



## WHEC Update

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

May 2020; Vol. 15. No. 05

## *Sustainable Development*

The entire world is at war with an invisible enemy – the novel coronavirus. The novel coronavirus, and the disease it causes, COVID-19, have triggered unprecedented turmoil and disruption around the world. Empty streets, shuttered shops, overflowing hospitals. With a vaccine to protect against the disease still a distant possibility, our best weapon remains staying away from each other. But while social distancing saves lives, it drags down the global economy and threatens jobs.

Middle- and high-income countries in Asia, Europe and North America have been particularly hard hit ... so far. The expectation and fear are that it is only a matter of time before the disease strikes with full force in the less stable societies, where the damage could be exponentially worse. The Women's Health and Education Center (WHEC) with the UN System and the World Health Organization (WHO) are looking closely at the implications of the spread of the virus in those countries – including those that host Special Political Missions – and sounding the alarm. The virus has changed the way we live.

The economic devastation wrought by the coronavirus was relatively easy to predict – at least once it became clear how deadly and contagious the pathogen was. Factory and shop closures are sure signs of immediate and future economic pain. Months into the crisis, however, it is less clear what the ultimate effect will be on the many conflicts and peace processes around the world. What there is in abundance right now is concern that countries and communities ravaged by war will not be able to withstand the onslaught of the virus. So great is the threat of COVID-19 to life and livelihoods that it should dwarf the reasons parties in conflict put forward to continue to fight. With COVID-19, even the most worn slogans seem justified: *We are all* – governments, opposition forces, civil society – in this together. The virus truly is our common enemy.

On 22 March, Secretary-General António Guterres made an impassioned appeal for an immediate global ceasefire in all corners of the world; "It is time to put armed conflict on lockdown and focus together on the true fight of our lives." Within days of this appeal, armed groups in Philippines, Cameroon and Syria declared they would adhere to his call. Many UN envoys have also made their own appeals on the back of the Secretary-General's call. We remain focused on providing support and expertise to countries trying to prevent or overcome conflict. Obviously, that has become a bit more complicated given the restrictions the virus has imposed on all of us. But we can do a lot of our work remotely, and our colleagues in the field are able to do the same.

Even before the crisis we had been devoting a lot of attention on how innovation and technology can help us bring more people – women, youth and traditionally disenfranchised – into peace, remote learning and political processes. The current situation should provide a good testing ground. The situation is, among other things, helping us think through some potential issues.

For example, for now, it is relatively easy for us to work remotely, have remote learning projects, globally conduct businesses as we have the technology and resources. **But, if more of this work moves to the virtual sphere - permanently, how do we ensure those who do not have that access or resources, also can participate?** The health crisis is still to come in many developing countries. According to new analysis from UNCTAD, the UN trade and development body, commodity-rich exporting countries will face a \$2 trillion to \$ 3 trillion drop in investment from overseas in the next two years. Share your point of view on **WHEC Global Health Line (WGHL)**.

COVID-19: One War That Must Be Fought Together

**Rita Luthra, MD**



## Your Questions, Our Reply

Will COVID-19 change the work of the UN and how the world makes war and peace? Is there COVID-19 crisis yet to come in many developing countries?

**We are in this together:** COVID-19 is also affecting the UN's work on peace and security in other important ways. On 26 March, Bolivia's Supreme Electoral Tribunal announced it had proposed new dates for presidential elections as the polls could not be held on the original dates for presidential elections date of 3 May owing to the effects of the pandemic. The elections may now take place between 7 June and 6 September 2020.

Throughout the coronavirus crisis, one overriding message from the UN has been that the work of the UN – political, peacekeeping, development, human rights and humanitarian – goes on, albeit under difficult or unusual conditions.

At headquarters in New York, and in many other UN duty stations, that means video and teleconferencing, among other measures. For the core staff of the Organization, this it is accomplished without major difficulties, even if the change can be jarring on such a large scale.

If the crisis of developing countries significantly weakened by the economic shockwaves from the crisis – and that is a very vicious combination of an economic crisis and a health crisis. So we have got to find ways of strengthening the healthcare system and services in developing countries and building up resilience on that front very quickly.

Rich industrial nations have already announced a \$5 trillion global rescue package plan to provide and economic safety net to their businesses and workers. This unprecedented measure should reduce the extent of their shock – physically, economically and psychologically.

It is also expected to create \$1 trillion to \$2 trillion of demand among the major G20 economies, boosting global manufacturing by 2%. Faced with “a looming financial tsunami” this year, UNCTAD's four-pronged strategy initially calls for a \$1 trillion investment injection for weaker countries.

1. This would come from so-called “special drawing rights” governed by the International Monetary Fund (IMF) which would need to “go considerably beyond” the 2009 allocation made in response to the global financial crisis.
2. The second measure is a debt freeze for distressed economies, involving and immediate standstill on sovereign debt payments, followed by significant debt relief.
3. The third measure targets \$500 billion investment in poorer countries' emergency health services and related social relief programs.
4. Finally, UNCTAD urges the implementation of State-led capital to curtail already surging capital outflows from these developing countries.

This would help to reduce a cash shortage driven by sell-offs in developing countries markets and to arrest declines in currency values and asset prices.

To further build a culture of peace with love and conscience, the General Assembly declared 5 April the International Day of Conscience. The United Nations invites all to promote the culture of peace with love and conscience within your communities, which will contribute to foster sustainable development.

Let us commemorate this day through acts of kindness amid the COVID-19 outbreak.



## United Nations at a Glance

### Permanent Mission of Israel to the United Nations

Israel became UN Member State on 11 May 1949



**Israel**, formally known as the **State of Israel**, is a country in Western Asia, located on the south the southeastern shore of the Mediterranean sea and the northern shore of the Red sea. It has land borders with Lebanon to the north, Syria to the northeast, Jordan on the east, the Palestinian territories of the West Bank and Gaza Strip to the east and west, respectively, and Egypt to the southwest. The country contains geographically diverse features within its relatively small area. Israel's economic and technological center is Tel Aviv,

while its seat of government and proclaimed capital is Jerusalem, although the state's sovereignty over Jerusalem has only partial recognition. Official language: Hebrew; other recognized languages: Arabic; Ethnic groups: Jewish 74.2%, Arab 20.9%, and other 4.8%; Religion: Judaism 74.2%, 17.8% Islam, 2.0% Christianity, 1.6% Druze, 4.4% other. Total Area: 20,770 – 22,072 km<sup>2</sup> (8,019 – 5,522 sq. mi); population 2020 estimate: 9,160,940.

In 1947, the UN adopted a Partition Plan for Palestine recommending the creation of independent Arab and Jewish states and an internationalized Jerusalem. The plan was accepted by the Jewish Agency and rejected by Arab leaders. Efforts to resolve the Israeli-Palestinian conflict have not resulted in a final peace agreement. However, peace treaties between Israel and both Egypt and Jordan have been signed.

In its Basic Laws, Israel defines itself as a Jewish and democratic state and the nation state of the Jewish people. The country has liberal democracy (one of only two in the Middle East and North Africa region, the other being Tunisia), with a parliamentary system, proportional representation, and universal suffrage.



### About the Mission at UN

Israel's Permanent Mission represents the State of Israel, its citizens, and the Jewish people on the global stage of the United Nations. For over 66 years, Israel's delegation has worked to promote international peace, prosperity, and security through UN institutions. Today, Israeli diplomats share the unique expertise and cutting-edge innovations of the "start-up nation" in the halls of the

UN to help address pressing global challenges – from public health to environmental issues to sustainable development.

Israel is included in the European Union's European Neighborhood Policy (ENP), with aims at bringing the EU and its neighbors closer. Israel is considered the most advanced country in Southwest Asia and the Middle East in economic and industrial development. Israel's quality university education and the establishment of a highly motivated and educated populace is largely responsible for spurring the country's high technology boom and rapid economic development. In 2010, it joined the OECD. The country is ranked 16<sup>th</sup> in the World Economic Forum's Global Competitiveness Report and 54<sup>th</sup> on the World Bank's *Ease of Doing Business* index. Israel was also ranked 5<sup>th</sup> in the world by share of people in high-skilled employment. Israeli economic data covers the economic territory of Israel, including the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank.

Details: <https://embassies.gov.il/un/Pages/default.aspx>

# Collaboration with World Health Organization (WHO)

## WHO | Israel



The State of Israel was established in 1948 and is a democratic state with a parliamentary, multi-party system. Israel has a national health insurance (NHI) system which provides universal coverage. The NHI system is financed primarily through taxation linked to income. The government distributes the NHI funds among four non-profit-making health plans. The Ministry of Health has overall responsibility for the health of the population and the effective functioning of the health care system.

The Israeli Health Ministry is decentralized to 6 Regional Health Offices. In the Northern Region there are 5 District Health Offices: Acre, Kinneret, Nazareth, Safed and Yizrael.

The Public Health Services of the Ministry of Health have adopted the WHO approach to enhancing global health security and preventing chronic diseases by creating a healthy and supportive environment for the benefit of individuals and communities. The Northern Region seeks in practice to prevent and control morbidity and improve the quality of life of its citizens through maintenance of and improvement in collaboration between the various health and medical organizations (governmental, non-governmental, public, private, international) and between these organizations and communal groups

The Northern Region is running two successful programs related to maternal and child health: “Tipat Halav” (“A drop of Milk”) and the “One stop shop” program, which is sub-program of the first mentioned. The “A drop of milk” program involves 320 mother/child clinics spread out in the Region, which deal mainly with prevention. These conduct: follow up of pregnant women and newborns; screening tests for and the follow up of genetic and congenital diseases and malformations, phenylketonuria and hypothyroidism, among others; and routine childhood vaccinations. The program also includes health-education consultations in the areas of physical activity, nutrition, breastfeeding/substitutes and contraceptives.

The “One stop shop” program focuses on children about to enter the first grade who are invited to their nearest Tipat Halav location with their parents for a series of screening tests. 50 children are invited to each session (out of a total of 26,000 in the Region). The sessions include eye examinations (by and optometrist); hearing tests; vaccinations (given by school nurses specializing in first and second graders); and height and weight measurement. All children participating in the program are given a certificate stating that they are about to enter the first grade, a modest gift and a refrigerator magnet with tips about “healthy sandwiches.” The screening tests and preventive measures ensure that each child entering the first grade does so under optimal conditions.

In 2018, life expectancy in Israel was 84.1 years (80.7 years for men and 84.2 years for women). Among the Jewish population, life expectancy was 84.5 years (80.9 years for men and 84.5 years for women) and for the Arab population it was 81.1 years (76.9 years for men and 81.1 years for women).

The greatest burden of disease, at both the global and the European levels, is attributable to non-communicable diseases. Health promotion and disease-prevention activities aimed at reducing this burden need to involve non-health sectors and actors. To implement international and national NCD action plans, it is important that the mandate and responsibility of the health sector with respect to health promotion and disease prevention reaches beyond service provision.

Planning a comprehensive tobacco and alcohol policy, requires comprehensive discussion between the various public sectors, and most likely, the establishment of an intersectoral working group to prepare it.

Details: <https://www.who.int/countries/isr/en/>

# 73rd World Health Assembly, May 17 – 21, 2020

## Geneva, Switzerland

73rd World Health Assembly

A73/1

Opening of the Health Assembly

The main address by the Director General will be delivered during the high-level segment, which is scheduled to take place on Sunday, 17 May 2020 in the afternoon. The Director-General will deliver a shorter address on the morning of 18 May, which will be followed by the general discussion.

- 1.1 Appointment of the Committee on Credentials
- 1.2 Election of the President
- 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
- 1.4 Adoption of the agenda and allocation of items to the main committees

In an effort to respond to Member States' needs, the present texts have been available as quickly as possible. The definitive versions of the resolutions and decisions adopted, edited for the Official records, will be made available in due course, accessible from the link below.

Details: [https://apps.who.int/gb/e/e\\_wha73.html](https://apps.who.int/gb/e/e_wha73.html)

## WHO: Coronavirus disease (COVID-19) Pandemic

Situation Dashboard

<https://covid19.who.int/>

## Bulletin Board

### Coronavirus disease (COVID-19) Research & Development



#### Global Research and Innovation Forum: towards a research roadmap

On 30 January 2020, following the recommendations of the Emergency Committee, the WHO Director-General declared that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC).

#### COVID-19 Phase IIb/III Vaccine Trial Synopsis

A randomized multi-center, blinded, control vaccine trial to evaluate the efficacy and safety of

investigational vaccines for novel coronavirus disease (COVID-19) and infection. The trial will be carried out under a Master Protocol to continue across outbreak sites until the scientific questions of interest are addressed.

COVID-19 – situation update; 24 April 2020

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>



## Music, talent, and hope, unite millions across the world online in support of coronavirus workers

19 April 2020: This weekend's One World: Together At Home event, saw many of the biggest names in music join the UN health agency and Global Citizen movement in supporting the millions of healthcare and other front-line workers who are helping stave off the ravages of the coronavirus pandemic.

"We face a crisis unlike any other. To overcome it, we must unite," said the UN Secretary-General António Guterres. "Tonight, through the universal language of music, we salute the bravery and sacrifice of health heroes and others. As we do so, let us remember the most vulnerable."

<https://news.un.org/en/story/2020/04/1062092>

### COVID-19 Therapeutic Trial Synopsis

A randomized multi-center adaptive clinical trial to evaluate the efficacy and safety of investigational therapeutic agents in combination with standard-of-care for the treatment of hospitalized patients with novel coronavirus disease (COVID-19).

The trial will be carried out under a Master Protocol to continue across outbreak sites until the scientific questions of interest are addressed. The trial will be conducted in two stages: the first will be a Pilot Stage and second will be a Pivotal Stage.

[https://www.who.int/blueprint/priority-diseases/key-action/COVID-19\\_Treatment\\_Trial\\_Design\\_Master\\_Protocol\\_synopsis\\_Final\\_18022020.pdf?ua=1](https://www.who.int/blueprint/priority-diseases/key-action/COVID-19_Treatment_Trial_Design_Master_Protocol_synopsis_Final_18022020.pdf?ua=1)



## Collaboration with UN University (UNU)

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

### Economic Aspects of the Palestinian-Israeli Conflict

The collapse of the Oslo Accord

Since October 2000 Israel and the Palestinians of the West Bank and Gaza Strip have become entangled in a bloody confrontation. This paper focuses on the economic relationship between the Israeli economy and the Palestinian economy of the West Bank and Gaza Strip, and the ways in which this has contributed to the collapse of the Oslo Accord. The paper finds that Israeli policies have distorted and weakened the Palestinian economy, particularly in the areas of trade (dependence upon one major trade partner), taxation, (loss of revenues to finance development spending) as well as in the labor market (controls on flows of workers) and in Palestinian access to land (including land confiscation). As a result, poverty and unemployment have risen in West Bank and Gaza Strip. Resolution of these economic problems is therefore crucial to building a durable space.

Since October 2000, Israel and Palestinians of the West Bank and Gaza Strip have become entangled in a bloody confrontation that claimed thousands of casualties from both sides. After countless efforts at mediation by the international community, the crisis has shown no sign of abating. In fact its intensity has been continuously heightened by the dynamics of escalation from one side and counter-escalation from

the other side. This has shattered the hopes for peaceful resolution to the Palestinian-Israeli conflict that were raised by the signing of the Oslo Accord in 1993.

**The Oslo Accord and Limited self-rule:** On 13 September 1993, Israel and the Palestine Liberation Organization (PLO) signed a Declaration of Principles (DoP) in Washington DC, recognizing each other and resolving to implement some specified steps gradually, as well as negotiate the end of their historical conflict. As specified in the DoP, in May 1994, a Palestinian limited self-government was established over parts of the West Bank and Gaza Strip.

One major theme has emerged from the analysis of this paper concerning the Israeli policies toward the Palestinian economy in the West Bank and Gaza Strip. During the occupation period (1967 – 1994), those policies were responsible for weakening the productive sectors of the economy through the creation of distortion of distortion and disequilibria and engendering crippling dependency on the Israeli economy.

The failure of the limited self-rule to a fundamental contradiction of the peace proves which started with the signing of the DoP in 1993. On the one hand, the ultimate goal was to achieve a historical compromise between the two peoples through a two-state solution to the conflict; one Jewish and one Palestinian. On the other hand, the gradual step by step trajectory allowed Israel to continue its policies of land confiscation, the building of new Jewish settlements, and the attainment of complete control over borders, all of which undermined the emergence of viable Palestinian state.

The experience of last seven years has shown that the Oslo Accord is flawed and does not have the potential for achieving a peaceful settlement. A new accord that recognizes the fundamental Palestinian right of sovereignty over their land is needed so that the two-state solution can become a viable solution to the conflict. A new environment free of conflict over sovereignty, and a clear and well-defined authority over economic activities can take the Palestinian economy a long way toward a higher path of development and growth. Such a new and enabling environment would cement a new economic relation between the two economies that could exploit possibilities of complementarity and rationalization and acknowledge the need of the Palestinian economy to use measures of safeguard itself against dependence upon one major trade partner.

Publisher: UNU-WIDER; Author: Fadle M. Naqib; Sponsor: UNU World Institute for Development Economics Research (UNU/WIDER) was established by the United Nations University as its first research and training center and started work in Helsinki, Finland in 1985. The purpose of the Institute is to undertake applied research and policy analysis on structural changes affecting the developing and transitional economies, to provide a forum for the advocacy of policies leading to robust, equitable and environmentally sustainable growth, and to promote capacity strengthening and training in the field of economic and social policy making.

*Details of the paper can be accessed from the link of UNU-WIDER on CME Page*

<http://www.WomensHealthSection.com/content/CME>



## **United Nations Girls' Education Initiative (UNGEI)**

*The Effort to Advance the Global Strategy (continued)*

### **Right to Education**

Education as a fundamental human right lies at the heart of UNESCO's mission and is enshrined in the Universal Declaration of Human Rights (1948) and many other international human rights instruments. The right to education is one of the key principles underpinning the Education 2030 Agenda and Sustainable Development Goal 4 (SDG4) adopted by the international community. SDG 4 is rights-based and seeks to ensure the full enjoyment of the right to education as fundamental to achieving sustainable

development. Yet millions of children and adults remain deprived of educational opportunities, many as a result of social, cultural and economic factors.



Education in itself is an empowering right and one of the most powerful tools by which economically and socially marginalized children and adults can lift themselves out of poverty and participate fully in society.

In order to do so there must exist equality of opportunity and universal access. Normative instruments of the United Nations and UNESCO lay down international legal obligations which recognize and develop the right of every person to enjoy access to education of good quality. This legal

framework is considered of great importance by Member States and the international community in implementing the right to education.

UNESCO supports States to establish solid national legal and policy frameworks that create the foundation and conditions for the delivery and sustainability of quality education. In turn, governments must be held accountable to fulfill their legal and political obligations to provide good quality education for all and to implement and monitor education policies and strategies more effectively.

### **Taking the Right to Education seriously**

The right to education is a priority in many States, international institutions, and even private actors. But, what does this mean in actual practice? How does it apply in a world that is constantly changing, where climate and migration emergencies are fast rising, and where private actors are taking on a more prominent role?



The Abidjan Principles unpack and compile existing provisions in international human rights law and provide guidance on how to put them into practice in the context of the rapid expansion of private sector involvement in education. Details: <https://www.abidjanprinciples.org/>

### **Making schools a safe place – how to prevent school violence and bullying?**

International statistics report that one in three students is regularly bullied by his/her peers at school. School violence is a complex and multifaceted phenomenon. It includes physical, psychological and sexual violence between peers including bullying and cyber-bullying, as well as violence perpetrated by teachers. School violence and bullying have major consequences: they strongly affect student learning and can lead to absenteeism, dropout, depression and suicide.

Strategic debates

<http://www.iiep.unesco.org/en/strategic-debates>

*To be continued...*

## **Two Articles of Highest Impact, April 2020**

*Editors' Choice – Journal Club Discussions*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. Preanesthesia Care Recommendations For Gynecologic Patients;  
<http://www.womenshealthsection.com/content/gyn/gyn037.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. Chronic Kidney Disease and Pregnancy;  
<http://www.womenshealthsection.com/content/obsmd/obsmd020.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**

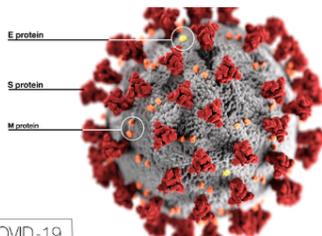
**Worldwide service is provided by the WHEC Global Health Line**



### **From Editor's Desk**

*WHEC Projects under Development*

#### **COVID-19 Pandemic – Update**



#### **Three-part plan for a global response to COVID-19**

To best respond to the COVID-19 pandemic, UN Secretary-General António Guterres calls on world leaders to come together and offer an urgent and coordinated response to this global crisis. The three-part action plan includes first tackling the health emergency. Second, placing focus on the social impact and the economic response and recovery. Third, and finally prioritizing the responsibility to “recover

better.” In this unprecedented situation the normal rules no longer apply, and the magnitude of the response must match its scale. The world faces a common enemy. We are at war with a virus.

#### **What is Coronavirus?**

Coronavirus (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

#### **Q & A on COVID-19, pregnancy, childbirth and breastfeeding**

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-pregnancy-and-childbirth>

#### **Q & A on Coronaviruses (COVID-19)**

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

#### **The United Nations supports frontline COVID-19 response**

With the coronavirus pandemic extending to some of the world's poorest countries, the United Nations is in a race against time to help prevent the further spread of COVID-19. UN country teams are doubling

their support for frontline responders and working to help vulnerable countries strengthen their healthcare infrastructure.

COVID-19 poses serious challenges to the capacity of health systems around the world. Medical personnel are under pressure. Supplies and equipment are in urgent demand. And in many instances, temporary health infrastructure is needed to cope with the influx of patients requiring specialized treatment.



### UN Country Teams

United Nations Country Teams are stepping up their support for national authorities. The UN team is also siding with a range of partners, including news outlets, civil society organizations, businesses, youth representatives, and women leaders for a whole-of-society approach to prevention, preparedness, and response against

COVID-19.

The UN has also supported the construction of a multi-purpose infectious disease unit to isolate and treat suspected cases. Also, health workers have been trained to enhance surveillance and early detection, investigate suspected cases and manage patients with COVID-19 related symptoms.

### Research and Development

WHO is assisting COVID-19 research, bringing together 300 scientists, researchers, national public health experts across the world on COVID-19 in February to assess the current level of knowledge about the new virus, agree on clinical research questions that need to be answered urgently and ways to work together to accelerate and fund priority research and can contribute to curtail this outbreak and prepare for future outbreaks.

### Coronavirus Situation Dashboard

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



### In The News



### COVID-19 Outbreak: rights roles and responsibilities of health workers, including key consideration for occupational safety and health.

#### Background

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infections. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence.

#### Health workers rights, roles and responsibilities

Health worker rights include the expectation that employers and managers in health facilities:

- Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;
- Provide information, instruction, and training on occupational safety and health, including;
- Refresher training on infection prevention and control (IPC);
- Use, putting on, taking off and disposal of personal protective equipment (PPE);
- Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;
- Familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;
- Provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bloody fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims;
- Advise health workers on self-assessment, symptom reporting, and staying home when ill;
- Maintain appropriate working hours with breaks;
- Consult with health workers on occupational safety and health aspects of their work, and notify the labor inspectorate of cases of occupational diseases;
- Allow health workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect health workers exercising this right from any undue consequences;
- Not require health workers to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken;
- Honor the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure;
- Enable cooperation between management and health workers and their representations.



#### **Health workers should:**

- Follow established occupational safety and health procedures, avoid exposing others to health procedures, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;
- Use provided protocols to assess, triage, and treat patients;
- Treat patients with respect, compassion, and dignity;
- Maintain patient confidentiality;
- Swiftly follow established health reporting procedures of suspected and confirmed cases;
- Provide or reinforce accurate IPC and public health information, including too concerned people who have neither symptoms nor risk:
- Put on, take off, and dispose of PPE properly;
- Self-monitor for signs of illness and self-isolate and report illness to managers if it occurs;
- Advise management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and
- Report to their immediate supervisor any situation which they have reasonable justification to believe presents and imminent and serious danger to life or health.

Women's Health and Education Center (WHEC) continues to disseminate the interim guidance and monitor the situation with the World health Organization (WHO), to its readers worldwide.

#### **COVID-19 technical guidance**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

**FIRE AND ICE**

Some say the world will end in fire,  
Some say in ice.  
From what I've tasted of desire  
I hold with those who favor fire.  
But if it had to perish twice,  
I think I know enough of hate  
To say that for destruction ice  
Is also great  
And would suffice.

- Robert Frost (1874 – 1963); America's finest poet. He was awarded the Pulitzer Prize for Poetry on four occasions, served as Poet Laureate Consultant in Poetry to the Library of Congress, and was awarded a Congressional Gold Medal in 1960

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

<http://www.WomensHealthSection.com>

