



WHEC Update

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

April 2021; Vol. 16. No. 04

Anniversary Edition

On **12 April 2021**, the Women's Health and Education Center (WHEC) celebrates its **20th Birthday**. Established in 2001, WHEC was designed to undertake projects / programs in collaboration with the United Nations (UN) and the World Health Organization (WHO), to undertake reliable, evidence-based and trusted information on reproductive health to the healthcare providers and the public. **UN Document E/2020/NGO/1; Efforts of WHEC in the provision of e-Governments and Integrated e-Health Care;** http://www.womenshealthsection.com/content/documents/2020_HLPF_Written_Statement.pdf

Access to information is essential to healthy communities and should be treated as such. This becomes even more clear in times of global health crises when information can have life-changing consequences. All institutions, from governments to international health agencies, scientific bodies, must do the part to ensure everyone has equitable and trusted access to knowledge about public health, regardless of where you live or the language you speak.

WHEC has served as an important resource to disseminate the reliable and evidence-based reproductive health information for the last 20 years. It is serving in six official languages of the UN, to 227 countries and territories about 13 to 14 million subscribers every year. We thank our physician's board and editors for their contributions. The collaboration is part of a shared commitment from WHEC and its partners to ensure everyone has access to critical public health information. We aim to help ensure that everyone can access critical public health information.

We are being exposed to huge amount of information on a daily basis, and not all of it is reliable. The edition of **WHEC Update** addresses tips for telling the difference and stopping the spread of misinformation. Due to COVID-19 pandemic, most of us have a word in our vocabulary: epidemiology. It is the branch of medical science that deals with the ways diseases are transmitted and can be controlled in a population. Now it is time to learn another new word: **Infodemiology**. We want to understand the world around us and stay up to date on the challenges we face and how to overcome them. One of the ways we do this is by seeking out and sharing information – lot of it. Even scientists around the world are working hard to keep up with the thousands of studies that have come out in the reproductive health research. But it is not only scientific studies. There are also official communications from governments and health agencies around the world. Then there are new articles and opinion pieces, and messages from vloggers, bloggers, podcasts and social media influencers. All of this is called the infodemic: a flood of information. Infodemiology is study of that information and how to manage it.

It helps to think of misinformation and disinformation spreading in the same way as viruses. One person might share fake news with their friends and family, and then a handful of them share it with more of their friends and family, and before you know it, potentially harmful or dangerous information is taking over everyone's newsfeed. If you know something is false, or if it makes you angry, don't share it to debunk it or make fun of it. That just spreads the misinformation or disinformation further.

The information posted on <http://www.WomensHealthSeciton.com> undergoes rigorous fact-checks, reliability of the source and ethical manner in which the clinical trials are conducted before it is posted. Our physician's and editorial board diligently reviews before it gets released, posted and disseminated.

Share your point of view on **WHEC Global Health Line**.

Expanding Access to Evidence-Based Public Health Information

Rita Luthra, MD



Your Questions, Our Reply

What are the tips to identify misinformation or disinformation? How can we navigate this wave of misinformation and who and what to trust?

Navigating the Infodemic: Here are the seven steps you can take to navigate this wave of misinformation and stop it from spreading:

1. **Access the source.** Who shared the information with you and where did they get it from? Even if it is friends or family, you still need to vet their source. To check for fake social media accounts, look at how long profiles have been active, their number of followers and their most recent posts. For websites, check the “About Us” and “Contact Us” pages to look for background information and legitimate contact details. Other clues that a source may be unreliable or inaccurate include unprofessional visual design, poor spelling and grammar, or excessive use of all caps or exclamation points.
2. **Go beyond headlines.** Headlines may be intentionally sensational or provocative to get high numbers of clicks. Read more than just the headline of an article – go further and look at the entire story. Search more widely than social media for information – look at print sources such as newspapers and magazines, and digital sources such as podcasts and online news sites. Diversifying your sources allows you to get a better picture of what is or is not trustworthy.
3. **Identify the author.** Search the author’s name online to see if they are real or credible.
4. **Check the date.** When you come across information, ask yourself these questions: Is this a recent story? Is it up-to-date and relevant to current events? Has a headline, image or statistic been used out to context?
5. **Examine the supporting evidence.** Credible stories back up their claims with facts – for example, quotes from experts or links to statistics or studies. Verify that experts are reliable, and that links actually support the story.
6. **Check you biases.** We all have biases, and these factors into how we view what’s happening around us. Evaluate you own biases and why you may have been drawn to a particular headline or story. What is your interpretation of it? Why did you react to it that way? Does it challenge your assumptions or tell you what you want to hear? What did you learn about yourself from your interpretation or reaction?
7. **Turn to fact-checkers.** When in doubt, consult fact-checking organizations, such as the International Fact-Checking Network and global news outlets focused on debunking misinformation, including the Associated Press and Reuters.

Information, is what we call things that are accurate to the best of our current knowledge.

Misinformation, on the other hand, is false information. Importantly, it is false information that was not created with the intention of hurting others. Misinformation is often started by someone who genuinely wants to understand a topic and cares about keeping other people safe and well. It is then shared by others who feel the same. Everyone believes they are sharing good information – but unfortunately, they are not. And depending on what is being shared, the misinformation can turn out to be quite harmful.

At the other end of the spectrum is **disinformation**. Unlike misinformation, this is false information created with the intention of profiting from it or causing harm. That harm could be to a person, a group of people, an organization or even a country. Disinformation generally serves some agenda and can be dangerous. During this pandemic, we are seeing it used to try to erode our trust in each other and in our government and public institutions.

Sharing unverified information can be dangerous, unhealthy, and make our life more confusing. WHEC is calling on you to be on the frontline for truth.

It's easy.



United Nations at a Glance

Permanent Mission of Latvia to the United Nations

Latvia became UN Member State on 17 September 1991

 **Latvia**, officially known as the **Republic of Latvia**, is a country in the Baltic region of Northern Europe. Since Latvia's independence in 1918, it has been referred to as one of the Baltic States. It is bordered by Estonia to north, Lithuania to the south, Russia to the east, Belarus to the southeast, and shares a maritime border with Sweden to the west. Latvia's population is about 1,957,200 (2017); and a territory of 64,589 km² (24,938 sq mi). its capital and largest city is Riga. The Baltic Sea moderates the climate, although the country has four distinct seasons and snowy winters. Official language: Latvian; Ethnic groups: 62.3% Latvians, 24.9% Russians, rest others. Religion: 80% Christianity (34.3% Lutheranism, 25.1% Catholicism, 20.6% Other Christians), 18.3% no religion. Government: Unitary parliamentary constitutional republic.

The peaceful Singing Revolution, starting in 1987, called for Baltic emancipation from Soviet rule and condemning the Communist regime's illegal takeover. It ended with the Declaration on the Restoration of Independence of the Republic of Latvia on 4 May 1990 and restoring de facto independence on 21 August 1991. It began using the euro as its currency on 1 January 2014, replacing Latvian lats.

Latvia is a developed country with an advanced, high-income economy and ranks 39th in the Human Development Index. It performs favorably in measurements of civil liberties, press freedom, internet freedom, democratic governance, living standards, and peacefulness. Latvia is a member of European Union (EU), NATO, Eurozone, The Council of Europe, the UN, the IMF and WTO.



Latvia elected to the UN Commission on the Status of Women

On September 2020 in New York, Latvia was elected to the United Nations Commission on Status of Women (UN CSW) for the 2021 – 2025 period. In total, 10 of 45 member states were re-elected during the elections. On 1 January 2020, Latvia began a three-year term on the UN Economic and Social Council. Latvia has also been elected to an ECOSOC subsidiary body, the UN Commission on Science and Technology for Development.

Participation and advocacy of Latvia's national interests in the UN and its system organizations is ensured by diplomatic missions of Latvia – Permanent Mission to the United Nations in New York, Geneva, and Vienna, to the Food and Agriculture Organization, to Organization for the Prohibition of Chemical Weapons and to the UN Educational, Scientific and Cultural Organization.

Latvia and UN Reforms

For two decades already, the UN Member States have been discussing reforms of the UN Security Council to increase its effectiveness and ensure a broader, more representative membership. The negotiations cover the five main elements of reform: categories of membership, regional representation, the size of an enlarged Council, the veto rights, and working methods. To facilitate harmonization of the positions of Member States, and carry the reform process forward, the General Assembly adopted a decision in 2009 to launch informal intergovernmental negotiations at the General Assembly. Talks on all the aspects of reforms were launched on 19 February 2009, and a separate discussion is devoted to this matter at each of the annual sessions of the General Assembly.

Details: <https://www.mfa.gov.lv/en/newyork>

Collaboration with World Health Organization (WHO)

WHO | Latvia



The WHO Country Office Latvia was established in 1991 in Riga to serve as a direct link between the Government of Latvia and WHO. The Country Office is the focal point for WHO activities in Latvia and the Country team consists of 2 staff members. After independence in 1991, Latvia initially moved to create a social health insurance type system. However, problems with decentralized planning and fragmented and inefficient financing led to this being gradually reversed, and ultimately the

establishment 2011 of a National Health Service type system. The main cause of death in Latvia are diseases of the circulatory system, malignant tumors and external causes.

Life expectancy at birth, in years 74 (as of 2017).

Focusing on non-communicable diseases to “build back better”

The focus on accountability of this year’s Global Week for Action on NCDs (non-communicable diseases) follows a United Nations-wide call from Secretary-General Antonio Guterres “to use the recovery to build back better” – a call to take advantage of the opportunities that COVID-19 has presented us. This is highly relevant in the area of NCDs, where WHO has recently produced several resources that show that the European Region stands ready and willing to act with governments, donors and partners.

Best Practices of tackling alcohol consumption in the Baltics



A new International project “ Evaluation of the impact of alcohol control policies on morbidity and mortality in Latvia and other Baltic States” funded by the US National Institute on Alcohol Abuse and Alcoholism has been launched to investigate the effects of alcohol market regulations implemented in Lithuania, Latvia and Estonia. The research backed by WHO/Europe is designed for a 5-year work plan that can ultimately benefit all countries of the European Region, identifying the best practices that can help lower alcohol consumption and associated health harm.

As of 2016 10% of all deaths that occurred in the Region were attributed to alcohol. Early results from this project have been received. The gathered data shows that the Lithuania tax increase on alcoholic beverages entered into force in 2017 and had a positive impact on all-cause mortality. The policy resulted in 150 fewer deaths caused by alcohol the following year.

Situation analysis of child maltreatment prevention in Latvia (2018)

As in other countries, most maltreatment occurs in family and may not come to attention of child protection agencies. It is nevertheless a grave public health and societal problem with far-reaching consequences for the mental, physical and reproductive health of children, and for societal development. Health systems have a key role to play, not only in providing high-quality services for children who experience violence, but also in detecting and supporting families at risk and implementing prevention programs, such as home visitation and parenting support. One way of ensuring this is to strengthen national policy on the prevention of child maltreatment, providing early and targeted support to all children and their families.

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

Bulletin Board

Gynecologic Pathology and Cytopathology Section

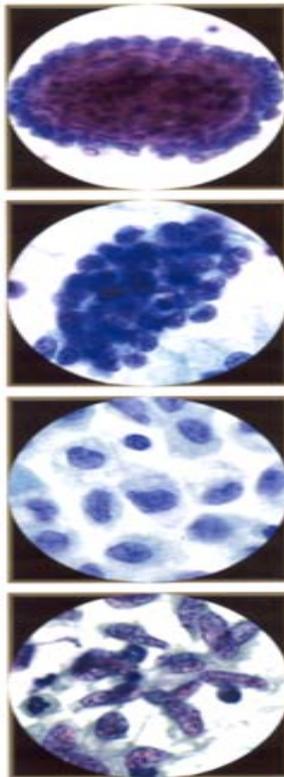
The goal of medicine is excellence in the care of patients, and often research and education will advance the practice of medicine. The pathological aspects of gynecological disease, so fundamental to a proper understanding of the whole subject, are an important part of excellent patient care. The study of Cytopathology is focused on the identification and interpretation of cells as well as collection techniques. Fiberoptic instrumentations provide retrieval of cells from sites that were previously examined poorly or not at all. Fine-needle aspiration biopsy with its endless applications gradually assumed a vital role in diagnosis.

Implementation of cervical cytology screening has reduced the incidence of cervical cancer in many countries. Nonetheless, cervical cancer presents the second most common cancer in women worldwide. Molecular biology is assuming a starring role in carcinogenesis. Evaluation of cervical lesions in relationship to human papillomavirus has spring to major proportions. Recognition that human papillomavirus (HPV) causes most cervical neoplasia suggests that improved screening and management strategies that reflect the biology of HPV infections may be possible. If HPV testing proves to be clinically useful, the traditional Pap smear may be enhanced by a new approach that would combine cytologic screening with ancillary testing samples.

Quality improvement (QI) is essential in today's cytopathology laboratory. QI can be defined as the process of monitoring to ensure achievement of appropriate patient care. It includes problem identification and resolution to prevent recurrence. Monitoring, in fact, is the crux of quality improvement.

Women's Health and Education Center (WHEC)

<http://www.womenshealthsection.com/content/gynpc/>





Collaboration with UN University (UNU)

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

Misuse of Institutions – Lessons from Transition

This study explores a phenomenon economies, when newly established institutions are misused, i.e., applied or restored to for reasons which have little in common with their intended or anticipated purpose. In such incidences institutions become sources of private gains and lose their value-creation role and capacity. The author offers a typology of institutional misuse (illustrated by examples from Russian transition), discuss its consequences, and explore reasons why governments and societies fail to serve as institutions' guardians. Implications misused institutions for economic and political reforms are analyzed.

How are institutions can be misused?

In a variety of forms in which institutions are misused several broad patterns are emerging. First, institutions can be *manipulated*. Second, used as a *cover* to conceal questionable or illicit activities. Third, *captured* and subverted by narrow interests.

Once misuse of institution has become entrenched, it is difficult to reverse. One can hope that development itself creates more enabling conditions for institutions to function properly, for example, through accumulation of human capital. This kind of scenario, however, cannot be assured, given the danger of 'institutional traps' and commonly observed 'invariance' to reforms of institutional setups adverse to development. It is noteworthy that such invariance can be sustained precisely through misuse of institutions that are expected to eliminate *ancient regime*. Furthermore, social capital is known to be difficult to instill and nurture by government and donors who at best could support and augment 'bottom-up production of norms and networks in non-distorting ways.'

If the damage caused by misuse exceeds the benefits that the institution still produces, and if no reliable means to prevent misuse are available, then not introducing such institution is the second-best choices. A palliative solution could be design institutions 'misuse-proof' so that [they do] not depend on absent of weak institutions and [are] insulated from or adapted to perverse institutions as far as possible. This reinforces the general dictum that best-fitting institutions for transition and developing countries should be designed to reflect local idiosyncrasies, including the danger of misuse.

Publisher: UNU_WIDER; Author: Leonid Polishchuk; Sponsors: This study has been prepared for the UNU-WIDER conference Reflections on Transition: Twenty Years after the Fall of the Berlin Wall, directed by Gerard Roland. UNU-EIDER acknowledges the financial contribution to the conference by the Finnish Ministry for Foreign Affairs and the continued support to the research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Sweden (Swedish International Development Cooperation Agency – SIDA) and the United Kingdom (Department for International Development – DFID).

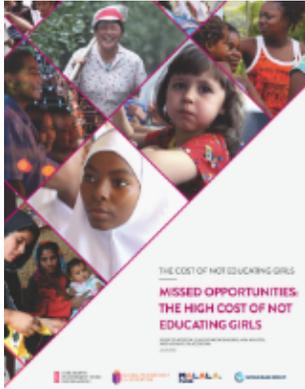
Details of the paper can be accessed from the link of UNU-WIDER on CME Page
<http://www.womenshealthsection.com/content/cme/>



United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (continued)

Missed Opportunities: the high cost of not educating girls



This report estimates the global impact of depriving girls of education as well as showing how educational attainment can affect their life changes and choices, and the outcomes of this at an individual, family and community level. Its findings show the transformative power of education for girls in six areas;

1. Earnings and standards of living,
2. Child marriage and early childbearing,
3. Fertility and population growth,
4. Health, nutrition and well-being,
5. Agency and decision-making, and
6. Social capital and institution.

Findings indicate that limited educational opportunities for girls and barriers to completing 12 years of education and cost countries between \$15 trillion to \$30 trillion dollars in lost lifetime productivity and earnings. The report also finds that primary education is not enough. Across many indicators, benefits from primary education only are limited.

Publisher: The World Bank

Details: http://www.ungei.org/resources/index_6513.html

Education Cannot Wait: A Case for Investment

This campaign The Education Cannot Wait outlines the investment case for a fund for education in emergencies. The Education Cannot Wait fund offers a platform for global collaboration across humanitarian and development responses and will provide opportunity, hope and protection through education. The fund will deliver new resources, greater efficiency and new approaches to providing education in emergencies.

The Education Cannot Wait fund offers a platform for global collaboration across humanitarian and development responses and will provide opportunity, hope and protection through education. The fund will deliver new resources, greater efficiency and new approaches to providing education in emergencies. Put simply, the Education Cannot Wait fund will provide the necessary financing and leadership to improve how education response is planned, delivered and monitored for children and youth whose lives are disrupted by emergencies and protracted crises. Your support is needed to make this vision a reality. Financing is important, but so is cooperation. Certainly more money is needed. But collaboration is also essential so that education can be delivered at scale. It is essential to find better ways of working together that are based on the most robust evidence of what effectively delivers more and better-quality learning opportunities to children and youth.

One fund, two mechanisms. The fund will provide the combination of global, regional and country support that is required to address the immediate and medium-term challenges of crises. It will also improve the effectiveness and efficiency of the entire response system. Based on the needs in an emergency, the fund will support learning of all children and youth including early childhood, primary and secondary education. It will achieve this through two mechanisms that represent and important, innovative and long-needed change how children and youth are supported during crisis: 1) The Acceleration Facility; 2) The Breakthrough Fund.

To be continued....

Two Articles of Highest Impact, March 2021

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Prevention of Group B Streptococcal Disease in Newborns: Perinatal Management;
<http://www.womenshealthsection.com/content/obs/obs037.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. 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.

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

Worldwide service is provided by the WHEC Global Health Line

World Health Day 2021

Building a fairer, healthier world



On World Health Day, 7 April 2021, we will be inviting you to join a new campaign to build a fairer, healthier world.

Our world is an unequal one.

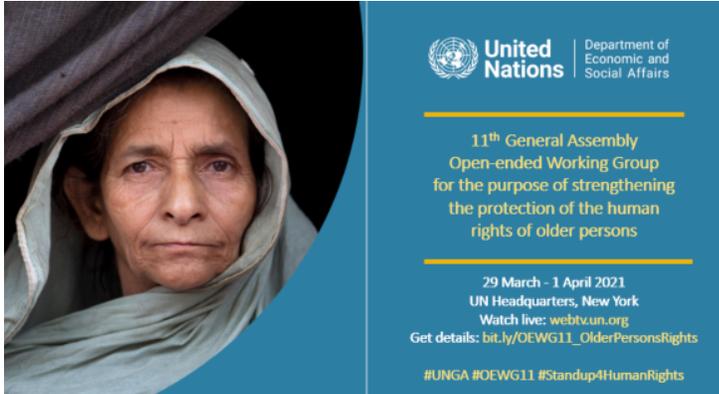
As COVID-19 has highlighted, some people are able to live healthier lives and have better access to health services than others – entirely due to the conditions in which they are born, grow, live, work and age.

All over the world, some groups struggle to make ends meet with little daily income, have poorer housing conditions and education, fewer employment opportunities, experience greater gender inequality, and have little or no access to safe environments, clean water and air, food security and health services. This leads to unnecessary suffering, avoidable illness, and premature deaths. And it harms our societies and economies.

This is not only fair: it is preventable. That's why we are calling on leaders to ensure that everyone has living and working conditions that are conducive to good health. At the same time we urge leaders to monitor health inequalities, and to ensure that all people are able to access quality health services when and where they need them.

COVID-19 has hit all countries hard, but its impact has been harshest on those communities which were already vulnerable, who are more exposed to the disease, less likely to have access to quality health care services and more likely to experience adverse consequences as a result of measures implemented to contain the pandemic.

WHO is committed to ensuring that everyone, everywhere, can realize the right to good health.



Submissions by Accredited Non-Governmental Organizations (NGOs)

Inputs are posted as received. When more than one document exists, each one is linked under the focus area it covers.

[Eleventh Session of the United Nations](#)

[Open-ended Working Group on strengthening the protection of the human rights of older persons](#) ; <https://social.un.org/ageing-working-group/eleventhsession-ngos.shtml>

Accredited NGOs - Substantive Input (OEWG11)

- [Women's Health and Education Center \(WHEC\)](#)

11th Working Session

Taking action for older women and men

As they age, women and men share the basic needs and concerns related to the enjoyment of human rights such as shelter, food, access to health services, dignity, independence and freedom from abuse. The evidence shows however, that when judged in terms of likelihood of being poor, vulnerable and lacking in access to affordable health care, older women merit special attention. The initiatives of the Women's Health and Education Center (WHEC) focus on the vulnerabilities and strengths of women at older ages. It is often difficult and sometimes undesirable to formulate recommendations that apply exclusively to women. Hence, our suggestions apply to older men as well. **Elder Abuse and Access to Justice**
<https://social.un.org/ageing-working-group/documents/eleventh/Inputs%20NGOs/WHEC%20-%20substantive.pdf>

Accredited NGOs - Normative Input (OEWG10)

- [Women's Health and Education Center \(WHEC\)](#)

Healthy Ageing: A Call for Global Action

Current public-health approaches to population ageing have clearly been ineffective. The health of older people is not keeping up with increasing longevity; marked health inequities are apparent in the health status of older people; current health systems are poorly aligned to the care that older populations require even in high-income countries; long-term care models are both inadequate and unsustainable; and physical and social environment present multiple barriers and disincentive to both health and participation. Societies that adapt to the changing demographic and invest in Healthy Ageing can enable individuals to live both longer and healthier lives and for societies to reap the dividends.

A new framework for global action is required.

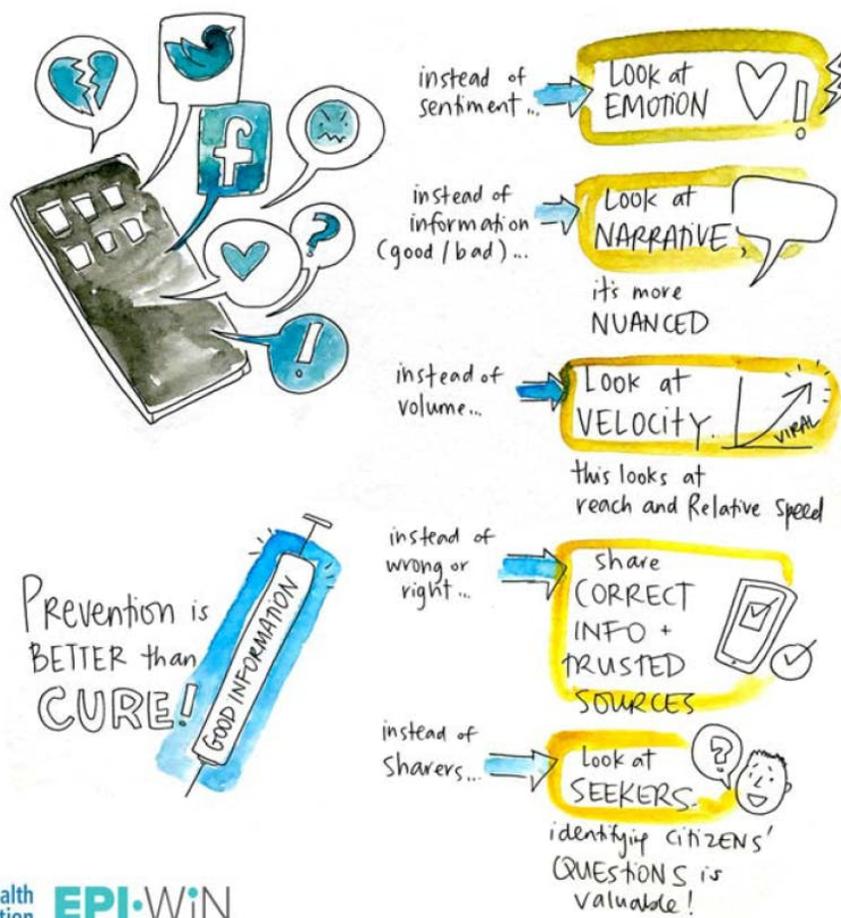
<https://social.un.org/ageing-working-group/documents/eleventh/Inputs%20NGOs/WHEC%20-%20normative.pdf>



Immunizing the Public against Misinformation

Proliferating misinformation – even when the content is, in the best-case scenario, harmless – can have serious and even social and lethal health ramifications in the context of a global pandemic. For example, during COVID-19 pandemic, in some countries, rumors about impending food scarcity prompted people to stockpile supplies early on in the epidemic and caused actual shortages. In the United States of America, a person died from ingesting a fish tank cleaning product containing chloroquine after reports mentioned hydroxychloroquine as a possible – yet unproven – remedy for treatment of COVID-19. In the Islamic Republic of Iran, hundreds died after drinking methanol alcohol that social media messages said had cured others of the coronavirus. This is the kind of dangerous misinformation that WHEC is most worried about.

SOCIAL MEDIA LISTENING



Combing through the web of misinformation

Infodemics have already happened in one way or another in past epidemics, but what's happening right now is something of a global scale, where people are connected through different mass media via the Internet. This has created a new situation where we are thinking and reshaping our approach to managing infodemics in emergencies. WHEC has been working closely with social media and technology companies to help curb some of the misinformation spreading on their platforms.

Social listening with artificial intelligence

WHEC will work with WHO to incorporate social listening into its public health messaging development, with analytics company – a first for us all. Each week, the company reviews 1.6 million pieces of information on various social media platforms, then uses machine learning to conduct searches based on a newly developed public health taxonomy to categorize information into four topics: the cause, the illness, the interventions, and the treatment.

This helps WHEC and WHO to track public health topics that are gaining popularity and develop and tailor health messages in a timely way. Examples include “How does a pandemic end?” and “How do we know when we have a another wave of virus?”

Machine learning also provides insights into what kind of emotions users are experiencing. Instead of simply dividing the data by type of sentiment (positive, neutral, negative), language analytics can shed light on anxiety, sadness, denial, acceptance, and other emotions expressed in social media posts. This level of details allows WHO to develop an effective offensive strategy and assuage the public's concerns before misinformation can gain steam.

Incorporating community voices

Since much information originates in communities and can spread in private messaging and conversations among friends and families, WHEC encourages individuals to fact-check with their loved ones when necessary. We have created a dedicated page for myth-busters, featuring fact-based answers to the most common misconceptions about many infectious diseases such as COVID-19.

A new UN alliance to fight the infodemic – comprising WHO, UNESCO, the International Telecommunication Union, and UN Global Pulse – recently received just over US \$4.5 million from the COVID-19 Solidarity Response Fund to scale its community amplifying work.

On 29 June 2020, WHO also organized the world's first Infodemiology conference, which brought together scientists from diverse backgrounds to focus on the issue systematically and brainstorm science-based ways to better manage it.

How to report misinformation online

Here's how to do it.

<https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online>

Join the Movement!



In The News

Condemnation over new attack on Nigeria school, 'more than 300 girls missing'



An attack on a secondary school in northwest Nigeria in February, in which several hundred girls are still missing, has been strongly condemned by the International Community. "We are angered and saddened by yet another brutal attack on schoolchildren in Nigeria," Mr. Hawkins, the UNICEF representative in country said.

This is a gross violation of children's rights and horrific experience for children to go through – one which could have long-lasting effects on their mental health and well-being.

The Secretary-General António Guterres called for the "immediate and unconditional release of the abducted children and for their safe return to their families."

Way of Life

Such incidents have become "a way of life" to many in Nigeria. Bandits hoping to make quick cash by forcing the families and authorities to pay ransom money their hostages, often target institutions just out of reach of State control and usually in rural areas. It comes after dozens of boys and teachers were taken from a college housing borders, in central Nigeria's Niger state last week; they have yet to be released.

Children should feel safe at home and at school at all times – and parents should not need to worry for the safety of their children when they send them off to school in the morning.

Boko Haram threat

In addition to these armed gangs operating in Nigeria's northwest, north-central and northern states, Boko Haram extremists still control vast areas of the northeast. Nearly seven years ago, Boko Haram – whose name is usually translated as "western education is forbidden" – took 276 girls from their school in Chibok in northeast Nigeria. Many of them remain still missing.

Access to schooling is key

Despite the dangers – and because of them – humanitarian believe that education should remain a priority for governments, who should also boost access to lessons for the most vulnerable. Highlighting how progress is being made against the extremists in the former Boko Haram stronghold of Maiduguri, capital of Borno state, how thousands of children, tens of thousands of children have now returned to the classroom, that have not been imagined during the extremists' insurgency, which began in 2009.

Stop the Violence

While the release of more than 200 girls abducted from their school, in northwest Nigeria is a welcome development, civilians and aid workers, their facilities and assets should never be a target. They must be protected and respected at all times. We must take all measures to protect schools in the country so that children will not be fearful of going to school, and parents afraid of sending their children to class. In Nigeria, too little is being done to help these teenagers left traumatized by the recent spate of attacks on schools and mass abductions. The programs should include expansion of community-based programs to support the care, rehabilitation and reintegration of girls and women.

Let us make our schools safe.

Art & Science

Art that touches our soul

The Dancing Class (La Classe de Danse) by Edgar Degas



The Dancing Class is an oil painting by Edgar Degas. It was painted in early 1870s. It was the first of Degas's "ballet pictures." The painting depicts a dancing class at the Paris Opéra. The dancer in the center is Joséphine Gaujelin (or Gozelin).

This is Degas's first depiction of a dance class. Because the artist did not yet have privileges to go backstage at Paris Opéra, his subjects came to his studio to pose. These sessions yielded many large study drawings, which Degas subsequently adapted for other compositions. In the late 1870s, he explained, "I have painted so many of these

dance examinations without having seen them that I am a little ashamed of it."

Dimensions: 19.7 cm X 27 cm (7.8 in X 11 in).

Location: Metropolitan Museum of Art, New York City (USA)

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

<http://www.WomensHealthSection.com>

