



WHEC Update

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

March 2022; Vol. 17. No. 03

New Perspectives

More than 370,500 children will be born on the first day of 2022. The children born today enter a world far different than even a year ago, and a New Year brings a new opportunity to reimagine it. As always, the Pacific Island nation of Fiji will welcome the first baby of the New Year and the United States the last one. Over half of these global births are estimated to take place in the 10 countries: India, China, Nigeria, Pakistan, Indonesia, Ethiopia, Egypt, Bangladesh and the Democratic Republic of the Congo (DRC). In total the World Health Organization (WHO) estimates an 84-year average life expectancy for the 140 million children it projects will be born throughout 2022.

More to celebrate: The year will also mark the 20th anniversary of our e-Health Project with UN System – <http://www.WomensHealthSection.com>. Children born today will inherit the world we begin to build for them today. Let us make 2022 the year we start to build a fairer, safer, healthier world for every mother and every child.

World must invest in strong health systems that protect everyone – now and into the future. We must do far more if we are to reach our goal of achieving Universal Health Coverage (UHC) by 2030. Reaching this goal would mean not just spending more on health, but also spending better, from protecting health workers and strengthening infrastructure to preventing diseases and providing healthcare close to home, in the community, available to everyone when needed. Investments in health systems also improve countries' preparedness and response to future health emergencies. Health emergencies have disproportionate impacts on marginalized and vulnerable populations, they must reach all those who need them and when they need them.

Right to health: This is precisely the moment for investing in health. The pandemic of 2020 has demonstrated that health is not a luxury; it is the foundation of social, economic and political stability. Right decisions now will secure a life of dignity for all. Among the lessons the Women's Health and Education Center (WHEC) has learned from the pandemic, has been the importance of having good data, critical for targeting people in need, particularly in times of crisis. The issues related to human rights and gender are now part of recovery plans.

Global problems need and require global platforms and organizations. The world is looking to the United Nations (UN) for the leadership, to step up and take demonstrable action to address the greatest challenges our world is facing today. This crisis compels us to shake up how things are done, to be bold, and to restore confidence and trust in the UN. Although the entire planet is facing turmoil, most vulnerable poor, older people and women and girls, are hit the hardest. It is time to reset, as we build a strong recovery.

We must seize the opportunity for change and do our part whole-heartedly. We reaffirm our unwavering commitment to achieving 2030 Agenda and utilizing it to the full to transform our world for the better by 2030. Join our initiatives.

We welcome everyone.

Share your point of view on the **WHEC Global Health Line (WGHL)**

Making 2022 Safer and Healthier for Every Mother and Every Child

Rita Luthra, MD



Your Questions, Our Reply

What makes a good practice good? Are Sustainable Development Goals (SDGs) still relevant?

Share your SDG Good Practices: The Women's Health and Education Center (WHEC) is calling on all change-makers, trailblazers and fearless activists to share their stories with the world on the **WGHL** (create an account to participate). We are looking for good practices, success stories and lessons learned that could help others take action for Sustainable Development Goals (SDGs).

Six years since world leaders pledged to achieve prosperity for all on a clean planet, the SDGs seem as distant as ever, as the deadly COVID-19 pandemic forced the world to a halt, undoing years, sometimes even decades of progress.

Even in this grim new reality, the SDG change-makers around the world are refusing to throw in the towel. On the contrary, they are redoubling their efforts to make up for the lost time. From creating green energy jobs for women and youth in war-torn Yemen, Syria to training communities in South Sudan, to helping indigenous peoples monitor the fulfillment of their rights in Latin America, the world is building with inspiring SDG action – now we want to hear about Yours!

It is time to share your good practice for the SDGs.

Entries we are looking for are:

- SDG-specific,
- Result-focused,
- Inclusive,
- Accountable, sustainable and replicable.

If the good practice is found to fulfill these criteria, you will join the ranks of over 300 projects from every corner of the world, already featured in WHEC's Publications and database. SDG good practice – no matter how large or small – may be taken up by someone on the other end of the planet. It may inspire organizations just like Yours to start working for the global goals.

But most importantly, it will show the world that despite the COVID-19 setbacks, the wave of SDG action is unstoppable. Science for sustainable development is our focus. It calls for:

1. Strengthening the scientific basis for sustainable development;
2. Enhancing scientific understanding;
3. Improving long-term scientific assessment; and
4. Building up scientific capacity and capability.

Our Shared principles and commitments: the challenges and commitments identified at these major conferences and summits are interrelated and call for integrated solutions. To address them effectively, a new approach is needed. Sustainable development recognizes that eradicating poverty in all its forms and dimensions, combating inequality within and among countries, preserving the planet, creating sustained, inclusive and sustainable economic growth and fostering social inclusion are linked to each other and are interdependent.

We also stress the importance of system-wide strategic planning, implementation and reporting in order to ensure coherent and integrated support to the implementation of the new agenda by the United Nations development system.



WHEC
Helping Women World-Wide

Learning Life Lessons Series

For Teachers and Students

A Quarterly Series for *WHEC Update*

TOOLS for CHILD DEVELOPMENT

INTRODUCTION

Women's Health and Education Center (WHEC) is launching a new initiative for Sustainable Development Goals (SDGs) 3, 4, 5: **Learning Life Lessons Series**. These so-called **Life-Lessons** include decision-making, problem-solving, critical thinking, self-esteem, communication, self-assessment and coping strategies. People with such skills are more likely to adopt a healthy lifestyles. This quarterly publication in **WHEC Update** will give the teachers, **TOOLS For CHILD DEVELOPMENT**, to acquire the basic skills needed, and to create Programs for Youth Development (PYD) in their institutions (Schools and Universities). We welcome everyone. Please share with us your experiences, projects and programs.

THE NEED

Too many teenagers become parents; either they cannot envision another positive future direction to their lives, or because they lack concrete educational or employment goals and opportunities that would convince them to delay parenthood. No single or simple approach has successfully reduced the teen pregnancy rate; much more study and efforts are required. Helping students and supporting them, in their quest to make their lives better, through quality education and improving their life and academic skills, like this initiative aims to do, helps to improve the communities too. And that is our mission.

OBJECTIVES

Our Projects | Programs will help teachers and administrators (Schools and Universities) to plan and develop, such essential programs for their students, in rich and poor countries alike:

1. Health-promoting schools;
2. Programs for Youth Development (PYD);
3. Mental Health Programs to Prevent Gender & Gun Violence;
4. How to Handle Life's Challenges for Good Mental Health.

CHAPTERS

1. Stop procrastinating, get organized;
2. Improving emotional intelligence;
3. Overcoming shyness;
4. Test-taking strategies;
5. Reading effectively;
6. Attitudes for success;
7. Studying Tips;
8. Helping the world become a better place;
9. Becoming an effective changemaker.

AREAS FOR FUTURE DEVELOPMENT

We believe, such mental health projects and programs are essential in schools and universities – in rich and poor countries alike, to achieve hopes and dreams of United Nations 2030 Agenda.

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**60th Session of Commission for Social Development (CSocD60)
Virtual Side Event; 11 February 2022
Initiatives for Improved Cooperation for Education & Health
Sponsor: Women’s Health and Education Center (WHEC).**

We thank our audience for making this Side Event a success. We had a successful event and lively presentation. Those of you who could not join us on 11 February 2022, we are providing you with the Link of the video below.

We are facing a global health crisis unlike any in the 75-year history of the United Nations. This pandemic COVID-19 is attacking societies at their core. Women’s Health and Education Center (WHEC) with United Nations Department of Economic and Social Affairs (UNDESA), where each Sustainable Development Goals (SDGs), find its space and where we all the stakeholders can do our part, is pioneering the sustainable development. UNDESA through Division of Inclusive Social Development (DISD), monitors national global socio-economic trends, identifies emerging issues, and assesses their implications for social policy at the national and international levels.

To this end, WHEC is one of the leading analytical voice for promoting social inclusion, reducing inequalities and eradicating poverty.

Watch us on UNDESA DISD page;
<https://www.youtube.com/watch?v=7LZ41kOVt1A>

Thanks again for your support.

**66th Session of Commission on the Status of Women
14 – 25 March 2022
Women’s Health and Education Center’s (WHEC’s) Participation**

Written Statement; UN Document: E/CN.6/2022/NGO/123

Title: **Our Efforts and Projects in Achieving Gender Equality and Risk Reduction Policies – Women Belong at the Peace Table.**

http://www.womenshealthsection.com/content/documents/E_CN6_2022_NGO_123_E.pdf

Its focus is on:

1. How to promote women’s political inclusion;
2. Make peace processes and prevention efforts more inclusive;
3. Include a gender perspective in their political and conflict analysis.

There is no sustainable peace without the full and equal participation of women. As the world strive to rebuild in the post-COVID era, it is time to address the root causes of gender inequality. Join our efforts in women’s meaningful participation in peace processes and risk reduction policies and programs. Together we care.



United Nations at a Glance

Permanent Mission of Kingdom of Eswatini (formerly Kingdom of Swaziland)



Further to the communication dated 30 May 2018 from the permanent mission addressed to the Protocol and Liaison Service, the country name was changed to the Kingdom of Eswatini (short form: Eswatini) from the former name of the Kingdom of Swaziland (former short form: Swaziland). Effective date: 19 April 2018.

Eswatini (Swaziland) became UN Member State on 24 September 1968. It is a landlocked country in Southern Africa. It is bordered by Mozambique to its northeast and South Africa to its north, west and south. At no more than 200-kilometer (120 miles) north to south and 130 kilometers (81 miles) east to west, Eswatini is one of the smallest countries in Africa; despite this, its climate and topography are diverse, ranging from a cool and mountainous highveld to hot and dry lowveld.

The government is absolute monarchy, the last of its kind in Africa, and has been ruled by King Mswati III since 1986. Capital: Mbabane (executive), Lobamba (legislative). Official language: Swazi and English. 2020 population estimate: 1,160,164. Religion: 89.3% Christianity, 7.4% no religion. Independence from the United Kingdom was granted on 6 September 1968.



Eswatini is a developing country and is classified as a lower-middle income economy. Eswatini is divided into four regions: Hhohho, Lubombo, Manzini and Shieselweni. The regions are managed by regional administrator, who is aided by elected members in each inkundla. The majority of the country's employees is provided its agricultural and manufacturing sectors.

Eswatini is a member of Southern African Development Community (SADC), the African Union, the Commonwealth of Nations and the United Nations. Eswatini is highly committed to the implementation of the Sustainable Development Goals (SDGs) Agenda 2030 and African Union Agenda 2063. It is committed itself together with all countries to jointly implement SDGs as essential measures to eradicate poverty, promoted shared prosperity and improve environmental quality. Issues of poverty, welfare, and environmental quality are a shared challenge to be faced globally as one.

Capacity building and forming partnerships with both local and international stakeholders are of paramount importance if the country is to attain the SDG for the country to learn how other developing countries have mainstreamed the SDGs development agenda, to share experiences and solutions on driving this agenda forward to ensure that all SDGs are achieved. It is imperative to revive the sector wide approach through the SDGs lens. This will enable sectors to produce sector development plans and report implementation twice a year.

The success of this development will depend on collective effort between government, development partners, civil society, private sector and the nation at large. The results will improve the livelihood of the nation from grass root level as economic wellbeing will improve and people will gradually be entangled from the vicious poverty cycle. This will lead to an improvement in national income per capita which will result in increased gross domestic products since the country will adopt new cost effective and efficient technologies for predication, channeling the country to self-sufficiency in the medium term.

Details: <https://sdgs.un.org/documents/eswatini-2019-vnr-report-english-25494>

Collaboration with World Health Organization (WHO)

WHO | Eswatini



The World Health Organization (WHO) in Eswatini is pleased to share with its partners and stakeholders its annual reports. There have been several achievements during the biennium. according to Eswatini HIV Incidence Measurement Survey (SHIMS) report , in 2017 HIV incidence was reduced by 46% to 1.39% from the 2.58% recorded in 2011. With support from the WHO, Eswatini adapted the Test and Treat policy and achieved 85-87-95 on the 90-90-90 HIV treatment targets.

During the biennium Eswatini maintained above 95% Prevention of Mother to Child Transmission of HIV services coverage. About 94% of pregnant women were tested for HIV at antenatal clinics, 34% of them tested positive and 95% of the positive were on lifelong antiretroviral treatment. The mother to child transmission (MCT) rate was 2% at 6 weeks.

With support from WHO, there have been intensified efforts to reduce the burden of Tuberculosis including Multi Drug Resistant TB (MDR-TB) and Extensively Drug Resistant TB (XDR-TB). Tuberculosis incidence declined by 46% from 733 to 397 per 100,000 population between 2015 and 2017. TB treatment outcomes were 81% cured and 86% completed for drug susceptible TB. This is attributable to rapid adaptation of TB and HIV guidelines, decentralization and adaptation of differentiated care models and steady uptake of prevention services.

Eswatini is endemic to Schistosomiasis with prevalence of 15% and soil Transmitted helminthiasis with prevalence of 6%. WHO supported the strengthening of surveillance and provision of routine immunization services in the country. Eswatini recorded zero cases of polio, disability and death from diphtheria, tetanus, whooping cough, measles and rubella for the first time since 2017.

WHO supported Maternal and Neonatal Health Quality of Care (MNH QOC) assessment. By the end of the biennium, maternal mortality ratio stood at 593 per 100,000 live births. Contraceptive prevalence rate was 66% and 98% of pregnant women attended at least one antenatal clinic and 66% attended at least four clinics. About 88% of pregnant women were delivered by a skilled attendant. Child survival also improved with under-five mortality rate reduced from 97.4 in 2010 to 70.4 in 2018. Despite drought experienced during the biennium, the number of moderate and severe malnutrition cases among the under-5s remained very low. The prevalence of stunting was 25.5% wasting was 2% and overweight was 9%. Promoting good health through the life-course cuts across all areas of WHO's work including the health of women:

- Reduce the maternal mortality ratio to less than 70 per 100,000 live births;
- End preventable deaths of newborns and children under-5 years of age;
- Reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births;
- Ensure universal access to sexual and reproductive health-care services.

WHO in the Kingdom of Eswatini is determined to continue working with the government of Eswatini and partners to help to achieve the health goals in the new era of sustainable development. Moving forward: main focus will be on malaria elimination and polio eradication, rolling out of HIV Test and Start within the 90-90-90 framework, adapting the Women adolescent and children strategy and development of the second Human Resources for Health (HRH) strategy. Enhancing strategic communication and focusing on the achievement of the managerial key performance indicators will strengthen the enabling environment for achievement of the goals and objectives set for the next biennium.

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



Eswatini joined UNESCO on 25 January 1978



Stakeholders' Update Meeting on the Be-Resilient Project

Objective: This work will create a platform to deliberate on the progress of the Be-Resilient Project since July 9th, 2020. Specifically, the session will present some work/activities that have been implemented and/or are currently being implemented under the Project. The session will also allow for a stakeholder engagement to identify priorities for the different Biosphere Reserves, as well as formulating a way forward in order to upscale the foreseen initiatives under Be-Resilient Project.

Background: The Southern Africa region is highly vulnerable to climate hazards, in particular to extreme temperatures, droughts and floods, which often results in severe impacts on the local communities, their rainfed agriculture production, as well as other productive sectors, recent examples, such as Cyclone Idai and severe droughts occurring in the region, indicate that there is a clear need to better prepare the communities for such disasters, as well as to the progressive impacts of increased climate variability and change. Several studies have indicated that the climate of southern Africa changed during the 20th century, with mean annual temperature rising by approximately 0.5°C; inter-annual rainfall variability increasing since the 1970s; the extent and intensity of drought events grew over the past several decades; and the occurrence of heavy rainfall events (often resulting in floods) escalated in a number of countries.

UNESCO launched the Be-Resilient project for Southern Africa, funded by the Flemish Government. The Be-Resilient project aims to strengthen Biosphere Reserves and their communities to address climate change challenges and associated water-related hazards. The project will engage a set of established and proposed Biosphere Reserves in the region to pilot effective pathways towards climate change adaptation. To update the key stakeholders on the Project's progress and proposed activities, an information meeting will be organized.



Education for Sustainable Development and Citizen Science: To ensure that the lessons learnt from the Biosphere Reserves find their ways into the classroom for further dissemination, Education for Sustainable Development (ESD) and Disaster Risk Reduction (DRR) will be further strengthened. The project will also focus on an active engagement of communities in the biosphere reserves to bring the Citizen Science concept into maturity. The approach taken by the project is to build further on the educational component of the project, to engage school communities as drivers of Citizen Science. By engaging local communities through their school environment, more localized information can be collected and benefits the accuracy of forecasts for disaster risk reduction. This will allow to pilot the blending of Citizen Science information with regular meteorological station networks and remote sensing data into calibrated, bias-corrected input fields for drought and flood monitoring and early warning applications.

Southern African Countries converge to review SDG implementation: While last year's SDG 4 review meeting focused on countries' needs, challenges, and sharing of best practices, this year the focus is on examining how to reach SDG 4 commitments through coherent and targeted policies; examining existing mechanisms to coordinate and bring education stakeholders towards achieving SDG 4 including partners' support to specific identified areas; and strengthening monitoring mechanism and institutionalizing reporting through effective quality data production cycle (collection, management and analysis). Details: <https://en.unesco.org/countries/eswatini>

Education-for-All and Health-for-all

Bulletin Board

LINK Access Project

To provide access to reproductive health research worldwide.
(Learning, Innovating, Networking for Knowledge [LINK])

..... *Continued*

Our Brief History:

All over the world people have one common and the strongest wish and desire – that their children are educated by finest teachers and universities to achieve a prosperous future. This is a timeless & ageless wish and desire. Our faculty is from the best universities of America, and we are serving in 227 countries and territories, about 14 million subscribers every year.

It is indeed our pleasure to introduce to you our initiatives, in improving mental health and educational opportunities for students worldwide.

Imagine students in developing countries and in the United States, in Europe and in other developed countries simultaneously reviewing the same mental health (positive attitude) curriculum and learning from each other. This is e-learning at its best in an Internet Classroom, and with this goal Women's Health and Education Center (WHEC) and the Department of Public Information of the United Nations (UN) had launched a health and education platform <http://www.WomensHealthSection.com> on 24 October 2002.

Together we care. Together we create a curriculum and strategies for increasing self-esteem in our young learners.

[Microsoft Word - Our Brief History.docx \(womenshealthsection.com\)](#)
<http://www.womenshealthsection.com/content/documents/Our-Brief-History.pdf>

E-Health Resource and Platform

Overview

- Are you satisfied with the quality and quantity of information available on the social media platforms?
- Where do you look for the reliable and authoritative health information?

WGHL is a gateway and subject specific. There are fifteen different sections on this platform with a special focus on women's and children's health and development. It has collections of databases and information sites, arranged by subject, that have been assembled, reviewed and recommended by specialists.

Our gateway collections support research and references needs by identifying and pointing to recommended, academically-oriented pages.

Please visit our search engine; it also maintains real-time information by running algorithms on the web-crawlers.

[Women's Health and Education Center \(WHEC\) - WHEC - Frequently Asked Questions \(womenshealthsection.com\)](#)
<http://www.womenshealthsection.com/content/whec/faq.php3>

To be continued.....



Collaboration with UN University (UNU)

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

Skills and youth entrepreneurship in Africa –

Analysis with evidence from Swaziland (Eswatini)

The shortages of entrepreneurial skills have lowered search effectiveness of potential young entrepreneurs and the rate of youth start-ups. This paper contributes to closing the gap in the entrepreneurship and development literature with a model of costly firm creation and skill differences between young and adult entrepreneurs. The model shows that for young entrepreneurs facing high costs of searching for business opportunities, support for training is more effective in stimulating productive start-ups than subsidies. The case for interventions targeted at youth rises in societies with high costs of youth unemployment. The authors test the role of skills and training for productive youth entrepreneurship on data from a recent survey of entrepreneurs in Swaziland.

For the past decade, Swaziland (Eswatini), as most of the other middle-income countries in southern Africa (e.g. Botswana, Lesotho, Namibia, South Africa) has been among the slow growing economies on the continent. With high unemployment and youth unemployment, inclusive growth in the region has remained elusive. The countries are also negatively impacted by the global financial crisis, through trade with Europe either directly (South Africa), via South Africa (Lesotho and Swaziland) or through a fall in commodity export proceeds (Botswana, Namibia).

The findings of this model and the evidence from Swaziland (Eswatini) need to be put into context with the experiences of other countries and regions with programmes supporting youth entrepreneurship. Among the various types of support, entrepreneurial education and training have been becoming more prevalent. While results of these training programmes vary, targeting high potential youth and providing packages of reforms (for example, supplementing access to credit with training) seem to have yielded better results than widely spread support containing a single measure (credit). The specific design of interventions needs to be adjusted to country conditions and further researched.

By focusing on training and start-up subsidies, we deferred the other constraints to youth entrepreneurship – such as youth low participation in professional networks or the lack of supportive infrastructure (incubators) -for future research. More broadly, the area of effective government policies fostering productive youth tradership in Africa is relatively understudied. Further research in this area could also explore the role of African youth in technology adoption and innovation as well as different policies that the African governments could adopt to support high potential and vulnerable youth groups.

Publisher: UNU-WIDER; Authors: Zuzana Brixiova, Mthuli Ncube, Zorobabel Bicaba; Sponsors: UNU-WIDER gratefully acknowledges 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, February 2022

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Overview of Blood Coagulation System;**

<http://www.womenshealthsection.com/content/obsnc/obsnc015.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. **Update on Colposcopic Terminology;**

<http://www.womenshealthsection.com/content/gynpc/gynpc008.php3>

WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

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

Worldwide service is provided by the WHEC Global Health Line



From Editor's Desk

WHEC Projects under Development

More than half a billion pushed into extreme poverty due to health crisis

Moving forward with the recovery



The COVID-19 pandemic is likely to halt two decades of global progress towards Universal Health Coverage (UHC)..

Source: WHO and World Bank

The shockwaves of this health emergency are hitting hardest those countries that lack health systems capable of providing quality, affordable care for all. If the world is to

reach the goal of achieving UHC by 2030, there needs to be greater commitment from governments to investing in and scaling up proven solutions. This means making more and smarter investments in the foundations of health systems, with an emphasis on primary health care, essential services and marginalized populations.

The best insurance for resilient economies and communities, is strengthening health systems before crisis emerges. The unequal distribution of COVID-19 vaccines in the past year has been a global moral failure. We must learn from this experience. The pandemic will not end for any country until it ends for every country.

Stresses and Strains

In 2020, the pandemic disrupted health services and stretched countries' health systems beyond their limits. As a result, for example, immunization coverage dropped for the first time in ten years, and deaths from TB and malaria increased - according to the WHO and World Bank.

The pandemic also triggered the worst economic crisis since the 1930s, making it increasingly difficult for people to pay for lifesaving healthcare. Even before pandemic, half a billion people were being pushed (or pushed still further) into extreme poverty because of payments they made for healthcare. The organizations expect the that number is now considerably higher.

There is no time to spare. All governments must immediately resume and accelerate efforts to ensure every one of their citizens can access health services without fear of the financial consequences. This means strengthening public spending on health and social support, and increasing their focus on primary health care systems that can provide essential care close to home.

Faltering Progress



Prior to the pandemic, many countries had made progress. But it was not robust enough. This time we must build health systems that are strong enough to withstand shocks, such as the next pandemic and stay on course towards UHC. Financial hardship is likely to become more intense as poverty grows, income fall, and government face tighter fiscal constraints.

Even before COVID-19 pandemic struck, almost 1 billion people were spending more than 10% of their household budget on health. This is not acceptable, especially since the poorest people are hit hardest. Withing a constrained fiscal space, governments will have to make tough decisions to protect and increase health budgets.

In the first two decades of this century, many governments had made progress on service coverage. In 2019, prior to the pandemic, 68% of world's population was covered by essential health services, such as reproductive health services; immunization services, treatment for HIV, TB and malaria; and services to diagnose and treat non-communicable diseases like cancer, heart conditions, and diabetes.

But they had not made care more affordable. As a result, the poorest groups and those living in rural areas are the least able to obtain health services, and least likely to be able to cope with the consequences of paying for them.

The coronavirus has not been “an equal opportunity virus” – it has barely affected those at the top end of the global economy, while those at the bottom have suffered massively in respect of their jobs, health and their children's education.

As a basic human right, “there is no right more important than the right to life,” and access to essential medicines. We must ensure that States' economic recovery plans are built on the bedrock of human rights and in meaningful consultation with civil society.

Join our mission!

“Free Pass” for Variants



We cannot defeat COVID-19 Pandemic in an Uncoordinated way

Vaccine inequity is giving variants a free pass to run wild – ravaging the health of people and economies in every corner of the globe. In 2021, 98 countries did not meet the end-of-year target, and 40 nations have not yet even been able to vaccinate 10% of their population. In lower-income countries, less than 4% of population is immunized.

We must take concrete action in the coming days to vaccinate at least 40% of the world’s population. To be “far from ambitious” in the efforts to reach 70% of people in all countries by the middle of 2022, a goal is established by the World Health Organization (WHO).

According to WHO, the vaccination rates in high-income countries are 8 times higher than the countries in Africa. At current rates, the continent will not meet the 70% threshold until August 2024.

It is becoming clear that vaccines alone will not eradicate the pandemic. Vaccines are averting hospitalization and death for the majority who get them and slowing the spread. But transmissions show no signs of letting up. This is driven by vaccine inequity, hesitancy and complacency.

Difficult Years (2019 & 2020)

If things do not improve – and improve fast – we face even harder times ahead. International Monetary Fund (IMF) showing that cumulative economic growth per capita over the next five years in Sub-Saharan Africa will be 75% less than the rest of the world. With inflation rising to 40% high in the United States and growing elsewhere, places greater fiscal constraints on the least developed countries.

Default will become inevitable for lower income countries that already bear much higher borrowing costs. Today’s global financial system is supercharging inequalities and instability. As a result, inequalities keep widening, social upheaval and polarization keep growing and the risks keep increasing. This is a powder keg for social unrest and instability and poses a clear and present danger to democratic institutions.



How to make 2022 a happier and prosperous year?

With a fast-moving pandemic, no one is safe, unless everyone is safe. Developing a vaccine against COVID-19 is the most pressing challenge of our time – no one wins the race until everyone wins.

What COVAX Offers:

- Doses for at least 20% of countries’ population;
- Diverse and actively managed portfolio of vaccines;
- Vaccines delivered as soon as they are available;
- End the acute phase of the pandemic;
- Rebuild economies.

Join the movement!!



IN THE MAIL

Greetings from THE WHITE HOUSE; President Joe Biden and First Lady Jill Biden
<http://www.womenshealthsection.com/content/documents/2022-Greetings-THE-WHITE-HOUSE-President-and-First-Lady-Biden.jpg>



Words of Wisdom

STOPPING BY WOODS ON A SNOWY EVENING

Whose woods these are I think I know,
His house is in the village though;
He will not see me stopping here
To watch his woods fill up with snow.

My little horse must think it queer
To stop without a farmhouse near
Between the woods and frozen lake
The darkest evening of the year.

He gives his harness bells a shake
To ask if there is some mistake,
The only other sound's the sweep
Of easy wind and downy flake.

**The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.**

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

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

<http://www.WomensHealthSection.com>

