



## WHEC Update

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

June 2020; Vol. 15. No. 06

## *Achieving Global Health*

Can we flatten the curve without flattening the economy? What action is needed to set the world on track towards a sustainable recovery? Global health actors, private sector partners and other stakeholders are launching a landmark collaboration to accelerate the development, production, and equitable global access to new COVID-19 essential health technologies. The Women's Health and Education Center (WHEC) is looking forward to collaborating with the United Nations (UN) and the World Health Organization (WHO) in research and development of COVID-19 Tools Accelerator. Our online media is serving in 227 countries and it is available in six official languages of the UN. Since January, WHO has been working with thousands of researchers all over the world to accelerate and track vaccine development – from developing animal models to clinical trial designs, and everything in between. The world needs these tools, and it needs them fast. Past experience has taught us that even when tools are available, they have been not equally available to all. We cannot allow that to happen.

**Access to COVID-19 Tools Accelerator of the ACT Accelerator**, is a landmark collaboration to accelerate the development, production and equitable distribution of vaccines, diagnostics, and therapeutics for COVID-19. Our shared commitment is to ensure all people have access to all the tools to defeat COVID-19. The ACT Accelerator brings together the combined power of several organizations to work with speed and scale. Each of us are doing great work, but we cannot work alone. We're coming together to work in new ways to identify challenges and solutions together.

The world is facing a common invisible enemy – COVID-19. We are facing a common threat, which we can only defeat with a common approach. Human health is the quintessential global public good and today we face a global public enemy like no other. In an interconnected world none of us is safe until all of us are safe. COVID-19 respects no borders and it is a threat to people everywhere. The world need the development, production and equitable delivery of safe and effective COVID-19 vaccine, therapeutics, and diagnostics; not a vaccine or treatments for one country or region or one half of the world; but a vaccine and treatment that are affordable, safe, effective, easily administered and universally available for everyone, everywhere.

A world free of COVID-19 requires the most massive public health effort in history. Data must be shared, production capacity prepared, resources mobilized, communities engaged, and politics set aside. WHEC always put people first. These new tools must be noticeably clear and essential example of a global public good. **We are in it together and we will come out of it stronger together.** All our efforts should complement each other. We this launch as an important milestone to galvanize global support and to help accelerate the work that the WHO is doing. Going forward we must strengthen the multilateral architecture and enable it to respond faster and more effectively.

We are proud to be part of this global alliance. WHEC would like to dedicate these efforts to those who lost their lives in the fight against COVID-19 and to those who are still struggling. A special thought goes to our true heroes, doctors, nurses, and frontline health workers. Their sacrifices will not go in vain. As leaders thought it is our responsibility to support their work by promoting good governance, transparency, mutual accountability in order to ensure universal, equitable and accelerated access to vaccines and treatments. Together we will make it.

Share your thoughts, opinion, and support on **WHEC Global Health Line (WGHL)**!

Global Collaboration to Accelerate New COVID-19 Health Technologies

**Rita Luthra, MD**



## Your Questions, Our Reply

What are the ways for staying in good mental and physical health during this COVID-19 pandemic times?

**Work Well Feel Well:** Most of us have had our work patterns turned down by the measures that have been implemented to fight COVID-19. To help you maintain in good physical and mental health during this difficult time, here are 8 tips based on real situation encountered in the last few weeks.

**1. To Stay connected to others, contact your colleagues, friends, and family regularly.** Regardless of your lifestyle, changes to your usual social and professional environment can induce a deep feeling of isolation. To stay connected to others, why not join a couple of groups on social networks to discuss subjects you are interested in? Consider organizing regular videoconferences with your colleagues or friends and family: talking face to face even via a screen, helps maintain social ties.

**2. To reduce stress, structure your days, take regular breaks, and adapt your daily life to the current situation.** If you are teleworking, it is advisable to keep to an “office” rhythm as far as possible: get up at your usual time, get ready and dress as if you are going to work. Try to establish a realistic but structured schedule and stick to it throughout the week, especially if you have children.

**3. To banish feelings of powerlessness, plan your day as precisely as possible.** The aim is to set yourself objectives and allocate specific (and realistic) time-slots to each task.

**4. To stay productive and maintain a healthy balance, keep your private and professional lives separate.** Not everyone is lucky enough to have a home office, but anyone can create a dedicated work area at home, even if it's just the kitchen table. Define your space and remove everything else from it.

**5. Look after your mental and physical health with daily physical and relaxation exercises.** During the lock down and social distancing, the number of fitness classes, yoga and meditation sessions and other similar options available online have become immensely popular – make most of it!

**6. Choose your media sources carefully and purposefully.** Too much information or information of low quality creates anxiety. Limit the time you spend glued to the news and choose your information carefully. Decide, for example, to watch, listen to or read one news summary per day from a source that you trust and rate highly, and ignore all the rest.

**7. To keep your energy levels up and stay positive, spend some time on creative activities.** Even if your days are busy, it is important to set aside sometime for creative activities. Do some DIY (Do It Yourself), arts and crafts or knitting, take an online course, organize parties and dinners online, and so on. Be creative and invent new sources of entertainment at home!

**8. Keep to regular mealtimes and opt for a light, balanced and varied diet to keep your energy levels up.** If you have followed our tips up to this point, your days should already be well structured: breakfast, lunch, (snack-time?) and dinner should be at the same time throughout the week. We also encourage you to eat light meals, especially if, due to the lockdown, you can't take as much physical exercise as usual.

Staying well while managing the demands of work, telework, family and personal life is key. A working group has been established to foster a better quality of working life at the Women's Health and Education Center (WHEC), and in particular, to identify, remedy and prevent stress in the workplace.



## United Nations at a Glance

### Permanent Mission of Italy to the United Nations

Italy became UN Member State on 14 December 1955.



**Italy**, officially the **Italian Republic**, is a European country consisting of a peninsula delimited by the Alps and surrounded by several islands. Italy is located on south-central Europe, and it is also considered a part of western Europe. The country covers a total area of 301,340 km<sup>2</sup> (116,350 sq. mi) and shares land borders with France, Switzerland, Austria, Slovenia, and the enclaved microstates of Vatican City and San Marino. With around 60 million inhabitants, Italy is the

third-most populous member state of the European Union (EU).

Capital: Rome; Official language: Italian; Religion: 78% Roman Catholicism, 15% Irreligious; 7% others. Government: Unitary parliamentary republic; legislature: Parliament; Upper-house: Senate of the Republic and Lower-house: Chamber of Deputies.

Today, Italy is considered to be one of the world's most culturally and economically advanced countries, with the world's eighth-largest economy by nominal GDP (third in Eurozone), 6<sup>th</sup> largest national wealth and third-largest central bank gold reserve. It ranks very highly in life expectancy, quality of life, healthcare, and education.

### Italy and the United Nations

Over these decades, Italy has contributed with determination to the drafting of the General Assembly and Security Council resolutions that have made major in-roads at the level of international law. The campaigns for a moratorium on capital punishment, gender equality and the rights of women and minors (not least against the practice of female genital mutilation and of early or forced marriages), against all forms of religious discrimination and in favor of freedom of expression are only a few of the concerns that place Italy in the forefront.



Italy has always been a staunch supporter of UN action to promote development. It hosts the UN food hub in Rome (FAO, WFP, IFAD), which has always facilitated between the UN and Italy communication and mutual enrichment in terms of proposals and good practices. From the G8 Summits to the organization of "Expo Milano 2015" the United Nations' presence in Italy has encouraged the creation of innovative proposals, such as: the L'Aquila Food Security Initiative (AFSI), the food security initiative adopted by the 2009 G8 L'Aquila Summit; and the Milan

Charter, which aims to present the legacy of "Expo Milano 2015" to future generations.

Italy is focused on pursuing the Sustainable Development Goals (SDGs) of the Agenda 2030, signed in September 2015 by the governments of 193 UN Member States, and the goals of the UN Framework Convention on Climate change.

Another fundamental aspect of Italy's action is its support for the activities of United Nations Funds and Programs (UNDP, UNICEF, UNFPA, UN Women) by participating in their Executive Boards and through financial contributions by the Italian Development Cooperation.

Details: [https://italyun.esteri.it/rappresentanza\\_onu/en](https://italyun.esteri.it/rappresentanza_onu/en)

# Collaboration with World Health Organization (WHO)

## WHO | Italy



**Italy** healthcare system is a regionally based national health service known as Servizio Sanitario Nazionale (SSN). It provides free of charge universal coverage at the point of service. While the national level ensures the general objectives and fundamental principles of the national health care system are met, regional governments in Italy are responsible for ensuring the delivery of a benefits package to the population. Healthcare facilities vary in terms of quality in different regions in Italy. In 2013, Italy hosted an expert consultation on public health aspects of migration in collaboration with WHO/Europe.

### **Promoting healthy lifestyles in the Autonomous Province of Trento, Italy: the “Move your health” Project**

A new project to promote healthier lifestyles and reduce health inequalities is being implemented in 3 Italian Provinces: Bolzano, Trento, and Verona. Coordinated by the Local Health Unit of the Autonomous Province of Trento, the “Move your health” project (an integrated path towards the prevention and management of overweight and obesity), proposes tools and initiatives aimed at helping families to choose healthier lifestyles and reducing health inequalities associated with outreach activities, involving migrant or socioeconomically disadvantaged families.

To address above challenges, in 2017, the project offers culturally appropriate dietary advice and provides support for the development of free tools for families in 3 provinces. Examples of these are:

- A multi-cultural healthy-eating mobile app developed by the Fondazione Bruno Kessler (FBK), a local research institute, which – through interactive games – records food consumption and food frequency (covering foods for all over the world) and provides information aimed at improving diet;
- A multi-cultural healthy cookbook, providing over 60 recipe from migrants from 25 different countries, living in Trento, which meet the guidelines of the EAT-Lancet Commission on Healthy Diets from Sustainable Food Systems.

Both the mobile app and cookbook available online and in print are offered free of charge to family pediatricians as a means of enhancing their advisory activities. To date, the different outreach activities have involved around 3,000 people. A comprehensive evaluation of the impact of the program is being carried out by the University Ca’Foscari in Venice and will be available later this year.

### **COVID-19 situation in Europe and Italy**

<http://who.maps.arcgis.com/apps/opsdashboard/index.html#/ead3c6475654481ca51c248d52ab9c61>

### **Italy Mental Healthcare Reform: Public Health Lessons**

The first lesson is that psychiatric hospitals are not essential. In Italy, the number of people in psychiatric hospitals declined from 78,538 individuals in 1978 to 7,704 in 1998. By 2000, all psychiatric hospitals were closed. Second, decreasing the number of psychiatric beds does not necessarily lead to increases suicide rates. Third, decreasing the total number of psychiatric beds does not lead to increased compulsory admissions. Fourth, decreasing the total number of psychiatric beds does not lead to increased used of psychiatric forensic facilities. Fifth, the risk of custody, rather than rehabilitation, is not confined to psychiatric hospitals. Sixth, consolidation of this process may be an uncertain phase.

Countries aiming to implement a community mental health-care model may want to consider these public health lessons.

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

## Bulletin Board

### Editor's Note: Violence Against Women Section

#### No One Deserves To Be Abused

This section gives an overview of dynamics and magnitude of Domestic Violence. It addresses the clinical dimensions and scope of women battering, drug abuse, suicide, child abuse and mental health issues. Pathways to change deals with responding to violence against women and integrating policy and developing a hospital / clinic program to address domestic violence. Scientific investigation of the problem of domestic violence is a relatively recent endeavor. It is only within the past 30 years that violence against women has been acknowledged nationally and internationally as a threat to health and rights of women as well as to national development. This section illuminates the different faces of violence, from the “invisible suffering of society’s most vulnerable individuals to the all-too-visible tragedy of societies.” Incorporating screening related to elder abuse and neglect into the clinical encounters will increase identification of abuse. Healthcare providers should assess patients for elder abuse and respond to patients who are victims of elder abuse as they would to domestic violence in general.

The long-term focus on domestic violence is responsible for major reforms on multiple levels with various systemic functions related to criminal prosecution, legislative views and actions, and healthcare protocols. Child abuse is a serious global health problem. We hope our efforts encourage countries and governments to implement injury control policies and programs that will actually lower the currently unacceptable toll of child injury.

We welcome reports on new approaches to old problems and accounts of experiences, whether successes or failures, from which others may profit.

#### Submit a Manuscript

[http://www.womenshealthsection.com/content/submit\\_manuscript.php](http://www.womenshealthsection.com/content/submit_manuscript.php)

*Women's Health and Education Center (WHEC)*

#### COVID-19 and ending Violence against women and girls

UN Women

<https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>



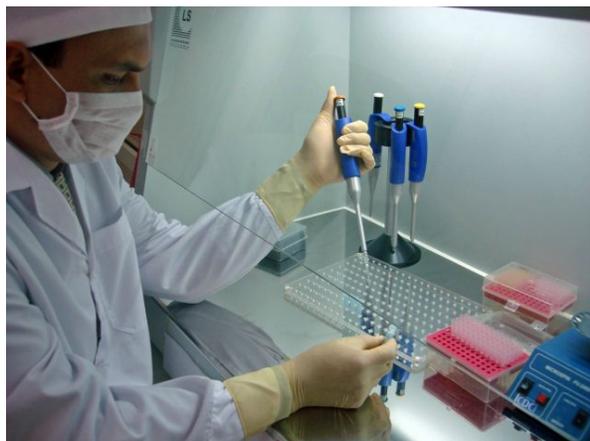
### Women's Health and Education Center (WHEC) Policy Brief

#### COVID-19 Pandemic: Global Science and Technology Cooperation

How can we improve the way in which science and technology are harnessed to resolve global challenges such as the current pandemic?

The Women's Health and Education Center's (WHEC's) policy brief presents a set of recommendations towards this end, drawing upon the emerging response to the pandemic as well as ongoing multi-stakeholder conversations in the context of the United Nations Technology Facilitation Mechanism (TFM).

Each of these recommendation will be critical to recovery from the pandemic, as also strengthening the contributions of science towards Sustainable Development Goals (SDGs), especially SDGs 3, 9, and 17.



### Lessons Learned for Science, Policy and Society

Science and technology are essential to humanity's collective response to the COVID-19 pandemic. Yet the extent to which policymaking is shaped by scientific evidence and by technological possibilities varies across governments and societies and can often be limited. At the same time, collaborations across science and technology communities have grown in response to the current crisis, holding promise for enhanced cooperation in the future as well. Across countries, such assessments share many common features, but there is considerable variation in when actions are being initiated following detection of the first cases in each country, and what the

responses look like.

### Our Recommendations:

1. **Strengthen national capacities for science-based decision making across all countries.** When scientific advice is solicited, it is important to make such advice public in an open and transparent way. Otherwise, public trust in both science and governments risks being eroded. Another aspect is the need for timely data to inform policy.
2. **Enhance public trust in science.** Public trust in science is essential for science-based policies to succeed, in the case of COVID-19, all individuals must trust the scientific guidance if they are to alter their behavior and lower rates of transmission.
3. **Share knowledge and data to promote collaborative research.** Academic research is traditionally published in journals only accessible on payment, which limits access in various ways. In response to the pandemic, prominent academic journals have dropped subscription requirements: high quality peer-reviewed articles relating to COVID-19 are now available to researchers from across the world, and across disciplines.
4. **Ensure universal access to solutions.** The need for vaccine is global, but past experience shows that fair and equitable access is not a given. One of the most important functions of the science-policy-society interface at the global level is ensuing universal access to such global public goods. Similar considerations apply also to medicines that may become available to treat the disease. The WHEC Global Health Line (WGHL) and its networking facilitate wider access to these innovations for adoption across countries. It is serving in 227 countries and territories, available in six official languages of the United Nations; 14 to 15 million subscribers every year.
5. **Act with greater urgency on global scientific assessments.** International collaborations across scientists and experts are a powerful way of bringing evidence and scientific consensus to the attention of policymakers to inform actions. While seemingly prescient, this was just the most recent call to action, arising from earlier assessments that had followed avian influenza, SARS, and Ebola epidemics. Implementing the recommendations of those assessments would have built preparedness within and across countries, and hastened an effective response to the current pandemic, potentially saving tens of thousands of lives, hundreds of millions of livelihood and billions of dollars in overall economic damage. Such preparedness would have been guided by science but also drawn from practical experiences in disaster risk reduction and mitigation. Other independent scientific assessments are also predicting increasingly urgent global challenges, for example with regard to sustainable development, making early preemptive and coordinated action essential.
6. **The way forward – a call for stronger international cooperation.** This pandemic is a crisis and a human tragedy – but it is also an opportunity to recognize and address the deeper shortcomings of our current science-policy advisory systems, and their interface with society at all

levels. Much of the action will need to come from countries themselves, but international cooperation, supported by the UN System, can facilitate progress in all these areas. Many such initiatives are in place but need to be scaled up.

The WHEC Global Health Line (WGHL) is one such partner to facilitate the sharing of scientific knowledge and technology solutions. It also helps strengthen national capacities for science-based policymaking for the SDGs but is currently only able to do this with extremely limited budget.

Your support, assistance and friendship are helping the open science movement to progress towards establishing norms and standards that will facilitate greater, and more timely, access to scientific research across the world. Actively engaging with different stakeholders in countries around the dissemination of the findings of such assessments can help in building public trust in science.



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

**International aid to southern Europe in the early post-war period**  
The cases of Greece and Italy

After the Second World War, both Greece and Italy experienced a Left-Right political polarization and a reproduction of earlier patterns of political patronage. Both Italy and Greece received international aid, including emergency relief, interim loans, and Marshall Plan Funds. By the beginning of the 1950s, the Italian economy had recovered better from war destruction and had achieved industrial growth faster than Greece. Italy progressed quite rapidly from stabilization to reconstruction, and then on to development, while Greece progressed with reconstruction, but then on to development, while Greece progressed with reconstruction, but did not achieve stabilization until after the end of the Marshall Plan.

Italy and Greece were obviously different with regard to population and market size, but the outcome of the foreign aid they received, differed in the two countries. This paper suggests that the different outcome is explained by historical legacies and conjunctures, as well as series of institutional, cultural, and political factors. Greece underwent a disastrous Nazi occupation (1941 – 1944) and the destructive Civil War (1946-1949) of which Italy was spared. The Italian public sector was endowed with state agencies steering economic development, which the Greek public sector lacked until the early 1950s. Italian elections resulted in more stable governments, led by the Christian Democratic Party, which followed their own policy choices, often deviating from the donors' policy preference. This was a pattern absent from the long sequence of unstable and internally fragmented Greek governments. The Italian governing elites relied on a social alliance of middle and upper classes, while in Greece the corresponding classes distrusted the government, and resisted government policies. Finally, an economic culture fostering heavy industrialization, in the context of pragmatist liberal economic policies, was present in Italy, but absent in Greece.

In more theoretical terms, a lesson can be drawn from this paired case study. When looking for the sufficient conditions for economic and political development, which complement the necessary injection of international aid, one has to focus on domestic institutions and elites, as well as on the reactions of the social actors, representing the middle and lower-income strata. Institutions and actors follow paths, which have been laid down in the past, i.e. in our case in the inter-war period. If after the war, Greece and (in a more spectacular fashion) Italy were able to escape path dependence laid down in the inter-war period, this was owed to large injections of foreign aid, and to different uses to which domestic institutions put such aid, once they received it.

Domestic institutions and actors can switch to routes other than those recommended by the donors of aid. This is what the Italian state and Italian industries chose to do. They mixed liberal economic policies and sparse state intervention in the economy through stage agencies. To conclude, international aid would have been useless, unless it has been combined with the interest and commitment of domestic political institutions and actors. The latter of course served its own interests, but also rendered international aid invaluable.

Publisher: UNU-WIDER; Author: Dimitri A. Sotiropoulos; sponsor: this study has been prepared with the UNU-WIDER project “ReCom” – Research and Communication on Foreign Aid, directed by Tony Addison and Finn Tarp.

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)*

### UNGEI Strategic Directions: 2018 – 2023

This document describes UNGEI's vision, goals, and objectives for 2018 – 2023. It also details mechanisms for measuring progress as UNGEI helps set the international agenda through advocacy, policy dialogue, promoting evidence-based solutions, and sharing good practice for advancing girls' education and gender equality.



UNGEI's decision and actions are guided by four core values that define how its partners work together, with the aim of keeping the young women and girls who are most affected at the center of its work:

1. **Equality and non-discrimination.** All partners commit to practicing and promoting gender equality and the empowerment of girls and young women.
2. **Mutual accountability and participation.** Partners agree to be held accountable for the commitments they make to one another, to acknowledge and address uneven power relations among donors, partner countries, civil society organization, and marginalized women and girls to ensure that all have an equal voice.
3. **Collaboration among partners.** UNGEI partners agree to develop and promote a shared agenda, to fully realize the 'collaborative advantage' of partnership, and to share information about planning and implementing transparently.
4. **Local decision-making and action.** UNGEI partners are committed to the principle that decision-making should include those most affected by the decision, and that actions are most effective when there is local ownership and accountability. This is an extension of UNGEI's determination that education should help break down the structures that interfere with the rights of women and girls to make decisions about things that affect their own lives and matter to them the most.

## Theory of Change

To advance gender equality in and through education, UNGEI has learned that two transformations must occur:

1. Education systems must provide opportunities for girls and boys to learn: to achieve equal outcomes in safe and supportive environments free of gender stereotypes and bias; and
2. Institutions within society must offer equitable opportunities to women and men to achieve their full potential, with the agency to make decisions about their health, their careers, and their personal lives.

Thus, the UNGEI partnership must target its efforts toward those changes within education systems, and society more broadly, that will support these transformations. The exception is that by using approaches and methods best suited to its mandate and comparative advantage and working with strategic partners, UNGEI's efforts will complement those of other actors – in particular, leaders in health, women's rights, child protection, water and sanitation, governance, and poverty eradication – to bring about details.

Details: [http://www.ungei.org/resources/files/Strategic\\_Directions\\_UNGEI\\_Final.pdf](http://www.ungei.org/resources/files/Strategic_Directions_UNGEI_Final.pdf)

*To be continued....*

## Two Articles of Highest Impact, May 2020

*Editors' Choice – Journal Club Discussions*

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

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

1. Novel Coronavirus (COVID-19) Disease and Pregnancy;  
<http://www.womenshealthsection.com/content/obsidp/obsidp013.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. Community Acquired Pneumonia in Pregnancy;  
<http://www.womenshealthsection.com/content/obsidp/obsidp009.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: No Country Can Beat This Alone

**Global threats requires global responses**

We are all in this together. International solidarity is essential in the global response – no one country can bet this alone and some countries are better equipped to respond than others. Just as no country can afford for individuals to be left behind, the world cannot afford for one country to be left behind if the virus is to be beaten.



### **Why is global solidarity essential for COVID-19 response?**

COVID-19 is threatening the whole of humanity – and the whole of humanity must fight back. Yet many States simply do not have the resources to respond to the crisis as others do. Disparities in public health responses are exposing poorer countries to higher risks than elsewhere. Just as combating COVID-19 requires governments to extend protection to the whole population, especially those least able to protect themselves, we need to ensure that all countries are equally

effective in their responses. The coronavirus has shown itself to be no respecter of national boundaries. If one country fails in its efforts to control the spread of the virus, all countries are at risk. The world is only as strong as the weakest health system.

**Richer States need to assist low-income States with realizing human rights.** The pandemic is reminding us of the importance of multilateralism and international cooperation to face the challenges facing the world today. The United Nations exists for precisely this reason.

International cooperation, as well as flexible policies on intellectual property, to access the latest technology and research on potential treatments, including any future vaccine, are necessary to defeat this threat on a global scale. Treatment and vaccines must be considered a global public good. Similarly, the international response to COVID-19 needs global and national statistical systems to collaborate to provide the data and statistical evidence to understand the scope of the pandemic, including disaggregated data to monitor disproportional impacts.

Yet, this crisis comes at a time when there has been a considerable pushback by some against multilateralism and international approaches, including against international human rights norms.

**Collective action is the only answer for the multiple crisis that humanity is facing because of COVID-19.**



### **Why think about the long-term in the middle of COVID-19 crisis?**

Right now, the focus is rightly on the immediate public health emergency. But the crisis risks backsliding on many development and human rights achievements. Eventually lessons will need to be learned from the crisis, including on how to prevent a recurrence of the challenges currently being faced by building protection systems and resilience. Our ability to learn from this pandemic will determine not only our success in responding to

future pandemics but also other global challenges, of which the most pressing is undoubtedly climate change.

The lessons from this human crisis can lead to more peaceful, just, inclusive, and resilient societies and deliver on the promise of the 2030 Agenda through the SDGs. How we respond today, therefore, presents a unique opportunity to course-correct and begin to tackle long-standing public policies and practices that have been harmful for people and their human rights.

At such a critical juncture, our shared human condition and values must be a source of unity, not division. We must give people hope and a vision of what the future can hold.

Take the lessons learned from this pandemic to refocus action on ending poverty and inequalities and addressing the underlying human rights concerns that have left us vulnerable to the pandemic and greatly exacerbated its effects with a view to building a more inclusive and sustainable world including for future generations.

<https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>



### **“Toxic lockdown culture” against the COVID-19 pandemic**

Disturbing details have emerged from dozens of countries that a “toxic lockdown culture” against the COVID-19 has impacted drastically on society’s most vulnerable members, the UN human rights Office (OHCHR) explained. The development follows UN Secretary-General Antonio Guterres’s call last month for States not to use the COVID-19 crisis as a pretext for repressive measures, in which he urged Governments to recognize that the threat was the “virus, not people.” Data from nearly three weeks ago indicated that more than 17,000 people have already been arrested in South Africa, as a result of COVID-19 restrictions. Of that number, the independent police investigative body is investigating complaints against officers for “murder, rape, assault discharge of firearms and corruption – highlighting “toxic, lockdown culture.”

### **Hunting for food**



Shooting, detaining, and abusing someone for breaking a curfew because they are desperately searching for food is clearly an unacceptable and unlawful response. So is making it difficult or dangerous for a woman to get to hospital to give birth. In some cases, people are dying because of the inappropriate application of measures that have been supposedly put in place to save them. Respect for people’s rights covered

their inherent freedoms “across the spectrum, including economic, social, and cultural rights, and civil and political rights,” protecting these is fundamental to the success of the public health response and recovery from the pandemic.

Of “many dozens” of countries where new COVID-19-related abuses have emerged, the OHCHR officially went on to describe how the Philippines’ “highly militarized response” to the pandemic has led to the arrest of 120,000 people for violating the curfew. More than 26,800 people had also been detained in Sri

Lanka and there were fears of excessive use of force in El Salvador, believed to have arrested 800 people a day for breaking the lockdown restrictions.

To date, more than 80 countries have announced a state of emergency linked to the virus, while others have issued exceptional measures. The UN Human Rights Office make it clear that international law does allow States to restrict some rights in order to protect public health, with additional powers available if a state of emergency is declared. Nonetheless, the restrictions need to be necessary, proportionate, and non-discriminatory, and they need to be temporary, with key safeguards against excesses.

Certain non-derogable rights – the most important of all – including the right to life, the prohibition against torture and other ill-treatment, and the right not to be arbitrarily detained, continue to apply in all circumstances. People are being “targeted for their Asian descent or of being foreigners or migrants accused of contributing to the pandemic” – this finger-pointing and racism should never happen and should not be happening; we are all in this together.

## Words of Wisdom

### Extract from Maternal Hope

Lo! At the couch where infant beauty sleeps,  
Her silent watch the mournful mother keeps;  
She, while the lovely babe unconscious lies,  
Smiles on her slumb'ring child with pensive eyes,  
And weaves a song of melancholy joy;  
'Sleep, image of thy father! Sleep, my boy!  
No ling'ring hour of sorrow shall be thine,  
No sigh that rends thy father's heart and mine.  
Bright, as his manly sire, the son shall be,  
In form and soul: but, ah! More blest than he!  
Thy fame, thy worth, thy filial love, at last,  
Shall soothe his aching heart for all the past;  
With many a smile my solitude repay,  
And chase the world's ungenerous scorn away.

- Thomas Campbell (1777 – 1844) was a Scottish Poet. He was a founder and first President of Clarence Club and a co-founder of the Literary Association of the Friends of Poland. He was also one of the initiators of a plan to found what became University College London.

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

<http://www.WomensHealthSection.com>

