



WHEC Update

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

February 2026; Vol.21. No. 02

Annual Project Report

Why is the sexual health dimensions, and overall health and wellbeing, an important indicator? Emphasizing on a positive perspective on sexual health and highlighting its benefits should be regarded as an important component of the effort to improve overall health and well-being for everyone. Sexuality can be affected by various health conditions, such as cardiovascular disease, mental health issues, menopause, age-related pathologies, neurological diseases, spinal cord injuries, combat injuries and cancer. Conversely, sexual health can positively affect health-related aspects, such as cardiovascular health. A positive prognosis of morbidity and mortality among diabetic patients has been associated with sexuality-related outcomes. The positive effect of sexual health is not only limited to physical health, but extends to subjective well-being and cognitive functioning.

Given the evidence supporting sexual health's protective role in overall well-being, sexuality should be recognized as an inherent factor, providing novel coping mechanisms, especially during challenging life stages such as adapting to chronic illness. Evidence of association between sexual health and overall health and well-being could provide useful insights into health benefits of being sexually healthy, framing sexual health as a (promotable) resource for protecting health and well-being. Considering the growing recognition of the importance of sexual health for physical and psychological health, the thus for personal fulfillment and well-being, the Women's Health and Education Center (WHEC) aimed to systematically identify studies analyzing the association between sexual health indicators and overall health and well-being. The World Health Organization (WHO) defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it not merely the absence of disease, dysfunction or infirmity." The inclusion of sexual and reproductive health and rights in *Transforming our world: the 2030 agenda for sustainable development* has promoted sexual health as a priority in global public health, aiming to improve overall health throughout the lifespan. These advancements align with the recognition by WHO of sexual health and overall well-being throughout life.

In the past 30 years since the International Conference on Population and Development, the international development community has increasingly acknowledged that individual health, well-being and economic growth depend on sexual and reproductive health and rights. Since the conference, there has been great attention towards reproductive health and reproductive rights. However, despite the inextricable link to reproductive health and rights, sexual health and rights have remained narrowly constructed, politicized and contentious. As a result, global and national conversations around funding, service planning, integration, service provision and monitoring tend to sidestep more expansive definitions of sexual and reproductive health, focusing instead on reproductive, maternal, newborn, child and adolescent health. This focus can be seen in categorization of the top 100 health indicators published in 2018. The lack of an internationally agreed definition of sexual health has led to limited consensus across countries and stakeholders in the international development community regarding its scope. Even where broad principles are agreed upon, reaching consensus on the specifics remains challenging.

Clear indicators for sexual health and wellbeing are essential for effectively advocating for the delivery of comprehensive sexual health services within universal health coverage (UHC), and for monitoring progress in the achievement of sexual health at the population level. In this edition of **WHEC Update**, editors examine the availability and adequacy of global indicators used to understand and the current state of sexual health and track progress in populations in population-level health outcomes over time. Share your projects and opinions on WHEC Global Health Line (WGHL)

Sexual Health and Well-being Across Life Span

Rita Luthra, MD



Your Questions, Our Reply

What are the components of sexual health? How does the international community currently measures sexual health globally?

Inclusion of Sexual and Reproductive Services within UHC: Measuring all components of sexual health has been challenging because of insufficient political will and lack of relevant data. The international community must reconsider data collection priorities to create an ecosystem with positive health and wellbeing indicators across all five components of sexual health. indicators should be conceptualized to reflect human rights within which people experience their sexual health, both during and after reproductive years. This approach will make the sexual health components of sexual and reproductive health and rights more visible and will be much harder to overlook, ultimately supporting efforts to achieve UHC.

Components of Sexual Health: In 2018, the Guttmacher-*Lancet* Commission proposed a new definition of sexual and reproductive health and rights that articulated the breath of issues and services included. The seminal report outlined 9 interventions necessary to guarantee comprehensive sexual and reproductive health services. As sexual and reproductive health are deeply entwined, very few, if any indicators exclusively apply to either sexual or reproductive health. Nevertheless, as the basis of our indicator review and selection, we roughly categorized these 9 interventions into 5 components primarily related to sexual health, and 4 primarily related to reproductive health. subsequently, to ascertain whether the full breadth of sexual health is being measured.

1. Sexually Transmitted Infections (STIs), including HIV;
2. Cancers of the reproductive system;
3. Gender-based violence, including violence against women;
4. Comprehensive sexuality education; and
5. Sexual health and well-being.

Components, Definition and scope

Sexual Health	Definition and Scope
STIs, including HIV	Prevention, detection and treatment of STIs, including HIV and reproductive tract infections.
Cancers of reproductive system	Prevention, detection and treatment of reproductive cancers, especially cervical cancer.
Gender-based violence, violence against women	Prevention, detection and management of sexual and gender-based violence and coercion.
Comprehensive sexuality education	Accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education.
Sexual health and well-being	Information, counseling and care related to sexual function and satisfaction.
Reproductive Health	
Contraception	A choice of safe and effective contraceptive methods
Maternal and newborn health	Safe and effective antenatal, childbirth and postnatal care.
Safe abortion	Safe and effective abortion services and care
Infertility	Prevention, management and treatment of infertility.

Source: Bull World Health Organ. 2024 Oct 29;102(12):895-903.

To explore how the international development community currently measures sexual health globally, Women's Health and Education Center (WHEC) suggests – *Global indicator framework for the sustainable development goals and targets of the 2030 Agenda for sustainable development* and the indicators index of the WHO Global Health Observatory. See details in Editor's Note Section in this *WHEC Update Edition*...

2025 in Review: A Mission of Hope

Our Projects & Our Promises

The Women's Health and Education Center's (WHEC's) Policy on Access to Information has enabled the organization to become global leader in transparency and has made a groundbreaking change in how the WHEC makes information available to the public. Now the **WHEC Global Health Line (WGHL)** and its media channels are available in 227 countries and territories. It has provided the public access to more information than ever before – information about research and best practices in maternal and child health, projects under preparation, projects under implementation, analytic and advisory activities, and its administrative activities.

<http://www.WomensHealthSection.com> is a global, Web-enabled platform for multiple forms of collaboration. This platform enables individuals, groups, companies, and universities anywhere in the world to collaborate – for the purposes of innovation, education, research and to advance the causes peace, health and development. We invite you to tap into this platform, and finally, the governance to get the best out of this platform.

Women's Health and Education Center (WHEC) has a unique role to play in strengthening the health and educational systems, in rich and poor countries alike. Technology and innovation in learning are creating exciting new opportunities to accelerate progress towards health-for-all and education-for-all in every country. We are in midst of a digital proliferation around the globe. The Objective of this mission is to share experiences of various technological solutions in improving the accessibility or education and health systems, as well as to learn from the experts how to best apply technology in the learning process. Government commitment is necessary - A long-term plan that is binding on all parties at all times.

Our Publications and UN Documents in 2025

WHEC Participation with United Nations: Year 2025

Side Events

1. 2025 ECOSOC Partnership Forum; Virtual Side Event; 5 February 2025
2. 63rd Commission for Social Development (CSocD63); Virtual Side Event; 13 February 2025
3. 58th Commission on Population and Development (CPD58) Virtual Side Event; 8 April 2025
4. 10th Multistakeholder 2025 Science, Technology and Innovation (STI); Side Event; 7 May 2025
5. 78th World Health Assembly (WHA); Side Event; Geneva, Switzerland; 21 May 2025
6. 2025 High-Level Political Forum (HLPF); Virtual Side Event; 16 July 2025

Details: <http://www.womenshealthsection.com/content/whhec/sideevents.php3>

UN Documents / Publications

1. 63rd Commission for Social Development (CSocD) Session, Written Statement: E/CN.5/2025/1
2. 69th Commission on the Status of Women (CSW), Written Statement: E/CN.6/2025/NGO/42
3. 58th Commission on Population and Development (CPD); Written Statement: E/CN.9/2025/NGO/5
4. 24th Session of Committee on Public Administration (CEPA); *Agenda Item 5; Effective Governance*
5. 2025 Session ECOSOC High Level Segment (HLS); E/C.2/2025/CRP.48; Page 133 – 134.

Available @: <http://www.womenshealthsection.com/content/whhec/publications.php3>

We embrace the tremendous diversity of people, religions, and cultures around the world. In support of this belief, we have established academic and cultural focus at iconic institutions around the globe, to

nurture our common interests and potential. By supporting reproductive health and research, open dialogue and objective analysis, we lay the ground work for mutual understanding among nations.

All over the world we all provide care to a multicultural society.

Preparing the next generation of healthcare providers in the international arena, deepening their knowledge and improving the skill set for a career in global health and global governance is urgently needed. Programs are needed for healthcare professionals to provide them with academic training and practical knowledge to assist them in providing national and international healthcare. We have the knowledge, means and motivation to act.

BEST of 2025

Top 10 UN Member States out of 193 Member States where most popular

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; China; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes in popularity & frequently accessed:

- US Educational; US Commercial; US Government; US Military and Non-Profit Organizations.

Top 10 User Agents out of 2,666:

- Mozilla/5.0; AhrefsBot/7.0; Amazonbot/0.1; PetalBot; Bytespider; meta-external agent/1.1; SeekportBot; Googlebot/2.1; Sogou web spider; and serpstatbot/2.1.

Top 5 most popular sections out of 30 sections

1) Newborn Care; 2) WHEC Update; 3) Obstetrics; 4) Gynecology; 5) Violence against Women.

Top 10 most comprehensive review articles out of 310 Practice Bulletins frequently accessed:

1. Guidelines for Testing during pregnancy; 2. Common Sleep Disorders in Pregnancy; 3. Iron Deficiency Anemia in Pregnancy; 4. Maternal Obesity and Impact on Fetal Brain Development; 5. Vitamin K Deficiency Bleeding; 6. Neonatal Seizures; 7. Maternal Sepsis Morbidity and Mortality; 8. Tuberculosis in Pregnancy; 9. Artificial Intelligence Literacy in Education and Health Sectors; 10. Healthy Ageing: A Call for Global Action.

So, we want to hear from you, and we are eager to work together to advance good ideas that have enduring impact. As a global community, we can create change at scale. Tackle that big dream. Ignore the doubt in your head and follow the joy in your heart. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations.

Beneficiaries and Our Impact in Numbers: Visitors of *WomensHealthSection.com* (more than 300 million readers / subscribers worldwide so far and growing fast...) **2026 will be a Good Year!** With very best wishes for a new year of passion, purpose and promise.

We the peoples of the United Nations.....

Dedicated to Women's and Children's Well-being and Health Care Worldwide





**ECOSOC
Partnership
Forum**



Building
Our Future
Together

2026 ECOSOC Partnership Forum

<https://sdgs.un.org/2026ECOSOCPartnershipForum#background>

Women's Health and Education Center (WHEC) Participation

Virtual Side Event Our Collective Advocacy and Global Platform for Education and Health Sectors

26 January 2026; 10 am to 11:15 am (EST, New York time)

https://www.canva.com/design/DAG-m9CcU6M/Qts-cgvHntaCBI58LxPtyg/view?utm_content=DAG-m9CcU6M&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utlId=h339de076d6#2

A coordinated action across sectors is needed for the greatest impact. The aim of this Side Event is to understand the potential of social and economic impacts, that quality education and improved health can bring in achieving peaceful co-existence. For policy-makers and individuals alike, this means planning for the future, and working together.

For Global Dissemination

<http://www.womenshealthsection.com/content/wh/ecosoc-partnership-forum.php3>

Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/documents/2026-ECOSOC-Fourm-Side-Event-Flyer.pdf>

Concept Note

<http://www.womenshealthsection.com/content/documents/2026-ECOSOC-Concept-Note.pdf>

Speakers' List and Agenda

<http://www.womenshealthsection.com/content/documents/2026-ECOSOC-Side-Event-Speakers-List.pdf>

Zoom Link to Join; all are welcome!

Zoom Link

<https://us06web.zoom.us/j/7092187692?pwd=Z09sdzRUVCs4cWp4Zk9jK2FkZWmQ3Zz09&omn=84803226116>

JOIN OUR EFFORTS!



COMMISSION for SOCIAL DEVELOPMENT

United Nations Headquarters, New York



United Nations

Department of
Economic and
Social Affairs



#CSocD

#SDGs

#GlobalGoals

WEBSITE: social.un.org/csocd

64th Session of Commission for Social Development (CSocD64)

<https://social.desa.un.org/csocd/64th-session>

2 – 9 February 2026

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

**Written Statement: Social Development Through Multistakeholder and
Intergenerational Platform; UN Document: E/CN.5/2026/NGO/17**

<http://www.womenshealthsection.com/content/documents/n2530719.pdf>

Virtual Side Event

Date: 04/February/ 2026; Time: 10:00 – 11.15 am(EST, New York time)

Developing Inclusive Societies and Intergenerational Platforms

Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/documents/Flyer-CSocD-64-Side-Event-Virtual.pdf>

Concept Note

<http://www.womenshealthsection.com/content/documents/64th-CSocD-Side-Event-Concept-Note-2026.pdf>

For Global Dissemination, Speaker's List,

<http://www.womenshealthsection.com/content/documents/64th-CSocD-Speakers-list-and-Agenda.pdf>

Zoom Link to participate

WHEC is inviting you to a scheduled Zoom meeting. CSocD64 Side Event on 4 February 2026, from 10 am to 11:15 am (EST, New York time), title: Developing Inclusive Societies and Integrational Platform. The session will start promptly at 10 am (EST, New York time). Please join us few minutes early to get settled in. Thank you.

Join Zoom Meeting Link

<https://us06web.zoom.us/j/7092187692?pwd=Z09sdzRUVCs4cWp4Zk9jK2FkZWmQ3Zz09&omn=85063870562>

Join Us! No Registration Fee! No Registration required!



United Nations at a Glance

Serbia became UN Member State on 1 November 2000



Serbia, officially the **Republic of Serbia**, is a landlocked country at the crossroads of Southeast and Central Europe, located in the Balkans and the Pannonian Plain. It borders Hungary to the north, Romania to northeast, Bulgaria to the southeast, North Macedonia to the south, Croatia and Bosnia and Herzegovina to the west, and Montenegro to the southwest. Serbia claims a border with Albania through the disputed territory of Kosovo. Serbia has about 6.6 million inhabitants, excluding Kosovo. Its capital is Belgrade; it is also the largest city. Official language: Serbian; Ethnic groups: 85% Serbian, 3% Hungarian; 2% Bosnians; rest

others. Religion: 87% Christianity, 5% Islam, rest others. Government: Unitary parliamentary republic. Total area: 88,500 km² (34,170 sq. mi); Currency: Serbian dinar.

Serbia is an upper-middle income economy and provides universal health care and free primary and secondary education to its citizens, since 2014, the country has been negotiating its EU (European Union) accession, with the possibility of joining the European union by 2030. Serbia formally adheres to the policy of military neutrality. In 1929 with the aim of establishing the Yugoslav ideology and single Yugoslav nation, changed the name of the country to Yugoslavia. In 1941, in spite of Yugoslavia attempts to remain neutral, the Axis powers invaded Yugoslavia. The territory of modern Serbia was divided between Hungary, Bulgaria, and Independent state of Croatia, Greater Albania and Montenegro, while placed under the military administration of Nazi Germany, with Serbian puppet governments.



Yugoslavia eventually resulted in its breakup, with Slovenia, Croatia, Bosnia and Herzegovina, and Macedonia declaring independence during 1991 and 1992. Serbia and Montenegro remained together as the Federal Republic of Yugoslavia (FRY). The UN imposed sanctions against Yugoslavia which led to political isolation and the collapse of economy (GDP decreased from \$24 billion in 1990 to under \$10 billion in 1993). Serbia was in the 2000s sued on the charges of alleged genocide by neighboring Bosnia and Herzegovina and Croatia but in both cases the main charges against Serbia were dismissed. Multiparty democracy was introduced in Serbia in 1990, officially dismantling the One-party system. After presidential elections in September 2000, opposition party lead by the Democratic Opposition of Serbia, a broad coalition ended Yugoslavia's isolation.

Serbia's climate is under the influence of the landmass of Eurasia and the Atlantic Ocean and Mediterranean Sea. Almost all of Serbia's rivers drain to the Black Sea, by way of the Danube river. Mountains of Tara in western Serbia is one of the last regions in Europe where bears can still live in absolute freedom. The country is considerably rich with threatened species of bats and butterflies as well.

The current constitution was adopted in 2006 in the aftermath of the Montenegro independence referendum. The Constitutional Court rules on matters regarding the Constitution. The Government is composed of the Prime-minister and cabinet ministers.

In 2021, Serbia was the 5th country in Europe by the number of women holding high-ranking public functions. Serbia has established diplomatic relations with 191 UN member states, the Holy See, the Sovereign Military Order of Malta and EU.

Details: <https://sdgs.un.org/statements/serbia-15563>

Collaboration with World Health Organization (WHO)

WHO | Serbia



Enhancing Health Sector Engagement in Serbia

The health sector and health facilities in Serbia play a central role in the management of harmful chemicals and provision of protection from exposures to these chemicals. However, at the same time, the health sector itself uses a large number of chemicals compounds on a daily basis and health facilities generate significant amounts of hazardous chemical waste, posing potential risks to health and the environment. Therefore, there should be significant health sector involvement in the development of inter-agency policies, plans and programs for national chemicals management. This is needed so that the health sector can

perform its important role in risk assessment, health impact assessment, human biomonitoring, control and surveillance. These issues were actually the key topics addressed in producing the National Road Map. The implementing organization – the Institute of Public Health of Serbia - together with the partners in the project, has initiated national activities related to joint coordination in the field of chemicals and health. Development of a National Road Map on chemicals management within and by the health sector based on critical gap analysis is needed to plan activities in this area, taking both short-and long-term perspectives.



Approach

The National Road Map consists of actions which contribute to achieving the overarching objective of the Strategic Approach to International Chemicals Management (SAICM) when fulfilled. It was adopted following the WHO Chemical Road Map and the corresponding Workbook, considering key actions of its four thematic areas risk reduction. The WHO Road Map was

approved at the 70th World Health Assembly to enhance health sector engagement in the SAICM towards the 2020 goal and beyond.

Results

The outcomes of the project resulted in:

- An overview of the current status of the chemicals management by and within the health sector;
- Identified gaps that need to be bridged in order to strengthen the health sector's involvement in the sound management of chemicals;
- Defined targets and completed list of actions that, when implemented, would lead to strengthening of the health sector involvement in chemicals management;
- Prioritized actions to ensure the health sector contribution to sound chemicals management in Serbia;
- A Road Map agreed with the stakeholders to be submitted to the Ministry of Health for approval; and
- Establishment of stronger inter-institutional and inter-sectoral cooperation of stakeholders, of crucial interest for further steps listed in the Road Map document.

Lesson Learned

Use of the WHO Workbook for development of the National Road Map allowed its development within a short time frame and for it to be focused on all aspects of the health sector's role in sound chemicals management. Involvement of all stakeholders since the very beginning of the project planning and implementation was critical for identification of the health sector's role and responsibilities in agreement with other partners in chemical management; this allowed the avoidance of misunderstanding, competition and replication of the mandates of the relevant governmental bodies.

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



Serbia is Member State of UNESCO since 2000

Stari Ras and Sopoćani



On the outskirts of Star Ras, the first capital of Serbia, there is an impressive group of medieval monuments consisting of fortresses, churches and monasteries. The monastery of Sopoćani is a reminder of the contracts between Western civilization and Byzantine world. Stari Ras and Sopoćani is a serial property consisting of four separate components located in the Račka region of southern Serbia: Sopoćani Monastery, Djurdjevi Stupovi Monastery, Holy Apostles St. Peter and St. Paul Church (St. Peter's Church), and the archaeological site of the Medieval Town of Ras. The impressive collection of three ecclesiastical monuments dating from the 10th and 13th centuries eminently illustrates the birth of artistic activity in medieval Serbia, which

attained the highest standards in the art and culture of the Byzantine Empire and regions of Central and Southeastern Europe. The unique architectural complex formed by numerous structures in Stari Ras (Old Ras), situated at a crossroads of eastern and western influences, testifies to the period from 12th to the early 14th centuries when the ancient town was the first capital of the Serbian state.



Gamzigrad-Romulinana, Palace of Galerius

The Late Roman fortification palace compound and memorial complex of Gamzigrad-Romuliana, Palace of Galerius, in the east of Serbia, was commissioned by Emperor Caius Valerius Maximianus, in the late 3rd and early 4th centuries. It was known as Felix Romuliana, named after the emperor's mother. The site consisted of fortifications, the palace in the north-western part of the complex, basilicas, temples, hot baths, memorial complex, and a tetrapylon. The group of buildings is also unique in its intertwining of ceremonial and memorial functions. The relation between two spatial ensembles is stressed by placing the Tetrapylon on the crossroads between the worldly fortifications with the palace and the other-worldly mausoleum and consecration monuments.

The integrity and authenticity of Gamzigrad-Romuliana are clearly demonstrated: relatively few excavations have been carried out to date and there has been no attempt to reconstruct the much degraded remains. There are no plans for reconstruction beyond what is needed for conservation and can be substantiated through research, as these would diminish the level of authenticity.



Naïve Painting Practices of Kovačica, Serbia

The naïve painting practices of Kovačica, Serbia refer to the tradition of painting and decorating objects with representations of the folk life, rural environment, history and everyday lives. Practitioners are self-taught. They use oil paint in bright hues to depict traditional culture, objects, history and values. Increasingly, younger painters use modern motifs while preserving the characteristics form of the practice. Originating in the town of Kovačica in 1930s, naïve painting spread to other towns with Slovak communities in Serbia over time. The practice is reflection of the relationship between individuals, communities and their environment. Over time, it has gained wide national and international visibility.

Traditionally, women engaged in decorating furniture, dinnerware and textiles, but over time, men began practicing as well. Naïve painting is transmitted informally within families and local communities, with older community members sharing painting techniques and skills with youth. Details: <https://www.unesco.org/en/countries/rs>

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development

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

Goal 12. Ensure sustainable consumption and production patterns

12.1 Implement the 10-year framework of programmes on sustainable consumption and production, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries.

12.2 By 2030, achieve the sustainable management and efficient use of natural resources.

12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses.

12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment.

12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.

12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle.

12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities.

12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and life-styles in harmony with nature.

12.a Support developing countries to strengthen their scientific and technical capacity to move towards more sustainable patterns of conservation and production.

12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products.

12.c Rationalize inefficient fossil fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities.

..... *To be continued*



In The Mail

- **Greetings / Acknowledgement from King Charles III**

http://www.womenshealthsection.com/content/documents/Document_2026-01-05_King-Charles-III.pdf

- **Greetings / Acknowledgements from President Macron, France**

<http://www.womenshealthsection.com/content/documents/2026-macron-greetings.pdf>

- **THE WHITE HOUSE, Washington, D.C.**

<http://www.womenshealthsection.com/content/documents/President-Trump-2026-Greetings.pdf>



Collaboration with UN University (UNU)

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

Housing Privatization and Household Wealth in Transition

Three transition countries: Poland, Russia and **Serbia**

All countries in transition experienced increases in inequality. They have also undertaken massive privatization of key asset housing, often on give-away terms. Are these two phenomena related? Has transfer of ownership rights to residents slowed down the inequality increases or it pushed it up? Surprisingly little is known in this area. This paper attempts to provide empirical evidence to start answering these questions. It shows how housing privatization affected the distribution of personal wealth and inequality in current consumption based on recent representative household surveys from three transition countries: Poland, Russia and **Serbia**. Survey data are compared with figures derived from national accounts and housing statistics.

Contrary to common belief and some earlier evidence of strong equalizing effect of housing distribution in Eastern Europe and the former Soviet Union, the paper finds that the contribution of housing to the overall inequality levels is not strong, and is not universally progressive. There is also a significant variation cross countries. In Russia and Serbia features of privatization programs resulted in better off households capturing more valuable housing assets on extremely beneficial terms, while in Poland privatization and housing reform led to more equitable outcomes. When owner occupied housing rents and durables are properly accounted for, the effects of housing ownership on inequality in current consumption are mildly progressive in Russia and Poland and regressive in Serbia. This paper argues that the information collected by regular household surveys provides only a starting point to study housing wealth distribution, and there are a number of gaps which should be addressed through improved data collection. Understanding the distribution of wealth is important on its own right as an indicator of social cohesion. The stock of available assets also determines the ability of households to withstand shocks, and inequality in its distribution is linked to intergenerational transmission of poverty. Even in rich countries with diversified portfolios, housing represents the largest part of household wealth.

Serbia, while historically possessing the largest private housing stock, under took privatization which was a one-time event rapidly transferring publicly owned units to their tenants for a symbolic price. But there was a missing legal framework, contradictions between different laws governing housing market, and unclear delineation of ownership and user rights for housing and maintenance obligations. Vast parts of the country (rural areas) were practically excluded from any housing reform.

Serbia is the only country where the housing wealth calculation is direct. Assessment of home prices was conducted as part of the household survey. Assessment of each housing value was based on the data which was provided by the real estate agencies and housing transactions in 19 regions of the country where the survey was conducted in order to get an average market value by type of house/apartment.

Housing finance for individual units is now rapidly developing in a number of transition countries and interest rate margins are falling rapidly, particularly in those countries where banks have linked with foreign investors who have played a significant role in banks restructuring.

Publisher: UNU-Wider; Author: Ruslan Yemtsov; Sponsor: UNU-WIDER acknowledges with thanks the financial contributions to its research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs).

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, January 2026

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Artificial Intelligence Literacy in Education and Health Sectors;**
<http://www.womenshealthsection.com/content/health/AI-Literacy-in-Education-and-Health-Sectors.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. **Nitrous Oxide Analgesia for Labor;**
<http://www.womenshealthsection.com/content/obspm/Nitrous-Oxide-Analgesia-for-Labor.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

Sexual Health and Reproductive Health Rights and Components



Sexual Health

Sexual Health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The ability of men and women to achieve sexual health and wellbeing depends on their:

1. Access to comprehensive, good quality information about sex and sexuality;
2. Knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity;
3. Ability to access sexual health care;
4. Living in an environment that affirms and promotes sexual health.

Sexual health-related issues are wide ranging, and encompass sexual orientation and gender identity; sexual expression, relationships, and pleasure. They also include negative consequences or conditions such as:

- Infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility);
- Unintended pregnancy and abortion;

- Sexual dysfunction;
- Sexual violence; and
- Harmful practices (such as genital mutilation (FMG)).

Looking Ahead

The current sexual health indicators are inadequate as they primarily focus on the prevalence of HIV, sexually transmitted infections and gender-based violence, while overlooking other important domains of sexual health. Investments are needed to identify or develop a comprehensive set of harmonized indicators that effectively monitor access to and quality of all the domains of sexual health within national systems. Additionally, it is important to identify both available and new approaches for collecting these data across multiple sectors in different countries. The continued failure to measure sexual health indicators hinders a clear understanding of people's experiences and limits opportunities to strengthen health systems' capacity to meet their needs. Additionally, despite the importance of education and information for awareness of sexual health needs and access to services, comprehensive sexuality education is almost absent among the available indicators. Therefore, efforts to develop indicators should aim to achieve three objectives.

1. First, we need to develop and include measures of the positive aspects of sexual health, for example, pleasure, healthy communication, relationship quality and quality of life. Hence indicators should not only focus on preventing and treating adverse asexual outcomes but also on improving the quality of sexual experiences and relationships. Additional areas that could be included are dysmenorrhea, erectile dysfunction, dyspareunia and menopause, all of which directly affect the sexual experiences.
2. Second, we need to develop and include more indicators that measure the larger environment in which sexual health care is provided, integrating these into routine national and global monitoring. Such indicators include existence of national and sub-national laws and policies, social norms and attitudes, and access to sexual health information and education. Although accurate information is important for the awareness of sexual health needs and access to services, the number of indicators routinely collected is currently unequal between the five components of sexual health. New measures should focus on not only the type of education and information available but also on the sources of information. This approach is particularly important in today's digital environment, where unverified information is increasingly accessible through social media. For adolescents and young people, knowledge gained through school-based comprehensive sexuality education and from trained providers is preferable.
3. Third, sexual health questions should be integrated into broader health data collection tools to provide a more holistic understanding of the factors affecting sexual health, such as mental health or non-communicable diseases. For instance, people with non-communicable diseases have an elevated risk of sexual dysfunction. Improved data on sexual health will enable providers, researchers and policy makers to better understand what factors drive sexual health and well-being.

While sexual health is important across the life course, current data disproportionately focuses on women and girls in their reproductive years, with the notable exception on HIV data. Therefore, data collected must include key socio-demographic and contextual characteristics to provide a more comprehensive understanding of sexual health needs and if these needs are currently being met.

We Suggest

Sexual health is a fundamental part of overall health and wellbeing. The lack of indicators related to the legal or policy environment, comprehensive sexuality education or sexual health and wellbeing, reinforce a narrow view of sexual health. As a result, current indicators fail to capture the experience of sexual health, the impacts of social structures and norms on bodily autonomy, and the importance of sexual health and well-being to overall quality of life.

Measuring all components of sexual health has been challenging because of insufficient political will and lack of relevant data. The international community must reconsider data collection priorities to create an ecosystem with positive health and well-being indicators across all five components of sexual health, both during and after the reproductive years. This approach will make the sexual health components of sexual and reproductive health and rights more visible and will be much harder to overlook, ultimately supporting efforts to achieve universal health care.



In The News

Promoting a more integrative, compassionate approach to migration.



Many migrants and refugees are forced to flee their homes due to complex issues, facing violations of both civil and political rights, such as arbitrary detention and torture, as well as economic and social rights.

We are a big believer that everyone deserves the very best standard of care that we can give. It has become so politicized that people have stopped seeing people on the move as people, and they have started to see them only as problems. And there is constant dehumanization of people on the move.

According to UN Human Rights, an increasing number of migrants and refugees are being forced to leave their homes due to a range of complex factors. Human rights violations against people on the move can encompass the denial of civil and political rights, including access to work, health, housing and lack of due process, as well as economic, social, and cultural rights, such as arbitrary detention, torture, and due process, as well as economic, social, and cultural rights, including access to work, health housing and education. These violations are often driven by discriminatory laws and deeply ingrained attitudes of prejudice and xenophobia. Yet, when people manage to arrive in another country, such discriminatory attitudes and treatment often continue.

Harmful and dehumanizing narratives around migration have long fueled fear, division, and exclusion.

These narratives not only target migrants and refugees but also vilify those who defend their rights, resulting in the criminalization and obstruction of vital humanitarian and human rights work. This troubling trend jeopardizes the human rights of both people on the move and their defenders and also undermines the very values that underpin democratic and humanitarian societies. After all, what will become of us if being kind and helping one another is not permitted?

Changing the Narrative

UN Human Rights envisions this narrative that everyone is human – one that does not vilify, but celebrates solidarity, kindness, and fundamental human connections that hold all communities together. Women's Health and Education Center (WHEC), supports this narrative. Our publications used by educators, civil society organizations and activists convey the values that underpin the work of human rights defenders, as well as how people are treated within societies no matter where they come from or what they look like. Migrants rights are fundamental human rights.

The harm against migrants and refugees and the need for civil society support arises because of the gap in governments meeting their obligations to set up functioning human rights protection systems.

An estimated 281 million people, approximately 3.6% of the world's population, currently live outside their country of origin, many of whose migration is characterized by varying degrees of compulsion. Notwithstanding that many migrants choose to leave their countries of origin each year, and increasing number of migrants are forced to leave their homes for a complex combination of reasons, including poverty, lack of access to healthcare, education and water, food, housing, and the consequences of environmental degradation and climate change, as well as more traditional drivers of forced displacement such as persecution and conflict.

Join Our Efforts!

Art & Science

Art that touches our soul

Four Freedoms by Norman Rockwell



of democracy, which include economic opportunity, employment, social security, and the promise of "adequate healthcare."

Four Freedoms, a series of 1943 paintings by Norman Rockwell honoring Franklin D. Roosevelt's Four Freedoms, meant to describe the freedoms for which allied nations fought in World War II.

United Nations: The concept of the Four Freedoms became part of the personal mission undertaken by former First Lady Eleanor Roosevelt in 1948. She helped inspire the **United Nations Declaration of Human Rights**, General Assembly Resolution 217A. Indeed, these Four Freedoms were explicitly incorporated into the preamble to the Universal Declaration of Human Rights, which reads: "*Whereas* disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy the freedom of speech and belief and freedom from fear and want has been proclaimed the highest aspiration of the common people."

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

<http://www.WomensHealthSection.com>

