WHEC Update

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

December 2026; Vol. 21. No. 12

A Grand Collaboration

Happy Holidays from us all @ WHEC

As 2026 draws to a close, and as ***WHEC Update*** (Our monthly Newsletter) celebrated its 21st anniversary this year, we would like to extend our sincere thanks to you for your loyal readership and for continuing to follow Women's Health and Education Center's (WHEC's) efforts in promoting sustainable development goals (SDGs) for all. Deeply rooted in historical injustices such as slavery and slave trade, colonialism, Jim Crow laws in the United States of America or apartheid in South Africa, racial discrimination exacerbates disparities in access to care, quality of treatment and health outcomes. Discriminatory practices based on race constitute both a moral and legal issue, and a public health threat, contributing to the prevalence of preventable diseases and even deaths. Evidence shows that disparities in morbidity and mortality exist across different ethnic minority groups, for instance in relation to conditions such as rheumatic heart disease, cancer, asthma, chronic pulmonary disease and diabetes.

Racial discrimination, defined as any distinction, exclusion, restriction or preference based on race, color, descent or national or ethnic origin that leads to nullifying or impairing the recognition, enjoyment, on equal footing, of human rights and freedoms, remains pervasive in healthcare systems. United Nations bodies such as the Elimination of Racial Discrimination, the Special Rapporteur on health and WHO provide essential guidance on preventing and addressing racial discrimination in healthcare based on countries' international obligations, but implementation lies with national governments and local institutions. Adherence to international human rights norms, assisted by the three step approach presented in this edition might be helpful and would enable for development of racism-conscious, accountable, inclusive, and equitable healthcare systems.

We suggest, in this edition of the ***WHEC Update,*** a practical, global and rights-based approach for addressing racial discrimination in healthcare, informed by international human rights standards. Despite longstanding international efforts, racial discrimination, along with classism, sexism, ableism, xenophobia, homophobia, and transphobia, remains a structural determinant that adversely influences access to healthcare and right to health. The Women's Health and Education Center (WHEC) has developed a comprehensive, evidence-based framework for understanding the social determinants of health equity, including racial discrimination. This approach integrates scientific research and policy analysis to examine the complex social, economic and environmental factors that influence health outcomes and contribute to health disparities.

The forms of discrimination and targets might vary: in some societies they are based on race or ethnicity; in others color, case, religious beliefs, indigeneity or someone's migratory status. However, the underlying oppression that cause these injustices to occur are largely similar. Racism and xenophobia are about division and control, and ultimately power. Together they constitute a structural form of violence that results, at the extreme, in innocent people being murdered.

Integrating rights-based policies with operational frameworks and meaningful participation of minority ethnic and racial groups offers a pragmatic path towards health equity. The success of these efforts will be measured not only in laws passed, but in lives improved and disparities narrowed.

Preventing Racial Discrimination in Healthcare

Rita Luthra, MD

Your Questions, Our Reply

Is current approach to racial discrimination satisfactory? What should we do? How should we do it?

Racism, a public health crisis: Racism kills, and this is a public crisis we can no longer ignore. As a health community, where were we? As the hashtags disappear and we start to emerge from the pandemic, even in ordinary times, we need extraordinary measures. Our vision is to provide a catalyst in tackling the adverse health effects of racism, xenophobia, and discrimination. Academic outputs on their own are irrelevant. We must use the evidence to advocate for change and improvements in health. In this spirit, we are launching a global consultation and advocacy, asking: What should we do, and how should we do it?

While international standards should serve as a normative backbone of anti-racism strategies in healthcare, pragmatic incentives are essential for motivating sustained action and policy innovation. From a public health standpoint, addressing ethnic and racial disparities improves overall population health. When marginalized groups receive appropriate, culturally responsive care, chronic disease burdens are reduced, emergency care reliance decreases and preventive healthcare behavior increase. This enhances individual well-being and alleviates systemic strain on national health systems, freeing up resources and improving efficiency. Economically, equitable healthcare systems are more productive and resilient.

Social cohesion is another critical incentive. Addressing racial inequalities fosters trust in public institutions and reduces the risk of social unrest, particularly in multiethnic societies. When healthcare systems are seen fair, inclusive and racism-free, they gain legitimacy and strengthen the social contract between the State and its citizens. Furthermore, reputation also matters. Countries that comply with international human rights norms and actively promote ethnic and racial equality are viewed as more trustworthy and responsible on the global stage.

Despite persistent shortcomings in many governments' efforts to prevent racial discrimination and promote equality in healthcare, some progress has been made, particularly in areas such as hiring and workforce. Countries such as Canada (2023 Employment Equity Act Review Report), New Zealand (2020 Public Service Act) and the United Kingdom of Great Britain and Northern Ireland (2023 National Health Service Equality, Diversity and Inclusion Improvement Plan) have elaborated strategies to diversify healthcare hiring, set equity targets and monitor recruitment data. In the United States, institutions that have adopted racial equity programs report improved diversity in staffing, increased patient satisfaction and reduced disparities in chronic disease outcomes.

Beyond workforce representation, several countries have taken practical steps to integrate anti-racism into healthcare delivery, service design and patient engagement. For example, in South Africa, the health developed community health worker models targeting underserved racial groups, resulting in higher immunization rates, improved maternal health services and more culturally aligned healthcare delivery in rural and township areas. Similarly, Brazil's Unified Health System has recognized and integrated Afro-Brazilian traditional medicine into primary care services, enhancing accessibility and legitimacy for Afro-descendant populations (National Policy on Integrative Complementary Practices). In Australia, the government has supported the roll-out of Aboriginal Community Controlled Health Services, which are governed and operated by Indigenous communities. These services address social determinants of health and improve trust and continuity of care, contributing to measurable reductions in preventable hospitalizations and child mortality among Aboriginal populations.

Join our efforts!



United Nations at a Glance

Spain became UN Member State on 14 December 1955



Spain, officially the **Kingdom of Spain,** a country in Southern and Western Europe with territories in North Africa. It is the largest country in Southern Europe and fourth-most populous European Union (EU) member state. Spanning the majority of the Iberian Peninsula, its territories also includes the Canary Islands, in the Eastern Atlantic Ocean, the Balearic Islands, in Western Mediterranean Sea, and the autonomous cities of Ceuta and Melilla, in mainland Africa. Peninsular Spin is bordered to the north by France, Andorra, and Bay of Biscay; to the east and south by the Mediterranean Sea and Gibraltar; and to the west by Portugal and the Atlantic Ocean. Capital: Madrid; Official language: Spanish; Religion: Roman Catholicism: 60%, 14% atheist; Government; Unitary parliamentary; Population: 49,315,949 (2025); Currency: Euro.

Hispania, the Roman name of the Iberian Peninsula, served as a granary for the Roman market, and its harbors exported gold, wool, olive oil, and whine. Agriculture production increases with the introduction of irrigation projects, some of which remain in use. In 1469, the crowns of the Christian kingdoms of Castile and Aragon were united by the marriage of their monarchs, Isabella I and Ferdinand II, respectively. The year 1492 also marked the arrival of Christopher Columbus in the New world, during a voyage funded by Isabella. Spain was finally forced to recognize the separation of Portugal and the United Provinces (Dutch Republic, and eventually suffered some serious military reverses to France in the latter stages of the immensely destructive, Europe-wide Thirty Years 'War. The 18th century saw a gradual recovery and increase in prosperity through much of the Spanish empire.
The regime remained nominally "neutral for much of the Second World War, although it was sympathetic to the Axis and provided the Nazi Wehrmacht with Spanish Volunteers in the Eastern Front. After the war Spain was politically and economically isolated, and was kept out of the UN. This changed in 1955, during the Cold war period.



Spain's autonomous communities are the first level administrative divisions of the country. They were created after the 1978 constitution came into effect in recognition of the right to self-government of the "nationalities and regions of Spain." As a member of NATO since 1982, Spain has established itself as a participant in multilateral international security activities. Spain's EU membership represents an important part of its foreign policy. According to the 2024 Global Peace Index, Spain is the 23rd most peaceful country in the world. Spain provides one of the highest degrees of liberty in the world for its LGBT community.

Spain has a mixed economy that combines elements of free-market capitalism and social welfare and state intervention. It is one of the 19 countries with a nominal GDP exceeding $1 trillion per year, ranking 12th largest worldwide and fourth largest both in the EU and within the eurozone. Spain is classified as a high-income economy by the World Bank and an advanced economy in the world, growing nearly 4 times higher than the eurozone average.

State education in Spain is free and compulsory from the age of 6 to 16. The current education system is regulated by the 2006 educational law, or Fundamental Law of Education. Spain is a Western country and one of the major Latin countries of Europe, and has been noted for its international cultural influence.

Details: https://press.un.org/en/spain

Collaboration with World Health Organization (WHO)

WHO | Spain



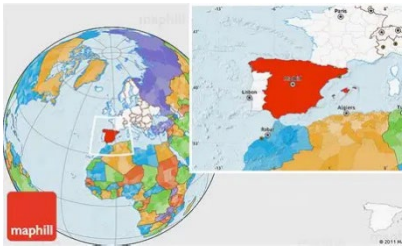
Every Mother's Life Matters

All mother deserve to bring life into the world without risking their own. Yet, every day, more than 700 women lose their lives globally to preventable maternal complications. The WHO European Region comprises 53 Member States across Europe and Central Asia, including the Caucasus, Turkey and Israel. Home to nearly 1 billion people, it has the lowest maternal mortality rate (MMR) of any WHO region, at 11 deaths for every 100,000 live births. This is a testament to the relentless efforts of everyone from politicians to health workers and scientists to humanitarian and civil society, over the past 25 years. Together, we have reduced MMR in the European Region by 56% since 2000.

Collaborating Center on Digital Health

WHO has designated the Universität Oberta de Catalunya (UOC), in Barcelona, Spain, as a WHO collaborating center on digital health. collaborating centers carry out activities in support of various WHO programs in areas such as medicine, public health, nursing and midwifery, and more. UOC's work plan for 2025 – 2029 includes supporting WHO/Europe in assessing and improving telemedicine and digital health services, as well as developing guides, methodologies and strategies for the effective integration of digital solutions into national health systems. UOC will also be responsible for analytics on the implementation of digital solutions aligned with WHO/Europe's priorities on universal health coverage, climate change and ageing under the new European Programme of World 2025 – 2030.

Ageing populations, rising costs of living, health workforce shortages and climate-related challenges require our health systems to adapt and evolve, including digitally. Today more than 80% of countries in the Region have digital health strategies or policies, which makes the need for implementation support and evidence-based guidance increasingly important. UOC's expertise will help us translate innovation potential into concrete improvements in access, quality and efficiency.



Effective Tools to Improve Health Financing and Move Towards Universal Health Coverage.

Designed for policy-makers in the health and social policy sector, senior managers in service provider organizations and experts in health system reform, the WHO Barcelona Course has developed an extensive network and facilitated joint WHO and country work on strengthening health financing policy. It is now established brand in the field, attracting attention from policy-makers across Europe and globally. It puts global and regional policy experiences in context, reviewing the most effective policy instruments for moving towards universal health coverage. It is built around 5 modules: coordinating reform, raising revenue, pooling funds, purchasing and coverage policy. Each module includes an interactive discussion among participants and trainers to provide a platform for sharing good practices from across Europe. Participants draw on theory and international experience to diagnose health financing problems in a country of their choice, and work together to overcome obstacles on the path to Universal Health Coverage.

Details: https://www.who.int/countries/esp

Spain is UNESCO Member since 1953



Caliphate City of Medina Azahara
The Caliphate city of Medina Azahara is an archaeological site of a city built in the mid-10th century CE by the Umayyad dynasty as the seat of the Caliphate of Cordoba. After prospering for several years, it was laid to waste during the civil was that put an end to the Caliphate in 1009 – 1010. The remains of the city were forgotten for almost 1,000 years until their rediscovery in the early 20th century. This complete urban ensemble features infrastructure such as roads, bridges, water systems, buildings, decorative elements and everyday objects. It provides in-depth knowledge of the now vanished Western Islamic civilization of Al-Andalus, at the height of its splendor. The hidden character of the site over a long period has contributed to its preservation and it has not been rebuilt or altered in that time. The rediscovery has led to excavation, protection and conservation which has continued for a century, promoted by public institutions.



World Book Capital
The Spanish capital (Madrid) took the initiative of creating this title and its first events. Numerous activities, around the theme of the popularization of books and reading, were organized by different companies and organizations which collaborated to support the event. The existing Spanish Bookfair LIBER used Madrid's World Bank Capital status and its theme for the year. During the year, the mountain "La Puerta de Alcala" was covered with books.
Become a World Book Capital. Concerted and collective action is key to promoting reading and storytelling as a driver for a more sustainable, inclusive and freer future. The World Book Capital Program unites cities worldwide to bolster continued efforts to uphold the right to literacy. Each designated City showcases its leadership in supporting creativity, linguistic diversity and knowledge-sharing through books and stories. Please consult the Application Guidelines for more information.



Basilica of La Sagrada Familia
Sagrada Familia, Roman Catholic minor basilica in Barcelona, Spain, designed by Antoni Gaudi. Begun in 1882 and still unfinished in the first quarter of the 21st century, the Sagrada Familia, notable for its tactile organic form, is one of the Barcelona's most famous landmarks. It is an unexpected sight in its urban setting, with its bold flying buttresses and twisted towers looming over the city. The project, originally envisioned by Francisco de Paula del Villar, was funded by donations to encourage Christianity, in Barcelona, which was becoming increasingly secular. In 1993 Gaudi took over as chief architect, and the project would occupy him throughout the rest of his career. It was to be Gaudi's Expressionist vision of a 20th century cathedral, where he would use visual symbolism to express the many mysteries of the Christian faith. He became increasingly pious while working on the church; after 1910 he abandoned virtually all other work, and he eventually secluded himself on its site and resided in its workshop.
Details: https://www.unesco.org/en/countries/es

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 (SDGs)

Means of implementation and the Global Partnership

66. We underscore that, for all countries, public policies and the mobilization and effective use of domestic resources, underscored by the principle of national ownership, are central to our common pursuit of national ownership, are central to our common pursuit of sustainable development, including achieving the sustainable development, including achieving the sustainable development goals. We recognize that domestic resource are first and foremost generated by economic growth, supported by an enabling environment at all levels.

67. Private business activity, investment and innovation are major drivers of productivity, inclusive economic growth and job creation. We acknowledge the diversity of the private sector, ranging from micro-enterprises to cooperative to multinationals. We call on all businesses to apply their creativity and innovation to solving sustainable development challenges. We will foster a dynamic and well-functioning business sector, while protecting labor rights and environmental and health standards in accordance with relevant international standards and agreements and other ongoing initiatives in this regard, such as the Guiding Principles on Business and Human Rights and the labor standards of ILO, the Convention on the Rights of the Child and key multilateral environmental agreements, for parties to those agreements.

68. International trade is an engine for inclusive economic growth and poverty reduction, and contributes to the promotion of sustainable development. We will continue to promote a universal, rules-based, open, transparent, predictable, inclusive, non-discriminatory and equitable multilateral trading system under the World Trade Organization (WTO), as well as meaningful trade liberalization. We call on all WTO members to redouble their efforts to promptly conclude the negotiations on the Doha Development Agenda. We attach great importance to providing trade-related capacity-building for developing countries, including African countries, least-developed countries, land-locked developing countries, small island developing states and middle-income countries, including for the promotion of regional economic integration and interconnectivity.

69. We recognize the need to assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief, debt restructuring and sound debt relief, debt restructuring and sound debt management, as appropriate. Many countries remain vulnerable to debt crises and some are in the midst of crises, including a number of least developed countries, small island developing States and some developing countries. We reiterate that debtors and creditors must work together to prevent and solve unsustainable debt situations. Maintaining sustainable debt levels is the responsibility of the borrowing countries; however, we acknowledge that lenders also have a responsibility to lend in a way that does not undermine a country's debt sustainability. We will support the maintenance of debt sustainability of those countries that have received debt relief and achieved sustainable debt levels.

70. We hereby launch a Technology Facilitation Mechanism which was established by the Addis Ababa Action Agenda in order to support the sustainable development goals. The Technology Facilitation Mechanism will be based on a multistakeholder collaboration between Member States, civil society, private sector, scientific community, United Nations entities and other stakeholders and will be composed of: a United Nations Interagency Task Team on Science, Technology and Innovation for the SDGs, a collaborative Multistakeholder Forum on Science, Technology and Innovation for the SDGs and an on-line platform.

To be continued……..



Collaboration with UN University (UNU)

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

The Legacies of Authoritarian Repression on Civil Society

In this paper, authors examine the legacies on civil society of routine repressive activities carried out by authoritarian regimes, such as the targeting of opposition organizations. Authors focus on participation in voluntary associations in post-authoritarian Spain. Authors hypothesize that while repression initially depresses civic life, such effects do not persist after the demise of authoritarianism and the consolidation of a democratic regime. Authors analyze the impact of repression during the late Francoist regime (1960s – 1970s) on local-level patterns of associationism during the democratic period (covering the period 1976 – 2021). Authors find that repression has a null local-level effect on the registration of new voluntary organizations during the early democratic period, but a significant and positive effect after 1981 and 2017. Such individual-level analyses indicate that the increase in organizational life in repressed areas might have more to do with a generational replacement effect than with people losing fear of participation over time.

Does state repression impact civil society in post-authoritarian regimes? Does repression depress civic life, and if yes, for how long do these effects persist? Can subnational variation in repression account for divergent patterns of associational life with in a country? The existing literature in economics and political science has examined the effects of violence on social behaviors, broadly documenting a positive effect of violent victimization on pro-social behavior in the short and long term. A growing number of works have also focused on the political dimension of violent repression, considering the identity of the perpetrators and explicit effects of repression on political identities and behaviors. This project aims to shed some light on the legacies of low-scale authoritarian repression by examining the case of Spain.

While there is burgeoning literature on the legacies of violence and repression, including authoritarian repression, there is not much work examining:

1. Heterogeneous effects of repression; (i.e. depending on the nature or the intensity of repression); or
2. The duration of the effects over time.

The evidence suggests the legacies of repression were in fact positive on political associationism: location with incidents of repression observed a more significant growth in voluntary organizations after democracy consolidated. With data from thousands of surveys, authors find suggestive evidence that there was a replacement effect driving such increases in civic participation: political engagement grows as new generation replace older (more fearful) generations. The latter suggests that while people might be well aware of the victimization experiences of their parents / grandparents under the dictatorship, this might not diminish their appetite for collective action and political engagement – quite the opposite. This finding qualifies research on the intergenerational transmission of victimization experiences, and shows that such transmission might be conditional on the type of victimization as well as the type of outcome under scrutiny.

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

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

Two Articles of Highest Impact, November 2026

Editors' Choice – Journal Club Discussions
Fully open-access with no article-processing charges
Our friendship has no boundaries. We welcome your contributions.

1. **LGBTQ+ Healthcare: Building A Foundation For Better Understanding;**
   http://www.womenshealthsection.com/content/heal/heal028.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. **Healthy Ageing: A Call For Global Action;**
   http://www.womenshealthsection.com/content/heal/heal026.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

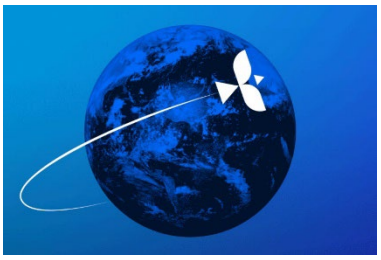
Partnership for Maternal, Newborn & Child Health (World Health Organization)
PMNCH Member

Worldwide service is provided by the WHEC Global Health Line

From Editor's Desk

WHEC Projects under Development

Act Now for A Peaceful World: We The Peoples of United Nations in Action



All around the world, we the peoples of the United Nations, are working hand in hand with young people, other NGOs, to civil society to the United Nations. Together, we are creating space for youth voices, lifting their solutions and bringing their leadership to the global stage. We all are standing on the right side of history. Supporting humanitarian work, advocate for safe access and most importantly, do not let people in war-zone be forgotten.

Hear Us

The future is young. Half of the world is under 30 and this generation is emerging as a powerful force for peace in a world marred by conflict and injustice. Across the globe, young people are organizing protests, sparking global movements, and forging bonds of solidarity. In communities ravaged by violence, they serve as peacemakers, peacekeepers and peacebuilders, laying the groundwork for a resilient tomorrow. They have the greatest stake in our common future, yet they are too often excluded from the spaces where solutions are shaped.

Act Now for a Peaceful World. This campaign launched on the International Day of Peace, aims to change that by including investing in and partnering with young people everywhere to build lasting peace.

In a time of turbulence, tumult, and uncertainty, it is critical for everyone to take action to mobilize for peace. From peacekeepers on the front lines of conflict, to community members, to students in classrooms around the world, everyone has a role to play. We must speak up against violence, hate, discrimination, and inequality; practice respect and embrace the diversity of our world.

There are many ways to act now. Spark conversations about the urgent need for understanding, non-violence, and disarmament. Volunteer in your community, listen to voices different from your own,

challenge discriminatory language in your workplace, report bullying both online and off-line, and take the time to verify facts before you post on social media.

You can also speak up with your choices, opting to purchase items for socially-conscious brands, or donating to organizations that promote sustainability and human rights. The Women's Health and Education Center (WHEC) with UN System works in each of these areas, leading global efforts to advance human rights, fight climate change, and prevent and respond to conflict.

This has helped millions of people around the world choose issues that they care about, commit to action, and track their impact All our efforts are connected. From UN-supported discussions and health clinics to youth led advocacy for the rights of world's most vulnerable, and from debates in parliaments to debates in history class, we can all do our part to build a more peaceful world. Let our actions for peace resonate louder than words.



Peace is not just a vision – it is a call to action that each of us can answer by promoting understanding, respect and justice in our daily lives. By joining movements like "Peace begins with me" and sharing messages of hope, we can inspire others to speak up and help build a more peaceful world.
The campaign has two core aims:

1. Social mobilization; and
2. Public advocacy.

From prevention of disarmament to climate security and gender equality, they address the urgent need to invest in people-centered solutions and shape a more peaceful, just and sustainable future – guided by and with youth. Partners and participants, including UN offices, civil society and youth networks – are invited to host peace circles using the Activist Toolkit as well as promote the campaign's content on their platforms, over a period of one year.

Host A Peace Circle. Minimum standards for inclusion, facilitation and documentation ensure the every Peace Circle – no matter where it is held – creates a direct link between local action and global impact, grounding the campaign in the lived realities, hopes and solutions of young. And that is just the beginning. Each Peace Circle is a ripple-maker, sparking new conversations, connections and actions that extend far beyond the campaign. This approach can live on as a powerful tool for ongoing dialogue in communities everywhere.

Peace is not built in conference rooms. Peace is built in classrooms, in clinics, in communities. Peace is built when people have hope, opportunity and a stake in their future. Today, the world is witnessing more armed conflicts than at any time since the end of WWII. Approximately 2 billion people live in fragile contexts, characterized by insecurities from economic to environmental, from political instability to conflict. In a world facing rising conflict, shrinking trust and growing inequality, evidence shows young people are leading the call for peace – not as a distant ideal, but as a daily demand. Young people of today's generation that has the greatest stake in our common future, however, too often, they are excluded from the spaces where solutions are shaped.

Refugees and Displacement
More than 120 million people worldwide are forcibly displaced as a result of climate emergencies, persecution, conflict, political and economic instability, violence, and human rights violations. Many are young – seeking not only safety, but also dignity, opportunity and a future. whether crossing borders and rebuilding lives in host communities, refugee and migrant youth bring courage, creativity and resilience. Yet they are often excluded from jobs, education, peacebuilding efforts and decision that shape their futures.

2026 WHEC Annual Highlights

We thank our writers/editors, physician board and the contributors for making this initiative a success. We look forward to your continued support.

A good quality education is the foundation of health and well-being. For people to lead healthy and productive lives, they need knowledge to prevent sickness and diseases. Education is catalyst for development and a health intervention in its own right. Education develops skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges.

WHEC's goal is to support the contribution of national education sectors for ending HIV/AIDS and other sexually transmitted diseases in adolescents, and promoting better health and well-being for all children and young people. This NGO is committed to strengthening the links between education and health, reflecting growing international recognition that a more comprehensive approach to school health and coordinated action across sectors is needed. Our Editorial Board has decided to compile, review and update; 6 to 8 Reviews/Practice Bulletins, in 2027.

WHEC Participation with United Nations: Year 2026

Side Events

1. 2026 ECOSOC Partnership Forum; Virtual Side Event; 26 January 2026;
2. 64th Commission for Social Development (CSocD64); Virtual Side Event; 4 February 2026;
3. 59th Commission on Population and Development (CPD59); Virtual Side Event; 16 April 2026;
4. 11th Multistakeholder 2026 Science, Technology and Information (STI); Side Event; 6 May 2026;
5. 79th World Health Assembly (WHA79); Geneva, Switzerland; Side Event; 20 May 2026;
6. 2026 High-Level Political Forum (HLPF); Virtual Side Event; 8 July 2026;
7. United Nations General Assembly (UNGA 81) Virtual Side Event; 23 September 2026.

Details: **http://www.womenshealthsection.com/content/whec/sideevents.php3**

UN Documents / Publications

1. 64thCommission for Social Development (CSocD), Written Statement: E/CN.5/2026/NGO/17;
2. 70th Commission on Status of Women (CSW), Written Statement: E/CN.6/2026/NGO/6;
3. 59th Commission on Population and Development (CPD), Written Statement: E/CN.9/2026/NGO/4;
4. 25th Session of Committee on Public Administration (CEPA); *Agenda-Item 3; Multilateralism*
5. 2026 Session ECOSOC High Level Segment (HLS); E/C.2/2026/CRP.23; Page – 143.

Available @: **http://www.womenshealthsection.com/content/whec/publications.php3**

We welcome you all to contribute and share your opinions. Please contact Dr. Rita Luthra, at rita@womenshealthsection.com if you wish to contribute and/or get involved in this project.

Signing Out……

Internet Classrooms *for* Education & Health
http://www.womenshealthsection.com/content/documents/SignOutColumn001.pdf

Education-for-All and Health-for-All

In The News

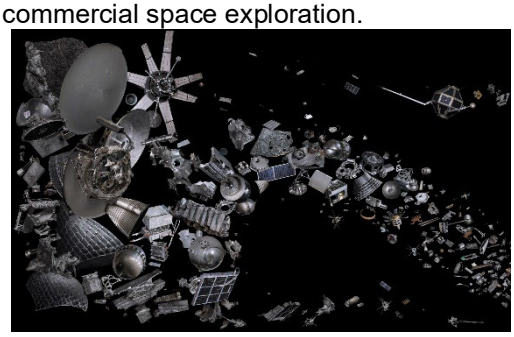
We must act now: *to secure our Cosmic Future for all humanity*

The Race to Save Space.
Ensuring peace and sustainability in the final frontier



Ready. Set. Blast off.
The Space Age dawned on 4 October 1957, when Sputnik 1, the world's first satellite successfully launched and orbited earth. Lasting 3 weeks, this beeping metal sphere, the size of a beach ball, kicked off a technological race that would forever change humanity's relationship with space.

Notable Firsts in Space
1957 – Sputnik 1 becomes first satellite to orbit earth, revolutionizing global communications.
1959 – The UN Committee on Peaceful Uses of Outer Space is established.
1961 – Yuri Gagarin makes history as first human in space.
1963 – Valentina Tereshkova makes history as first woman in space.
1967 – Outer Space Treaty establishes first multilateral legal framework on the peaceful exploration of Space.
1969 - Appollo 11 achieves first manned moon landing, marking humanity's first venture to another celestial body.
1975 - The Appollo-Soyuz joint mission achievers first international space docking, uniting Soviet and American crews at height of Cold War.
2001 - Dennis Tito makes headlines as first space tourist, shelling our USD 20 million for the out-of-galaxy experience; he plans to go again with his wife.
2022 – AX-1 launches first all private crewed mission to International Space Station, a step forward in commercial space exploration.



In a Nutshell: Satellite Launches

From 1957 to 2012 – Only around 150 satellites were launches annually.
In 2013 – 210 satellites launched, marking the beginning of and exponential growth trend.
By 2020 – The number increased to 1,200 satellites launched.
In 2022 – launches nearly doubled to 2,470 satelites.
FUTURE – In coming years >1 Million satellites could fill our skies as lauch cost drops, privete investment urges, and technology advances. Annual lauches could hit millions, boosting connectivity but straining space sustainability. Most sattellite constellations are just 500km above our heads. That is approximately the distance from New York to Montreal.
Your Daily Life is Powered by Space. Human kind, We have a problem:

SPACE TRASH *(picture above)*
Left unregulated, increasing space traffic and junk could turn the way very technology we rely on against itself can stop humanity in its tracks. 10,000 tonnes of space trash, the combined weight of human made objects in space debris, is the weight of the Eiffel Tower – a staggering 10,000 tonnes of trash, orbiting our planet. Debris can travel at 7.5km/s (27,000 km/h), 20 times faster than a gun shot. Space junk is a self-perpetuating problem. Collisions between objects create more debris, increasing the likelihood of future collesions. This cascade effect, known as the Kessler Syndrome, could make certain orbital regions unstable.

LET US SHAPE OUR COMMON PATH FORWARD!

Art & Science

Art that touches our soul

Head of Christ by **Antonio da Correggio**



Head of Christ is a painting in oil on panel by the Italian Renaissance painter Antonio da Correggio, dated 1521. It depicts the head of Christ, wearing the "crown of thorns." In the background there is a white cloth showing that the image represents the Veil of Veronica, but Christ's head is given volume through alternate use of light and dark shadows.

The painting is a small artwork, probably intended for private devotion, which depicts the head of Christ crowned by thorns, in half profile turning his head towards the viewer. Through the use of the alternate use of light and shade; the chiaroscuro technique is used by the artist to highlight the line of nose, cheekbones and the neck.

All this, however, is softened by the muted tones of the nuances he used when depicting the color of the body. The strong shadows and the sculptural treatment of the head make this one of the most distinguishable representations on the Veil of Veronica.

According to legend, Christ stumbled on his way to Golgotha carrying the cross. Veronica took off her own veil, and wiped his face with it. Christ's features were miraculously imprinted on the veil.

The painting is in the J. Paul Getty Museum in Los Angeles. Correggio was known for creating some of the most sumptuous religious paintings of the period. According to art historian John Shearman this kind of depiction is a typical example of a "transitive work," i.e., a work that requires the emotional participation of the viewer and that can only be completed through being in the physical presence of the image.

The Getty Museum considers this artwork as one of the masterpieces of painting held by the museum.
Medium: Oil on panel; Dimensions: 23 cm X 28 cm (9.1 in X 11 in);
Location: Getty Museum, Los Angeles, California (USA)

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