



## WHEC Update

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

November 2025; Vol. 20. No. 11

### *Making A Difference*

The United Nations 2030 Agenda – is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognize that eradicating poverty in all forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

Openness in science is an essential component of the scientific process. Making science more accessible, affordable, inclusive and equitable, especially in health and education sectors, is the way forward – and achieving Sustainable Development Goals (SDGs) 3, 4, and 5 by 2030. We suggest avenues for providing Universal Health Care (UHC), online quality educational platforms and use of artificial intelligence (AI) and Big Data management for low- and middle-income countries to accelerate SDGs.

Initiatives of Women's Health and Education Center (WHEC) have a unique role to play in strengthening the health and educational systems worldwide. Cultural diversity is now the norm in each and every country. The e-Health, e-Learning and Mobile Health, are providing healthcare services and achieving better health outcomes, in both the developed and developing countries. Access to reliable *Broadband Internet*, is becoming essential to Education & Health Sectors, in every country – rich and poor alike.

Imagine students in developing countries and developed countries, simultaneously receiving the same medical education, and learning from each other. That is, e-Learning at its BEST, in an *Internet Classrooms*. With this, WHEC in collaboration with the Department of Public Information of the United Nations (UN) has launched a Global e-Health Platform, <http://www.WomensHealthSection.com> in six official languages of the UN. Its work began on 24 October 2002, we are serving in 227 countries and territories via Global Internet Locations of *WHEC's Global Health Line (WGHL)*.

AI and Big Data presents opportunities for the development of all 17 SDGs and offers vast analytical possibilities to track and monitor progress of SDG indicators.

Sexual and reproductive health is critical to health and wellbeing across the life-course, and therefore has to be embedded and integrated with universal health care and universal access to all. Science and Knowledge Translation in reproductive health research and dissemination, exchange and clinical application of scientific knowledge with the healthcare providers worldwide and communities, is the purpose of *WHEC's LINK Access Project*. Learning, Innovating, Networking and Knowledge (LINK) access project/program was launched in collaboration with the Reproductive Health Research (RHR) Division of the WHO in 2013. It encourages dialogue between developing and developed countries with special focus on SDGs 2, 3, 4, 5, and 17 to improve health and educational systems.

By promoting science that is more accessible, inclusive and transparent, open science furthers the right of everyone to share in scientific advancement and its benefits as stated in Universal Declaration of Human Rights. Open science encourages scientists to develop tools and method for managing data so that as much as possible can be shared, as appropriate.

Join our Open Science Capacity Building Efforts!

Science and Knowledge Translation & Dissemination

**Rita Luthra, MD**



## Your Questions, Our Reply

Is Open Science essential to achieve UN's 2030 Agenda? What is the role of Health Promoting Schools in advancing SDGs 3, 4, and 5?

**Quality Education and Open Science Accessibility:** Quality Education and providing timely evidence based information in health sector, which is accessible to all, and reliable disaggregated data will be needed to help with the measurements of progress of United Nations 2030 Agenda, especially in health and education sectors. To ensure that no one is left behind, open science, AI and Big Data management will be the key to the decision-making process, in the future. The utilization of AI and Big Data can be capitalized upon through the construction of dynamic, robust, and inclusive public data ecosystems, via UN funded data co-operatives and algorithmic accountability programs.

The WHEC with WHO Academy aims to reach millions of people worldwide, offering high-tech learning opportunities and environments. Providing learning opportunities for leaders, educators, researchers, healthcare professionals, WHEC and the broader public, will deliver quality, multilingual learning, both online and in-person, alongside a cutting-edge simulation center for health emergencies.

When open-science, artificial intelligence (AI) and Big Data meet the social reality of human coordination and governance, it becomes more sustainable, and might help to close digital divide. In summary, our recommendations are:

1. The UN and its agencies, like WHO and UNESCO, should provide the required funding to close the digital divide between developing and developed countries.
2. Algorithmic Accountability programs and Data-ecosystem, to ensure AI-based systems in health and education sectors, do not reinforce institutional bias, unequal power structures and inequalities. Establish consistent systemic examination of pre-, in- and post-processing method of data by AI.
3. Data Co-operatives for data management storage, with their obligation solely to allow them to operate independently
4. Advance and establish effective good digital governance procedures and regulatory, which establish accountability for global societal data.
5. Ensure data-co-operatives and their practitioners are vital stakeholders in designing the implementing policies related to future SDGs decisions-making.

### STEMM Programs for Girls, Women, Minorities and Migrants

STEMM (Science, Technology, Engineering, Mathematics, and Medica) Projects/ Programs, with special focus on girls, women, migrants and marginalized population in improving affordability and accessibility are at the core of WHEC's initiatives. Digital technology does not exist in vacuum – it has enormous potential for positive change, but can also reinforce and magnify fault lines and worsen economic and other inequalities, as exemplified by the current pandemic. The COVID-19 pandemic has revealed the importance of STI for human's wellbeing and survival, as well as a need for greater global co-operation.

### Health Promoting Schools

Each year up to 1 Billion children experience some form of physical, sexual or psychological violence or neglect. Being a victim in childhood has life-long impacts on education, health and wellbeing. Our webinars, Side Events, at the UN, the literature reviews, aim to give readers and participants about everything schools can do to prevent violence and addressing violence at school level to strengthen existing interventions. It provides guidance on strategies the schools can use in increasing parent and community engagement in school health portion activities.

Join our initiatives!



## United Nations at a Glance

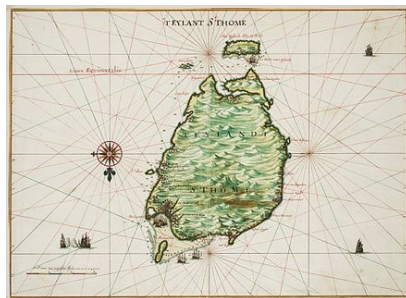
**São Tomé and Príncipe and Timor-Leste became UN Member State on 16 September 1975**



**São Tomé and Príncipe**, officially the **Democratic Republic of São Tomé and Príncipe**, is an island country in the Gulf of Guinea, off the western equatorial coast of Central Africa. It consists of two archipelagos around the two main islands of São Tomé and Príncipe, about 150 km (93.21 mi) apart and about 250 and 225 km (155 and 140 mi). São Tomé and Príncipe is the second-smallest and second-least populous African sovereign state after Seychelles .Capital: São

Tomé Official language: Portuguese; Religion: 82% Christianity; Population (2023 estimate): 220,372; Legislature: National Assembly. The islands were inhabited until their discovery in 1470 by Portuguese explorer João de Santarém and Pedro Escobar. The rich volcanic soil and proximity to the equator made São Tomé and Príncipe ideal for sugar cultivation, followed later by cash crops such as coffee and cocoa; the lucrative plantation economy was heavily dependent upon enslaved Africans. Cycles of social unrest and economic instability throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries culminated in peaceful independence in 1975.

The people of São Tomé and Príncipe, are predominantly of African and *mestiço* descent, with most practicing Christianity. The islands making up São Tomé and Príncipe, were formed around approximately 30 million years ago due to volcanic activity in deep water along the Cameroon Line. overtime, interactions with seawater and periods of eruption have engendered a wide variety of different igneous and volcanic rocks on the islands with complex assemblages of minerals.

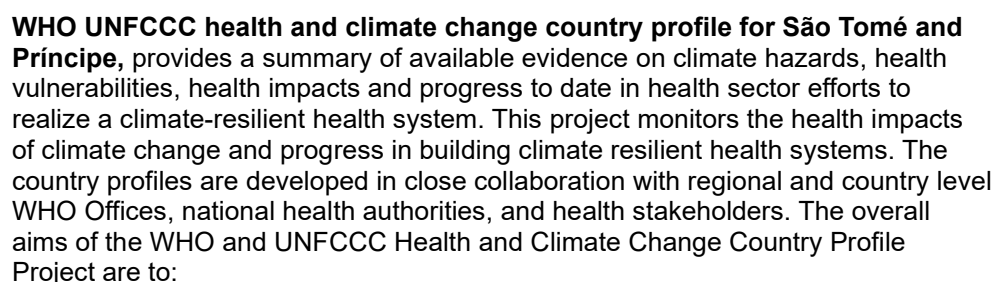


In the early 19<sup>th</sup> century, two new cash crops, coffee and cocoa, were introduced. By 1908, São Tomé and Príncipe ,had become the world's largest producer of cocoa, which remains country' most important crop. In 1990, São Tomé and Príncipe, became one of the first African countries to undergo democratic reform, and changes to the constitution – including the legalization of opposition political parties – led to elections in 1991 that were non-violent, free, and transparent. The president of the republic is elected to a five-year term by direct universal suffrage and a secret ballot, and must gain an outright majority to be elected. The president may hold up to two

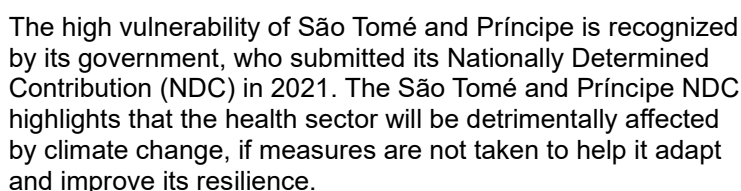
consecutive terms. São Tomé and Príncipe, is considered a free country, with very high freedom of speech, high political freedom and average economic freedom. In the 2023 V-Dem Democracy Indices, São Tomé and Príncipe, was ranked 56<sup>th</sup> among electoral democracies worldwide and 5<sup>th</sup> in Africa. São Tomé and Príncipe, has average level of corruption, although in recent years this level has been decreasing. In tourism terms, the risk is low, equivalent to the risk of visiting France.

It has a permanent mission to the UN in New York City. Portugal is the largest investor in São Tomé and Príncipe, investing millions of euros in the economy. São Tomé and Príncipe, maintains an embassy in Lisbon, a consulate in Porto and one in Coimbra. Portugal maintains an embassy in São Tomé and Príncipe. The United States has had relations with São Tomé and Príncipe since 1975 and has offered millions of dollars in financial aid packages to São Tomé and Príncipe. The financial aid packages were designed to develop the country's infrastructure and improve its fiscal, tax and customs administration. In addition, in recent years, some US Coast Guard ships have visited São Tomé and Príncipe, providing medical and military training to soldiers from São Tomé and Príncipe.

Details: <https://sdgs.un.org/sites/default/files/statements/8382timor.pdf>

**WHO | São Tomé and Príncipe**

- São Tomé and Príncipe**, is a volcanic archipelago, with two islands and several small islets, located in the Gulf of Guinea west of the African coast. It is particularly threatened by increasing temperatures, changes to precipitation patterns, sea level rise, and extreme weather events. Such changes pose substantial risks to the health of São Tomé and Príncipe population, including heat stress, food and water insecurity, spread of water- and vector-borne diseases, and loss of livelihood.



Public health and healthcare professionals require training and capacity building to have the knowledge and tools necessary to build climate-resilient health systems. This includes an understanding of climate risks to individuals, communities and healthcare facilities, and approaches to protect and promote health given the current and projected impacts of climate change.

Some of world's most virulent infections are also highly sensitive to climate change: temperature, precipitation and humidity have a strong influence on the life-cycles of the vectors and the infectious agents they carry and influence the transmission of water- and food-borne diseases. Small Island Developing States (SIDS) face distinct challenges that render them particularly vulnerable to the impacts of climate change on food and nutrition security including: small, and widely dispersed, land masses and populations; fragile natural environments and lack of arable land; high vulnerability to climate change, external economic shocks, and natural disasters; high dependence on food imports; dependence on a limited number of economic sectors; and distance from global markets. These impacts represent a significant health risks for SIDS, with their particular sustainability to climate change impacts and already over-burdened health systems, and this risk of unevenly distributed, with some population groups experiencing greater vulnerability.

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## São Tomé and Príncipe is UNESCO Member since 1980



### Island of Príncipe

The island of Príncipe is one of the three existing oceanic volcanic islands of the Gulf of Guinea and is geologically the oldest of the group, formed 31 million years ago. The biosphere reserve includes the entire emerged area of the island of Príncipe, and its islets Bom Bom, Bone do Joquei, Mosteiros, Santana and Pedra de Galei, and Tinhosas islands. The island is characterized by its gentle relief in the northern half of the island and a mountain range in the southern half composed of several phonolite peaks with altitudes between 500 and 948 meters where there is a patch of primary rain-forest. The difference in geomorphology and terrain between the two sides, results in differentiated bio-

climatology, has influence in the distribution of major types of ecosystems of the island, such as lotic systems in the areas of the massif and its valleys and lentic systems in the northern plains areas.

The biosphere reserve is home to great biodiversity in terrestrial as well as in marine ecosystems, with high rates of endism in many group of organisms, especially vascular plants, mollusks, insects, birds, reptiles and bats. It is part of biodiversity hotspot of tropical forests of West Africa, containing a wide range of plant communities and habitats of high international importance such as primary tropical forests, forest shade, palm trees and lowland riparian habitats.



### The Man and the Biosphere (MAB) Program lead by

**UNESCO.** It combines the natural and social sciences with a view to improving human livelihoods and safeguarding natural resources and managed systems, thus promoting innovative approaches to economic development that are socially and culturally appropriate and environmentally sustainable.

The MAB Program operates under the guidance of UNESCO Member States. Its main governing body is the International Coordination Council (MAB-ICC), also known as the MAB Council, which is composed of 34 Member States. The MAB-

ICC usually meets once a year. In between sessions, its authority is delegated to its Bureau, whose members are nominated from each of UNESCO's geopolitical regions. Two bodies provide advice to the MAB Program:

1. The International Advisory Committee for Biosphere Reserves provides scientific and technical advice to the UNESCO Director-General and the MAB-ICC regarding the World Network of Biosphere Reserves,
2. The International Support Group (ISG) advises the MAB Secretariat on the implementation of action plans and other relevant aspects of the MAB Program.

MAB Program is an intergovernmental scientific program that aims to establish a scientific basis for enhancing the relationship between people and their environments.

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

# Bulletin Board

## Transforming Our World: The 2030 Agenda for Sustainable Development

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

*.....Continued Sustainable Development Goals*

### **Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.**

9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all.

9.2 Promote inclusive and sustainable industrialization , and by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries.

9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets.

9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities.

9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending.

9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States.

9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities.

9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020.

*To be continued.....*



## **WHEC Statement on Autism, Acetaminophen (Tylenol) during Pregnancy**

*Vaccines and Autism: no correlation*

**The Women's Health and Education Center (WHEC) emphasizes that there is no conclusive scientific evidence concerning a possible link between autism and use of acetaminophen (also known as paracetamol, Tylenol) during pregnancy. At this time, no consistent association has been established.**

Large, high-quality studies from many countries have all reached the same conclusion. Any medicine should be used with caution during pregnancy, especially in the first three months, and in line with advice from health professionals.

**American College of Obstetricians and Gynecologists (ACOG) Statement:** ACOG affirms safety and benefits of acetaminophen during pregnancy. Details:

<https://www.acog.org/news/news-releases/2025/09/acog-affirms-safety-benefits-acetaminophen-pregnancy>

Guidance of ACOG has not change, i.e., evidence shows that acetaminophen remains safe, trusted option for pain relief and treatment of headache and fever during pregnancy. Judicious use at the lowest effective dose for the shortest necessary duration, in consultation with an ob-gyn or other obstetric care professional, remains consistent with best practice.

**A robust, extensive evidence base exists showing childhood vaccines DO NOT cause autism.**

Childhood vaccine schedules are developed through a careful, extensive and evidence-based process involving global experts and country input. The childhood immunization schedule, carefully guided by the World Health Organization (WHO), has been adopted by all countries, and has saved at least 154 million lives over the past 50 years. The schedules have continually evolved with science and now safeguard children, adolescents and adults against 30 infectious diseases.

When immunization schedules are delayed or disrupted, or altered without evidence review, there is a sharp increase in the risk of infection not only for the child, but also for the wider community. Infants, too young to be vaccinated and people with weakened immune systems or underlying health conditions are at the greatest risk. As a global community, we need to do more to understand the causes of autism and how best to care for and support the needs of autistic people and their families.

**American Academy of Pediatrics (AAP) – states” Vaccines: Safe and Effective, No Link to Autism.”**

<https://www.aap.org/en/news-room/fact-checked/fact-checked-vaccines-safe-and-effect-no-link-to-autism/>

The prevalence of autism has increased over time. Researchers and healthcare professionals who care for children with autism have explained this is likely due to multiple factors, including: people becoming more aware of autism, improved screening, and updated diagnostic criteria to include other conditions on the autism spectrum.

WHEC is committed to advancing this goal working together with partners, including autism-led organizations and other organizations representing persons with lived experience. WHEC also stands with people who are living with autism and their families, a dignified community entitled to evidence-based considerations free of stigma.

**WHO Statement and Key Facts on Autism:**

<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>



## Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

### State Building in Fragile Countries

What can we learn from past stateness?

Supporting state capacity is a priority for the international community, yet the record of internationally supported state-building to date has been mixed at best. A key question for continuing research concerns the factors influencing more versus less successful interventions. The authors show that the quality of past 'stateness' is crucial in understanding contemporary state fragility and state-building. Extending beyond previous work, the authors introduce the concept of past stateness, consider theoretically its relationship to contemporary fragility, and explore this relationship empirically, drawing on cross-national data and newly developed indicators.

In line with our expectations, descriptive and inferential analysis show that lack of experience of two core features of stateness – monopoly of violence and existence of a professional bureaucracy – in the past century predicts chronic fragility today. This association is mainly driven by monopoly of violence rather than existence of a professional bureaucracy.

This analysis sheds light on the underlying heterogeneity among states today labelled as 'fragile.' From a policy perspective, a key implication is that, in designing interventions, the most relevant experiences are likely to be from other countries with similar stateness legacies, rather than from 'fragile states' more generally. This analysis does not imply that state-building is impossible in contexts with weak stateness legacies, but it does underscore the challenges to this and the importance of setting expectations appropriately.

Between 2001 and 2021 Afghanistan received nearly US\$ 85 billion of net official development assistance – more than any other country in the world during this period. A large part of this money was destined for state-building, with the objective of creating strong and effective public institutions. The failure of these efforts, culminating in the collapse of the Afghan Republic in 2021, has been widely documented. The case of Afghanistan is only one of many where recent international state-building interventions have fallen short of their goals. Evidence from Mali and South Sudan shows a similar pattern, and the list could be continued with the Democratic Republic of Congo, Iraq, and Myanmar, to name only a few. These failures suggest to some that state-building is doomed to fail. Yet, recent state-building efforts in other countries, such as Timor-Leste and Sierra Leone, have been more successful, and there is abundant positive evidence from specific programs in multiple countries around the world.

This finding is consistent with what the literature has previously suggested, but to our knowledge the validity of this argument has never previously been confirmed in a large-N, long-times-series cross-country empirical study. In addition, to filling this research gap, this analysis provides a more nuanced picture of the association between stateness and fragility. First, experience of monopoly of violence matters far more than experience of professional bureaucracy for whether a country is today chronically fragile as opposed to temporarily fragile or non-fragile. Second, authors find no systematic evidence to support second hypothesis that stateness stock in the last century matters for whether a country is today considered fragile or not.

Publisher: UNU-WIDER; Authors: Andrea Vaccaro and Rachel M. Gisselquist; Sponsor: United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development.

*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, October 2025

*Editors' Choice – Journal Club Discussions*

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

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

1. **Common Sleep Disorders in Pregnancy;** <http://www.womenshealthsection.com/content/obs/Common-Sleep-Disorders-in-Pregnancy.pdf>  
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. **Guidelines for Testing during Pregnancy;** [Guidelines-for-Testing-during-Pregnancy.pdf](#)  
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**

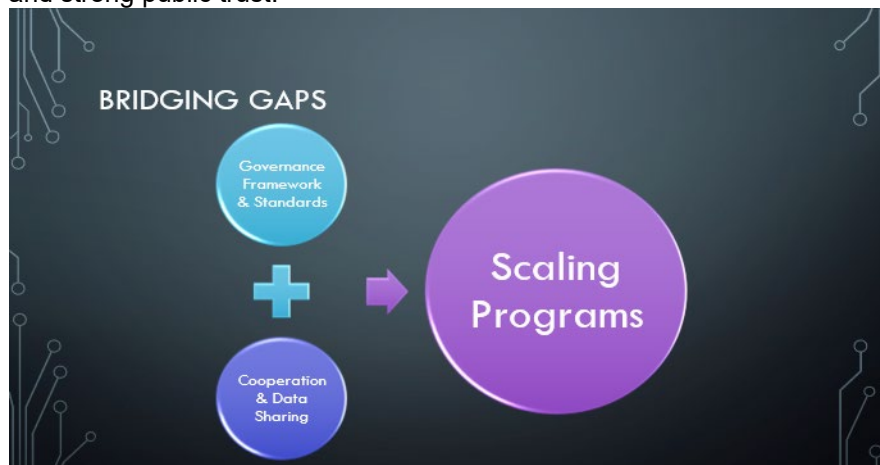


### **From Editor's Desk**

**WHEC Projects under Development**

#### **Health Technologies and Health Development**

Robust digital infrastructure, including interoperable systems, is essential for bridging the digital divide and enabling interconnectivity for inclusive global participation in STI and health development. International support and public-private partnerships for infrastructure development are key to enhancing access to stable and affordable electricity, mobile networks and the Internet. <sup>2</sup> Sexual and reproductive health is critical to health and wellbeing across the life course, and therefore has to be embedded and integrated with universal health care and universal access to all. [Science and Knowledge Translation](#) in reproductive health research and dissemination, exchange and [clinical application of scientific knowledge](#) with the healthcare providers worldwide and communities, is the purpose of [WHEC's LINK Access Project](#). For digital and artificial intelligence-based health systems, to benefit people equitably around the world, multiple important gaps need to be addressed – these include robust governance, ethical considerations, and strong public trust.



**Figure 2.** Bridging gaps for digital health systems and scaling-up the programs.

Systems must be developed with regulatory guardrails that protect people from harm, and avoid deepening social, economic, and ethnic disparities within and in-between countries. WHEC welcomes UN Partners to join the global initiative to work towards a better coordinated governance of digital and AI for health. Better technology means less hassle for patients and healthcare workers.

## **Innovations in Education**

Information and communication technology (ICT) provide great potential for effective, equitable and inclusive access to open educational resources and their use, adaptation and redistribution. They can open possibilities for open educational resources to be accessible anytime and anywhere for everyone, including individuals with disabilities and individuals coming from marginalized or disadvantaged groups. They can help meet the needs of individual learners and effectively promote gender equality and incentivize innovative pedagogical, didactical and methodological approaches. To promote the development and use of open educational resource, Member States should promote and reinforce international cooperation among all relevant stakeholders, whether on a bilateral or multilateral basis. Women's Health and Education Center (WHEC) collects and disseminates progress, good-practices, innovations and research to support open educational resources and its implications with the support of UNESCO and international open education communities. We aim to develop strategies to monitor the educational effectiveness of long-term financial efficiency of open educational resources, which include participation of all relevant stakeholders. Such strategies could focus on improving learning processes and strengthening the connections between findings, decision-making, transparency, and accountability for inclusive and equitable quality education and research.

We believe that closing gender gaps, in STI, including addressing the gender digital divide, is a key multiplier for accelerating sustainable development. To be a part of universal healthcare and quality education, it is necessary to be part of the digital revolution. With approximately 2.6 billion people still offline globally and many more without affordable, reliable access to the Internet, the digital divide continues to disproportionately impact rural, remote, and Least Developed Countries (LCDs) and Small Island Development Strategies. Universal meaningful connectivity is a key advocacy goal in all WHEC's initiatives – [Towards Education and Health-for-All: Core Enabler of the UN 2030 Agenda](#) – Summary and Side Event Published by United Nations Social Development Network.

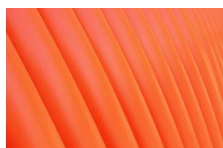
Quality education and providing timely evidence-based information in health-sector, which is accessible to all reliable disaggregated data, will be needed to help with the measurements of progress of all Sustainable Development Goals (SDGs), especially in health and education sectors. Education and Health are human rights.

Science, technology and innovation offer transformative solutions that can accelerate progress towards an inclusive, sustainable and resilient world. Yet the opportunities and benefits brought by technological advancement are not distributed equally, with most of them being captured by developed countries, as reflected by the significant concentration of knowledge creation in terms of patents and scientific publications. Forging an equitable, digital future for all is the way forward. Digital inequality extends beyond connectivity. The divide is also between those who do have skills, technical and financial resources to utilize the internet productively, and those who do not. This results in underrepresentation and invisibility of certain groups in data-driven advanced technologies, worsening existing inequalities.

## **The 2025 [Side Event Compilation Report](#)**

Women's Health and Education Center's Side Event Summary; ID# V-07, title: [Emerging Health Technologies and Health Development \(page 50\)](#), published. We thank our Speakers, writers and contributors for making this a success.

Join the movement!



## Point of View Segment

### Towards a New Understanding of Autism

This year November 29, 2025, marks the 50th Anniversary of the Individuals with Disabilities Education Act (IDEA). Learning about the newest advances in Autism research, as well as the newest language used to describe the Autism Spectrum, honors this milestone. “All brains and all minds matter. Each human being is endowed with different neurological based strength & challenges...and the key to enhancing quality of life for each person and society as a whole, is to respect and celebrate those differences, connect each person to their strengths, and provide support to overcome the challenges” (Barry M. Prizant, Ph.D. 2025).

The definition of autism as well as the use of the term autism spectrum has changed dramatically over the years. The Mayo Clinic describes the Autism Spectrum Disorder as a condition related to brain development that affects how people see others and socialize with them. The term ‘spectrum’ in autism spectrum disorder, refers to the wide range of symptoms, the severity of those symptoms, as well as the levels of support needed.

Autism Spectrum Disorder is most often diagnosed in a clinical setting by a specialist or team of specialists, using a variety of tests to determine whether a person has the traits or symptoms, of the autism disorder. Next the specialist(s) selects one of three levels, indicating the amount of support, an autistic person needs. In all cases, those persons with an appropriate autism spectrum disorder diagnosis, have certain traits as described in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Listed below are just a few examples of the DSM 5 diagnostic criteria for autism:

- Deficits in social communication and social interaction across multiple contexts;
- Deficits in developing, maintaining & understanding relationships;
- inflexible adherence to routines;
- Restricted, Repetitive patterns of behavior, interests or activities.

Although these symptoms can occur in someone who is not autistic, an accurate autism diagnosis must include all the traits in the DSM 5 definition. Also, these traits must not be explainable by another diagnosis. This is a new understanding of autism: autism is a type of neurodivergence in which a person's brain functions in ways that are very or not so very different from what's considered neurotypical.

In today's world, neurodivergence is being viewed as a difference rather than as an illness. The disability justice movement is changing how we view disabilities, of which autism is one. Rather than seeing themselves as damaged and neurodivergent - autistic individuals are being encouraged to see themselves as on the spectrum of humanity.

*By*

Dr. Dawna K. Jenne;

Additional NGO Representative of WHEC at the UN, New York;

Tools 4 Teachers Organization, Springfield, MA (USA)

e-mail: [dawnajenne@gmail.com](mailto:dawnajenne@gmail.com)



## In The News

### Dialogues – Not Arms



**Disarmament** seeks to promote awareness and better understanding of disarmament issues and their cross-cutting importance. throughout the history, countries have pursued disarmament to build a safer, more secure world and to protect people from harm. Since the foundation of the United Nations (UN), disarmament and arms control have played a critical role in preventing and ending crises and armed conflict. Heightened tensions and dangers are better resolved through serious political dialogue and negotiation – not by arms.

Weapons of mass destruction, in particular nuclear weapons, continue to be of primary concern, owing to their destructive power and the threat that they pose to humanity. The excessive accumulation and illicit trade in conventional weapons jeopardize international peace and security and sustainable development, while the use of heavy conventional weapons in populated areas is seriously endangering civilians. New and emerging weapon technologies, such as autonomous weapons, imperil global security and have received increased attention from the international community in recent years.

Measures for disarmament are pursued for many reasons, including to maintain international peace and security, uphold the principles of humanity, protect civilians, promote sustainable development, foster confidence and trust among States, and prevent and end armed conflict. Disarmament and arms control measure help ensure international and human security in 21<sup>st</sup> century and therefore must be an integral part of a credible and effective collective security system.

The United Nations continues to celebrate the efforts and involvement of a range of actors contributing to a safer, more peaceful common future through disarmament, arms control and non-proliferation efforts. In a world threatened by weapons of mass destruction, conventional arms and emerging cyberwarfare, United Nations Secretary-General António Guterres presents a new agenda for disarmament to save humanity, save lives and secure our common future.

<https://www.un.org/en/observances/disarmament-week/agenda>

His agenda for Disarmament defines four key pillars with practical measures to be achieved through stronger partnerships and unwavering determination:

1. Disarmament that saves humanity by endeavoring for a world free of nuclear weapons, strengthening norms against other weapons of mass destruction, and preventing the emergence of new domains of strategic competitions and conflict.
2. Disarmament that saves lives by mitigating the humanitarian impact of conventional arms and addressing the excessive accumulation and illicit trade.
3. Disarmament for future generations by ensuring responsible innovation and use of advances in science and technology, keeping humans in control of weapons and artificial intelligence, and ensuring peace and stability in cyberspace.
4. Strengthening partnerships for disarmament by reinvigorating disarmament institutions and processes, engaging regional organizations, ensuring the full and equal participation of women, empowering youth as a force for change, and enhancing participation by civil society and engagement by the private sector.

Securing Our Common Future: An Agenda for Disarmament.

## Art & Science

*Art that touches our soul*

### ***The Red Cape* by Claude Monet**



***The Red Cape***, also known as *Madame Monet*, or *The Red Kerchief*, is an oil-on-canvas snowscape by the French Impressionist artist Claude Monet.

Painted around 1868 to 1873, it depicts Monet's wife, Camille, dressed in a red cape, passing outside a window as seen from inside a house.

Monet created the painting while living in Argenteuil and the solitary setting at his home there allowed him to paint in relative peace, as well as spend time with his family.

It is Monet's only known snowscape painting featuring Camille. With renewed interest he turned to subjects that included his wife and son, offering an intriguing view into the pleasure he took in his private life.

There is a sense of a quick glance in his portrait of Camille passing just outside the window, protected from the winter's chill in a fashionable red cape.

Dimensions: 100 cm X 80 cm (39 in. X 31 in.)

*The Red Cape* is now in collection of the Cleveland Museum of Art in Ohio, United States.

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