



WHEC Update

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

February 2023; Vol.18. No. 02

Annual Project Report

At the end of 2022 as a result of persecution, conflict, violence, human rights violation or events seriously disturbing public order; there are 89.3 million people, worldwide, who were forcibly displaced [Source: UNHCR). Migration has major impacts on both the people and the places of the migrants' origin and destination. When supported by appropriate policies, migration can contribute inclusive and sustainable development, in both origin and destination countries, while also benefitting migrants and their families. The linkages between migration and development, including the opportunity and challenges that migration brings, are well established and duly acknowledged in a series of landmark agreements adopted by the United Nations Member States, including, the 2030 Agenda for Sustainable Development, and most recently, the Global Compact for Safe, Orderly and Regular Migration.

Reliable data on migrants and migration are crucial and future trends, identifying policy priorities and making informed decisions. Reliable and comprehensive data on migration can help ensure that discussions on migration, at both national and international levels, are based on facts, not myths or mere perceptions.

This edition of *WHEC Update* focuses on – Health and Education services of the migrants. For many years, the Women's Health and Education Center (WHEC) has provided consultations to the international community, on various global challenges and major issues, of our time. We hope our suggestions / recommendations are helpful to your projects and efforts.

High-income countries host nearly two-thirds of all international migrants. A large majority of international migrants reside in countries offering the greatest opportunities for migrants and their families. Of the 10 countries with the highest shares of migrants in total population among countries hosting 1 million or more migrants in 2020, 6 were the regions of Northern Africa and Western Asia. These included the member states of the Gulf Cooperation Council Kuwait, Qatar, and the United Arab Emirates. **Europe continues to host the largest number of migrants in the world. And most of the world's migrants live in a small number of countries.**

Women's Health and Education Center's (WHEC's) vision is a future where all refugees are included in the communities that host them. Where refugees are able to participate in education and employment and become not only self-reliant but vital contributors to local economies. Expanding access to secondary and higher education for refugees is central to achieving this vision which is at the heart of UN's 2030 Agenda. Right now, gaining access to higher education is still a battle against the odds for refugees with only 5% enrolled in higher education.

The difference we can make: Higher education and health services, for refugees not only helps the scholars, but also the whole host-community too. It paves the way for employment and realizes their potential to actively contribute to their local economies; whether refugees are hosted in a country of asylum, have been resettled or have returned home. When you multiply that beneficial effect, with the communities and people who experience the ripple effect of that education, the impact is almost impossible to fathom. GET INVOLVED.

Share your experiences on **WHEC Global Health Line (WGHL)** Create an account.

Understanding Plight of Migrants and Refugees

Rita Luthra, MD



Your Questions, Our Reply

Who should pay for Educational and Health Services for refugees – host countries or the countries of origin? How to get involved in this global challenge?

Many Ways to help UNHCR: United Nations Refugee Agency (UNHCR), is a global organization dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people. UNHCR works to ensure that everybody has the right to seek asylum and find safe refuge, having fled violence, persecution and, war or disaster at home. The functions of the High Commissioner are defined in the Statute and in various Resolutions subsequently adopted by the General Assembly and the Economic and Social Council (ECOSOC) are available on UNHCR's website at www.unhcr.org General Assembly Resolution 428 (V); 14 December 1950.

The work of the High Commissioner is on entirely non-political character; it is humanitarian and social and relate to groups and categories of refugees. The High Commissioner of UNHCR is elected by the General Assembly on the nomination of the Secretary-General; and elected for a term of three years. UNHCR is governed by the UN General Assembly and the Economic and Social Council (ECOSOC).

Today, over 70 years later, our organization is still hard at work, protecting and assisting refugees around the world. UNHCR now has more than 18,879 personnel working in 137 countries. Its budget, which in its first year was US \$ 300,000, grew to US \$ 8.6 billion in 2019. During our life time, UNHCR has helped well over 50 million refugees to successfully restart their lives.

The Patrons, the honorary title of UNHCR Patron has been bestowed upon individuals who have used their standing and influence to change attitudes towards refugees and raise awareness of the refugee crises and the work of UNHCR. These patrons are people who have worked tirelessly over many years to shed light on UNHCR's vital activities and their impact on refugees around. They also encourage people to become supporters and help fund our life-saving work. The patrons play a vital role at UNHCR.

Alumni: Over the years, UNHCR has worked with a number of high profile and influential personalities who have lent their time, voices and energy to the refugee cause and UNHCR's work. Our salute to their dedication and services in upholding and supporting the rights of forcibly displaced people.

Goodwill Ambassadors: They are some of the most recognizable public faces of UNHCR. They help to bring our common agenda and our organizations to every corner of the world through their influence, dedication and hard work. Our special thanks to their dedicated service.

UNHCR Scholarship Program for Higher Education for Refugees: It was launched in 2020 – It is

1. **Cost effective:** on average a scholarship costs just \$ 3,200 per year. This includes tuition and fees, but also associated with costs like housing, transport and food.
2. **Fair and inclusive:** the program actively ensures there is equal and inclusive access.
3. **Focused on career readiness:** though improving the preparedness and employability of students. This includes career readiness training, skills training, internships and mentoring as well as volunteering and networking opportunities.

Its achievements so far: Since its launch, this scholarship Program has raised \$ 11 million dollars through the generous investments of corporations and individuals, making it possible for 653 scholars to complete 4 full years of their higher education.

Help rebuild lives.

2022 in Review: A Grand Collaboration Our Projects & Our Promises

Commitment is what gets you started, consistency is what gets you somewhere, and persistence is what keeps you going. Many beautiful paths in life, cannot be discovered without getting lost, or making mistakes. Science and innovations are no different. And we have long way to go.

THE SUCESSFUL AGEING. A revolutionary increase in life span has already occurred. The maintenance of full function, as nearly as possible, to the end of life, should be the next gerontological goal.

Women's Health and Education Center (WHEC) aims to contribute to the future of Education, Learning Skills and Universal Health Coverage. With multiple digital solutions, like our **LINK** (Learning, Innovating, Networking for Knowledge) **Access Project**, there is new focus on learning and building competencies, bringing lifelong opportunities. WHEC is serving and offering high-tech environments, providing learning opportunities for leaders, educators, researchers, health-workers in 227 countries and territories. And it has been instrumental in developing syllabus and curriculums, for the Continuing Medical Education (CME). WHEC has recently accepted Membership of SDG Publishers Compact / United Nations Global Compact.

Our Publications and UN Documents in 2022

WHEC Participation with United Nations *in the Year 2022*

SIDE EVENTS

1. 60th Commission for Social Development (CSocD) Session; 11 February 2022.
2. 55th Commission on Population and Development (CPD) Session; 26 April 2022.
3. 7th Multistakeholder Forum of Science, Technology and Innovation (STI) Forum; 4 May 2022.
4. 2022 High-Level Political Forum (HLPF), 7 July 2022.

Details: <http://www.womenshealthsection.com/content/whec/sideevents.php3>

UN Documents / Publications

1. 60th Commission for Social Development (CSocD) Session: E/CN.5/2022/NGO/1
2. 66th Commission on Status of Women (CSW) Session: E/CN.6/2022/NGO/123
3. 55th Commission on Population and Development (CPD): E/CN.9/2022/NGO/2
4. 2022 High-Level Political Forum (HLPF) - 2022 HLS (High-Level Segment): E/2022/NGO/XX

Available @: <http://www.womenshealthsection.com/content/whec/publications.php3>

ECOSOC had sent us Our Landing Page; my pleasure and privilege to share will the whole Working Group, Physician's Board and volunteers – who have made this initiative a success. Access link:

WHEC's e-Learning, e-Health and e-Government Initiative:

<https://hlpf.un.org/2022/programme/improving-global-partnerships-for-education-and-health>

2023 will be lucky one.

<http://www.WomensHealthSection.com> served **13 million** readers / subscribers in **227 countries and territories** with an average of about 1.05 million visitors / subscriber, per month, in 2022 with links to about 250,000 websites. On average 220,000 files, 40,600 URLs and 82,600 pages were accessed, every month. It expanded to 30 sections, and we hope to continue to grow. In the spirit of growth in this

digital age, it was upgraded in 2022 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Best of 2022

Top 15 Countries out of 227 Countries and Territories, where **WHEC Global Health Line / WHEC Net Work** is accessed frequently:

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes:

- US Educational; US Commercial; US Government; US Military and International (Int).

Top 10 User Agents out of 1,012:

- Mozilla/5.0; The Knowledge AI; BLEXBot/1.0; AhrefsBot/7.0; serpstatbot/2.1 (advanced backlink tracking bot); GoogleBot/ 2.1; Linux X 86_64; SemrushBot/7-bi; DotBot/1.2; and bingbot/2.0.

Top 5 most popular sections out of 30:

- 1) Newborn Care; 2) WHEC Update; 3) Obstetrics; 4) Gynecology; 5) Violence against Women.

Top 10 most read comprehensive review articles out of 300 Practice Bulletins:

- 1) Marijuana and Pregnancy Implications; 2) LGBTQ+ Healthcare: Building A Foundation For Better Understanding; 3) Neonatal Abstinence Syndrome; 4) Neonatal Seizures; 5) Human Trafficking and Exploitation; 6) Novel Coronavirus (COVID-19) Disease and Pregnancy; 7) Clinical Management of Endometriosis; 8) Learning Life Lessons Series; 9) Homelessness, Health and Human Habitation; 10) End of Life Care Series.

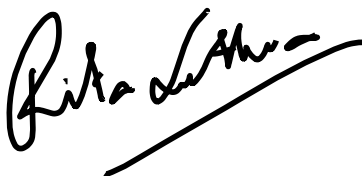
So, we want to hear from you, and we are eager to work together to advance good ideas that have enduring impact. As a global community, we can create change at scale. Tackle that big dream. Ignore the doubt in your head and follow the joy in your heart. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations.

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 280 million readers / subscribers worldwide so far and growing fast...)

With very best wishes for a new year of passion, purpose and promise.

We the peoples of the United Nations.....

Dedicated to Women's and Children's Well-being and Health Care Worldwide



COMMISSION for SOCIAL DEVELOPMENT

United Nations Headquarters, New York



United Nations

Department of
Economic and
Social Affairs



#CSocD

#SDGs

#GlobalGoals

WEBSITE: social.un.org/csocd

61st Session of the Commission for Social Development (CSocD61) 6th to 15th February 2023

Priority Theme: Creating full and productive employment and decent work for all as a way of overcoming inequalities to accelerate the recovery from COVID-19 pandemic and the full implementation of the 2030 Agenda for Sustainable Development.

Written Statement of the Women's Health and Education Center (WHEC);

UN Document: E/CN.5/2023/NGO/7

Title: **Improving Digital Cooperation – Placing Women and Girls at The Center of Fair-Wages Policy**

<http://www.womenshealthsection.com/content/documents/N2269744.pdf>

VIRTUAL SIDE EVENT

Promoting and Ensuring Decent Work for All: Need for Better Globalization

Tuesday 7 February 2023; 9:45 am – 11 am EST (New York Time)

<http://www.womenshealthsection.com/content/whhec/csocd.php3>

<https://teamup.com/ksn9694grnj78ekp53/events/1383070043>

The Women's Health and Education Center (WHEC) has been granted Side Event (virtual) during the 61st Session. Building back better means taking action to deliver these transformative policies for women, girls and minorities in all sectors, worldwide. WHEC's Recommendations in three key areas are:

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

Concept Note

http://www.womenshealthsection.com/content/documents/61st_CSocD_Side_Event_2023_Concept_Note.pdf

Announcement / Invitation / Flyer

http://www.womenshealthsection.com/content/documents/61st_CSocD_Side_Event_2023_Announcement_Flyer.pdf

Speakers' List and Agenda

http://www.womenshealthsection.com/content/documents/61st_CSocD_Side_Event_2023_Speaker_List.pdf

WHEC's Statement and Efforts

http://www.womenshealthsection.com/content/documents/61st_CSocD_Side_Event_2023_WHEC_Statement.pdf

Sponsors:

Women's Health and Education Center (WHEC)

World Health Organization (WHO)

All Side Events: <https://teamup.com/ksn9694grnj78ekp53>

We Welcome Everyone – Join & Accelerate Sustainable Development



United Nations at a Glance

Permanent Mission of Montenegro to the United Nations



The Socialist Federal Republic of Yugoslavia was an original Member of the United Nations, the Charter having been signed on its behalf on 26 June 1945 and ratified 19 October 1945, until its dissolution following the establishment and subsequent admission as new Members of Bosnia and Herzegovina, the Republic of Croatia, the Republic of Slovenia, The former Yugoslav Republic of Macedonia, and the Federated Republic of Yugoslavia.

On 4 February 2003, following the adoption and promulgation of the Constitutional Charter of **Serbia and Montenegro**, by the Assembly of the Federal Republic of Yugoslavia, the official name of “Federal Republic of Yugoslavia” was changed to Serbia and Montenegro. **Montenegro** held a 31 May 2006 referendum and declared itself independent from Serbia on 3 June.

Montenegro was accepted as a United Nations Member State on 28 June 2006, by General Assembly resolution A/RES/60/264 <https://www.un.org/en/about-us/member-states/yugoslavia>

Montenegro (Black Mountain), is a country in Southeastern Europe. It is located on the Adriatic Sea and Croatia to the northwest, and a maritime boundary with Italy. Podgorica, its capital and largest city, covers 10.4% of Montenegro’s territory of 13,812 sq. kilometers (5,333 sq. mi.), and is home to roughly 30% of its total population of 621,000. Official language: Montenegrin; Languages in Official Use: Albanian, Bosnian, Croatian and Serbian. Ethnic groups: 45% Montenegrins, 28.7% Serbs, 8.6% Bosnians, 12% others. Religion: 76% Christianity; 19% Islam 5% no religion. Government Unitary parliamentary republic.

After World War I, the kingdom became part of former Yugoslavia. Following the breakup of former Yugoslavia, the republics of Serbia and Montenegro together proclaimed a federation. Following an independence referendum held in May 2006, Montenegro declared its independence in June 2006 and the confederation dissolved.

Montenegro has an Upper-Middle-Income economy, and ranks 48th in the Human Development Index (HDI).



Municipalities and Statistical regions of Montenegro

Montenegro is divided into 24 municipalities. This includes 21 District-level Municipalities and 2 Urban Municipalities, with two subdivisions of Podgorica municipalities. Each municipalities can contain multiple cities and towns. Historically, the territory of the country was divided into “nahije.”

Montenegro formally became a member of NATO in June 2017, though “Montenegro remains deeply divided over joining NATO,” an event that triggered a promise of retaliatory actions from Russia’s government. Montenegro has been in negotiations with EU (European Union) since 2012. In 2018, the earlier goal of acceding by 2022 was revised to 2025

Montenegro joined other countries in calling for the Secretary-General to continue his efforts to support the implementation of SDG 14, and stresses the importance of appointing a Special Representative of the Secretary General for Oceans, help galvanize efforts to support SDG 14 implementation.

Details: <https://sdgs.un.org/taxonomy/term/1253>

Collaboration with World Health Organization (WHO)

WHO | Montenegro



Primary healthcare is a policy priority.

Montenegro's Master Plan for the Development of Health System 2020 – 2025 set out a vision to strengthen the country's primary care services delivery to meet up to 85% of the population's health needs. This ambition is well aligned with WHO European Region and global policies and targets on universal health coverage.

Smoking is a major preventable behavioral risk factors.

Risk factors are predominantly behavioral, especially smoking but also diet and lifestyle. Metabolic factors such as high blood glucose and high body mass index are among the leading risk factor for both men and women. These risk factors further underscore primary care's key functions of prevention and risk detection.

Priority Health Outcomes.

Noncommunicable diseases are the leading burden of disease, and primary care can have pivotal role in their prevention, risk management, and early detection. Non-communicable diseases are estimated to account for 95% of all deaths. Cardiovascular diseases and cancer account for the largest share of total deaths for both men and women. Specific causes include stroke, ischemic heart disease and lung cancer.

POLICY RECOMMENDATIONS

1. Ensure a competent workforce of chosen doctors by investing in the continuous development of the existing workforce, for chosen doctors to be supported in taking responsibility for their practice population.
2. Expand the scope of practice of nurses by engaging nurses in triage and follow-up with patients to make optimal use of their skills and competencies.
3. Enhance the diagnostic capacity of primary care to ensure that chosen doctor-led practices are equipped with the resources and skills to conduct diagnostic testing for priority conditions.
4. Increase the prescribing capacity in primary care to enlarge the resolving capacity of primary care.
5. Invest in risk assessment to effectively manage needs and begin treatment as required.
6. Ensure that a comprehensive range of preventive services are made available in primary care, especially for cardiovascular disease, diabetes and mental health needs.
7. Enhance health information systems to support continuous learning about and improvement of health services delivery, including monitoring and evaluation.
8. Align incentives to stimulate accountability for primary care performance and health outcomes.

Montenegro's Current Public Health System

The health system is highly centralized, with the Ministry of Health being the primary administrative, regulating and governing authority in the health sector serving the country's population of more than 628,000. In 2020, total expenditure on health as a share of GDP was 6.4%. Over utilization of secondary care, suboptimal coverage of essential health services and a narrow scope of practice of general practitioners are among key priorities for services delivery policy.

Details: <https://www.who.int/montenegro>



Montenegro Joined UNESCO on 01 March 2007



World Science Day for Peace and Development was celebrated for the first time in Podgorica, on 11 November 2013. This addressed – Science for Water Cooperation: Sharing Data, Knowledge and Innovations.

With the participation of Montenegrin Minister of Science, the Minister of Agriculture and Rural Development and the Minister of Sustainable Development and Tourism, as well as qualified national experts on different water issues shared their expertise about science and water

cooperation and how it reflects in this country.

World Heritage Sites in Montenegro: Old Town of Bar

The Old Town of Bar is the largest and the most important medieval archeological site in the Balkans. It covers the area of 4.5 hectares, where the remains of around 600 public and private edifices are the proof of the existence of various construction phases present in different epochs of the Mediterranean history.



The visual identity of the Old Town of Bar formed by the ramparts, bastions, towers, a citadel, numerous squares and churches. On the western and northern side, in immediate surroundings of the ramparts of the Old Town of Bar, there is an incompatible ambient whole consisting of the settlement and the suburban area of the Old Bar, while on the southern and eastern side there is a preserved natural setting of the slopes of Mount Rumija.

It is in the historical sources from the 10th century that the Old Town of Bar is mentioned for the first time, however it is assumed that it had existed even in the 6th century in the form of the rehabilitated Roman ‘castrum.’ It was established in a naturally protected place and surrounded by strong walls with towers and bastions. The residential architecture of the town is characterized by Late Gothic, Renaissance, Baroque and oriental elements.

The Old Town of Bar has been deserted since the end of the 19th century. After the 1979 earthquake, technical specifications and project design documents were made, along with the research programs and plans for the protection and presentation of the Town core. The most significant structures of the upper part of the town were being explored, conserved and presented during the first and second round of the works. Yet another drafted and fully implemented project included infrastructural works on the route leading from the main gate to St. George’s Cathedral. This clearly shows the unambiguous interest in rehabilitation of certain structures and in re-establishing corresponding functions of the same, all-in line with the programs relative to their purpose.

The electrical supply network enabled the installation of public lighting, the illumination of certain monuments and communications. Thanks to the regular investments and technical maintenance related to the cleaning of vegetation, the upper part of the town is accessible to public.

Details: <https://en.unesco.org/countries/montenegro>

Bulletin Board



Goal 6

Ensure Availability and Sustainable Management of Water and Sanitation for all

Facts and Figures

- For at least 3 billion people, the quality of water they depend on is unknown due to a lack of monitoring.
- The world's water-related ecosystems are being degraded at an analytical rate.
- Over the past 300 years, over 85% of the planet's wetlands have been lost.
- 733 million people live in countries with high and critical levels of water stress.
- Only one quarter of reporting countries have >90% of their transboundary waters covered by operational arrangements.
- At current rate, in 2030: 1.6 billion people will lack safely managed drinking water; 2.8 billion people will lack safely managed sanitation; 1.9 billion people will lack basic hand hygiene facilities.

Access to safe water, sanitation and hygiene is the most basic human need for health and well-being. billions of people will lack access to these basic services by 2030 unless progress quadruples. Transboundary rivers, lakes and aquifers are shared by 153 countries around the world. Ensuring that these waters are managed equitably, sustainably, and peacefully, particularly in the context of climate change, requires countries to put in place operational arrangements for water cooperation.

The Women's Health and Education Center's (WHEC's) Adaptation and Mitigation and Suggested Solutions:

WHEC highlights the two complementary strategies to be implemented – adaptation and mitigation

- **Adaptation.** It encompasses a combination of natural, technical, and technological options, as well as social and institutional measures to mitigate damage and exploit the new positive consequences of climate change. It is likely to have very rapid benefits, mainly at the local level.
- **Mitigation.** It consists of the human actions needed to reduce greenhouse gases emissions while exploiting carbon sinks to reduce the amount of CO₂ and other greenhouse gases in the atmosphere. It can involve large geological areas, but with gains that mg spread over decades. However, the possibilities for mitigation in water management remain largely unrecognized.

Health Effects, Threat to Biodiversity

Indeed, water quality will be affected by increased water temperatures and a decrease in dissolved oxygen, leading to a reduction in the self-purification capacity of freshwater basins. We will see increased risks of water pollution and pathogen contamination caused by floods or higher concentrations of pollutants during periods of drought. In addition to the impact on food production, the effects on physical and mental health – linked to disease, injury, financial loss and the displacement of people – are therefore likely to be considerable.

Many ecosystems, particularly forests and wetlands, are also under threat, reducing biodiversity. Water supplies will be affected, not only for agriculture – which accounts for 69% of freshwater withdrawals – but also for industry, energy production and even fisheries.

To be Continued.....



Collaboration with UN University (UNU)

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

Are The Effects of Terrorism Short-Lived?

Numerous studies that terrorism causes strong public reactions immediately after the attack, with important implications for democratic institutions and individual well-being. Yet are these effects short-lived? We answer this question using a quasi-experimental design and data on three successful and three foiled terrorist attacks in the United Kingdom. We find that heightened risk perceptions and emotional reactions in the wake of successful attacks do not dissipate in the very short run but are sustained over time and up to 130 days after the attacks. We also find that, whereas large-scale attacks cause a long-lasting shift in risk assessments and emotions, the corresponding effect of smaller-scale terrorism incidents appears to subside within one month. Interestingly, foiled attacks can also affect public perceptions, which, however, quickly return to normal levels. We argue that the extent of media coverage is partly responsible for duration of these effects.

This study reflected on the long-term effect of terrorist attacks on risk perceptions and negative emotions using a quasi-experimental design and six terrorist attacks in the UK. The results suggest that both heightened emotional reactions and risk perceptions that result from terrorist attacks tend not to dissipate in the short run. For society, the magnitude of the estimated effects are grave. Using 2021 population figures, back-of-the-envelope calculations indicate that approximately 17 – 19 million more people have heightened risk perceptions in the first 7 days (very short run) and proceeding 3 weeks (short run) after the attacks, compared to 30 days before the attacks. For around 8.4 million more people, the effects persist into the medium run (the next 100 days). Looking at the effects for individual attacks, the results of this study suggest that large-scale attacks cause a long-lasting shift in public perceptions and emotions, whereas smaller-scale attacks trigger cause a long-lasting shift in public perceptions and emotions, whereas smaller-scale attacks trigger significant changes in attitudes and emotions, which, however, subside within one month. Finally, performing a comparison with failed attack, the study finds that this type of attack produces some small effects on risk perceptions, which unlike successful attacks, quickly return to normal levels.

The possibility that media reports may be partly responsible for continued, heightened emotional responses and risk perceptions after terrorist attacks suggests that these unintended effects should be considered in shaping media reporting. In particular, repeatedly or disproportionately broadcasting violent images may have the effect of extending the duration of heightened risk perceptions, and potentially result in long-term clinically significant psychological conditions. Taken together, the findings highlight the gains in disentangling the quantitative effects of terrorism over the short- and long-term run, and point to the need to identify remedial measures to counteract negative spillovers, such as deteriorating levels of mental health.

Publisher: UNU-WIDER; Authors: Vincenzo Bove, Geogios Efthyvoulou, Harry Pickard. Sponsors: We would like to thank Andreas Kanaris Miyashiro and Angel Valdivieso Gonzalez for excellent research assistance. We have benefited from comments and suggestions by the participants of the UNU-WIDER workshop 'Institutional Legacies of Violent Conflict' and a research seminar at Newcastle University.

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, January 2023

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Hemophilia: A Comprehensive Review;**

<http://www.womenshealthsection.com/content/obsnc/obsnc016.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. **LGBTQ+ Healthcare: Building A Better Foundation For Better Understanding;**

<http://www.womenshealthsection.com/content/heal/heal028.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

Prepared by Women's Health and Education Center (WHEC)



Information for Refugees, Asylum-seekers and Stateless People.

Difference between a refugee and a migrant:

Migrants choose to move not because of a direct threat of persecution or serious human rights violations, but for a range of other reasons. This can include seeking to improve their lives by finding work, or in some cases for education, family reunion,

or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. If they choose to return home, they will continue to receive the protection of their government.

www.unhcr.org

Refugees are persons fleeing the risk of persecution or serious harm, including human rights violations, armed conflict or persecution. **Statelessness** – someone who does not have a nationality. No country recognizes stateless people as their citizens. Without a nationality, they are often denied their basic rights. Statelessness can mean life without education, without medical care, or legal employment.

Resources for attorneys representing asylum-seekers in the United States

UNHCR's U.S. Protection Unit has developed resources to assist attorneys representing asylum-seekers in the United States. These resources break down how to use international law and UNHCR guidance to support claims from individuals seeking protection in the US. The resources address six core topics: Children's Claims, Gender-based asylum claims (women's claims), claims from individuals fleeing gang violence in Central America, detention issues, LGBTQ+ claims and Statelessness.

<https://www.unhcr.org/en-us/attorney-resources.html>

Migration has major impacts on people and places. Well-managed migration can contribute to inclusive and sustainable development in countries of both origin and destination. The General Assembly has acknowledged the crucial linkages between international migration and development, including the 2030 Agenda for Sustainable Development, *the New York Declaration for Refugees and Migrants* and *the Global Compact for Safe, Orderly and Regular Migration*. Our key messages:



1. The number of international migrants worldwide reached 281 million in 2020. The number of persons living outside their country of birth or citizenship reached 281 million in 2020, up from 173 million in 2000 and 221 million in 2010. Because international migrants grew faster than global population, the share of international migrants in the total population rose from 2.8% in 2010 to 3.2% in 2010 and further to 3.6% in 2020.

2. COVID-19 has curbed the number of international migrants and reduced remittance flows.

The is projected to cause a decline of 14% in remittance flows to low- and middle-income countries by 2021 compared to pre-COVID-19 levels.

- 3. Forced displacement across national border have continued to rise.** In 2020, refugees and asylum seekers accounted for 12% of the global migrant stock, compared to 9.5% two decades earlier.
- 4. Most of the world's refugees are hosted by low- and middle-income countries.** In 2020, low- and middle-income countries hosted over 80% of the world's refugees and asylum seekers, refugees and asylum seekers comprised around 3% of all international migrants in high-income countries compared to 25% in middle-income countries and 50% in low-income countries.
- 5. Nearly two thirds of all international migrants live in high-income countries.** Middle-income countries were the destination of 31% of all international migrants, whereas relatively few international migrants resided in low-income countries (4%). In 2020, international migrants comprised nearly 15% of the total population in high-income countries, compared to less than 2% in middle- and low-income countries.
- 6. Most of the World's international migrants live in a small number of countries.** In 2020, two thirds of all international migrants were living in just 20 countries. The USA remains the largest destination of international migrants with 51 million migrants in 2020, equal to 18% of the world's total. Germany hosted the second largest number of migrants worldwide (around 16 million), followed by Saudi Arabia (13 million), the Russian Federation (12 million) and the UK (9 million).
- 7. International migration often take place within regions.** Europe had the largest share of intra-regional migration, with 70% of all migrants born in Europe residing in another European country. Sub-Saharan Africa had the largest share of intra-regional migration (63%). By contrast, Central and Southern Asia had the largest share of its diaspora residing outside the region (78%), followed by Northern America (75%), and Latin America and the Caribbean (74%).
- 8. Women and girls comprise 48% of all international migrants.** Male migrants significantly exceeded that of female migrants due to a greater demand from male-dominated industries and to preponderance of temporary work visa and labor targeting male workers.
- 9. International Migrants tend to be concentrated in working ages.** In 2020, 73% of international migrants worldwide were between the ages of 20 and 64 years, compared to 57% for the total population.
- 10. Most countries have policies to facilitate orderly, safe, regular and responsible migration.** Globally, 54% of the 111 Governments reported, having policies to facilitate orderly, safe, regular, responsible migration (SDG indicator 10.7.2). The policy domains with the highest levels of adherence were "cooperation and partnerships" and "safe, orderly and regular migration" for which more than three quarters of Governments reported meeting or fully meeting the criteria for indicator 10.7.2. By contrast, the domains covering "migrant rights" and "socio-economic well-being" had the lowest proportion reporting a wide range of policy measures: 55% and 59%, respectively.

Further progress in this domain will be needed to achieve target 10.7, and the broader goals of the 2030 Agenda, considering that the respect, protection and fulfillment of migrant rights, regardless of migration status, are essential for ensuring that migrants become active, empowered and well-integrated members of societies.



In The News

Global Issues: Refugee and Humanitarian Crisis Ukraine.

Ukraine: Seeds of Insecurity



Since the beginning of the war in February 2021, the entire agriculture sector in Ukraine has suffered from limited options to export produce. Local or displaced populations in western Ukraine are also among those who need help in the short term, amid rising food insecurity and as people exhaust their savings. The UN agency noted that in a recent nationwide assessment on the impact of war, 1 in 4 of the 5,200 respondents either reduced or halted agriculture production as a direct result of the relentless fighting.

The UN Food and Agriculture Organization (FAO) announced a \$ 15.5 million initiative to help them. With funding from European Union (EU), the project will help sustain agricultural production in Ukraine, after Russia's full-scale invasion last February forced many rural producers to scale down or abandon their activities amid the destruction of crops and farm equipment, and disruption of supply chains. Some 13 million people living in rural areas rely on Ukraine's farming sector, according to FAO.

It is critical to protect those households from the further deterioration of their productive capacities which are the foundations of their resilience. starting from March 2023, grants of \$1,000 - \$25,000 will be available to support the production in the regions of Lviv, Zakarpatska, Ivano-Frankivska and parts of Chernivetska. Beneficiaries will be required to make a matching contribution in order to receive the financial aid, which covers sectors including aquaculture, sheep farming and winemaking.

Sustaining Growth: The project aims to provide timely support to agricultural producers and small-scale agricultural enterprises with urgently needed access to finance, technical and business development advice and market intelligence. During wartime, these investments are necessary to secure the operations of agricultural producers, to support their adaptation to the evolving environment and to lay the foundations for sustainable growth.

Major challenges expected in the next few months in crop and livestock farming include low scale prices at market, a lack of fertilizers and pesticides and shortages of fuel or electricity to power agricultural equipment.

The EU-funded project already provided emergency agricultural support between March and May last year. More than 6,000 households benefited from agricultural inputs, cash, vegetable seeds and seed potatoes to continue food production for households consumption, FAO reported.

One of the project's aims is to help preserve a unique national collection of plant genetic resources, which FAO described as being globally significant in terms of its volume and diversity of genetic material.

Farming Support: Rural and isolated communities have been worst hit by food insecurity, as FAO announced support for farmers to plant their fields, save their livestock and produce food. Meanwhile, OCHA also noted that Russia reported that more than 783,000 people – including nearly 150,000 children – have crossed into Russia from Ukraine since 24 February. Latest data from UN refugee agency

UNHCR, indicates that more than 4.7 million people have fled Ukraine since the war began. Another 7 million are internally displaced.

Ukraine in Focus

<https://news.un.org/en/focus/ukraine>

Art & Science

Art that touches our soul

Helen Keller by author unknown



Helen Adams Keller (June 27, 1880 – June 1, 1968) was an American author, disability rights advocate, political activist and lecturer. Born in West Tuscumbia, Alabama, she lost her sight and hearing after a bout of illness at the age of seven when she met her first teacher and life-long companion Anne Sullivan (from Feeding Hills, Agawam, Massachusetts (U.S. A.), who taught her language, including reading and writing.

Anne Sullivan's first lessons involved spelling words on Keller's hand to show her the names of objects around her. She also learned how to speak and to understand other people's speech using the Tadoma method. (Tadoma is a method of communication used by deaf and blind individuals).

Helen Keller was a prolific author, writing 14 books and hundreds of speeches and essays on topics ranging from animals to Mahatma Gandhi. She campaigned for those with disabilities, for women's suffrage, labor rights, and world peace. She was a supporter of the NAACP and an original member of the American Civil Liberties Union.

The story of Helen Keller and Anne Sullivan, was made famous by Keller's 1903 autobiography, *The Story of My Life*, and its adaptations for film and stage, *The Miracle Worker*.

Her birthplace is now a museum and sponsors an annual "Helen Keller Day." Her June 27 birthday is commemorated as Helen Keller Day in Pennsylvania (USA), and in the centenary year of her birth, was recognized by a presidential proclamation from U.S. President Jimmy Carter.

- Helen Adams Keller (1880 – 1968); American author and activist

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

<http://www.WomensHealthSection.com>

