to access health services in humanitarian settings is usually compromised and complicated by shortages of medicines and lack of health care facilities.

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

WHEC believes that everyone, including refugees and migrants, should be able to enjoy the right to health and access to people-centered, high-quality health services without financial impediment, as expressed by our commitment to universal health coverage. Health systems should incorporate the needs of refugees and migrants in national and local health policies, financing, planning, implementation, monitoring and evaluation. In rapid and effective emergency responses, healthcare may sometimes need to be delivered in a parallel structure to the national health system, but in the long-term, refugee and migrant health should be mainstreamed into existing services.

WHEC works and disseminates information and best practices, around the world, in six official languages of the UN, to secure the health rights of refugees and migrants and achieve universal health coverage. Through the Health and Migration Advocacy Program, and in collaboration with our partners and UN System, WHEC provides global leadership, advocacy, coordination and policy on health and migration; sets norms and standards to support decision-making; monitors trends, strengthens health information system and promotes tools and strategies; provides technical assistance, response the capacity-building.

WHEC works at the national and local levels to build a strong health systems that are supported by well-trained, culturally sensitive and competent workforce, and are sensitive to the needs of refugees and migrants, their languages and their unique health problems

Join the program!

Global Resettlement Needs to Grow in 2024: UNHCR



UNHCR, The UN Refugee Agency, anticipated a significant rise in global refugee resettlement needs for next year. According to the Projected Global Resettlement Needs Assessment for 2024 released, over 2.4 million refugees will be in need of resettlement, marking a 20% increase compared to 2023. With a deepening refugee crisis and emergence of new displacement situations, urgent action is required to address the escalating challenges faced by millions of refugees and displaced individuals worldwide.

We are witnessing a concerning increase in the number of refugees in need of resettlement in 2024. Resettlement remains a critical lifeline for those most at risk and with specific needs. UNHCR requested all the Member States with means to step up and provide sustainable and multi-year resettlement commitments to offer safety and protection to those in need and to share the international community's responsibility for refugees.

The Asia region tops the list of established needs in 2024, with nearly 730,000 refugees requiring resettlement support, representing 30% of global needs. With the Syrian crisis extending to its 13th year and remaining the largest refugee situation, Syrian refugees continue to face the highest resettlement needs for the 8th consecutive year, with around 754,000 individuals across the globe requiring urgent assistance through resettlement.

Refugees from Afghanistan are estimated to have the second-highest resettlement needs, followed by refugees from South Sudan, Myanmar and the Democratic Republic of the Congo. In 2022, out of approximately 116,000 submissions, only 58,457 refugees were able to depart for resettlement. UNHCR continues to advocate the importance of allocating more places for emergency and medical cases and ensuring timely processing and departure.

Resettlement provides a life-line of hope and protection to those facing extreme risks by offering a durable solution while at the same time playing a pivotal role in relieving the pressure on host countries and strengthening the broader protection framework.

[For an overview of the data, view the interactive dashboard](#)[Link is external.](#)



The Government of Ethiopia has generously allocated 400 hectares where refugees can settle and access existing services, such as healthcare, water and education. UNHCR continues to engage with local authorities and leaders to access the gaps in basic services so support benefits both refugees and Ethiopians. The site is being developed with the help of volunteers from the local community. UNHCR is also increasing its staff in the area.

Most are women, children and older people. Among them are more than 3,400 unaccompanied and separated children and adolescents. They told UNHCR harrowing stories of how they became separated when clashes began and have since been unable to establish contact with their families or guardians.

Art & Science

Art that touches our soul

Passing Mother's Grave (Langs Moeders Graf) by Jozef Israëls



Jozef Israëls (27 January 1924 – 12 August 1911), was a Dutch painter. He was a leading member of the group of landscape painters referred to as the Hague School, and during his lifetime, “the most respected Dutch artist of the second half of the 19th century.” He was born in Groningen, of Jewish parents.

Passing Mother's Grave or **Langs Moeders Graf** also known as **Passing the Churchyard**, is an 1856 oil-on-canvas painting by Dutch artist **Jozef Israëls**' career. Dutch poet Nicolass Beets is credited from naming the image “Passing Mother's Grave” in 1861. He authored a poem about the painting called “Children of the Sea Haarlem” in 1861.

From 1855 to 1856, the artist spent time in the fishing villages of Zandvoort and Katwijk where he observed poor fishermen and their families. In 1856, he painted *Langs Moeders Graf* which has a tragic theme. Another title for the painting is *Passing the Churchyard*. There are versions of the painting at Stedelijk Museum Amsterdam and The New Art Gallery Walsall; at least one other version is known, sold to a private buyer in Vienna in 1907.

The painting is an oil-on-canvas portrayal of a widower and his children walking past the grave of his wife, their mother. The people in the image are all barefoot. The man is fisherman and he holds a boy's hand and carries a baby as he passes the headstone of his dead wife. The painting is an attempt by the artist to move from his traditional subject of historical paintings, towards portrayals of peasant life. The sky in the painting is darkly ominous, but there is a sliver of blue sky which is thought to represent hope. After the artist's death, this painting was made into bronze sculpture

Year: 1856; Subject: Grief; Location: Stedelijk Museum Amsterdam

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