



WHEC Update

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

July 2022; Vol. 17. No. 07

Before & After Issue

Many beautiful paths in life cannot be discovered without getting lost, or making mistakes.

Science and innovations are no different. And we have long way in increase life expectancy, both for men and women, as compared to the beginning of the last century. We are living longer, but are we living healthier and happier? The words prevalence, incidence and case fatality (lethality are not common terms in demography. They are epidemiological terms and tools of epidemiology, which apply primarily to diseases.

In contrast to infectious diseases, which are often of short duration, and end either in recovery, with or without sequelae, or in death, many of today's diseases tend to be long-lasting. They are often degenerative and disabling. They can progress in stages and lead to states of frailty that only end in death. In this context, we talk more about controlling the disease than curing it. Morbidity of non-communicable diseases includes all morbid states. In the narrow sense, morbidity is limited to diagnosed or diagnosable diseases. In a broader sense, morbidity includes upstream risk factors for disease such as hypertension or overweight and downstream disabling consequences of diseases as detailed in the international classifications of disability.

THE SUCCESSFUL AGEING. A revolutionary increase in life span has already occurred. The maintenance of full function, as nearly as possible, to the end of life, should be the next gerontological goal. In reality substantial decline with age, that one finds in older people worldwide, with minimal physiological loss, or none at all, when compared to the average of their younger counterparts – these might be viewed as having aged successfully. People who demonstrate little or no loss in a constellation of physiological functions should be regarded as more broadly successful in physiological terms.

If age-related fatalities can be eliminated without changing the biological clock itself – the result would be a society whose members would live full, physically vigorous, youthful lives until death clam them at stroke of midnight on their one-hundredth birthday. These ideas are echoed in many famous theories and articles, in many scientific and respectable publications, on Human Ageing. There is need to look at the health status at the oldest ages in a balanced manner and to redouble efforts to devise health and social systems that can better support dignified and more inclusive lives for our oldest persons.

The major dimensions of health are:

1. Absence of disease;
2. Perceived health; and
3. Functioning.

Gradually, national governments and supranational agencies or organizations, such as European Commission, have adopted health expectancies as key indicators of economic and social development. Moving forward, there is need to look at the health status at the oldest ages in a balanced manner and to redouble efforts to devise health and social systems that can better support dignified and more inclusive lives of our oldest persons.

Share your point of view on **WHEC Global Health Line (WGHL)**... create an account.

The Major Dimensions of Health

Rita Luthra, MD



Your Questions, Our Reply

Can you talk about a male-female health-survival paradox? What about disability-free life expectancy?

The Female Longevity Advantage: The French data used to illustrate the adult longevity revolution clearly shows the female advantage of today. At the beginning of the statistical series, in 1816, there is little difference between the sexes: while life expectancy at birth was 41.1 years for females vs. 39.1 years for males (a 2-year gap), the most frequent adult age at death was 72 years for both sexes. The highest age still providing 30 deaths was 99 years for females vs. 100 years for males.

Two centuries later, in 2016, Life Expectancy for females was 85.3 years vs. 79.3 years for males (a 6-years gap), the most frequent adult age at death reached 90 years for female vs. 87 years for males (a 3-years gap). The most frequent adult age at death was 109 for females vs. 105 years for males (a 4-years gap). These gaps become apparent and widen after the First World War.

Disability-free life expectancy. The data shows for the United States of America, Japan and France, this longevity advantage does not necessarily translate into a large disability-free life expectancy advantage. For example, the 4.8 years advantage of American females over males for life expectancy, is reduced to 4.4-years in terms of disability-free life expectancy in 2010. The 6.1-years advantage of Japanese females for life expectancy is reduced to 2.7-years in terms of disability-free life expectancy in 2016. The 5.9-years advantage of French females for life expectancy is reduced to 0.9-year in terms of disability-free life expectancy in 2019.

So, while as a proportion of total years lived, American females spend as much time without disability as American males, Japanese females, and especially French females spend much more time with disability than their male counterparts.

The question remains open for at least two reasons. First, there is no trade-off between health and longevity in the sense of males living shorter but healthier lives than females or vice versa. Clearly females live at least as long as males in good health when health is measured in functional terms. Second, several longitudinal studies suggest, that females survive better under current conditions than males regardless of their health status.

Thus, the greater longevity of females can be explained by a greater capacity to survive in poor health compared to males. These greater survival capacities would explain both their greater longevity and their greater accumulation of disability.

The theory of “dynamic equilibrium” is based on the assumption that mortality and morbidity are interrelated. The idea is that by slowing down disease processes from the earliest stages, advances in medical care and case management can both increase life expectancy by delaying fatal outcomes and decrease the severity of prevalent disease states such as the severity of associated disability for disabling diseases.

The theory of “compression of morbidity” states that the age of onset of first infirmity, disability or other morbidity can be delayed and that if this delay is greater than the increase in life expectancy, then the years of ill health will be reduced, compressed between the (later) onset and time of death.

The theory of “expansion of morbidity” states that while the decrease in mortality is mainly due to decrease in the lethality of disease, the prevalence of degenerative diseases, including mental illness and disabilities increases sharply in the population. Over the years, however, there has been growing research on “Successful Ageing.”



United Nations High-Level Political Forum On Sustainable Development

The United Nations Convention on Sustainable Development (Rio+20), through its outcome on “The Future We Want”, established the United Nations High-Level Political Forum on Sustainable Development (HLPF) in 2012. The HLPF is the central United Nations platform for the follow-up and review of the 2030 Agenda for Sustainable Development Goals (SDGs) at the global level. It is the apex of the architecture for follow up and review of the 2030 Agenda established by the 2030 Agenda (2030 Agenda and General Assembly Resolution 70/299).

The General Assembly decided that the Forum meets annually under the auspices of the Economic and Social Council for 8 days, including a three-day ministerial segment and every four years at the level of Heads of State and Government under the auspices of the General Assembly for two days.

<https://hlpf.un.org/>

Women’s Health and Education Center’s Participation in 2022 HLPF

Virtual Side Event on 7 July 2022; 13:00 to 14:30 EST (New York Time)

Title: Improving Global Partnerships for Education and Health

Announcement / Invitation / Flyer

http://www.womenshealthsection.com/content/documents/HLPF_7_July_2022_Side_Event_Poster.pdf

Concept Note

http://www.womenshealthsection.com/content/documents/HLPF_2022_Side_Event_Concept_Note_Proposal.pdf

Women’s Health and Education Center (WHEC) aims to contribute to the future of Education, Learning Skills and Universal Health Coverage. With multiple digital solutions, like our [LINK \(Learning, Innovating, Networking for Knowledge\) Access Project](#), there is new focus on learning and building competencies, bringing lifelong opportunities. WHEC is serving and offering high-tech environments, providing learning opportunities for leaders, educators, researchers, health-workers in 227 countries and territories. And it has been instrumental in developing syllabus and curriculums, for the Continuing Medical Education (CME). WHEC has recently accepted Membership of SDG Publishers Compact / United Nations Global Compact.

Speakers’ List with Zoom Link to attend this Side Event will be available by 1 July 2022 on this page: <http://www.womenshealthsection.com/content/whec/sideevents.php3>

[Registration & Participation | High-Level Political Forum 2022 \(un.org\)](#)

Written Statement of WHEC has also been accepted for publication by UN. Details of the session will be in August edition of the *WHEC Update*.



United Nations at a Glance

Permanent Mission of Marshall Islands to the United Nations



Marshall Islands became UN Member State on 17 September 1991

The **Marshall Islands**, officially the **Republic of the Marshall Islands**, is an independent island country near the Equator in the Pacific Ocean, slightly west of the International Date Line. Geographically, the country is part of the larger island group of Micronesia. The country's population of 58,413 people (at 2018 World Bank Census) is spread out over five islands and 29 coral atolls, comprising 1,156 individual islands and islets. The capital and largest city is Majuro. Official languages: Marshallese and English; Religions; 97% Christianity, 2% none, 1% others. Independence from the United States, Self-government: 1 May 1979; Compact of Free Association: 21 October 1986.

The islands share maritime boundaries with Wake Island to the north, Kiribati to the southeast, Nauru to the south, and Federated States of Micronesia to the west. About 52.3% of Marshall Islanders live on Majuro. The UN also indicates a population density of 760 inhabitants per square mile (295/km²), and its projected 2020 population is 59,190.

The U.S. government formed the Congress of Micronesia in 1965, a plan for increased self-governance of Pacific islands. The Trust Territory of the Pacific Islands in May 1979 provided independence to the Marshall Islands, whose constitution and president (Amata Kabua) were formally recognized by the U.S. Full sovereignty or self-government was achieved in a Compact of Free Association with the United States.

Marshall Islands has been a member of the Pacific Community since 1983 and a United Nations member state since 1991. Politically, the Marshall Islands is a parliamentary republic with an executive presidency in free association with the United States, with the U.S providing defense, subsidies, and access to U.S.-based agencies such as the Federal Communication Commission and the United States Postal Service. The country uses the United States dollar as its currency.



Map of Marshall Islands.

United States government assistance is the mainstay of the economy. Under terms of the Amended Compact of Free Association, the U.S. is committed to provide US\$ 57.7 million per year in assistance to the Marshall Islands (RMI) through 2013, and then US\$ 62.7 million through 2023, at which time a trust fund, made up of U.S. and RMI contributions, will begin perpetual annual payouts. The United States Army maintains the Ronald Reagan Ballistic Defense Test Site on Kwajalein Atoll. Marshallese land owners receive rent for the base.

Marshall Islands has already joined a growing number of countries in developing a sustainable development plan framework, through a consultative process involving representatives from all levels of our society. Marshall Islands, like other small island countries, is faced with many challenges including certain environmental threats, including climate change and sea level rise. Climate Change as in many other small low lying atoll nations, is a matter of peace and security and so as life and death. Likewise, our ocean, throughout generations, which has been their means of livelihoods.

The Marshall Islands, therefore, calls on the early ratification of the Kyoto Protocol.

Details: <https://sdgs.un.org/statements/marshall-islands-14907>

Collaboration with World Health Organization (WHO)

WHO | Marshall Islands



Health Situation

The Marshall Islands is burdened by high mortality and morbidity for both non-communicable (NCDs) and communicable diseases. Diabetes-related disease and cancer remain the leading causes of death. The high consumption of imported canned and instant food, lack of physical exercise and use of tobacco products are all associated with the high prevalence of NCDs and obesity.

Tuberculosis (TB) is also leading cause of death, and country has reported multidrug-resistant TB. The Ministry of Health's response to emergencies and disasters is ad hoc, and multisectoral approaches remain a challenge. The shortage of funds to implement programs contributes to the fragmentation of health service delivery within the country.

Health Policies and Systems

The ministry of Health works collaboratively with the Community Health Councils to provide health-care services. The Marshall Islands has two hospitals (one each in Majuro and Ebeye) and 56 healthcare centers in the outer atolls and islands. Both hospitals provide primary, secondary, and limited tertiary care. The Ministry of Health has introduced a dynamic three-year rolling plan, the *3-Year Rolling Strategic Plan*. The health priorities of the Strategic Plan are to:

1. Secure high-quality healthcare in the outer islands;
2. Achieve universal access to high-quality care for all people with communicable diseases;
3. Provide integrated NCD services along with the tools and support that people need to manage their health;
4. Strengthen national capacity to deliver high-quality maternal, infant, child and adolescent health and community-based interventions for family resource management;
5. Increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care;
6. Increase immunization rates and reduce preventable infectious diseases;
7. Promote and educate the public on healthy lifestyle changes; and
8. Provide efficient and effective administrative and coordinated functions of preventive and public healthcare services.

Cooperation For Health

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

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



Marshall Islands joined UNESCO on 30 June 1995



Pacific Small Islands Developing States (SIDS)

Indigenous Knowledge and Knowledge Transmission

The Canoe Is The People: Indigenous Navigation in Pacific

The voyaging heritage of the Pacific holds a vast and relatively unknown knowledge-base about the ocean, its climate and biodiversity, and its relation to ancestral routes and networks between some 25,000 islands of the Pacific Ocean. This

dynamic body of knowledge is referred to herein as Ancestral Voyaging Knowledge (AVK). The knowledge-holders/groups who know these routes and networks, and who practice AVK technology and lifestyle are referred to her as AVK-Based.

Over the past few decades, scientists, educators and policy makers have shown greater attention to the value of indigenous knowledge in contributing to our understanding of life on the planet, biological diversity, ecosystems and the changing climate situation. Since the UN Conference in Environment and Development (UNCED) in Rio de Janeiro in 1992, there has been an accelerating uptake of indigenous knowledge in science assessment, prominently demonstrated in the 2019 Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) Global Assessment.

Indigenous and local knowledge has gained further recognition in the 2015 Paris Agreement on climate change, which led to the establishment of the Local Communities and Indigenous People Platform (LCIPP). Four primary sources of AVK are:

1. Women experts in all types of AVK;
2. AVK navigators who can make deep-sea voyages on ancient sea-roads between islands;
3. AVK inter-island and inter-regional lineage and networks of communication, marriage, and exchange relationships;
4. Communities of AVK practitioners in the Western Pacific that are now remote from urban centers and globalized / commercial economies.

Way Forward

We live at a time when we need to understand our planet better and recognize those ways of living that align with the capacity and abundance of shared ecosystems. Historically, indigenous knowledge has been devalued and is not at risk. This initiative provides insights into the richness of the ancestral knowledge systems of Pacific peoples and their relevance to for sustainable development, improved livelihoods and education.

Indigenous peoples of the Pacific adapted to local conditions, and built a web of inter-island networks which enabled them to ensure their livelihoods and develop a rich socio-cultural life. AVK still gives indigenous islanders the capacity for resilience, connection, and openness to the outside world.

Details: <https://en.unesco.org/countries/marshall-islands/information>

Education-for-All and Health-for-all

Bulletin Board

LINK Access Project

To provide access to reproductive health research worldwide.
(Learning, Innovating, Networking for Knowledge [LINK])

..... *Continued*

THE BIG PICTURE

All over in the USA, in Europe, and in other developed and developing countries, we all deal with and provide care to a multicultural society. Imagine, sitting in your office or home and teaching Obstetrics, Gynecology, Newborn care, Adolescent Health, Good Mental Health, Uro/gynecology, Healthcare Policies and other aspects of Women's and Children's health and healthcare systems to the whole world and learning from their perspectives too. This is just a beginning.....

Building the Capacity to Care:

<https://unsdn.org/2021/04/22/building-the-capacity-to-care/>

WHEC appreciates your interest in its work. And we look forward to collaborating with you.

Copyright © WHEC

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





Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Pacific Islands' Bilateral Trade

The Role of Remoteness and of Transport Costs

Bilateral trade of geographically distant countries is likely to be negatively affected by the distance separating them from their trading partners and positively affected by their remoteness, defined as the average weighted distance between two countries with weights reflecting the absorptive capacity of the partner country. In presence of competitive transport costs, the effect of remoteness and distance is diluted. An augmented gravity model applied to the Pacific islands' bilateral trade from 1980 to 2004 shows that a doubling of the elasticity of distance would decrease their average bilateral by 80%. Remoteness positively affects the Pacific islands' bilateral trade, but does not compensate for the negative effect of distance. The opposite is found for the Caribbean islands, where the elasticity of trade with respect to remoteness is eight times bigger than that of Pacific islands. By lowering transport costs, improved infrastructure fosters trade. A K-means cluster analysis for 30 small island developing states shows that the Pacific islands belong to the clusters with the weaker infrastructure stocks, leaving them with a large scope for improvement.

The analysis contained in this paper based on traditional and augmented gravity models can be summarized into the following four main points. First, the Pacific islands' bilateral trade between 1980 and 2004 has been negatively and largely affected by distance.

Second, it was found that the remoteness effect was bigger than distance effect for the Caribbean islands and for the Small Island Development States (SIDS) as a group. The elasticity of trade with respect to remoteness for the Caribbean islands is eight times bigger than that of the Pacific islands.

Third, through their impact on transport costs, the rising price of oil has negatively affected the bilateral trade of the three country groupings, while an increase in the differential freight costs between primary products and manufactures positively affects the island's bilateral trade. Unexpectedly, the estimated elasticity with respect to infrastructure is positive for all country groups, but insignificant for the Pacific islands.

Fourth, there are large disparities in terms of in-country infrastructure stocks between the Pacific and Caribbean countries; the first are lagging far behind the second. A K-mean cluster analysis showed that the countries ranked at the bottom as having the worst infrastructure stocks are mostly Pacific islands, while those ranked at the top are high- and middle-income Caribbean islands. The Pacific islands, therefore have large scope for improvement.

Publisher: UNU-WIDER; Author: Lisa Borgatti; UNCTAD, Division for Africa, Least Developed Countries and Special Programmes. This study has been prepared within the UNU-WIDER project on Fragility and Development, directed by Mark McGillivray and Amelia Santos-Paulino.

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 2022

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Vitamin K Deficiency Bleeding;
<http://www.womenshealthsection.com/content/obsnc/obsnc014.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/health/health026.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



Understanding ECOSOC (Economic and Social Council) System

ECOSOC oversees a complex ecosystem of bodies in the economic, social, cultural, educational, health and related fields. This includes the Council's subsidiary bodies – regional commissions, functional commissions and expert bodies and related bodies – and United Nations funds and programmes and specialized agencies.



It also coordinates the work of other UN entities within its mandate of providing integrated policy guidance to Member States on the coordinated follow-up of UN conferences in economic, social and related fields and in promoting the balanced integration of the three dimensions of sustainable development. It thus has an influence on a wide range of the work of the UN on sustainable development.

COORDINATION IN FOCUS

Why Coordination?

Coordinate to strengthen impact. Global solidarity and coordinated action are essentials for recovery from the pandemic and achieving the Sustainable Development Goals (SDGs).

COVID-19 Recovery & SDGs

Read Integrated policy analysis and recommendations emanating from the work of the United Nations system and ECOSOC regional commissions, functional commissions and expert bodies.

A United, Ambitious and Creative UN

Explore the UN System SDG Implementation online database – the UN family’s repository of actions, initiatives and plans on the implementation of the 2030 Agenda and the SDGs.

Way Forward

Engage to steer the work of the UN system and ECOSOC subsidiary bodies towards a more coherent and effective support to Member States in their response to the pandemic and the implementation of the 2030 Agenda.

Across the UN System and the Council’s subsidiary bodies, evidence showed that the pandemic exposed and deepened existing inequalities within and among countries. Many subsidiary bodies showed how women and girls and vulnerable and marginalized groups, such as, youth and children, older persons, migrants and refugees, persons with disabilities, Indigenous people and those living in conflict-affected countries were the hardest hit and put forward policy recommendations in this regard.

Women’s Health and Education Center’s (WHEC’s) Recommendations:

1. Identify interlinkages between the SDGs and strengthen cooperation in those areas where the linkages are strongest;
2. Further analyzed policies that aim to respond to COVID-19 while advancing the SDGs, and develop policy guideline based on lessons learned and approaches that devised the good results, should be provided to NGOs.
3. Follow-up and implementation recommendations directed to the UN System in the 2021 Ministerial Declaration of ECOSOC and the HLPF, provide information on their respective follow-up actions through the note of the Secretary-General to the 2023 coordination segment.
4. Review the lessons from the HLPF voluntary national reviews and thematic reviews and take them into account in developing their policy recommendations, programmes, plans and activities.
5. Specialized agencies, through their collaboration with various sectoral ministries and NGOs, could be encouraged to help countries take a more coordinated and integrated approach to the implementation of the 2030 Agenda.

How can the WHEC strengthen the impact of the work of ECOSOC functional commission, expert bodies and regional commissions on its various segments and forums as well as on the HLPF?

Share your opinions, suggestions and lessons learned with us on **WHEC Global Health Line (WGHL)**....



In The News

Sustainable Development Goals (SDGs) Progress Chart



SDGs LEARNING

The SDGs Progress Chart 2020 presents a snapshot of global and regional progress by the end of 2019. It covers targets selected under the 17 Goals for Sustainable Development. At the beginning of 2020, the Secretary-General launched the Decade of Action, calling for accelerated solutions by national and local governments, civil society organizations, and the private sector to achieve the Sustainable Development Goals by 2030. The progress chart shows how far we have come in realizing our commitments, and urgent attention is needed. It also shows that, for most Goals, the pace of progress has been sufficient and substantial acceleration is needed.

The progress chart presents two types of information:

1. A trend assessment using spotlight colors; and
2. A level of development assessment based on the latest available data.

The chart is based on limited number of indicators and on information available as of May 2020. A baseline year of around 2015 is used for the trend assessment for most indicators sufficient empirical data around that time, a baseline year of around 2010 used. The latest available for most indicators are from 2018 to 2019; for a few indicators, the data goes back to 2015 to 2016. Most of the data used in the progress chart were compiled prior to the COVID-19 pandemic, and therefore do not reflect its impact.

Details: https://sustainabledevelopment.un.org/content/documents/26727SDG_Chart_2020.pdf



Key Messages

- In the face of the COVID-19 and a worsening climate crisis, the 2021 SDG Moment called for decisive action and international solidarity to keep the promise of the SDGs.
- The world is neither hopeless nor helpless. With the SDGs as a north star, we know what needs to be done and have the tools to do it. Ending the pandemic and advancing equitable, inclusive and sustainable recovery efforts is the first step to getting the SDGs back on track.
- Heads of State and Government together with a host of partners reiterated their continued commitment to the 2030 agenda.
- A top priority is to bridge financing gaps in major SDG transitions, including energy, social protection, food, tourism, connectivity.
- Broad partnerships, multilateral actions and international solidarity are needed.

[Statements by the President of ECOSOC and the SDG Advocates](#)

<https://www.youtube.com/watch?v=kuEY7HMZpY8&t=4702s>

Art & Science

Art that touches our soul

The Thankful Poor by Henry Ossawa Tanner



The Thankful Poor is an 1894 genre painting by African-American painter Henry Ossawa Tanner. It depicts two African Americans praying at a table, and shares common themes with Tanner's other paintings from the 1890s including *The Banjo Lesson* (1893) and *The Young Sabot Maker* (1895).

The work is based on photographs Tanner had taken, and is influenced by his view on education and race, which were in turn derived from those of his father, Benjamin Tucker Tanner, and African Methodist Episcopal Church.

The painting is considered a milestone in African-American art, notably for its countering of racial stereotypes. *The Thankful Poor* depicts an old man and a young boy – perhaps a grandfather and his grandson – at a table, praying before their meal. The table is set with a tablecloth, two white plates and cups, a large white pitcher, cutlery, and small portion of food.

Medium: Oil on canvas; Year: 1894; Dimensions: 90 cm X 112.4 cm (35.5 in X 44.25 in);
Location: DuSable Museum of African American History.

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

<http://www.WomensHealthSection.com>

