



WHEC Update

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

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Making A Difference

Quality education, including early childhood education, is a fundamental human right; it is a prerequisite for many long-term opportunities, and can serve as a societal equalizer. At the same time, progress in this area has been lagging. Women's Health and Education Center (WHEC) wishes to contribute to the FUTURE OF EDUCATION, in collaboration with the United Nations (UN), UN Agencies and the Member States. Hope you join our initiatives.

About the initiative: WHEC's Initiatives for Sustainable Development Goals (SDG # 4) aim to rethink education and shape the future. The aim of the initiative is catalyzing a global debate on how knowledge, education and learning need to be reimagined in a world of increasing complexity, uncertainty, and Uncertainty. Thinking together – so we can act together to make the futures we want.

With accelerated fragility of our planet and conflicts threatening the peace, our planet is becoming more and more vulnerable. Persistent inequalities, social fragmentation, and political extremism are bringing many societies to a point of crisis. Advances in digital communications, artificial intelligence (AI), and biotechnology have great potential but also raise serious ethical and governance concerns, especially as promises of innovation and technological change have an uneven record of contributing to human flourishing.

The vision: Knowledge and learning are humanity's greatest renewable resources for responding to challenges and inventing alternatives. Yet, education does more than respond to a changing world.

Education transforms the world.

This initiative aims to mobilize to many rich ways of being and knowing in order to leverage humanity's collective intelligence. It relies on a broad, open process of co-construction that involves youth, educators, civil society, governments, business and other stakeholders. One central piece of the work was guided by a high-level international commission of thought-leaders from diverse fields and different regions on the world. Our initiatives will present a forward-looking vision of what education and learning might yet become, and allow us individually and collectively to become.

Our projects use the concept of futures in the plural in order to recognize, that there is a rich diversity of ways of knowing, and being around the world. The plural form also acknowledges that there are multiple dimensions to the future and that there will likely be various desirable and undesirable futures – all of which will vary greatly, depending on the on who you are and where you stand. Rather than attempting to chart a single future, looking at *futures* in plural validates multiple possible and desirable futures of humanity, on our shared planet.

WHEC's Futures of Education Initiatives, also approaches the future as a space for democratic design that is connected to, but not limited by, past and present. It builds on dedicated evidence-based trend analysis that can help shine light on anticipated challenges and opportunities. This is complemented by participatory mechanisms for envisioning new possible futures of education.

Share you point of view on **WHEC Global Healthline (WGHL)** ... create an account. We Welcome everyone.

Towards Quality Education and Common Good

Rita Luthra, MD



Your Questions, Our Reply

Why look beyond the 2030 agenda? How can we get involved with Future of Education?

A Roadmap for Transformation of Education: WHEC's Projects / Initiatives embraces a fluid, iterative, and collective approach to *futures-making*. The goal is to generate discussion and action on the role of education, knowledge and learning in view of the predicted, possible and preferred futures of humanity and the planet.

Education is the key piece of the 2030 for Sustainable Development.

1. **Inclusion and equity in and through education** is the cornerstone of a transformative education agenda, and we therefore commit to addressing all forms of exclusion and marginalization, disparities and inequalities in access, participation and learning outcomes. No education target should be considered met unless met by all. We therefore commit to making the necessary changes in education policies and focusing our efforts on the most disadvantaged, especially those with disabilities, to ensure that no one is left behind.
2. **Access.** Motivated by our significant achievements in expanding access to evidence-based health information on our global platform <http://www.WomensHealthSection.com> for the last two decades – we will ensure the provision of access to the Least Developed Countries (LDCs) of free, publicly-privately funded, equitable quality primary and secondary education, of which at least 10 years are compulsory, leading to relevant learning outcomes. We also encourage the provision of at least one year of free and compulsory quality pre-primary education and that all children have access to quality early childhood development, and education. We also commit to providing meaningful education and training opportunities for the large population of out-of-school children and adolescents, who require immediate, targeted and sustained action ensuring that all children are in school and are learning.
3. **Gender Equality.** We recognize the importance of gender equality in achieving the right to education for all. We are therefore committed to supporting gender-sensitive policies, planning and learning environments; mainstreaming gender issues in teacher training and curricula; and eliminating gender-based discrimination and violence in schools.
4. **Quality Education.** We commit quality education and to improving learning outcomes, which requires strengthening inputs, processes and evaluation of outcomes and mechanisms to measure progress. We will ensure that teachers and educators are empowered, adequately recruited, well trained, professionally qualified, motivated and supported within well-sourced, efficient and effectively governed systems. Quality education fosters creativity and knowledge, and ensures the acquisition of the foundational skills of literacy and numeracy as well as analytical, problem-solving and other high-level cognitive, interpersonal and social skills. It also develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and responds to local and global challenges through education for SDGs and Global Citizenship Education.
5. **Lifelong Learning Opportunities.** We commit to promoting quality lifelong learning opportunities for all, in all settings and at all levels of education. This includes equitable and increased access to quality technical and vocational education and training and higher education and research, with due attention to quality assurance. In addition, the provision of flexible learning pathways, as well as the recognition, validation and accreditation of the knowledge, skills and competencies acquired through non-formal and informal education, is important.

Help and join us to implement our common agenda. We recognize that the success of the Education requires sound policies and planning as well as efficient implementation arrangements.



United Nations at a Glance

Permanent Mission of Federated States of Micronesia to the United Nations

Federated States of Micronesia became UN Member State on 17 September 1991.



The **Federated States of Micronesia** (abbreviated **FSM**), or simply **Micronesia**, is an island country in Oceania. It consists of four states – from west to east, Yap, Chuuk, Pohnpei and Kosrae – that are spread across the western Pacific. Together, the states comprise around 607 islands (a combined land area of approximately 702 km² or 271 sq .mi) that cover a longitudinal distance of almost 2,700 km (1,678 mi) just north of the of the equator. They lie northeast of Indonesia and Papua New Guinea, south of Guam and the Marianas, west of Nauru and the Marshall Islands, east of Palau and the Philippines, about 2,900 km (1,802 mi) north of eastern Australia, 3,400 (2,133 mi) southeast of Japan, and some 4,000 km (2,485 mi) southwest of the main islands of the Hawaiian Islands. Official language: English; Capital Palikir; Religion: 95.3% Christianity; Government: Federated assembly – independent republic under a non-partisan democracy; Legislature: Congress. Currency: Dollar (USD).

The FSM was formerly a part of the Trust Territory of the Pacific Islands (TTPI), a United Nations Trust Territory under U.S. administration, but it formed its own constitutional government on May 10, 1979, becoming a sovereign state after independence was attained on November 3, 1986, under a Compact of Free Association with the United States. Other neighboring island entities, and also former members of the TTPI, formulated their own constitutional governments and became the Republic of the Marshall Islands (RMI) and the Republic of Palau (ROP). The FSM has a seat in the United Nations and has been a member of the Pacific Community since 1983.



FSM receives \$ 40 Million Boost to Improve Resilience of Roads Network.

The World Bank’s Board of Executive Directors have approved a \$40 million project for the FSM to improve resilience of the country’s primary road network to natural disasters and climate change.

FSM is particularly vulnerable to the impacts of natural disasters and climate change and faces significant challenges related to sea level rise, intensified storm surges, increased rainfall, and flooding. This project – details: [Development Projects : Federated States of Micronesia Prioritized Road Investment and Management Enhancements Project - P172225 \(worldbank.org\)](#); which will be delivered across Chuuk, Kosrae, Pohnpei, and Yap states, aims to provide a vital boost to critical road infrastructure in areas at significant risk of disrepair and will help facilitate year-round access to critical infrastructure and services for communities – making travel safer and more reliable for all road users.

This project is part of the broader, \$231 million Pacific Climate Resilient Transport Program, a series of independent projects designed to systematically improve the climate resilience of the Pacific’s transport networks to natural disasters and climate change. This is a great example of the rapidly-growing partnership between the government of FSM and the World Bank, and I am particularly proud that our teams have been able to work together to deliver this project despite the significant challenges that COVID-19 has created. The World Bank works in partnership with 12 countries across the Pacific, supporting 87 projects, totally \$ 2 billion in commitments in sectors, including: agriculture; aviation and transport; climate resilience and adoption; economic policy; education and employment; energy; fisheries; health; macroeconomic management; rural development; telecommunications; and tourism.

Details: <https://sdgs.un.org/statements/micronesia-8549>

Collaboration with World Health Organization (WHO)

WHO | Federated States of Micronesia



Health and Development

The national Development of Health and Social Affairs oversees health programs and ensures compliance with all laws and executive directives. The Department of Health Services in each state provides medical and public health services through a hospital, community health centers and dispensaries. Each state system is autonomous. Health services are highly subsidized by the state governments, except in private clinics. There are six private health clinics in the country are one private hospital. Transportation difficulties between islands often prevent outer island residents from accessing hospital services.

Non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancers are major health problems. The over-consumption of imported packaged food, lack of physical activity and use of tobacco products are contributing to the high prevalence of NCDs and obesity in the country. Intentional (violence) injury and suicide are other issues, whose contributing factors are likely to be the burden of cultural and economic dislocation, particularly among young adult males. Alcohol use often leads to violent incidents. Tuberculosis (TB) has a high prevalence, as does leprosy – the latter being among the highest in the Pacific.

National Strategic Priorities

1. To achieve universal health coverage antimicrobial resistance by building resilient and sustainable health systems to enhance the availability of needs-based health services in a country.
2. To build IHR (2005) core capacities for proactive preparedness in health emergencies and natural disasters.
3. To build capacity to NCD prevention and control.
4. To control communicable disease.



National Health Policy

The Division of Health in the Department of Health and Social Affairs conducts health planning, donor coordination, and technical and training assistance. It is also responsible for public health programs funded by the United States Department of Health and Human Services. Access to and provision of quality health services greatly depend on governance and management of the Division of Health. Capacity-building is needed for planning and programming the medical and public health services for the Department of Health in most of the states.

In 2014, a Health Summit was held to unify national, and state-level policies, directives, initiatives, commitments and programs to improve, guide and sustain health development. The summit recommendations were translated into the *Framework for Sustainable Health Development in the Federated States of Micronesia: 2014 – 2024*. The vision of the strategic framework is to ensure that people and communities are healthy and enjoy universal access to quality health services.

The strategic framework sets out six goals: ensure accountability, sustainability and quality of health services; achieve universal access to an essential package of healthcare services; increase financial sustainability; improve availability and global health initiatives.

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



Micronesia (Federated States of) joined UNESCO on 19 October 1999



The Canoe Is the People: Indigenous Navigation in the Pacific.

Thousands of years ago when most European sailors were still hugging the coast, the island peoples of the Pacific held the knowledge and skills to explore the great ocean paths around and beyond their homes. Modern instruments didn't exist – no compasses, no radio, no radar, no GPS. The Pacific peoples navigated their canoes with their own sophisticated techniques, using the seas, skies, and sea life to guide them.

Old knowledge can provide new solutions. Ancestral Voyaging Knowledge (AVK) is a dynamic body of complex knowledge. AVK holders and scientists need an enabling policy environment. AVK is a key tool for helping younger people prepare for a new future. AVK contributes to cultural resilience, education, livelihoods, heritage management and resilience for Small Island Developing States (SIDS).

The ocean is changing rapidly with climate impacts and loss of biodiversity pose major threats to the Pacific SIDS. Urgent action is needed to protect marine biodiversity and boost early warning systems and climate adaptation. AVK skills and ways help young people learn navigation, marine biodiversity, technical knowledge of waves, tides and currents, a complex network of biological knowledge, coastal and reef conservation, as well as cultural values, governance systems, and the spirit of resilience.

UN Decade of Ocean Science for Sustainable Development.

The United Nations proclaimed a Decade of Ocean Science for sustainable development (2021 – 2030). This decade provides a common framework to ensure that ocean science can support actions to sustainably manage the Ocean and achieve the 2030 Agenda.

Science for understanding the earth, nature and oceans is not just about graphs and data. It is also about understanding the stories, human connection and emotions for why these places are so important. This is what we can learn from Indigenous peoples, whether they be navigators, hunters or trackers.

AVK skills can empower women and girls as knowledge holders, support livelihoods, promote gender equality. Embedded in their culture – Indigenous women are primary AVK actors and exports, as evidenced in mythology and historical memory. Women's AVK about navigation is a major body of knowledge that is largely unreported.



AVK analyses and transmits large amounts of information on biodiversity; e.g. knowledge of biodiversity necessary to build the boats and sails, as well as provision the boats. AVK has under researched expertise and transmission of knowledge regarding migration of sea mammals (particularly whales) and sea birds, information important for understanding ocean and wind currents in navigation. AVK also traditionally involves inter-island trade and gift exchanges, ensuring a flow of biodiversity resources between islands.

Nan Madol: Ceremonial Center of the Easter Micronesia: seawall of the islet of Lukopen Karian. They represent the ceremonial center of the Saudeleur dynasty, an era of vibrant Pacific Island culture which underwent dramatic changes of settlement and social organization 1200 – 1500 CE.

Details: <https://en.unesco.org/countries/micronesia-federated-states>

Bulletin Board



Goal 3 Good Health and Well-being

Ensure Healthy lives and Promote Wellbeing for all at all ages

COVID-19 is threatening decades of progress in Global Health. Infected more than 500 million people worldwide; led to 15 million deaths and still raging in some parts of the world; disrupted essential health services in 92% of countries; halted progress in Universal Health Coverage (UHC). As a result Global life expectancy has decreased; other immunization services reduced, and prevalence of Anxiety/Depression has increased. It also increased deaths from tuberculosis and malaria.

22.7 million children missed basic vaccines in 2020 that is 3.7 million more than in 2019. Pandemic claimed the lives of 115,500 Front-Line Healthcare workers.

The MDG Era and before

As part of the efforts to achieve the maternal and child health MDGs, the UN Secretary-General Ban Ki-moon launched the Every Woman Every Child initiative at the United Nations Millennium Development Goals Summit in September 2010. Every Woman Every Child is an unprecedented global movement that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. The movement puts into action the Global Strategy for Women and Children's Health, which presents a roadmap on how to enhance financing, strengthen policy and improve service on the ground for the most vulnerable women and children.

Women's Health and Education Center (WHEC) participation in Global Strategy – Every Woman Every Child (EWEC)

WHEC focuses on four integrated, complementary and mutually reinforcing dimensions of the implementation of EWEC Global Strategy and Goal 3:

1. **Equity.** Health equity means everyone has a fair opportunity to live a long healthy life and should not be disadvantaged because of their income, age, gender, sexual orientation, or other factors. UHC is central to realizing equity in health, and the 2030 Agenda is doing much to advocate it.
2. **Multisectoral Approaches.** Health is a precondition, indicator and outcome of sustainable development. A comprehensive approach will be important to address all SDGs.
3. **Health in High-Risk Settings.** We are facing a widely recognized increase in conflict settings, natural settings, outbreaks, as well as a complex mix of all three.
4. **Data.** It is most vital for generating knowledge for action, to assist in tracking that knowledge, and to hold ourselves accountable to making progress towards SDG 3, and other health-related-goals.

<https://www.everywomaneverychild.org/commitment/womens-health-and-education-center/>

The Commission on Sustainable Development considered Health and Sustainable Development as a cross-cutting issue during the two-year cycle of its multi-year program at work. Health and Sustainable Development was also an integral part of the World Summit on Sustainable Development, held in Johannesburg in 2002.



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Public Sector Efficiency and Small Island Developing States

This paper examines the efficiency of public sector expenditures at achieving social sector outcomes in small island developing states (SIDS). Public sector efficiency is estimated using a stochastic production function (SPF) approach and panel data since 1990. A second stage of the analysis examines the determinants of efficiency. Results indicate that the efficiency of public sectors at improving life expectancy has deteriorated during the 1990s but efficiency at improving school enrollments has increased. Higher levels of governance are associated with higher public sector efficiency. There is also evidence to suggest that efficiency is lower in SIDS, as well as in Sub-Saharan Africa.

Although no official definition of SIDS exists, the list of 37 countries categorized as SIDS by the United Nations indicates they are a heterogeneous group of countries, including both low- and middle-income countries with populations ranging from a few thousand to over 9 million. They are constrained by small domestic markets with limited opportunities to experience economies of scale, volatile economic growth rates, a heavy dependence on imports, high levels of export concentration, vulnerability to external shocks and often, a lack of natural resources. Some, but not all are remote and isolated, being a long-distance from major international markets. Many receive the highest levels of aid in the world relative to the size of their populations and economies. Given their characteristics, there are often calls for special treatment of SIDS in international for a. indeed, the 8th MDG includes a target to address the special needs of SIDS.

Given the small size of SIDS, health and educational outcomes might be easier to achieve in these countries for a given level of resources. However, the revenue based of SIDS is usually small and volatile which could hamper the delivery of basic services. The social sectors might also suffer from a relatively small pool of skilled workers.

However, this paper has identified some SIDS that are relatively efficient at achieving improvements in social outcomes. Additional resources from the international community are more likely to translate into improvements in wellbeing in these countries. To varying extents, donors provide aid to countries in which it has the greatest impact. Emphasis has been placed on favoring countries with good macroeconomic policy environments. Judging countries on the efficiencies of their expenditures is a better way of identifying countries in which aid is likely to lead to better social outcomes. Rather than neglect countries with low levels of efficiency, this paper argues that international donors should also use aid to support programs which help improve the effectiveness of public sectors.

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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, October 2022

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Uterine Cancer: A Modern Approach to Surgical Management;**
<http://www.womenshealthsection.com/content/gyno/gyno027.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. **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.

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

Bridging Gender Pay Gap in Health and Care Sector: A Call for Global Action



The most comprehensive global analysis of gender pay inequalities in the health and care sector finds that women face a larger gender pay gap than other economic sectors. Women in the health and care sectors earn 24% less than peers who are men. (Source: ILO and WHO).

This highlights that women are underpaid for their labor market attributes when compared to men. Much of the wage gap is unexplained, perhaps due to discrimination towards women – who account for 67% of health and care workers worldwide. The wages in the health and care sector tend to be lower overall, when compared with other economic sectors. This is consistent with the finding that wages are often lower in economic sectors where women are predominant.

Even with COVID-19 pandemic and the crucial role played by health and care workers, there were only marginal improvements in pay equality between 2019 and 2020. Gender-pay-gaps in different countries, suggest that pay gaps in the sectors are not inevitable and that more can be done to close these gaps. Within countries, gender pay gaps tend to be wider in higher pay categories, where men are over-represented. Women are over-represented in the lower pay categories.

Mothers working in health and care services appear to suffer additional penalties. During a woman's reproductive years, employment and gender pay gaps in the sector significantly increase. These gaps then persist throughout the rest of a woman's working life. A more equitable sharing of family duties between men and women could, in many instances, lead to women making different occupational choices.



New global data covering 189 countries and territories expose the **motherhood penalty** faced by millions of women around the world in the midst of the COVID-19 pandemic. In 2020, the pressures of juggling work and family, coupled with school closures and job losses in female-dominated sectors meant even fewer women were participating in the workforce. About 113 million women aged 25-54 with partners and small children were out of workforce in 2020. This figure is astonishing, particularly when compared to their male peers (13 million of whom were out of the workforce – up from 8 million before COVID-19). It also speaks

to a dramatic reversal induced by the pandemic of what had been a slow but steady upward trend in labor market participation rates of women with partners and small children.

Differences in age, education, working-time and the difference in the participation of men and women in the public or private sectors only address part of the problem. The reasons why women are paid less than men with similar labor market profiles in the health and care sector across the world remains, to a large extent, unexplained by labor market factors.

The time has arrived for decisive policy action, including necessary policy dialogue between the institutions. We cannot have better-quality health and care services without better and fairer working conditions, including fair wages, for health and care workers, the majority of whom are women.

The Women's Health and Education Center's (WHEC's) e-learning, e-Health and e-Government initiative: addresses with Governments, employers and workers to take effective action. Encouragingly, the success stories in several countries show the way; including wage increase and political commitment to pay equity.

We hope our efforts help stimulate the dialogue and action needed to create equal pay for equal work and opportunities for girls, women and minorities.

Decent work is declining in many parts of the world despite considerable rates of economic growth. WHEC's Recommendations on three key areas:

1. Policy changes at the country level;
2. Global Partnerships
3. Delivering As ONE.

Building back better means taking action to deliver these transformative policies for women and all care-givers now.

The potential of decent work as a driver of inclusive and sustainable development is well-recognized in the 2030 United Nations Agenda, so far. WHEC's e-Learning, e-Health and e-Government Initiative: <https://hlpf.un.org/2022/programme/improving-global-partnerships-for-education-and-health>

WHEC will play an active role to ensure it leads to concrete changes. By pooling our efforts to respond to people's demand for a fair chance at a decent job, will go a long way in educating poverty and hunger. Building back better means taking action to deliver these transformative policies for women and all care-givers now.

Join our vision!



In The News

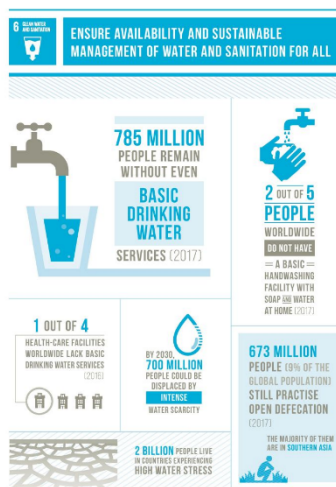
Global Issues: WATER



Water is at the core of sustainable development and is critical for socio-economic development, energy and food production, healthy ecosystems and for human survival itself. Water is also at the heart of adaptation to climate change, serving as the crucial link between society and the environment.

Water is also a rights issue. As the global population grows, there is an increasing need to balance all of the competing commercial demands on water resources, so that communities have enough for their needs. In particular, women and girls must have access to clean, private sanitation facilities to manage menstruation and maternity in dignity and safety.

KEY FACTS – Water related Challenges



2.2 billion people lack access to safely managed drinking water services.

Almost 2 billion people depend on healthcare facilities without basic water services.

Over half of the global population 4.2 billion people lack safely managed sanitation services.

297,000 children under five die every year from diarrheal diseases due to poor sanitation, poor hygiene, or unsafe drinking water.

2 billion people live in countries experiencing high water stress.

90% of natural disasters are weather-related, including floods and droughts.

80% of wastewater flows back into the ecosystem without being treated or reused.

Around two-thirds of world's transboundary rivers do not have a cooperative management framework.

Agriculture accounts for 70% of global water withdrawal.

The Right to Water

One of the most important recent milestones has been the recognition in July 2010 by the UN General Assembly of the human right to water and sanitation. The Assembly recognized the right of every human being to have access to enough water for personal and domestic uses, meaning between 50 and 100 liters of water per person per day. The water must be safe, accessible and affordable. The water costs should not exceed 3% of household income. Moreover, the water source has to be within 1,000 meters of the home and collection time should not exceed 30 minutes.

World Toilet Day – 19 November (Who cares about toilets? 3.6 billion people do. Because they don't have one that works properly).

- Globally, at least 2 billion people use a drinking water source contaminated with feces.
- Every day, over 700 children under 5 years old die from diarrhea linked to unsafe water, sanitation and poor hygiene.
- For every \$ 1 invested in basic sanitation up to \$ 5, is returned in saved medical and increased productivity, and jobs are created along the entire service chain.

Water Action Decade, 2018 – 2028: Averting a global water crisis

<https://www.un.org/sustainabledevelopment/water-action-decade/>

Art & Science

Art that touches our soul

The Torment of Saint Anthony by Michelangelo



The Torment of Saint Anthony is the earliest known painting by the Italian artist Michelangelo, painted in around 1487 – 1488 when he was only 12 or 13 years old. A copy of *The Temptation of St. Anthony*, and engraving by Martin Schongauer, it shows Saint Anthony being assailed in the desert by demons, whose temptations he resisted.

This was a common medieval subject, included in the *Golden Legend* and other sources, although this composition shows a later episode where St. Anthony, normally flown about the desert supported by angles, was ambushed in mid-air by devils.

Type: oil and tempera on panel; dimensions: 47 cm X 35 cm (18.5 inches X 13 ¾ inches) .

The painting was previously attributed to the workshop of Domenico Ghirlandaio, under whom Michelangelo has served the apprenticeship. Under that attribution it was bought at a Sotheby's auction in July 2008 by and American art dealer for US \$ 2 million.

When the export license was obtained that September, it was brought to the Metropolitan Museum of Art in New York, where it was cleaned of discolored varnish and later overpainting and closely examined for the first time. On the basis of stylistic hallmarks such as “emphatic cross hatching,” it was decided that the painting was indeed by Michelangelo. It was soon bought by the Kimbell Art Museum for an undisclosed amount, believed to be in excess of \$ 6 million.

The Torment of Saint Anthony is in the permanent collection of the Kimbell Art Museum in Fort Worth, Texas (USA).

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

<http://www.WomensHealthSection.com>

