



WHEC Update

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

July 2026; Vol. 21. No. 07

Before & After Issue

Safe and healthy working environments are essential to mental wellbeing. Why it is important? Creating a working environment that is conducive to good mental health and that ensures that support is available when it is needed. The Women's Health and Education Center's Mental Health and Wellbeing Strategy is designed to assist healthcare professionals and beyond to ensure that support is available and creating a working environment that is conducive to good mental health is essential. The Strategy offers effective tools to prevent mental health risks; protect and promote mental health at work; and support workers with mental health conditions.

The WHEC Mental Health and Wellbeing Strategy, is aimed at creating an inclusive, sustainable work environment where mental health and wellbeing, is embedded in the organizational culture and systems – where each and every one belongs, is valued, nurtured and thrives, ensuring an efficient workforce delivering on our promise of a better world. Costs of inaction are high. Poor mental health leads to reduced productivity and staff absences and turnover, and it affects the ability of the institutions to deliver on its mandates. There are also costs associated with institutional personnel and their families and communities as they navigate the impact of symptoms of poor mental health and the effect that they can have on their lives.

The Strategy is guided by the World Health Organization (WHO) and International Labor Organization (ILO) policy brief on mental health at work, in which institutions are called upon to act by:

1. Preventing risks to mental health at work.
2. Promoting well-being and protective mental health at work..
3. Supporting personnel with mental health conditions.

Each of these pillars are supported by indicators to help institutions measure success.

Everyone can and should take action to support their own wellbeing and create a healthy working environment. It is imperative that no one individual, position or department/office be seen as responsible for mental health and wellbeing in the workplace. Mental health and wellbeing is not a stand-alone issue. Action taken in many areas can have an impact on mental health. Given this, the management works in alignment and collaboration with other relevant bodies, such as the Occupational Health and Safety Forum, and counselors. Leadership buy-in and advocacy is required to enable a successful change process within an organization. This means that the head of the organization openly advocates mental health and wellbeing, behaves in a manner that models and promotes healthy workplace, and ensures that appropriate resources are allocated. Organizations are also encouraged to gather and analyze data related to mental health and wellbeing to guide actions and monitor changes. Participation is focused on ways in which individuals and organizations can support the Strategy. This includes individuals with lived experience taking part in decision-making processes, organizations providing local points for the implementation board, and the allocation of system-wide resources for a global coordination mechanism.

Mental health and wellbeing strategy is for everyone and in every organization – big or small. We suggest that actions should be taken at three levels: organizational, managerial and individual levels. It is a multifaceted approach, and requires organizations to own and lead them in achieving change.

Mental Health Strategy: Why is it important?

Rita Luthra, MD



Your Questions, Our Reply

Who is responsible for the good mental health at the workplace? How to develop a mental health and wellbeing action plan at the workplace?

Workplace mental health and wellbeing action plan: it refers to a coordinated and comprehensive set of strategies that includes programs, policies, benefits environmental support and links to resources designed to meet the mental health and well-being needs of all personnel. The systematic process of building a workplace mental health and well-being action plan includes the following four main steps: 1) Assessment; 2) Planning and management; 3) Implementation; 4) Evaluation.

Step 1: Assessment

In the first step, data are collected to assist organizations in deciding where to focus resources. There are three data collection levels to consider, which cover the key areas of people, programs and initial funding. Ideally, assessment teams should include people with lived experience.

- Interpersonal: elements of the workplace network, which includes managers and co-workers.
- Organizational: elements of the workplace structure, culture, practices and policies such as benefits, health promotion programs, work organization, and leadership and management support for workplace wellbeing initiatives.
- Environmental: elements of the physical workplace, such as facilities and settings where employees work, as well as access to and opportunities for health promotion provided by the surrounding duty station.

Step 2: Planning and Management

During this phase, resources are identified on the basis of the priorities identified in the first step. The resources may include:

- Senior leadership: individuals who will serve as role models, communication leaders and champions within management.
- A workplace coordinator/focal point or working group to oversee the plan.
- The financial resources necessary to execute the plan.
- A communications strategy to inform all personnel of priorities, resources and how to join the effort.

Step 3: Implementation

It is important that mental health and wellbeing action plans include actions from across all the key pillars and they must include:

- Policies and practices related to mental health and wellbeing: formal and informal written statements that are designed to protect and promote the mental health and wellbeing of personnel.
- Mental health and wellbeing programs: may include training and education and access to counselling services.

Step 4: Evaluation

The evaluation stage of the project is important for two reasons. First it allows information to be gathered on ways in which the plan can be improved. Second, it provides a way in which to define the value of the plan for senior management.

It is understood that different organizations will have different structures, goals, and personnel profiles, and priorities will therefore be established accordingly.



SDGs
LEARNING

2026 High-Level Political Forum (HLPF)

Upcoming Participation @ HLPF

**Women's Health and Education Center (WHEC)
Virtual Side Event**

**Clean Drinking Water, Sanitation, Mental Health and Social Wellbeing:
Our Initiatives**

SDG Action # 49770 & SDG Action # 50616

<http://www.womenshealthsection.com/content/whec/hlpf.php3>

08 July 2026; 10 am to 11:15 am (EST, New York time)

Safe, fresh water is a basic human right, and yet across the world, women do not have an equal say in how it is collected and managed. And they consistently pay a higher price to obtain it. According to World Health Organization (WHO), more than 2.1 billion people do not have clean drinking water in their homes. There are 292 million people who are forced to spend over 30 minutes per trip collecting, a task which mostly falls to women and girls. For this, they pay not just with their time and physical safety but also in lost opportunities in education, employment and civic engagement. And they have very little input into how to create safer and more equitable options. Women's Health and Education Center's (WHEC's) aim is to make water and Sanitation a force for a more prosperous, safer and equitable future, with special focus on schools and healthcare facilities. Water promotes peace.

Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/documents/HLPF-Poster-2026.pdf>

Concept Note

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

WHEC Statement

<http://www.womenshealthsection.com/content/documents/2026-HLPF-Virtual-Side-Event-WHEC-Statement.pdf>

Speakers' List and Agenda

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

[Zoom Link to participate](#)

Join Zoom Meeting

<https://us06web.zoom.us/j/7092187692?pwd=Z09sdzRUVCs4cWp4Zk9jK2FkZWmQ3Zz09&omn=82920493231>

Meeting ID: 709 218 7692

Passcode: HMhE1k



United Nations at a Glance

Slovenia became UN Member State on 22 May 1992



Slovenia, Officially the **Republic of Slovenia**, is a country in Central Europe. The Socialist Federal Republic of Yugoslavia was an original Member of the United Nations, the Charter having been signed on its behalf on 26 June 1945 and ratified 19 October 1945, until its dissolution following the establishment and subsequent admission as new Members of Bosnia and Herzegovina, the Republic of Croatia, the Republic of Slovenia, the former Yugoslav Republic of Macedonia, and the Federal Republic of

Yugoslavia. The Republic of Slovenia was admitted as a Member of the United Nations by General Assembly resolution A/RES/46/236 of 22 May 1992.

<https://documents.un.org/doc/undoc/gen/n92/352/99/img/n9235299.pdf>

Slovenia borders Italy to the west, Austria to the north, Hungary to the northeast, Croatia to the south and southeast, and a short (46.6 km) coastline within the Adriatic Sea to the southwest, which is part of the Mediterranean Sea. Slovenia is mostly mountainous and forested, covers 20,271 Sq. kilometers (7,827 sq. mi), and has population of app2.1 million people. Official language: Slovene; Religion: 78% Christianity; Government: Unitary parliamentary republic; Currency: Euro.



Slovenia is a developed country, with a high-income economy characterized by a mixture of both traditional industries, such as manufacturing and agriculture, and modern sectors, such as information technology and financial services. The economy is highly dependent on foreign trade, with exports accounting for a significant portion of the country's GDP.

Slovenia is a member of the Council of Europe, the European Union (EU), the United Nations (UN), NATO, the Organization for Security and Co-operation in Europe, and other associations in the global community.

During the re-establishment of Yugoslavia in World War II, the Slovenian republic, Federal Slovenia, was created and it became part of Federal Yugoslavia. It was a socialist state, but because of the Tito-Stalin split in 1948, economic and personal freedoms were much broader than in the Eastern Bloc countries. After the failure of forced collectivization that was attempted from 1949 to 1953, a policy of gradual economic liberalization, known as workers self-management, was introduced under the advice and supervision of the Slovene Marxist theoretician and Communist leader Edvard Kardelj, the main ideologue of the Titoism path to socialism. Until the 1980s, Slovenia enjoyed relatively broad autonomy within the federation. It was the most liberal communist state in Europe, and the passport of the Yugoslavia Federation allowed Yugoslavians to travel to the most world countries of any socialist country during the Cold War.

In December 1991, a new constitution was adopted, followed by the laws on denationalization and privatization. The members of the EU recognized Slovenia as an independent state on 15 January 1992, and the UN accepted it as a member on 22 May 1992.

Officially, Slovenia is subdivided into 212 municipalities. Each municipality is headed by a mayor, elected for 4 years by popular vote and municipal council.

Details: <https://www.un.org/en/about-us/member-states/yugoslavia>

Collaboration with World Health Organization (WHO)

WHO | Slovenia



Towards a Tobacco-Free Society

Slovenia is confronting a challenging public health issue: nearly 20% of the adult population uses tobacco, and the use of new nicotine and tobacco products among youth is on the rise. Between 2014 and 2022, electronic cigarette use among 15-year-olds surged from 0.4% to 18% for girls and from 1.5% to 19% for boys. In response, the country enacted progressive tobacco control legislation, including a 2017 law instituting plain packaging and banning smoking in private cars with minors. In 2024 further amendments banned flavors in electronic cigarettes and heated tobacco products, and banned smoking rooms in public places.

The Regional office has been a key partner on this journey, offering technical expertise, supporting policy development and facilitating workshops to strengthen capacities. The collaboration, which takes place through the Slovenian National Tobacco Control Group, has fostered a united approach and bolstered the credibility of tobacco-control proposals made to decision-makers.



The Impact

Slovenia is making major strides in reducing tobacco consumption. The 2024 amendments, which further protected youth from pressures to take up smoking, have been supported by strong public campaigns and international advocacy efforts, including the endorsement of proposals made to the Government from 24 NGOs in 20 countries.

Lessons Learned

- Coordination among stakeholders is crucial for the successful implementation of tobacco control measures.
- WHO's expertise significantly enhances the country's capacity to develop national tobacco control policies.
- Advocacy is vital in advancing strong tobacco control measures and protecting them from tobacco industry interference.

Donors and Partners

Ministry of Health; National Institute of Public Health; Slovenian NGOs.

Decreased tobacco use: 23.1% in 2016 to 20.4% in 2021

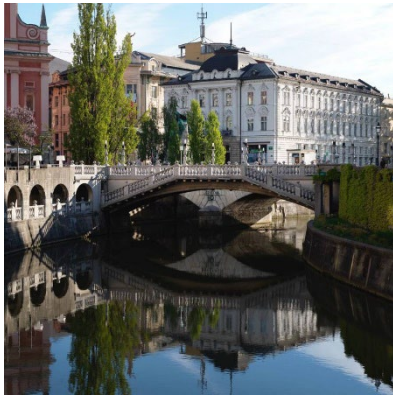
What next?

Slovenia aims to further strengthen its tobacco control policies, aspiring to reduce the prevalence of nicotine and tobacco product users to less than 5% of the population by 2040. Efforts will focus on expanding flavor bans to all nicotine products and enhancing public awareness campaigns, drawing on successful strategies and continued collaboration with the Regional Office.

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



Slovenia is UNESCO Member since 1992



The Works of Jože Plečnick in Ljubljana – Human Centered Urban Design.

The works of Jože Plečnick in Ljubljana between World War I and World War II present an example of a human centered urban design that successively changed the identity of the city following the dissolution of the Austro-Hungarian Empire when it changed from a provincial city into the symbolic capital of Slovenian people. The architect of Jože Plečnick in Ljubljana contributed to this transformation with his personal, profoundly human vision for the city, based on an architectural dialogue with the older city while serving the needs of emerging modern 20th century society. The property consists of a series of public spaces (squares, parks, streets, promenades, bridges) and public institutions (national library, churches, markets,

funerary complex) that were sensitively integrated into the pre-existing urban, natural and cultural context and contributed to the city's new identity.

This highly contextual and human-scale urbanistic approach, as well as Plečnick distinctive architecture idiom, stand apart from the other predominant modernist principles of his time. It is an exceptional case of creating public spaces, buildings and green spaces according to the vision of a single architect within a limited time, the limited space of an existing city, and with relatively limited resources.



Škocjan Caves

This exceptional system of limestone caves comprises collapsed dolines, some 6 km of underground passages with a total depth of more than 200 m, many waterfalls and one of the largest known underground chambers. The site, located in the Kras region (literally meaning Karst), is one of the most famous in the world for the study of karstic phenomena.

These caves Regional Park is situated in the Kras Plateau of South-West Slovenia. The protected area of 413 ha conserves an exceptional lime stone cave system. Along its course, the river suddenly disappears into the karst underground, before passing through a vast and picturesque channel of up to 150 meters in

height. And more than 120 meters in width, often in the form of dramatically roaring rapids and waterfalls. The canyon's most spectacular physical expression is the enormous Martel Chamber, which exceeds 2 million cubic meters in volume.

Slovenia strides forward to advance Sustainable Development in Education

Education for Sustainable Development (ESD) is UNESCO's education sector response to the urgent and dramatic challenges the planet faces. ESD aims to promote a holistic understanding of sustainability, which includes economic, social and environmental dimensions.

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

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

Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Finance

17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection.

17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7% of ODA/GNI to developing countries and 0.15 to 0.20% of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.30% of ODA/GNI to least developed countries.

17.3 Mobilize additional financial resources for developing countries from multiple sources.

17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress.

17.5 Adopt and implement investment promotion regimes for least developed countries.

To be continued



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

The 'New Economy' and Economic Growth in Transition Economies

The Relevance of Institutional Infrastructure

The contribution of the 'new economy' to economic growth in developing countries has so far been minimal. Despite the recent hype, the 'old economy' will for long be the fundamental force behind economic growth in transition economies. Nonetheless, in the longer run the 'new economy' offers great potential for faster economic growth in post-socialist economies. Realizing this potential is however not automatic, it can be left unharnessed if there is no suitable institutional infrastructure, which would allow for adoption, diffusion, and productive use of information and communication technologies (ICT).

This study constructs a *New Economy Indicator* (NEI) measuring the level of preparedness of transition economies for harnessing the potential of ICT to accelerate the long-term economic growth and catching up with developed countries. In the NEI ranking Slovenia scored the highest, followed by the Czech Republic and Hungary. Albania, Bosnia and Herzegovina, and FR Yugoslavia occupy the bottom of the table. Similarly of the NEI results with Global Competitiveness Report 2001 suggests that fundamentals responsible for the development of both the 'new' and the 'old' economy are largely the same. Hence, there is no 'new' or 'old' economy: there is only one economy where old recipes for development still apply.

The information technology revolution, like all previous industrial revolutions, is poised to change the ways of doing business on a global scale and thus contribute to faster productivity and output growth. The 'new economy' has already made its impact on growth rates in the developed countries. Despite current slow growth coupled with some pessimism, the information revolution is here to stay. More time is however needed for the benefits of 'new economy' to fully feed through to the whole economy.

The 'new economy' has not yet, however, had any major impact on less developed countries. Nonetheless, it represents a significant potential for less developed and transition economies to attain long-term growth, sustained and fast socio-economic development, and catch-up with developed countries. However, benefitting from this potential is not automatic: it seems that sufficient institutional infrastructure must exist before these countries can tap into the benefits of the 'new economy.'

The potential for harnessing the 'new economy' for faster and sustained long-term economic growth and catching-up of post-socialist countries will depend on the level of development of the institutional infrastructure. This is mostly influenced by national economic policies and strategies. The NEI index shows where much more emphasis should be placed to promote diffusion, absorption, and the productive use of innovations. All variables count for the 'new economy.' Yet not only for the 'new' economy – they equally count for the 'old' one, too. It is because in reality there is only one economy, which – as has been the case throughout history – combines the old with the new.

The ICT revolution is likely to accelerate the replacement process. This is particularly true for transition economies. The technological leapfrogging will not, however, materialize without appropriate institutions. Their fast build-up is the recipe for ultimate catching-up with the developed world.

Publisher: UNU-WIDER; Author: Marcin Piatkowshi; Sponsor: UNU World Institute for Development Economics Research (UNU/WIDER) was established by the United Nations University as its first research and training center and started work in Helsinki, Finland in 1985.

Details of the paper can be accessed from the link of UNU-WIDER on CME Page
<http://www.womenshealthsection.com/content/cme/>

Two Articles of Highest Impact, June 2026

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

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

<http://www.womenshealthsection.com/content/heal/heal029.php3>

WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

2. **Guidelines for Testing during Pregnancy;**

<http://www.womenshealthsection.com/content/obs/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

Mental Health – A Global Priority



The World Health Organization (WHO) estimates that close to one billion people have a Mental Health disorder. Despite the magnitude of mental ill health, relatively few people around the world have access to quality mental health services.

Stigma and discrimination continue to be a barrier to social inclusion and access to the right care; importantly, we can all play our part in increasing awareness about which preventive mental health interventions work and World Mental Health Day is an opportunity to do that collectively.

Women's Health and Education Center (WHEC) envision a world in which mental health is valued, promoted and protected; where everyone has an equal opportunity to enjoy mental health and to exercise their human rights; and where everyone can access the mental health care they need. Whilst the pandemic has, and continues to, take its toll on our mental health, the ability to reconnect through good mental health will provide us with an opportunity to re-ignite our efforts to protect and improve mental health. Many aspects of mental health have been challenged; and in 2026 an estimated 1 in 8 people globally are living with a mental disorder. At the same time, the services skills and funding available for mental health remain in short supply, and fall far below what is needed, especially in low- and middle-income countries.

Growing social and economic inequalities, protracted conflicts, violence and public health emergencies affect whole populations, threatening progress towards improved well-being; a staggering 84 million people worldwide were forcibly displaced during 2025. We must deepen the value and commitment, engagement and investment by all stakeholders, across all sectors. We must strengthen mental health care so that the full spectrum of mental health needs is met through a community based network of accessible, affordable and quality services and support. Stigma and discrimination continue to be a

barrier to social inclusion and access to the right care; importantly, we can all play our part in increasing awareness about which preventive mental health interventions work. **Health Promoting Schools is an opportunity to do that collectively.**

We envision a world in which mental health is valued, promoted, protected, and protected; where everyone has equal opportunity to enjoy mental health and to exercise their human rights; and where everyone can access mental health care they need.

WHEC will work with partners and UN System and WHO to launch a campaign around the theme – Making Mental Health and Wellbeing for All a Global Priority. This will be an opportunity for people with mental health conditions, advocates, governments, employers, employees and other stakeholders to come together to recognize progress in this field and to be vocal about what we need to do to ensure and achieve this goal.

Autonomy in Health-Decision-Making is Key to Recovery in Mental Health Care

Being able to make decisions about one's life – including the right to choose one's own mental healthcare – is key to a person's autonomy and personhood. The United Nation's Convention on the Rights of Persons with Disabilities (CRPD) commits countries to recognizing that people with mental health conditions enjoy legal capacity on an equal basis with everyone else. And yet involuntary hospitalizations and care against the wishes of someone experiencing a mental health condition, are routinely and widely practiced across the world. This coercion is facilitated by laws and practices that give guardians of people with mental health conditions extensive substitute decision-making powers.

Positive Partnership for Care

Respecting people's autonomy can be challenging but it is a good practice around the world. It shows that it is possible, especially by involving people in their own healthcare planning, assessment and management, for example through shared decision-making, advanced planning, supported self-management and person-centered recovery approaches to care. Empowering people to have control over their life and mental health care instils personal dignity, value and respect. It can increase self-esteem and confidence. It also gives people a level of choice and autonomy they may not have received otherwise.



<https://www.who.int/publications/i/item/9789240049338>

As the world comes to live with, and learn from, the far-fetching effects of the COVID-19 pandemic, we must all reflect on one of its most striking aspects – the huge toll it has taken on people's mental health. Rates of already common-conditions such as depression and anxiety went up by more than 25%. Meaningful engagement of people with lived experience builds trust and understanding among those providing and receiving care. The potential result is better therapeutic relationships and more equal and effective partnerships of care. Individuals and healthcare providers can work together to map out the options for care and select those that are most appropriate and accessible.

Focus on Mental Health Section

<http://www.womenshealthsection.com/content/gymnh/>

Mental Health is critically important to everyone, everywhere. Drawing on the latest evidence available, showcasing examples of good practice from around the world, and voicing people's lived experience, it highlights why and where change is most needed and how it best be achieved.



In The News

Responsibility To Protect: An Unfulfilled Promise



The world today is failing to protect civilians from mass atrocity crimes, calling for a renewed global commitment to the Responsibility to Protect – a principle adopted two decades ago that remains, in his words, “a moral imperative” and “an unfulfilled promise.”

Too often, early warnings go unheeded, and alleged evidence of crimes committed by States and non-State actors are met with denial, indifference, or repression. Responses are often too little, too late, inconsistent, or undermined by double standards. Civilians are paying the

highest price.

No society is immune from the risk of atrocity crimes. Prevention must be supported globally – through multilateral cooperation, principled diplomacy, and early and decisive action to effectively protect populations. The United Nations General Assembly on 16 September 2005 adopted a historic outcome document encapsulating a unified stance by the international community on a broad array of crucial issues, from concrete steps towards combating poverty and promoting development to unqualified condemnation of all forms of terrorism along with the acceptance of collective responsibility to protect civilians against genocide and other crimes against humanity. The document, for instance, expressed strong and unambiguous commitment by all governments, in donor and developing nations alike, to achieve the Millennium Development Goals by 2015, and to pledges that would raise an additional \$50 billion a year by 2010 for fighting poverty. It also contained commitment by all developing countries to adopt national plans for achieving the Millennium Development Goals by 2006. Major elements in the document included:

Terrorism: Unqualified condemnation by all governments of terrorism “ in all its forms and manifestations, committed by whomever, wherever and for whatever purposes;” strong political push for a comprehensive convention against terrorism within a year. Support for early entry into force of the Nuclear Terrorism Convention; agreement to fashion a strategy to fight terrorism in a way that makes the international community stronger and terrorists weaker.

Human Rights, Democracy, and Role of Law: Decisive steps to strengthen the UN human rights machinery and agreement to establish a UN Human Rights Council during the coming year; welcome for new Democracy Fund which has already received pledges of \$32 million from 13 countries; commitment to eliminate pervasive gender discrimination, such as inequalities in education and ownership of property, violence against women and girls and to end impunity for such violence.

Humanitarian Assistance: Improved Central Emergency Revolving Fund to ensure that relief arrives reliably and immediately when disasters happen.

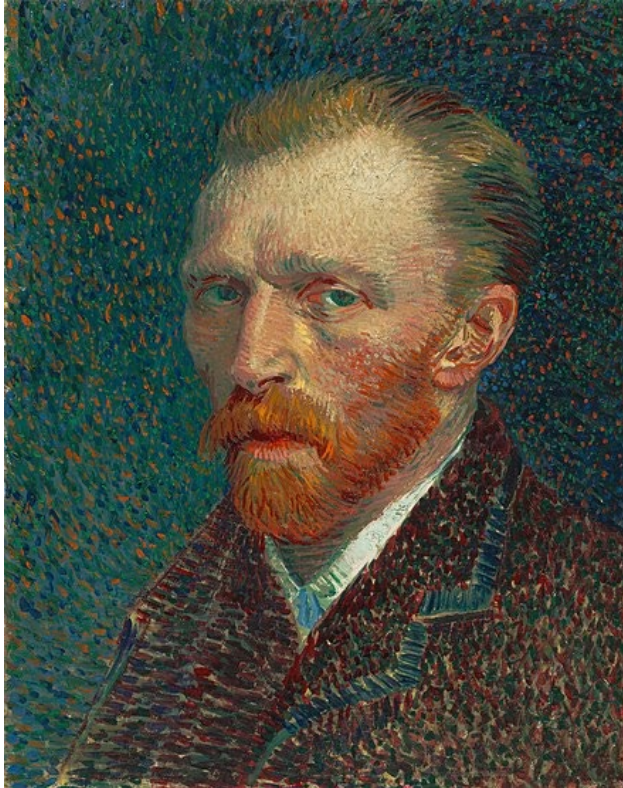
Responsibility to Protect: Unambiguous acceptance by all governments of the collective international responsibility to protect populations from genocide, war crimes ethnic cleansing and crimes against humanity; willingness to take timely and decisive collective action for this purpose, through the Security Council, when peaceful means prove inadequate and national authorities are manifestly failing to do it.

Let us keep the promise! Let us move forward with resolve, unity and the courage to act.

Art & Science

Art that touches our soul

Self-Portrait Vincent Van Gogh



Vincent Willem van Gogh (30 March 1853 – 29 July 1890) was a Dutch Post-impressionist painter who is among the most famous and influential figures in the history of Western art. In just over a decade he created approximately 2,100 artworks, including around 860 oil paintings, most of them in the last two years of his life. They included landscapes, still-life, portraits and self-portraits. They are characterized by bold, sympathetic colors, and dramatic, impulsive and highly expression brushwork that contributed to the foundations of modern art.

Only one of his paintings were known by name to have been sold during his lifetime. Today, Van Gogh's works are among the world's most expensive paintings ever to have ever sold. In 1987, at Sotheby's, New York, his painting *Iris*, was sold for \$53.9 million – holds the record to date.

Van Gogh became famous after his suicide at age 37, which followed years of poverty and mental illness.

Van Gogh's nephew and namesake, inherited the estate after his mother's death in 1925. He began negotiations with Dutch government to subsidize a foundation to purchase and house the entire collection. The Van Gogh Museum opened in Museumplein in Amsterdam in 1973. It became the second most popular museum in the Netherlands, after the Rijksmuseum, regularly receiving more than 1.5 million visitors a year. 85% of visitors come from other countries.

Year: 1887; Dimensions: 42 cm (16.5 in) X 33.7 cm (13.2 in); Collection: Art Institute of Chicago.

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

<http://www.WomensHealthSection.com>

