



WHEC Update

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

May 2021; Vol. 16. No. 05

Sustainable Development

The Women's Health and Education Center (WHEC) is committed to strengthening tolerance by fostering mutual understanding among cultures and peoples. This imperative also lies at the core of the United Nations Charter, Universal Declaration of Human Rights, as well as the Black Lives Matter (BLM) movement in the United States of America. It is more important than ever in this era of rising and violent extremism and widening conflicts that are characterized by a fundamental disregard for human life.

What is tolerance? It is the prerogative of humanity. We are all full of weakness and errors; let us pardon each other our follies – it is the first law of nature.

Tolerance is respect and appreciation of the rich variety of our world's cultures, our forms of expression and ways of being human. Tolerance recognizes the universal human rights and fundamental freedoms of others. People are naturally diverse; only tolerance can ensure the survival mixed communities in every region of the globe. Tolerance is not only a moral duty, but also as a political and legal requirement for individuals, groups and States. The Declaration emphasizes that States should draft new legislation when necessary to ensure equality of treatment and of opportunity for all groups and individuals in society.

Education of tolerance should aim at countering influences that lead to fear and exclusion of others and should help young people develop capacities for independent judgement, critical thinking and ethical reasoning. The diversity of our world's many religions, languages, cultures, and ethnicities is not a pretext for conflict, but is a treasure that enriches us all. The current surge of flaring conflicts, acts of violence and intolerance demands urgent actions. Peoples and nations must join forces for the development of a universal global consciousness free from stereotypes and prejudices.

In 1995, to mark the United Nations Year for Tolerance and the 125th anniversary of the birth of Mahatma Gandhi, UNESCO created prize for the promotion of tolerance and non-violence. The Prize rewards significant activities in the scientific, artistic, cultural or communication fields aimed at the promotion of a spirit of tolerance and non-violence. The Prize is awarded every 2 years, may be awarded to institutions, organizations or persons, who have contributed in a particularly meritorious and effective manner to tolerance and non-violence.

In the modern, world, tolerance is more essential than ever before. It is an age marked by the globalization of the economy and by rapidly increasing mobility, communication, integration and interdependence, large-scale migrations and displacement of populations, urbanization and changing social patterns. Since every part of the world is characterized by diversity, escalating intolerance and strife potentially menaces every region. It is not confined to any country but is a global threat.

WHEC and its partners commit to promoting tolerance and non-violence through programs and institutions in the fields of education, science, culture and communication. It is essential for national and international harmony that individual, communities and nations accept and respect the multicultural character of the human family. Without tolerance there can be no peace, and without peace there can be no development or democracy.

Share you point of view on ***WHEC Global Health Line***. Create an account.

Fostering Mutual Understanding

Rita Luthra, MD



Your Questions, Our Reply

How can Intolerance be countered? Why do we mark International Day for Tolerance?

Building Better Inclusive Societies: To resolve and take all positive measures necessary to promote tolerance in our societies, because tolerance is not only a cherished principle, but also a necessary for peace and for the economic and social advancement of all peoples. We suggest the following:

Laws: Governments are responsible for enforcing human rights laws, for banning and punishing hate crimes and discrimination and for ensuring equal access to dispute settlement.

Education: Laws are necessary but not sufficient for countering intolerance, greater emphasis needs to be placed on educating more and better.

Access to Information: The most efficient way to limit the influence of hatemongers is to promote press freedom and press pluralism, in order to allow the public to differentiate between facts and opinions.

Individual Awareness: Intolerance breeds intolerance. In order to fight intolerance individuals should become aware of the link between their behavior and the vicious cycle of mistrust and violence in society.

Local Solutions: When confronted with an escalation of intolerance around us, we must not wait for governments and institutions to act alone. We are all part of the solution.

While important advancements have been achieved in many areas, societies are still plagued by discrimination, racism, and inequalities. None of the multifaceted and complex challenges of our times can be tackled effectively without inclusion. This is the resounding message of Agenda 2030 and its pledge to *Leave No One Behind*.

Ignorance or concealment of major historical events constitutes an obstacle to mutual understanding and cooperation among peoples. WHEC's Project on Building Better Inclusive Societies, and under the guidance of its Editorial Board, the project continues to encourage new research in neglected regions; to define new approaches for the teaching of the history of the slave route, slave trade and slavery. It promotes the contributions of people of African descent to the construction of contemporary societies, and to preserve written archives and intangible heritage related to this history.

Cities play an important role in promoting diversity and inclusion, targeting the most disadvantaged groups, such as persons with disabilities, indigenous peoples, youth, migrants and refugees, vulnerable woman and girls, and the elderly. In an increasingly urban world, it is in cities that many of the greatest societal challenges emerge, so it is in cities that they must be faced – from growing inequalities to poverty and discrimination in all its forms. As centers of migration, diversity and connectivity, cities are also sites of innovation, exchange, learning, dialogue and cooperation, and are, as such, the very spaces in which creative solutions to contemporary challenges will be found.

Moreover, drawing on our various projects of more than 20 years, our editorial board highlights the links between the history of the slave route and the modern expressions of prejudice, racism and discrimination. WHEC also emphasizes the contributions of enslaved people to receiving societies through the identification, preservation and promotion of sites and itineraries of memory.

From the right to education and the right to science, to right to cultural diversity and the right to freedom of expression, fundamental human rights are both the universal expression of the values and ideals around which WHEC is united, and a call to action to ensure these standards are a mainstay of its mission.

Join the efforts!



United Nations Educational, Scientific and Cultural Organization *Collaboration with UNESCO*

It is indeed our pleasure and privilege to share with you all, the support of UNESCO, to the projects and programs of the Women's Health and Education Center (WHEC). We strongly believe, investing in girls' and women's education is essential in achieving 2030 United Nations Agenda.

http://www.womenshealthsection.com/content/documents/007_1900_RLuthra_8_04_21.pdf

WHEC in collaboration with several universities is planning a pilot project/program, to support research in comparative education, provide expertise and foster partnership to strengthen national educational leadership and the capacity of countries to offer quality education for all. This includes **WHEC Chairs Program**: To conceive a way to advance research, training and program development in higher education by building and/or existing university-networks and encouraging inter-university cooperation through transfer of knowledge across borders.

WHEC Chairs Program is a global initiative to reimagine how knowledge and learning can shape the future of humanity and the planet. It aims to rethink education and shape the future. We hope, the initiative catalyzes a global debate on how knowledge, education and learning need to be reimaged in a world of increasing complexity, uncertainty and precarity.



SDG 4 – Education 2030 Global Mechanisms

NGOs and Civil Society Organizations (CSOs) play a central role in the implementation and monitoring of the 2030 UN Agenda. The Collective Consultation of NGOs on Education 2030 (CCNGO-Education 2030) is UNESCO's key mechanism for dialogue, reflection and partnership with NGOs working in the field of

education.

The **E-9 Partnership** made up of Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria, and Pakistan was first established in 1993. While the 9 countries have less in common now than they once did, their individual and collective influence has grown. So, too, has their representation in regional and global fora. Acknowledging that the E-9 countries together are home to over half of the world's population, over half of world's out-of-school children, and two-thirds of the world's non-literate youth and adults, we share, not only common challenges, but also opportunities for joint action and progress on a large scale.

The **Global multilateral partner's platform**, established at a meeting convened by UNESCO in July 2019, commits to maintain strategic dialogue among principals of multilateral partners and align work around a set of priorities to accelerate progress towards SDG 4.

UNESCO convenes the SDG-Education 2030 Steering Committee – a **democratic, multi-stakeholder partnership** – which provides strategic guidance to Member States and the education community, makes recommendations for catalytic action, advocates for financing, and monitors progress through the **official source of cross-nationally comparable data on education**. The Committee ensures follow-up and review of education related targets within the 2030 Agenda through United Nations processes including the High-level Political Forum.

Join the initiative!

Education-for-All and Health-for-all



59th Session of CSocD; Side Event
11 February 2021
10:00 am – 11:15 am

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

The objective of this side event is to share the experiences of various technological solutions in improving the accessibility of health services and education, as well as learn from the experts how to best apply technology in the learning process.

Concept Note: <http://www.womenshealthsection.com/content/documents/59th-CSocD-Side-Event-2021-WHO-Academy-Agenda.pdf>

Presentation & Discussion

2.11 WHEC. Role of Digital Technologies on Social Development - Building Capacity to Care.

<http://webtv.un.org/search/role-of-digital-technologies-on-social-development-building-capacity-to-care/6249089588001/?term=2021-02-11&sort=date&page=2>

Women’s Health and Education Center (WHEC) in collaboration with the World Health Organization (WHO), aims to establish educational projects/programs in association with existing programs in low- and middle-income countries and in support with the developed countries, through its **LINK** (Learning and Innovating Networking for Knowledge) **Access Project** – To Provide Access To The Reproductive Health Research Worldwide. Its syllabus is designed to promote and use of a broad understanding of women’s and children’s health; seek science and technology-based solutions to development challenges and encourage next generation especially girls and women to have education in science, mathematics and technology.

United Nations Social Development Network (UNSDN)

Our initiatives published by UNSD Network. Now is the time for change. Get involved!

Building the Capacity to Care

By UNSDN

[Building the Capacity to Care – UNSDN – United Nations Social Development Network](#)

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

We welcome everyone!

We believe, on this path efforts never go to waste, and there is no failure.



United Nations at a Glance

Permanent Mission of Lebanon to the United Nations

Lebanon became UN Member State on 24th October 1945



Lebanon, officially known as the **Lebanese Republic**, is a country in the Levant region of Western Asia, and the transcontinental region of the Middle East. It is bordered by Syria to the north and east and Israel to the south, while Cyprus lies west across the Mediterranean Sea. At just 10,452 km² (4,036 mi²), it is the smallest recognized sovereign state on the mainland Asian continent. The official language is Arabic. It is also the most common language spoken by citizens of Lebanon. Population (2018) estimate: 6,859,408 million; religion: 61.1% Muslim, 33.7% Christian, 5.2% Druze. Lebanon is an upper-middle income country with gross national income of \$ 14,690 per capita (2017). Lebanon is a parliamentary democracy that includes confessionalism, in which high-ranking offices are reserved for members of specific religious groups.

Lebanon was conquered by the Ottomans in the 16th century and remained under their rule for the next 400 years. Following the empire's collapse after World War I, the five provinces constituting modern Lebanon came under the French Mandate. Upon independence in 1943, Lebanon established a unique confessionalism form of government, with the major religious sects apportioned specific political powers.



Lebanon initially enjoyed political and economic stability, which was shattered by the bloody Lebanese Civil War (1975 – 1990) between various political and sectarian factions. The war partially led to military occupations by Syria (1975 – 2005) and Israel (1985 – 2000).

Map showing the Blue Line demarcation line between Lebanon and Israel, established by the UN after the Israeli withdrawal from southern Lebanon in 1978.



Lebanon is divided into 8 governorates which are further subdivided into 26 districts. Lebanon remains a cosmopolitan and developing country, with the highest Human Development Index and GDP per capita in the Arab world outside of the oil-rich economies of Persian Gulf.

Lebanon was a founding member of the United Nations in 1945 and is a member of the Arab League (1945), the Non-Aligned Movement (1961), Organization of the Islamic Cooperation (1969), and the Organization internationale de la francophonie (1973).

The Special Tribunal for Lebanon (STL) is the first tribunal of international character to prosecute terrorist crimes. <https://www.stl-tsl.org/en/about-the-stl>

On 18 August 2020, the STL Trial Chamber pronounced its Judgment in the Ayyash et al. case (STL-11-01). The Trial Chamber unanimously found the accused Salim Jamil Ayyash guilty beyond reasonable doubt of all counts against him in the indictment.

The World Bank Group's Country Partnership Framework FY17-FY22 for the Lebanese Republic is focused on scaling up access to and quality of service delivery; and expanding economic opportunities and increasing human capital. It was informed by a broad range of consultants with the Government, Parliament, the private sector and civil society.

Details: <http://lebanonun.com/>

Collaboration with World Health Organization (WHO)

WHO | Lebanon



The Lebanon-WHO Country Cooperation Strategy (CCS) 2019 – 2023 signals a strong commitment from WHO and the Government of Lebanon to work together with partners to achieve the following ambitious country goals by 2023:

1. The entire population (6.09 million people) better protected from health emergencies.
2. +300,000 of the most vulnerable people (150,000 Lebanese and 150,000 refugees) have access to affordable essential health services.
3. Improved health and well-being for 2 million people whose health is negatively impacted by social, behavioral, and environmental risk factors.

This CCS is developed at a time where Lebanon's political stability is fragile, affected by political and confessional cleavages, and the protracted civil war in Syria has severely impacted by the country's stability, economic and social fabric. The presence of an estimated 1.5 million Syrian refugees/displaced, and more than 0.3 million Palestinian refugees puts huge pressure on Lebanon's resources and its social and health services and health services. Major economic drawbacks occurred simultaneously with an unprecedented and sudden increase of demand and strain on the health care system.

Despite all this, the Lebanese health system has been showing considerable resilience. The CCS as the main strategic instrument represents the main areas where WHO will focus efforts and resources over the next 5 years. It does not cover all of what WHO does and WHO remains committed to responding to the adapting to changing needs as they arise.

Health System Status and Universal Health Coverage

Currently 50% of the population benefits from some form of health insurance, while around 50% in uninsured and benefits from health services subsidized by the MoPH limited in scope. Lebanon spent 10.7% of its GDP on health in 2000. This was reduced to a more sustainable 7.3% in 2015. In GDP terms, government, social security and voluntary health insurance expenditures increased from 7.6 to 8.6%. Out-of-pocket spending in total spending dropped from 54% in 2000 to 36.4% in 2017.

Around 50% of the population do not benefit from any form of formal health insurance, and for whom, the MoPH acts as the insurer of last resort. The other 50% are covered through: (a) the Lebanese National Social Security Fund [20%]; Armed Forces [10 – 12%]; private insurance schemes [6 – 8%]; and by the government as civil servants [12%].

Financing The Strategic Priorities

WHO will prepare a Health advocacy kit, based on evidence and health situation updated annually, and would seek fund raising through development of targeted proposals, both to fill gaps in access to health services, as well as to provide the required institutional and development support. The national Health For a, supported by WHO through the Policy Support Observatory, will constitute a leverage for advocacy and policy elaboration for health system support.

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

Bulletin Board

Gynecological Oncology Section

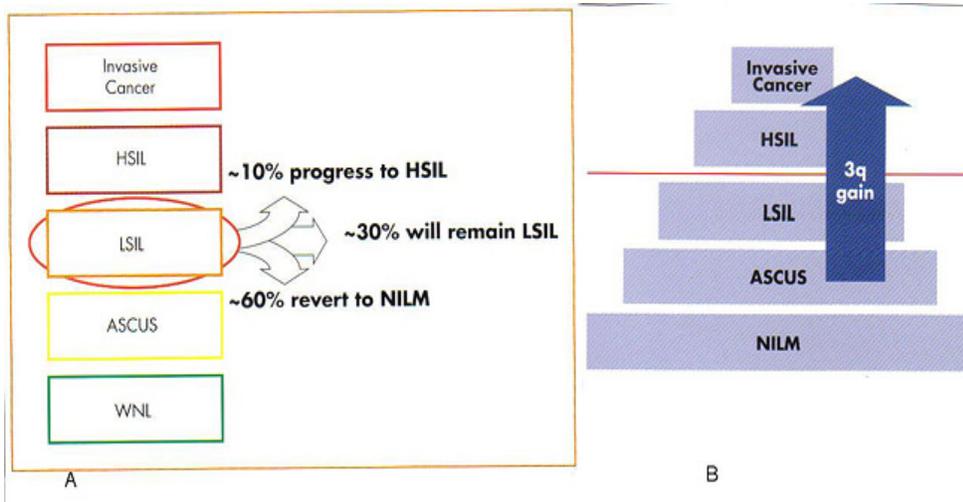
Fortunately, many of the gynecologic malignancies have a high “cure” rate. This relatively impressive success rate with gynecologic cancers can be attributed to great part to the development of diagnostic techniques that can identify pre-cancerous conditions, the ability to apply highly effective therapeutic modalities that are more restrictive elsewhere in the body, a better understanding of the disease spread patterns, and the development of more sophisticated and effective treatment in cancers that previously had very poor prognoses. This optimism should be realistically transferred to the patient and her family. When the prognosis is discussed, some element of hope should always be introduced within the limits of reality and possibility.

There is convincing evidence that cytologic screening programs are effective in reducing mortality from carcinoma of cervix. The extent of reduction in mortality achieved is related directly to the proportion of the population that has been screened. The role of estrogen and its possible relationship to endometrial cancer are receiving increased attention in both the scientific and the lay press. The beneficial effects of estrogen in treating vasomotor symptoms of menopause are becoming better recognized. Most neoplasms of the ovary are asymptomatic unless they have been subject to rupture or torsion. Widespread intraperitoneal dissemination can occur in ovarian carcinoma and be totally asymptomatic until ascites causes an initial symptom of abdominal distension.

Management of only the physical symptom of cancer is now considered to be inadequate approach to oncologic care. The effect of cancer on the family and patient is profound and touches every area of their lives. Effective care of the patient requires that these needs be addressed. A team of professionals is needed to foster effective communication in the patient-physician relationship; to assess the effect of disease and its treatment on the patient’s psychosocial and spiritual well-being and to achieve optimal care of the patient and family.

Women’s Health and Education Center (WHEC)

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



Cervical cancer prevention.....



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Foreign Aid and Economic Development in Postwar Lebanon

This review shows that foreign aid in postwar Lebanon passed through two phases with distinct features that have far reaching implications for postwar development. In the first phase lasting from 1992 – 1997, foreign aid was mainly channeled towards providing resources for postwar construction projects. The second phase from 1997 to 2007 witnessed a qualitative shift in foreign aid utilization from reconstruction needs allowed the government to intervene in the foreign exchange market, maintained balance of payments surpluses during this period, reduced interest rates on public debt instruments and finally provided the necessary liquidity and ‘confidence’ for the government to continue borrowing funds from local commercial banks and foreign investors. More importantly this shift in foreign aid allowed the government to avoid financial and currency crises in 2002. However the cost of such a qualitative shift was large in terms of fiscal management, diversion of funds from reconstruction, and the increased dependency of the Lebanese economy on foreign aid for stabilization purposes.

Lebanon experienced a civil war that lasted for more than 15 years from 1975 to 1990. The duration and severity of the war led to huge devastation of the physical, human and social capitals. The complexity of the Lebanese experience in relying on foreign aid both for reconstruction and development and for fiscal balance and financial stability – coupled with internal funding mechanisms – makes Lebanon an important case study of the relationship between foreign aid and postwar development priorities.

The current state of economic crisis in Lebanon that intensified in the aftermath of the July 2006 Israel-Lebanon war pushed the government to call for the holding of the international donors conference that had initially been planned to be held in Beirut. The conference (PARIS III) was finally held in Paris in January 2007 and raised around US\$ 736 billion of pledges in soft loans and grants in support of the Lebanese government economic and fiscal reform programs. The conference was seen as a sequel for the Paris II meetings. The political blame on the failure of the Paris II meetings was put on the president of the republic and on the pro-Syrian political parties. However, the international community, including the IMF and the United States, has implicitly blamed the whole political system in Lebanon for the non-implementation of the reforms promised at the Paris II meetings. In early 2006, the United States, through its ambassador in Lebanon, called for the country to undergo supervision by the IMF for any funds to be disbursed at future donors meetings. In April 2007, the IMF and Lebanon signed a US\$ 76.8 million loan agreement under the Emergency Post-Conflict Assistance Programme. The IMF will monitor developments in 2007 regarding the implementation of the reform plan, and the donor countries will take into consideration these reports in their final decision to disperse funds pledged at Paris III. Moreover, the IMF and Lebanon are expected to sign a larger loan agreement next year under an IMF stand-by arrangement. Such agreement would impose some form of IMF conditionality in Lebanon.

Apart from the specific conditionality enforcement and accountability mechanisms that will be developed, Paris III meeting should be seen as an opportunity for Lebanon to embark on the path of sustainable development. This sustainable development must be a new phase in the postwar economy of Lebanon that makes a break with the past with regard to the country’s dependence on foreign loans and aid for reconstruction and macroeconomic stability

Publisher: UNU-WIDER; Author: Ghassan Diibeh; Sponsors: UNU-WIDER gratefully acknowledges the financial contribution to the conference by the Finnish Ministry for Foreign Affairs.

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)



Lebanon: Background

Lebanon has achieved most of the goals of the World Summit for Children. The Infant mortality rate (IMR) and under-five mortality rate (U5MR) have steadily declined with no significant gender disparity. Notional immunization coverage is 96%, and no cases of polio have been recently recorded since 1994. Most national nutrition goals have been achieved for both boys and girls. Nearly all pregnant women have access to prenatal care and trained attendants during childbirth. 98% of children aged 6 to 11 are at school, with no gender disparities, and 91% of children aged 3 to 5 are enrolled in pre-schools and child-care programs. However the country requires major reconstruction and rehabilitating, revitalizing key social sectors and stimulating economic growth. This includes plans to rehabilitate water networks and school buildings, improve school programs and rehabilitate the healthcare infrastructure. UNICEF will also contribute to raising awareness on landmines; increasing access to safe water and sanitation as part of the child-care and development programme; and expanding interventions specifically designed for disadvantaged groups in these regions.



Reclaiming normalcy, children in Lebanon return to school at last

The 34-day war in Lebanon that ended on 14 August caused nearly 1,200 deaths and tremendous damage, not only to infrastructure but also to the Lebanese people – not least among children. Now, however, like that of so many of children's peers at the partially damaged but still running Ansariyyeh Public School in South Lebanon, children's mood is different.

No doubt, today's reopening of schools across the vast majority of the country is a vital step towards recovery for both children and their families. According to government assessment, between 40 to 50 schools were completely destroyed during the war, while around 300 suffered partial damage. Of those that have suffered damages, some will continue to hold classes and activities for children in safer areas of the school building, pending the arrival of prefabricated classrooms and implementation of double shift classes.

Beyond the physical damage that has made it impossible for hundreds of children to attend their old schools, the war had profoundly damaging psychological effects. Children especially have suffered, given that a third of the fatalities in the war – and just under half of those displaced – were minors.

A Day of Hope

Recognizing the centrality of education to Lebanon's overall recovery from the war, UNICEF has worked closely with the Lebanese population as a whole and the Ministry of Education in the run-up towards the return to school. In addition to providing 400,000 school bags for children across the country – which are already being distributed in the south and the Baqaa Valley in the east – UNICEF is providing public schools with 7,000 School-in-a-Box kits. Each kit contains enough materials to run a classroom. UNICEF is also working to help heal children's emotional scars, as well as raise awareness about the dangers of unexploded ordnance. Teachers are being trained to provide mine-risk education and to manage a classroom of students who have emerged from a conflict situation.

School provides great psychological relief and gives children the ability to put the war behind them.

To be continued....

Two Articles of Highest Impact, April 2021

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Neonatal Group B Streptococcal Infection;
<http://www.womenshealthsection.com/content/obsnc/obsnc012.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. Prevention of Group G 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.

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

Worldwide service is provided by the WHEC Global Health Line

74th World Health Assembly, May 24 – 1 June 2021 Geneva, Switzerland

74th World Health Assembly

Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response
Document A74/2

Global leaders unite in urgent call for international pandemic treaty. The main goal of a new international treaty for pandemic preparedness and response would be to foster a comprehensive, multisectoral approach to strengthen national, regional and global capacities and resilience to future pandemics. This is an opportunity for the world to come together as a global community for peaceful cooperation that extends beyond this crisis.

WHO calls for further studies, data on origin of SARS-CoV-2 virus, reiterates that all hypotheses remain open. This report is a very important beginning, but it is not the end. We have not yet found the source of the virus, and we must continue to follow the science and leave no stone unturned. Finding the origin of a virus takes time and we owe it to the world to find the source so we can collectively take steps to reduce of this happening again. No single research trip can provide all the answers.

WHO Coronavirus (COVID-19) Dashboard: <https://covid19.who.int/>

Globally, as of 4 April 2021, there have been 130,422,190 confirmed cases of COVID-19, including 2,842,135 deaths, reported to WHO. As of 31 March 2021, a total of 547,727,346 vaccine have been administered.

Details: https://apps.who.int/gb/e/e_wha74.html



From Editor's Desk

WHEC Projects under Development

Global Strategy to Eliminate Cervical Cancer: Our Commitments



In collaboration with the World Health Organization (WHO) and the United Nations (UN), Women's Health and Education Center (WHEC) is pleased to commit its resources and participate in the Global Strategy to Accelerate the Elimination of Cervical Cancer. Our efforts outline three key steps:

1. Vaccination;
2. Screening; and
3. Treatment.

Successful implementation of all three could reduce more than 40% of new cases of the disease and 5 million related deaths by 2050. Following the adoption of a resolution at 2020 World Health Assembly the following targets by 2030 will place all countries on the path toward elimination:

- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age;
- 70% of women screened using a high-performance test by age 35 and again by 45;
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

This Global Strategy also stresses that investing in the interventions to meet these targets can generate substantial economic and societal returns. An estimated US \$3.20 will be returned to the economy for every dollar invested through 2050 and beyond, owing to increases in women's workforce participation. The figure rises to US \$26.00 when the benefits of woman's improved health on families, communities and societies are considered.

Cervical Cancer is a preventable disease. It is also curable if detected early and adequately treated. Yet it is the fourth most common cancer among women globally. Without taking additional action, the annual number of new cases of cervical cancer is expected to increase from 570,000 to 700,000 between 2018 and 2030, while the annual number of deaths is projected to rise from 311,000 to 400,000. In low- and middle-income countries, its incidence is nearly twice as high and its death rates 3 times as high as those in high-income countries. The huge burden of mortality related to cervical cancer is a consequence of decades of neglect by the global health community.

Critical developments include the availability of prophylactic vaccines; low-cost approaches to screening and treating cervical cancer precursors; and novel approaches to surgical training. Through a shared global commitment to the Sustainable Development Goals (SDGs) and leaving no-one behind, the countries of the world are forging a new path to ending cervical cancer.

We believe, the fight against cervical cancer is also a fight for women's rights: the unnecessary suffering caused by this preventable disease reflects the injustices that uniquely affect women's health around the world. Together we can make history to ensure a cervical cancer-free future.

No single intervention can eliminate cervical cancer. Developed by Member States, UN agencies and other partners, the draft global strategy seeks to redress the unequal burden of cervical cancer around the world. 9 out of 10 cervical cancer deaths occur in low- and lower-middle-income countries, where women lack access to health services.

Elimination of cervical cancer is possible within the lifetime of today's youngest girls, but the clock starts now and every interventional counts.

Join the efforts!



Governments must commit to eliminating homelessness by 2030: NGOs Urge



Homeless is found in every country in the world and is spreading with impunity, NGOs warned, called on governments to recognize homelessness as a human rights crisis and commit to its eradication by 2030, in line with the new UN Sustainable Development Goals (SDGs).

Persistent inequality, unfair distribution of land and poverty and poverty occurring on global scale, are among the factors for

homelessness. The result of treating housing as a commodity rather than as a human right. Many contemporary cases of forced evictions, those without due process or the provision of, and access to, appropriate forms of legal or other protection, constitute a gross violation of human rights and indicate a systematic disregard of recognized human rights standards on the part of States. There is urgent need for States to halt the practice of forced evictions and displacement.

Pro-poor mortgages will soon be needed to curb the growth of slums

Mortgages that allow poor to buy housing will soon be needed to curb the worldwide growth of slums and improve living standards. In several rapidly urbanizing countries, slums are growing at a rate almost equal to that of urban population growth. Recent research showed that more than one billion people living in slums suffered from levels of malnutrition that were similar to or worse than those found in rural areas. The sense of urgency was heightened by the combined trend of rapid urbanization and the urbanization of poverty. This means that poverty now threatens the living standards of many in the world's cities.

UN-HABITAT must strengthen its work in urban living, especially in the establishment of affordable, pro-poor mortgage financing systems. It has now field-testing mechanisms to deliver such financial systems because conventional social housing solutions are not realistic due to a lack of funds.

<https://unhabitat.org/>

Women and girls suffer most from conditions in slums

Slums pose particular problems for women and girls, especially the way this growing phenomenon affects the global effort to combat HIV / AIDS. This is a result of natural population growth, human mobility including rural-urban migration and international migration, as well as the reclassification of rural areas as urban areas. It is therefore important to consider the challenges of urbanization as you discuss women and poverty and listen to testimonies of women

Slums pose serious challenges to action to prevent, treat, and effectively address HIV/AIDS. Sadly, it is the women and the girl child who bear the brunt of all this because their disadvantaged position in society as proscribed by our cultures, traditions, values and belief systems.

Written Statement of WHEC, Published by 59th Session of CSocD,

UN Document: E/CN.5/2021/NGO/38

http://www.womenshealthsection.com/content/documents/E_CN.5_2021_NGO_38_E.pdf

The Tide Rises, The Tide Falls

The tide rises, the tide falls,
The twilight darkness, the curlew calls;
Along the sea-sands damp and brown
The traveler hastens toward the town,
And the tide rises, the tide falls.

Darkness settles on roofs and walls,
But the sea, the sea in darkness calls;
The little waves, with their soft, white hands
Efface the footprints in the sands,
And the tide rises, the tide falls.

The morning breaks; the steeds in their stalls
Stamp and neigh, as the hostler calls;
The day returns, but nevermore
Returns the traveler to the shore.
And the tide rises, the tide falls.

- Henry Wadsworth Longfellow (27 February 1807 – 24 March 1882); an American Poet and Educator. Longfellow was the most popular poet of his day. As a friend once wrote “no other poet was so fully recognized in his lifetime.”

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

<http://www.WomensHealthSection.com>

