



WHEC Update

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

April 2024; Vol. 19. No. 04

Anniversary Edition

On **12 April 2024**, the Women's Health and Education Center (WHEC) celebrates its **23rd Birthday**. Established in 2001, WHEC was created to undertake projects / programs in collaboration with the United Nations (UN), the World Health Organization (WHO), and UNESCO. **The International Health and Development Portal** is to disseminate reliable, evidence-based and trusted information on international health and development challenges, to the healthcare providers and the public.

In recent years, health advocacy on climate change has gathered momentum. Until the adoption of the Paris Agreement in 2015, relatively few health-focused organizations were engaged in the United Nations Framework Convention on Climate Change (UNFCCC) annual meetings. The Women's Health and Education Center (WHEC) has joined global campaigns, initiated our own programs of work and increased our participation in the UNFCCC. This increased activity comes later than that of many other social advocacy groups.

Recent global climate change conferences buzz with activity. Tens of thousands of people gather, advocating national positions or advocacy claims. Part of the growth in participation is due to the expansion and diversification of civil society organizations' presence. The issues these organizations raise are increasingly varies.

The UNFCCC has ongoing programs of work related to gender, indigenous people and a just transition for workers. Health does not have a similar institutional foothold in global climate governance. Here, WHEC has outlined some of the challenges health advocates face mobilizing in the UNFCCC and trace the growing cohesion in the health-climate advocacy community and its messaging. Yet, the ability of health advocates to influence global negotiations may be limited. National and transnational efforts, in coordination with environmental groups, may be more promising routes for those wishing to advance health messaging in the context of climate change.

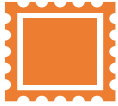
WHEC also highlights how reducing emissions improves health. this co-benefits frame is outlined in our Practice Bulletins and the Side Events. It urges national governments to work to deliver carbon neutrality by 2030 to minimize the life-threatening impacts of climate change on health. This framework does not offer new solutions to climate change, but provides yet another motivation for action. The UNFCCC negotiations are centered on several categories of action: mitigation, adaptation, loss and damage, and support to developing countries, among others. No area of negotiations addresses why action is necessary; therefore there is no easily identifiable institutional space for the co-benefits frame to resonate.

The Portal – Civil Society Network on Climate Change and Public Health, aims to foster a strong and sustainable health voice at both national and international levels. Further institutional limits to what health advocates can expect from the UNFCCC. The Paris Agreement requires countries to submit or update nationally determined contributions every five years; the next submission is around 2025. The content of these contributions is largely up to the countries.

Working at the national level could health incorporate health concerns into more contributions, and more importantly, into national policy and action. Join the efforts.

Climate Change and Public Health Advocacy

Rita Luthra, MD



Your Questions, Our Reply

Our patients breathe toxic air and face huge bills for basics – what is the role of healthcare professionals to stop the very worst effects of the climate crisis? Do health professionals and educators have a duty to speak out about negligence of duty by our governments to protect the climate?

The Way Forward & WHEC's New Initiatives; For those interested in climate advocacy, strategic engagement is important. Although growing, health advocates are still a small cohort challenged by limited time and few resources. Some in the health community might be more interested in engaging in areas more directly under their control, from water sanitation to disease prevention. Cohesion will help share information and resources among those interested, but institutional barriers to action remain.

At the global level, there may be little reason to engage. Opportunities in the UNFCCC are declining as countries focus on implementing the Paris Agreement, which includes only a preambular reference to health, among other human rights.

Action can be effective at the national level. Responsibility for systemic change lies with national governments and large corporations. Many health associations and organizations are nationally based and well regarded. They could be well positioned to explain how climate action could also protect public health, whether through reducing emissions and air pollution or planning to reduce illness and injuries exacerbated by climate change. The health message holds great potential, particularly when articulated by trusted professionals. For those who are interested, difficult decisions regarding the most effective forum and framing for that message will have to be made.

Recent analysis indicates that a wider group of health organizations is equally articulating in both frameworks. For example, a closing statement to the plenary of the UNFCCC meeting in Bonn in 2022 put forward four recommendations:

1. Phase out fossil fuels and fossil fuel subsidies as a public health imperative (the co-benefits frame),
2. The Global Goal on Adaptation should protect the health of population (the adaptation frame);
3. Establish a permanent discussion of food systems, including both mitigation and adaptation (both frameworks);
4. Include health benefits and co-benefits of climate mitigation and adaptation across the sectors in the Global Stock take (both frameworks).

Outside the UNFCCC Activities

It may present better opportunities for influencing policy. Extinction Rebellion is a climate movement and has gained global recognition for its civil disobedience tactics. Doctors For Extinction Rebellion has introduced a new climate-health framework, which is that as trusted professionals, doctors can help build public support for climate policies. This frame relies on the authority and trust held by medical professionals to present another reason to act on climate change.

At the UNFCCC

Health advocacy at the UNFCCC has met several challenges, particularly in terms of building a cohesive group with common messaging. But the uptick in activity among health NGOs is significant. A core group of organizations are devoting more resources to participate in climate Conference of the Parties.

Climate change is a common concern for human health and well-being. The impacts of climate change are already evident, and will become increasingly prevalent.

Join the efforts!



57th Session of Commission on Population and Development (CPD57) <https://www.un.org/development/desa/pd/events/CPD57>

Women's Health and Education Center (WHEC) is actively involved in the work of the Commission and it is indeed our privilege to participate in their annual meeting.

WHEC's theme and participation this year is on: *Healthy Ageing*

**You will be pleased to know that CPD57 has published WHEC's Written Statement
UN Document: E/CN.9/2024/NGO/9
Lifelong Education, Economic and Social Participation: A Framework of Healthy Ageing**
<http://www.womenshealthsection.com/content/n2402359-2024-Written-Statement.pdf>

People worldwide are living longer. The number and proportion of people aged 60 years and older in the population is increasing. In 2019, the number of people aged 60 years and older was 1 billion. This number will increase to 1.4 billion by 2030 and 2.1 billion by 2050. This increase is occurring at an unprecedented pace and will accelerate in coming decades, particularly in developing countries. Every person – in every country in the world – should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favor health or be harmful to it. Working to make the world more age-friendly is an essential and urgent part of our changing demographics. To foster healthy ageing and improve the lives of older people, their families, and communities, fundamental shifts will be required not only in the actions we take, but also in how we think about age and ageing.

The pace of population ageing is much faster now than it was in the past. In 2020, the number of people aged 60 years and older outnumbered children younger than 5 years. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift. In 2050, 80% of the older people will be living in low- and middle-income countries. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.

The Women's Health and Education Center (WHEC) works to enable voice and meaningful engagement by developing and supporting others to use innovative methodologies for amplifying voices, empowering them to influence and implementation of healthy ageing policies. WHEC works to build leadership and capacity by developing learning opportunities, mentorship programs, and other tools that can help create a global community of change agents. Fostering healthy ageing and reducing inequality require effective governance, and leadership across all sectors and at all administrative levels.

Healthy Ageing: A Call for Global Action
Practice Bulletin
<http://www.womenshealthsection.com/content/heal/heal026.php3>

We have submitted a Concept Note to CPD57 for a Virtual Side Event.

Hope you all join us.



United Nations at a Glance

Mission of Pakistan at the United Nations



Pakistan became UN Member State on 30 September 1947

Pakistan, officially the **Islamic Republic of Pakistan**, is a country in South Asia. It is world's 5th most populous country, with population of almost 243 million people, and has the world's second-largest Muslim population just behind Indonesia. Pakistan is the 33rd-largest country in the world by area and the second largest in South Asia, spanning 881,913 sq. ki. (340,509 sq. miles). It has a 1,046-kilometer (650 miles) coastline along the Arabian Sea and Gulf of Oman in the south, and is bordered by India to the east, Afghanistan to the west, Iran to the southwest, and China to the northeast. Islamabad is the nation's capital, while Karachi is its largest city and financial center. Official languages: Urdu and English; Religion: 96.5% Islam, 2.1% Hinduism, 1.3% Christianity. Government: Federal Islamic parliamentary republic; Independence from United Kingdom: 14 August 1947. Currency: Pakistani Rupee (Rs) Queen Elizabeth II was the last monarch of independent Pakistan before it became a republic in 1956.



customs.

Pakistan is a federation that comprises four provinces: Punjab, Khyber Pakhtunkhwa, Sindh and Balochistan; and three territories: Islamabad Capital Territory, Gilgit-Baltistan and Azas Kashmir. The court system is organized as a hierarchy, with the Supreme Court at the apex, below which are high courts, Federal Sharita courts (one in each province and one in the federal capital), district courts (one in each district), Judicial Magistrate Courts (in every town and city), Executive Magistrate Courts, and civil courts. The Penal code has limited jurisdiction in the Tribal Area, where law is largely derived from Tribal

Kashmir Conflict

Kashmir, a Himalayan region situated at the northernmost point of the Indian subcontinent, was governed as an autonomous princely state known as Jammu and Kashmir in the British Raj prior of the partition of India in August 1947. Following the independence of India and Pakistan port-partition, the region became the subject of a major territorial dispute that has hindered their bilateral relations. The two states engaged each other in two large-conflicts over the region in 1947 – 1948 and 1965. In recent developments, certain Kashmiri independence groups believe that Kashmir should be independent of both India and Pakistan.

Economy

The economy of Pakistan is the 23rd-largest in the world in terms of purchasing power parity (PPP), and 42nd largest in terms of nominal gross domestic product. Pakistan is considered a developing country, and it is one of the Next Eleven, a group of 11 countries, that along with the BRICs, had a high potential to become the world's largest economies in the 21st century.

According to the World Bank, Pakistan has important strategic endowments and development possibilities. The increasing proportion of Pakistan's youth provides the country with both a potential demographic dividend and a challenge to provide adequate services and employment. 21.04% of the population live below the international poverty line of US\$ 1.25 a day. The unemployment rate among the aged 15 and over population is 5.5%. developments in science and technology have played an important role in Pakistan's infrastructure and helped the country connect to the rest of the world.

Details: <https://sdgs.un.org/statements/pakistan-9493>

Collaboration with World Health Organization (WHO)

WHO | Pakistan



Health Situation

Pakistan is facing a double burden of disease (BOD), with endemicity of hepatitis B and C with 7.6% affected individuals; the 5th highest tuberculosis in the world, and focal geographical area of malaria endemicity. The HIV prevalence of 21%, although 77% of those who inject drugs are using sterile equipment. Estimated antiretroviral therapy coverage is 9%. In addition, the country has high rates of unscreened blood transfusions. Drug-resistant tuberculosis is estimated at 4.3% among new cases and 19% among previously treated cases. Vaccine preventable diseases and new emerging infections call for strengthening disease surveillance and response system.

Non communicable Disease along with injuries and Mental health now constitute the other half of BOD. Injuries account for more than 11% of the total BOD, and are likely to rise with increasing road traffic, urbanization and conflict. Pakistan ranked 7th in the world for diabetes prevalence. One in four adults over 18 years of age is hypertensive, coupled with elevated smoking levels. Disability due to blindness or other diseases is also high. Maternal death prevail due to preventable cases such as sepsis and hemorrhage, combined with high neonatal mortality rates. The health system functions and operations are frequently disrupted by acute crisis such as floods, droughts, earthquakes, manmade emergencies as well as disease outbreaks such as Dengue and Measles. Chronic factors affecting the health systems include low GDP allocation to social sector and an overall slow economic growth, on-going conflict in several areas of the country, and overarching governance challenges affecting the public sector. Moreover, ODA remains around 2% of total health expenditure in Pakistan, which is relatively insufficient.

Health Policies and Systems

The health system has been devolved to eight federal units (provinces and administrative areas) through the 18th constitutional amendment of 2010, whereby strategic planning also became a provincial responsibility. Health system in Pakistan is a mixed system of a large government infrastructure of primary and secondary health facilities in rural areas and peri-urban areas, and large teaching hospitals in urban areas. An extensive private medical sector is widely used and consulted. NGOs and philanthropists sector play their part by delivering mostly preventive services. Access to and affordability of essential services and medicines are integral to universal health coverage, particularly as a large part of out of pocket and public expenditures is on medicines.

The public sector is inadequately staffed, and job satisfaction and the work environment need improvement. The overall health sector also faces an imbalance in the number, skill mix and development of health workforce, and inadequate resource allocation across different levels of healthcare. The National Health Vision 2016 – 2025 strives to provide a responsive national direction to confront various health challenges, keeping universal health coverage as its ultimate goal.

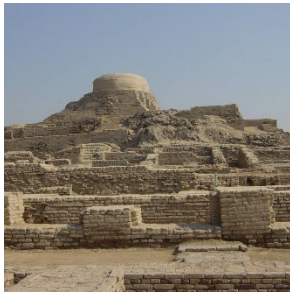
Cooperation for Health

Foreign assistance has played a critical role in developing Pakistan's health sector and the country has historically receive large volume of aid. ADB, Government of US, UK, Germany, Norwegian and Australia, CIDA, DFID, GIZ, JICA, KOICA, UNICEF, UNFPA and WB are among the major donors with different areas of interest and mandate. In addition, Pakistan has a relatively sizeable non-profit private sector with more than 80,000 not for-profit NGOs. The overall investment in the health service sector during 2019 was US\$ 4.83 billion, with the government providing 24%, donors 6%, the military 4% and 1% through social security.

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



Pakistan Joined UNESCO on 14 September 1949



Archeological Ruins of Moenjodaro

The ruins of the huge city of Moenjodaro – built entirely of unbaked in the 3rd century B.C. – lie in the Indus valley. The acropolis, set on high embankments, the ramparts, and the lower town, which is laid out according to strict rules, provide evidence of an early system of town planning. The archeological ruins are located on the right bank of Indus River, 510 km north-east from Karachi, and 28 km for Larkana city, Larkana District of Pakistan's Sindh Province. The property represents the metropolis of the Indus civilization, with flourished between 2,500 - 1,500 BC in the Indus Valley and is one of the world's three great ancient civilizations. The discovery of Moenjodaro in 1922 revealed evidence of the customs, art, religion and administrative abilities of its inhabitants. The well-planned city mostly built with baked bricks and having public baths; a college of priests; and elaborate drainage system; wells, soak pits for disposal of sewage, and a large granary, bears testimony that it was a metropolis of great importance, enjoying a well-organized civic, economic, social and cultural system.



Fort and Shalimar Gardens in Lahore

These are two masterpieces from the time of the brilliant Mughal civilization, which reached its height during the reign of the Emperor Shah Jahan. The fort contains marble palaces and mosques decorated with mosaic and gilt. The elegance of these splendid gardens, built near the city of Lahore on three terraces with lodges, waterfalls and large ornamental ponds, is unequalled.

The two complexes – one characterized by monumental structures and the other part by extensive water gardens – are outstanding examples of Mughal artistic expression at its height, as it evolved during the 16th and 17th centuries. The Mughal civilization, a fusion of Islamic, Persian, Hindu and Mongol sources (from whence the name Mughal derives) dominated the Indian subcontinent for several centuries and strongly influenced its subsequent development.

The Shalimar Gardens, constructed by Shah Jahan in 1641 – 1642 is a Mughal garden layering Persian influences over medieval Islamic garden traditions, and bearing witness to the apogee of Mughal artistic expression. The Mughal garden is characterized by enclosing walls, a rectilinear layout of paths and features, and large expanses of flowing water. The Shalimar Gardens cover 16 hectares, and is arranged in three terraces descending from south to north. The regular plan, enclosed by a crenellated wall of red sandstone, disposes square beds on the upper and lower terraces and elongated blocks on the narrower, intermediate terrace; within elegant garden pavilions balance harmoniously arranged poplar and cypress trees, reflected in the vast basins of water.

University Management Sciences

Developed with six prominent partners from five countries with the Central Square Foundation (India), Center for Policy research (India), Institute for Policy Studies (Sri Lanka), BRAC (Bangladesh), Idara-e-Taleem-o-Aaghi (Pakistan) and the Institute of Integrated Development Studies (Nepal), the 2022 South Asia Report on Non-state actors in education offers a deep dive into the influence, impact and role of non-state education. The region has the highest share of primary and secondary education enrolment in private institutions, a large and growing private sector involvement at other levels of education, and substantial non-state influence.

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

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 Introduction*

5. This is an Agenda of unprecedented scope and significance. It is accepted by all countries and is applicable to all, taking into account different national realities, capabilities and levels of development and respecting national policies and priorities. These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible and balance the three dimensions of sustainable development.
6. The Goals and targets are the result of over two years of intensive public consultation and engagement with civil society and other stakeholders around the world, which paid particular attention to the voices of the poorest and most vulnerable. This consultation included valuable work done by the General Assembly Open Working Group on Sustainable Development Goals and by the United Nations, whose Secretary-General provided a synthesis report in December 2014.

Our Vision

7. In these Goals and targets, we are setting out a supremely ambitious and transformational vision. We envisage a world free of poverty, hunger, disease and want, where all life can thrive. We envisage a world free of fear and violence. A world with universal literacy. A world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured. A world where we reaffirm our commitments regarding the human right to safe drinking water and sanitation and where there is improved hygiene; and where food is sufficient, safe, and affordable and nutritious. A world where human habitats are safe, resilient and sustainable and where there is universal access to affordable, reliable and sustainable energy.
8. We envisage a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realization of human potential and contributing to shared prosperity. A world which invests in its children and in which every child grows up free from violence and exploitation. A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met. .
9. We envisage a world in which every country enjoys sustained, inclusive and sustainable economic growth and decent work for all. A world in which consumption and productivity patterns and use of all natural resources – from air to land, from rivers, lakes and aquifers to oceans and seas – are sustainable. One in which democracy, good governance and rule of law as well as an enabling environment at national and international levels, are essential for sustainable development, including sustained and inclusive economic growth, social development, environmental protection and the eradication of poverty and hunger. One in which development and the application of technology are climate-sensitive, respect biodiversity and are resilient. One in which humanity lives in harmony with nature and in which wildlife and other living species are protected.

Our Shared Principles and Commitments

To be continued.....



Collaboration with UN University (UNU)

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

Female Education and Marriage in Pakistan

The Role of Financial Shocks and Marital Customs

This project aims to explore the effect of wealth shocks on education and marriage for young women in Pakistan. Financial stocks are used to estimate the probability of dropping out of education and into marriage. Using the Pakistan Rural Household Panel survey for the years 2000 – 2010, the effects of financial shocks on probability of dropping out of education and into marriage are estimated for boys and girls in rural area. Second, the returns to education in the marriage market are estimated using information on marital payments of dowry and bride price. Lastly, the intergenerational effects of women's increased bargaining power due to marital assets is estimated.

The results show wealth shocks do not have a gendered effect on school dropout. Also, adverse shocks during the teenage years do not increase the probability of early marriage. However, this relationship is negative in villages where marital payments are typically higher – that is, marriage costs can delay early marriage in shock-hit households as they are more credit-constrained. Lastly, higher educated women receive more marital assets, which each attribute to increased bargaining power within the marriage. This increased bargaining power also has intergenerational effects on children's schooling.

Adolescent and child marriage is still a common practice in many countries, especially among under-age girls. Worldwide, one-third of women aged 20-24 years marriage before turning 18 years old. This practice is particularly widespread in South Asia, where more than 50% of women continue to despite increases in girls' schooling, large numbers of women do not join the labor market and are married off at an early age.

This study supplements the literature on the driving forces being early marriage. It also contributes to the literature that studies gender dynamics of coping mechanisms of rural households experiencing financial shocks. It confirms previous findings that the marital customs are practiced. For countries in South Asia where dowry is practiced, there is some evidence that conditional programs are more effective in reducing child marriage than unconditional programs. In order improve our understanding of empirical research and to formulate effective policy for enhancing women's and consequently also their children's welfare, and for reducing child marriage, the economic role of culture and institutions should not be ignored.

Publisher: UNU-WIDER; Author: Sarah Khan; Sponsor: 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, March 2024

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Psychiatric Disorders During Pregnancy;**
<http://www.womenshealthsection.com/content/obsmd/obsmd017.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. **Maternal Obesity and Impact on Fetal Brain Development;**
<http://www.womenshealthsection.com/content/obsnc/Maternal-Obesity-and-Impact-on-Fetal-Brain-Development.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

World Health Day 2024

7 April 2024



My Health, My Right

Around the world, the right to health of millions is increasingly coming under threat. Conflicts are devastating lives, causing death, pain, hunger and psychological distress. The burning of fossil fuels is simultaneously driving the climate crisis and taking away our right to breathe clean air, with indoor and outdoor air pollution claiming a life every 5 seconds. The WHO Council on the Economics of Health for All has found that although at least 140 countries recognize health as a human right in their constitution, only 4 countries have mentioned how to finance it.

To address these types of challenges, the theme for World Health Day 2024 is: **My health, my right.**

This year's theme was chosen to champion the right of everyone, everywhere to have access to health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination.

Human Rights-based Approach

All programs, policies and technical assistance should further the realization of the right to health and other health-related human rights. Human rights standards and principles – such as participation, accountability, equality and non-discrimination – are integrated into all stages of the health programming cycle, including assessment, priority setting, planning and design, implementation, monitoring, and evaluation.

Institutions, processes and systems need to ensure that people are empowered to understand and claim their health-related rights. States are the primary duty bearers and must be supported to deliver on their human rights obligations. Non-State actors, like the private sector and NGOs, also have human right obligations. Policy makers and parliamentarians must use their regulatory powers to ensure the respect, protection and fulfilment of health-related rights, health and safety standards and labor rights.



THE CLIMATE CHANGE: The Paris Agreement

Health organizations traditionally struggle to find a common message linking climate change and health. Organizations advanced different frames – which highlight certain aspects of these linkages over others. Yet, speaking with one voice would grant greater benefits. Some of these messages highlighted adaptation, joining the WHEC in its focus on how climate change will impact public health. We invite you to join our initiatives. This framework might facilitate some wins. The Nairobi Work Program, a UNFCCC body that aims to assist developing countries (according to the Paris Agreement) in understanding and assessing climate impacts, including health as a thematic area.

What is the Paris Agreement?



Credit: UNFCCC

The Paris Agreement is a **legally binding international treaty on climate change**. It was adopted by 196 parties at the UN climate change conference (COP21) in Paris, France, on 12 December 2015. It entered into force on 4 November 2016.

Its overarching goal is to hold “the increase in the global average temperature to well below 2°C above pre-industrial levels” and pursue efforts “to limit the temperature increase to 1.5°C above preindustrial levels.”

However, in recent years, world leaders have stressed the need to limit global warming to 1.5°C threshold risks unleashing far more severe climate change impacts, including more frequent and severe droughts, heatwaves and rainfall.

To limit global warming to 1.5°C, greenhouse gas emissions must peak before 2025 at the latest and decline 43% by 2030. The Paris Agreement is a **landmark** in the multilateral climate change process because, for the first time, a binding agreement brings all nations together to combat climate change and adapt to its effects.

How does the Paris Agreement work?

Implementation of the Paris Agreement requires **economic and social transformation**, based on the best available science. The Paris Agreement works on a **five-year cycle** of increasingly ambitious climate action – or, ratcheting up – carried out by countries. Since 2020, countries have been submitting their national climate action plans, known as **nationally determined contributions (NDCs)**. Each successive NDC is meant to reflect an increasingly higher degree of ambition compared to the previous version.

Recognizing that accelerated action is required to limit global warming to 1.5°C, and COP27 cover decision requests Parties to revisit and strengthen the 2030 targets in their NDCs to align with the Paris Agreement temperature goal by the end of 2023, taking into account differences national circumstances.

Long-Term Strategies

To better frame the efforts towards the long-term goal, the Paris Agreement invites countries to formulate and submit **long-term greenhouse gas emission development strategies (LT-LEDS)**.

LT – LEDS provide the **long-term horizon to the NDCs**. Unlike NDCs, they are not mandatory. Nevertheless, they place the NDCs into the context of countries' long-term planning and development priorities, providing a vision and direction for future development.



How are countries supporting one another?

The Paris Agreement provides a framework for financial, technical and capacity building support to those countries, who need it.

Finance: The Paris Agreement reaffirms that developed countries should take the lead in providing financial assistance to countries that are less endowed and more vulnerable, which for the first time also encouraging voluntary contributions by other parties. Climate finance is needed for

mitigation because large-scale investments are required to significantly reduce emissions. Climate finance is equally important for adaptation, as significant financial resources are needed to adapt to the adverse effects and reduce the impacts of a changing climate.

Technology: The Paris Agreement speaks of the vision of fully realizing technology development and transfer for both improving resilience to climate change and reducing GHG emissions. It establishes a technology framework to provide overarching guidance to the well-functioning Technology mechanism. The mechanism is accelerating technology development and transfer through its policy and implementation arms.

Capacity-Building: Not all developing countries have sufficient capacities to deal with many of the challenges brought by climate change. As a result, the Paris Agreement places greater emphasis on climate-related capacity building for developing countries and requests all developed countries to enhance support for capacity-building actions in developing countries.

Join the movement!



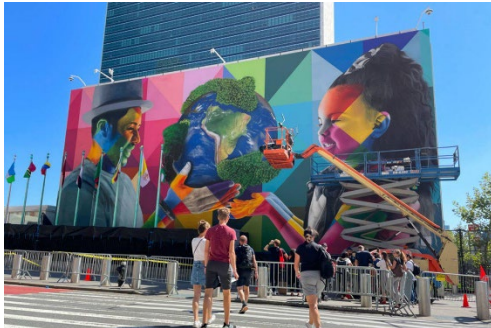
In The Mail

1. **Acknowledgements and Greetings; THE WHITE HOUSE; President Biden & Jill Biden**
<http://www.womenshealthsection.com/content/2024-Greetings-President-Biden.pdf>
2. **Acknowledgement and Greetings; The Buckingham Palace; King Charles III**
http://www.womenshealthsection.com/content/Document_2024-King%20Charles-Page-2.pdf



In The News

Promoting the Development, Diffusion and Enjoyment of Art



Art nurtures creativity, innovation and cultural diversity and plays a role in sharing knowledge and encouraging curiosity and dialogue. Therefore, the Women's Health and Education Center (WHEC) with UNESCO supports environments where artists and artistic freedom are promoted and protected. In this way, furthering the development of art also furthers our means to achieve a free and peaceful world.

World Art Day (15 April) is a reminder that art can unite and connect us even in the most difficult of circumstances. Art continues to have the power to bring people together, to

inspire, heal and share.

World Art Day, a celebration to promote the development, diffusion and enjoyment of art, was proclaimed at the 40th session of UNESCO's General Conference in 2019. Each year, on 15th April, World Art Day celebrates help reinforce the links between artistic creations and society, encourage greater awareness of the diversity of artistic expressions and highlights the contribution of artists to sustainable development. It is also an occasion to shine a light on arts education in schools, as culture can pave the way for inclusion and equitable education.

The challenge of keeping art alive, now and in future, is therefore twofold: we must support cultural professionals and cultural institutions, and promote access to art for all. In order to better identify needs, we must listen to the voices of the art world in all their diversity. This is the aim of UNESCO's ResiliArt Movement, which was launched to affirm the resilience of art in this period and prepare for the future. To date, thousands of artists and professionals have participated in more than 300 debates around the world.

Human Rights and Healing Arts for a Culture of Peace

The International Health and Development Portal, aims to examine the positive impact of the arts in promoting global peace, human rights, health and well-being. The impact of art is underestimated today. We have a limited view of the artist as someone who produces beauty devoid of social conscience. In response, many artists decide to combine activism and art to become 'activists' – offering their talents to alleviate suffering, promote peace and prevent war. This forum, is organized to promote the arts as a bridge across cultures, ideologies, languages and geographies, reflects the crucial use of arts as an enabler for healing and social cohesion, contributing to consolidating a culture of peace.

Art and Healing

Art fulfills many functions and means many things. No one needs to explain to a child why he or she should draw: children want to draw. To a child, art-making is as natural as eating or breathing. As we get older, our relationship to art shifts, changes, and becomes rather more complicated. Art begins to function in all sorts of ways, from helping marketers sell products to telling truth to power. In every age, art does a significant amount of work. The Ways Art Helps Us:

1. Art Lowers Anxiety;
2. Art Generates New Solutions;
3. Art (Both Making It and Looking at it) Can Have a Role in Therapy;
4. Art Helps Us Deal with Difficult Realities; and
5. Art Builds Safe, Meditative, Imaginative Spaces.

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Art & Science

Art that touches our soul

The Wine Glass by Johannes Vermeer (October 1632 – 15 December 1675)



The Wine Glass (also **The Glass of Wine** or **Lady and Gentleman Drinking Wine**, Dutch: **Het glas wijn**) is a painting by Johannes Vermeer, created c. 1660, now in the Gemaldegalerie, Berlin.

It portrays a seated woman and a standing man drinking in an interior setting. The work contains the conventions of genre painting of the Delft School developed by Pieter de Hooch in the late 1650s.

It contains figures situated in a brightly lit and spacious interior, while its architectural space is highly defined. The figures are sent in the middle ground, rather than positioned in the foreground.

Johannes Vermeer was a Dutch Baroque Period painter who specialized in domestic interior scenes of middle-class life. During his lifetime, he was a

moderately successful provincial genre painter, recognized in Delft and The Hague. Nonetheless, he produced relatively few paintings and evidently was not wealthy, leaving his wife and children in debt at his death.

Oil on Canvas, 65cm X 77 cm (25 5/8 in. X 30 1/4 in.)

Location: Staatliche Museen Preubischer Kulturbisitz, Gemaldegalerie, Berlin

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