WHEC Update

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

December 2021; Vol. 16. No. 12

A Grand Collaboration

Happy Holidays from us all @ the Women's Health and Education Center (WHEC)

As 2021 draws to a close, and our initiatives are increasing in popularity, we would like to take this opportunity to extend our sincere thanks to you for your loyal readership and for continuing to follow the Women's Health and Education Center's (WHEC's) efforts in promoting Sustainable Development for all. 2022 will even be better one.

As the need for providing virtual mental health care services has increased, providers are finding ways to use phone and video-conferencing technology to bring therapy, evaluations, interventions, and medication management to individuals where they are. Although the practice has become much more common, especially as a result of the coronavirus (COVID-19) pandemic. More research is needed to understand when and how tele-mental health services should be used. Learn about the factors to consider, when using tele-mental health, is of mutual benefit.

Treatment for mental illnesses usually consists of therapy, medication, or a combination of the two. It can be given in person or through a phone or computer (tele-mental health). It can sometimes be difficult to know where to start when looking for mental health care, but there are many ways to find a provider who will meet your needs. Mental health is an integral part of health. Often, people with mental disorders can be at risk for other medical conditions, such as heart diseases or diabetes. In many primary care settings, now you may be asked if you are feeling anxious or depressed, or if you have had thoughts of suicide. Take this opportunity to talk to your primary care provider, who can help refer you to a mental health specialist to address your needs.

Primary Care Provider: your primary care practitioner can be an important resource, providing initial mental health screening, and referrals to mental health specialists. If you have an appointment with your primary care health provider, consider bringing up your mental health concerns and asking for help. Take control of your mental health. Do not wait for your health care provider to ask about your mental health. Health care providers have a limited amount of time for each appointment. Think of your questions or concerns beforehand, and write them down. *Prepare your questions*. *Prepare a list of your medications. And review your family history.* Certain mental illnesses tend to run in families, and having a close relative with a mental disorder could mean you are at a higher risk. Knowing your family mental history can help you determine whether you are at a higher risk. Reducing your risk can enable both you and your provider to look for early warning signs.

Start the conversation and be honest.

It is important to remember that communications between you and a healthcare provider are private and confidential and cannot be shared with anyone without your expressed permission. it is okay to disagree with your provider on what treatment to try. You may decide to try a combination of approaches. You also may want to get another opinion from a different health care provider. It is important to remember that there is NO "one-size-fits-all" treatment. You may need to try a few different health care providers and several different treatments, or a combination of treatments, before finding the one that works best for you. Our pleasure to share you the Focus on Mental Health Resource, developed by the Women's Health and Education Center (WHEC); available @ http://www.womenshealthsection.com/content/gynmh/

Tele-mental Health

Rita Luthra, MD

Your Questions, Our Reply

What is tele-mental health? What are the potential benefits and potential drawbacks of tele-mental health?

Mental Health Information: Tele-health is the use of telecommunications or video-conferencing technology to provide mental health services. It is sometimes referred to as telepsychiatry or telepsychology. Research suggests that tele-mental health services can be effective for many people, including, but not limited to those with attention-deficit / hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), depression, and anxiety.

Federal Resources: some federal agencies offer resources for identifying health care providers and help in finding low-cost health services. These include:

- Substance Abuse and Mental Health Services Administration (SAMHSA): https://www.samhsa.gov/
- Health Resources and Services Administration (HRSA); . https://www.hrsa.gov/
- Centers for Medicare & Medicaid Services (CMS): https://www.cms.gov/
- The National Library of Medicine (NLM) Medline Plus: https://medlineplus.gov/

Potential Benefits

- Convenience: Tele-mental health appointments do not require travel and often mean less time off work and smoother organization coordination for things like transportation or childcare. Patients also can schedule appointments with less advance notice and at more flexible hours.
- Broader reach: The technology is available to people who may not have had access to mental health services previously, including those in remote areas and emergency care situations.
- Fewer barriers: For those who may have been hesitant to look for mental health care in the past, tele-mental health services might be an easier first step than traditional mental health services.
- Advances in technology: As tele-mental health services have increased, providers have become more familiar with evolving videoconferencing technology, with some switching to entirely virtual practices.

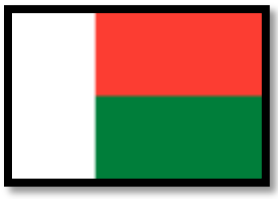
Potential Drawbacks

- Access to technology: Services may be limited by lack of Internet connection and devices.
- Quality issues: Varying levels of technological quality can affect how services are provided and received.
- Cost: Evolving technology means updating equipment, platforms, and networks for patients.
- Privacy: Cameras in users' homes and virtual online platforms pose privacy considerations. Individuals also might be more hesitant to share sensitive personal information with a provider in a situation where others might hear.
- Insurance Coverage: The rise in tele-health during the COVID-19 pandemic has led to policy changes to make services accessible to more people. However, it is not known how long such flexibilities will stay in place, and understanding what services are available can be complicated. Coverage and provider licensure requirements vary from state to state.

Many of the same considerations for finding a provider for in-person mental health services apply to finding a tele-mental health services provider. Initial free consultations may make it easier to determine if a tele-mental health services provider feels like a good fit.

United Nations at a Glance

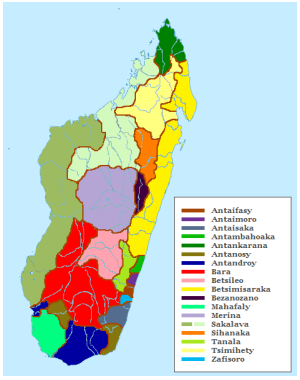
Permanent mission of Madagascar to the United Nations



Madagascar became UN Member State on 20 September 1960.

Madagascar, officially the **Republic of Madagascar;** and previously known as Malagasy Republic, is an island country in the Indian Ocean, approximately 400 kilometer (250 miles) off the coast of East Africa cross the Mozambique Channel. At 592,800 sq. kilometers (228,900 sq. mi.) Madagascar is the world's second-largest island country. The nation comprises the island of Madagascar (the fourth-largest island in the world) and numerous smaller peripheral islands. Madagascar split from the Indian subcontinent around 88 million years ago, allowing native plants and animals to evolve in relative isolation. Consequently, Madagascar is a biodiversity hotspot; over 90% of its wildlife is found nowhere else on Earth. The island's diverse ecosystems and unique wildlife are threatened by the encroachment of the rapidly growing human population and other environmental threats. Capital: Antananarivo; Official language: Malagasy, French; Religion: 85.3% Christianity; 6.9% No religion; 4.5% Traditional faiths; 3% Islam. Government: Unitary semi-presidential constitutional republic; Legislature: Parliamentary. Population: 2021 estimate 28,427,328 (52nd)

Madagascar belongs to the group of least developed countries (LDC), according to the United Nations. As of 2017, the economy has been weakened by the 2009 – 2013 political crisis, and quality of life remains low for the majority of the Malagasy population.



United Nations Involvement

Madagascar became Member State of the United Nations on 20 September 1960, shortly after gaining its independence on 26 June 1960, from France. As of January 2017, 34 police officers from Madagascar are deployed in Haiti as part of the United Nations Stabilization Mission in Haiti. Starting in 2015, under the direction of and with assistance from the UN, the World Food Program started the Madagascar Country Program with the two main goals of long-term development goals plan to be accomplished by providing meals for specific schools in rural and urban priority areas and by developing national school feeding policies to increase consistency of nourishment throughout the country. Small and local farmers have also been assisted in increasing both the quantity and quality of their production, as well as improving their crop yield in unfavorable weather conditions. In 2017, Madagascar signed the UN treaty on the Prohibition of Nuclear Weapons.

Several challenges remain:

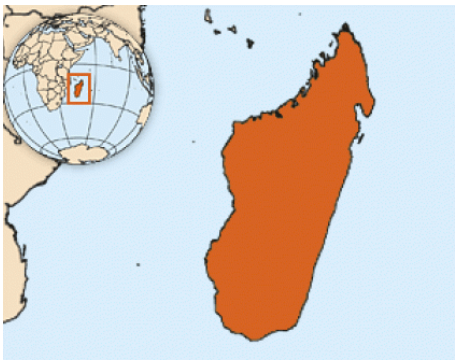
- Strengthening the coordination, monitoring and evaluation of the SDGs;
- Resource mobilization through the implementation of an SDG financing strategy;
- Resumption of economic growth after COVID-19;
- Fight against food insecurity, including famine, in the south of the country.

The COVID-19 pandemic continues to wreak havoc in Madagascar as in other countries of the world, calling into question recent social and economic progress and creating additional financing needs, especially external, for the achievement of the 2030 Agenda.

Details: https://sustainabledevelopment.un.org/memberstates/madagascar

Collaboration with World Health Organization (WHO)

WHO | Madagascar



The Madagascar Health Profile presents an overview of the situation and trends of priority health problems, as well as the profile of the health systems, including a description of institutional frameworks, trends in the national response, and key issues and challenges. Its purpose is to promote evidence-based decision-making in the area of health, using a thorough and rigorous analysis of the dynamics of the country's health system.

Total population (2021): 28,427,328
Gross national income per capita (PPP international $, 2013: 1
Life expectancy at birth m/f (years, 2015): 64/67
Probability of dying under five (per 1,000 live births, 0): NA
Probability of dying between 15- and 60-years m/f (per 1,000 population, 2013): 245/196
Total expenditure on health per capita (Intl $, 2014): 44
Total expenditure on health as % GDP (2014): 3.0

Emergencies and Outbreaks

Cholera: It is an infectious disease that causes severe water diarrhea, and can lead to dehydration and kill within hours if left untreated. *Ending Cholera – A Global Roadmap to 2030* operationalizes the new global strategy for cholera control at the country level and provides a concrete path toward a world in which cholera is no longer a threat to public health. The strategy focuses on the 47 countries affected by cholera today, and consists of multi-sectoral interventions in two main types of cholera-affected geographies, supported by a nimble and effective coordination mechanism:

1. Early detection and quick response to contain outbreak;
2. A targeted multi-sectoral approach to prevent cholera recurrence.

COVID-19: In the WHO African Region (AFR), and consistent with the situation globally, all facets of the society – health, security, political, economic and social continue to be negatively impacted you the pandemic. The most common services include routine immunization, facility-based services for communicable and non-communicable disease, antenatal care, family planning and contraception.

Ebola: Ebola virus disease (formerly known as Ebola hemorrhagic fever) is a severe, often fatal illness, with a death rate of up to 90% caused by Ebola virus, a member of filovirus family. WHO aims to prevent Ebola outbreaks by maintain surveillance for Ebola virus disease and supporting at-risk countries to develop preparedness plans.

Nigeria crisis, South Sudan Crisis and Outbreak and Emergencies Monitoring

WHO Health Emergencies Program is currently monitoring 121 events in the region.

Details: https://www.afro.who.int/fr/countries/madagascar

Madagascar became UNESCO Member State on 10 November 1960

Madagascar: National workshop on Open Educational Resources (OER) policy

UNESCO held a 3-day national workshop on Open Educational Resources (OER) policy in Madagascar. This event aims at: presenting the OER resources of partners in Madagascar, and demonstrate their importance and their potential for transforming education; finalize the national strategy for promoting OER in the country and elaborate a work plan for its implementation.

The national workshop will attract participation of Ministries, Cities and local authorities and National Institutes in Madagascar. UNESCO recognizes the potentials OER holds to widen access to education at all levels, both formal and non-formal in a perspective of lifelong learning, and to improve both cost-efficiency and quality of teaching and learning outcomes.

To operationalize the 2012 Paris OER Declaration, UNESCO, with sponsorship of William and Flora Hewlett Foundation, has launched projects to assist Member States to develop strategies and policies on OER. Madagascar participated in the UNESCO Regional Seminar on OER Policy for Africa held in Nairobi, Kenya, from 23 to 24 November 2015.

School exclusion in Madagascar during COVID-19

With 258 million children, adolescents and youth out of school worldwide, according to the UNESCO Institute for Statistics (UIS), many countries are still struggling with the lack of education, in response to this situation, UIS has launched five country studies, including one in Madagascar – a country where legislation emphasizes compulsory school attendance from age 6.

Results of the study in Madagascar:
The percentage of children not in school by level:

- Preschool (under 5 years old): 40% representing between 285,000 and 316,000 children'
- Primary: 22% to 27% presenting between 751,000 and 921,000 children;
- Lower secondary: 30% to 40% representing between 741,000 and 1 million children;
- Upper secondary: more than 60%, or nearly 1.4 million adolescents.

The issues related to late entry, high-school re-sits and dropouts at the primary level are among the most important problems of the Malagasy education system. Several demand and supply factors may explain school exclusion. At the household level, economic difficulties in the household, the low perception of the direct benefits of education combined with the need for labor in agricultural activities or herding, particularly for boys, explain a large part of the phenomenon of children not attending school. Early marriages, on the other hand, are a source of school dropout for young girls. As for the schools, the cost of education, the distance from the school and the existence of incomplete schools with a discontinuity in educational offerings, the low qualifications of teachers, and the existence of community teachers paid by parents have a significant influence on non-enrollment and dropout.

Details: https://en.unesco.org/countries/madagascar

Bulletin Board

Continuing Medical Education – USA

Women's Health and Education Center (WHEC) expresses gratitude to the teaching hospitals and universities and their faculty for donating their priceless work and research to http://www.WomnesHealthSection.com .

Their work and dedication has helped us to improve health & status of women worldwide. Thanks for being part of this global initiative.

We welcome everyone!

- Creighton University School of at St. Joseph's Hospital and Medical center, TX (USA)
- University of Utah Health Sciences Center, Salt Lake City, UT (USA)
- Brigham and Women's Hospital affiliated with Harvard Medical School, Boston, MA (USA)
- The Johns Hopkins Medical Institutions (USA)
- St. Elizabeth's Medical Center of Boston. A University Medical Center of Tufts University, Boston, MA (USA)
- Maimonides Medical Center and SUNY Health Science Center, New York, NY (USA)
- University of Cincinnati College of Medicine, OH (USA)
- University of Colorado Health Sciences Center, CO (USA)
- Yale University School of Medicine, CT (USA)
- New York Weil Cornell Medical Center, New York, NY (USA)
- Feinberg School of Medicine, Northwestern University, Chicago, IL (USA)
- Vanderbilt University Medical Center, Nashville, TN (USA)
- University of Michigan Medical School, Ann Arbor, MI (USA)

Women's Health and Education Center (WHEC)

http://www.womenshealthsection.com/content/cme/usa.php3

Collaboration with UN University (UNU)

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

Estimating utility-consistent poverty in Madagascar, 2001 – 2010

Madagascar is one of the poorest country in the world, with macroeconomic indicators suggesting that the nation is poorer today than it was over 40 years ago. Average real per capita income in 2010 was approximately one-third of what it was in 1960. Yet our understanding of poverty in Madagascar is incomplete because it is hampered by issues with data and methodology. This is not surprising given the complexity of measuring poverty in a manner that is consistent over time and space, yet is also sensitive to local conditions. The contemporary literature on poverty in Madagascar has stressed consistency over time by focusing on the comparability of the survey instruments used to estimate nominal household consumption aggregates, the key welfare measure sued in calculating poverty.

The authors adapted the standardized Poverty Line Estimation Analytical Software – PLEASe computer code stream based on Arndt and Simler's (2010) utility-consistent approach to measuring consumption poverty in Madagascar in 2001, 2005 and 2010. This paper documents how the utility-consistent approach to inter-temporal and spatial deflation differs from the approach undertaken by the national statistical office to produce the official poverty estimates and how the trends in these estimates differ substantially.

Further, the authors illustrated the importance of addressing extreme values for calculating unit prices, and how to handle redistricting when conducting revealed preference tests of the utility-consistency of not only regionally estimated poverty lines (i.e. do the consumption patterns in other spatial domains cost no less than the own-domain consumption patterns when both are evaluated at own-domain prices), but also of poverty lines over time.

The authors document how the utility-consistent (UC) approach to inter-temporal and spatial deflation differs from the approach undertaken by the national statistical office (INSTAT) to produce the official poverty estimates (i.e. using urban consumer price indices), and how the trends in these estimates differ substantially. In the case of Madagascar in 2001, 2005, and 2010, the source of the differences between the UC and INSTAT approaches is the handling of the poverty lines and deflation of the household consumption aggregates. Although differing region-specific calorie requirements contribute partly to the disparity among the poverty lines of the two approaches, the differing compositions of the baskets used to value these calorie requirements play a more important role.

The UC consumption baskets place more weight on non-food items compared to the consumption price index (CPI) basket used by INSTAT, thus offsetting the higher economic calorie requirements of the former. The specificity of these UC weights, based on consumption patterns of the poor in the spatial domains, is a strength of this approach compared to the previous approach taken by INSTAT.

Publisher: UNU-WIDER; Authors: David Stifel, Tiaray Razafimanantena, and Faly Rakotomana;
Sponsors: UNU-WIDER gratefully acknowledge the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

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

Two Articles of Highest Impact, November 2021

Editors' Choice – Journal Club Discussions
Fully open-access with no article-processing charges
Our friendship has no boundaries. We welcome your contributions.

1. Vitamin K Deficiency Bleeding;
   http://www.womenshealthsection.com/content/obsnc/obsnc014.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. The Diseases of Addiction: Opiate Use and Dependence;
   http://www.womenshealthsection.com/content/gynmh/gynmh013.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

WHEC
Helping Women World-Wide

2021 WHEC Annual Highlights

We thank our writers/editors, physician board and the contributors for making 2021 a success. We look forward to your continued support.

- WHEC organized a Side Event during the 59th CSocD (Commission on Social Development) Session on 11 February 2021 with the World Health Organization (WHO) and WHO Academy – Building the Capacity to Care.
  Concept Note: http://www.womenshealthsection.com/content/documents/59th-CSocD-Side-Event-2021-WHO-Academy-Agenda.pdf

- Written Statement of WHEC Published by 59th Session of CSocD: Role of digital technologies in social development and well-being of all; UN Document E/CN.5/2021/NGO/38
  http://www.womenshealthsection.com/content/documents/E_CN.5_2021_NGO_38_E.pdf

- Written Statement of WHEC Published by 54th Session of CPD (Commission for Population and Development); Strengthening global partnership (SDG 17) through food security and public health. UN Document: E/CN.9/2021/NGO/16;
  http://www.womenshealthsection.com/content/documents/E_CN9_2021_ngo_16_E.pdf

- STI (Science, Technology and Innovation) Forum 2021 Session 1 – WHEC Statement 33079
  Looking back at the year 2020 that changed the world, and moving forward
  https://sdgs.un.org/documents/womens-health-and-education-centerwhecstatement-33079

- 2021 ECOSOC High-Level Segment (July 2021); UN Document: E/2021/NGO/XX
  COVID-19: One War That Must be Fought Together
  http://www.womenshealthsection.com/content/documents/2021-WHEC-Statement-ECOSOC-Resolution-1996-31-COVID-19.pdf

A good quality education is the foundation of health and well-being. For people to lead healthy and productive lives, they need knowledge to prevent sickness and diseases. Education is catalyst for development and a health intervention in its own right. Education develops skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges. WHEC's goal is to support the contribution of national education sectors for ending HIV/AIDS and other sexually transmitted diseases in adolescents, and promoting better health and well-being for all children and young people. This NGO is committed to strengthening the links between education and health, reflecting growing international recognition that a more comprehensive approach to school health and coordinated action across sectors is needed.

Education-for-All and Health-for-All

From Editor's Desk

WHEC Projects under Development

United Nations Internship Programme, New York

UN Volunteers directly mobilizes up to 8,000 volunteers every year.

Eight out of ten UN Volunteers come from developing countries themselves.

More than a third of all UN Volunteers work withing their own countries.

Almost half of all UN Volunteers are female. More than 1 in 4 UN Volunteers is younger than 29. UNV makes special efforts to recruit people with disabilities.

In 2017, almost 18,000 people volunteered over the internet through UNV Online Volunteering service. Change the world through online volunteering

Based in Bonn, Germany, UNV is represented worldwide through the offices of the United Nations Development Programme (UNDP) and reports to the executive Board of UNDP/UNFPA.

Why be a United Nations intern?

If you are thinking of entering the world of diplomacy and public policy, an internship at the United Nations (UN) could be the ideal start for you.

The objective of the internship is to give you a first-hand impression of the day-to-day working environment of the UN. You will be given a real chance to work with the people at UN. As part of the team, working directly with outstanding and inspiring career professionals and senior management, you will be exposed to high-profile conferences, participate in meetings, and contribute to analytical work as well as organizational policy of the UN. Initially you will take on the amount of responsibility you can shoulder: the potential for growth, however, is yours to develop?

Can you be a United Nations Intern?

Are you enrolled in a Master's or in a Ph.D. programme, or in the final year of a Bachelor's programme; or within one year after graduation from a Bachelor's, Master's or Ph.D. programme?

Do you have excellent command of English or French?

Are you neither a child nor a sibling of a United Nations Secretariat staff member?

Keep in mind:

- **Duration:** The internship programme lasts for at least two months and can be as long as six months. Once selected, you must begin your internship either prior to or within one year of graduation.
- **Cost:** United Nations interns are not paid. All costs related to travel, insurance, accommodation, and living expenses must be borne by either the interns or their sponsoring institutions.
- **Visa:** You will be responsible for obtaining and financing the necessary visas.
- **Travel:** You will arrange and finance your travel to the United Nations location where you will be intern.
- **Medical Insurance:** You will be responsible for costs arising from accidents and/or illness incurred during the internship and must show proof of a valid major global medical insurance coverage.
- **Confidentiality:** You must be discreet and keep confidential any and all unpublished information obtained during the course of the internship and may not publish any documents based on such information.
- **Academic Credit:** You may get academic credit from your institution of higher education for the inter. Check with your university to confirm their academic credit policy for internships.

Visit: https://www.unv.org/

Point of View Segment

MY SOCIAL IMPACT TOUR

I am a millennium fellow of class of 2021, and I am working on a project called Sex Education and Feminine Hygiene, which is in line with the UN SDG #3, (Good health and Wellbeing). My project is aimed at empowering young girls by keeping them informed about their bodies and helping them make responsible and informed decisions and enhancing their self-esteem.

For as long as I've known, women in these parts of the world have always talked in hush tones or kept quiet about issues relating to their bodies. It is rare to see a woman talking about sexual experiences or changes her body experienced growing up. Sex education and feminine hygiene are very **unpopular/ taboo** topics amongst women, and this has aided the bad decisions often made by teenage girls. That is why my project is aimed solely at girls between the ages 13 to 22.

I would be kickstarting an awareness program in November 2021, lined with activities including:

- An online seminar educating young university/college girls on the need for safe sex practices and proper hygiene. The online seminar will cover topics around sexually transmitted diseases/infections, proper vaginal care, and menstrual hygiene.

- Visits to government secondary schools to give talks covering topics around sexual and feminine health, distribution of sanitary pads and other female health care products to kick start their feminine hygiene journey.

The progress I have made so far on my project include:

- Getting volunteers for the physical awareness program;
- Gathering resources regarding women health including statistics and demographics with the help of Dr. Rita Luthra (President & Editor-in-chief, Women's Health and Education Center; [WHEC]);
- Approval from one of the secondary schools my team and I plan to visit to create awareness.

My goal is to help create an informed and responsible society by giving them correct and accurate information. In my own little way, I hope it helps to reduce the rate of teenage pregnancy and maternal mortality.

I have learned a lot from the millennium fellowship, such as from the time management to community building and so on, but one thing that stands out and it is of tremendous help in my project, which is - THE POWER OF TEAMWORK. I have come to understand that it takes more than one person to build a community, like the famous Hellen Keller's quote "Alone, we can do so little; together, we can do so much."

The millennium fellowship has taught me and has given me, the opportunity to meet with great minds who are passionate about giving back to the society. Now, I have made new friends and connections that I have come to learn a lot from and most importantly, it has given me the opportunity to see the world from my study desk. My advice for other Millennium Fellows working toward social change is, "work closely with the other fellows, they hold the key in helping you to make that change." There is reason we are called The Fellows.

By Ms. Jadesola Lyowu
Millennium Fellow
University of Lagos, Nigeria
Contact e-mail: iyowujadesola@gmail.com

In The News

The Advocacy of Racial or Religious Hatred is prohibited by International Law

“ Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.”

– Eleanor Roosevelt, First Lady of America.

Recover Better – Stand Up for Human Rights

This year’s Human Rights Day (10 December) is an opportunity to reaffirm the importance of human rights in re-building the world we want, the need for global solidarity as well as our interconnectedness and shared humanity. We will reach our common global goals only if we are able to create equal opportunities for all, address the failures exposed and exploited by COVID-19, and apply human rights standards to tackle entrenched, systematic, and intergenerational inequalities, exclusion and discrimination.

Human Rights must be at the center of the post COVID-19 world

The COVID-19 crisis has been fueled by deepening poverty, rising inequality, structural and entrenched discrimination and other gaps in human rights protection. Only measures to close these gaps and advance human rights can ensure we fully recover and build back a world that is better, more resilient, just and sustainable.

- End discrimination of any kind**;**
- Address inequalities;
- Encourage participation and solidarity;
- Promote sustainable development.

Human rights are at the heart of Sustainable Development Goals (SDGs), as in the absence of human dignity we cannot hope to drive sustainable development. We need sustainable development for people and planet. Human rights, the 2030 Agenda and the Paris Agreement are the cornerstone of a recovery that leaves no one behind.

Art & Science

Art that touches our soul

Ramayana by Sahib Din; *The Battle of Lanka*

A Scene from the **Ramayana,** an ancient Sanskrit epic. Depicted here are several stages of the War of Lanka, with the monkey army of the protagonist **Rama** (top left figure) fighting the demon army of the king of Lanka, **Ravana,** to save Rama's kidnapped wife **Sita**. The three-headed figure of the demon general Trisiras occurs in several places – most dramatically at the bottom left, where he is shown beheaded by **Hanuman.**

Ramayana is one of the two major Sanskrit epics of ancient India, the other being the Mahabharata, it forms the Hindu History. The Ramayana is one of the largest ancient epics in world literature. It consists of nearly 24,000 verses, divided into five sections and about 500 chapters. In Hindu tradition, the Ramayana is considered to the first poem. It depicts the duties of relationships, portraying ideal characters like the ideal father, the ideal servant, the ideal brother, the ideal husband and the ideal king.

The Battle of Lanka, Ramayana by Sahib Din depicts the monkey army of the protagonist Rama (top left, blue figure) fighting Ravana – the demon-king of the Lanka – to save Rama's kidnapped wife, Sita. Sahib Din's illustration shows in grisly details a fierce landmark battle. Following a gruesome series of hand-to-hand combats, the fortitude of Rama's monkey army wins through. The illustration is not a 'single frame,' but shows several stages of the battle alongside each other. The ultimately victorious Rama is shown at the top left, splendidly colored in blue, calmly contemplating the carnage.

Location: Udaipur (Rajasthan, India), 1649 – 1653

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

http://www.WomensHealthSection.com