



WHEC Update

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

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Making A Difference

The Women's Health and Education Center (WHEC) has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. Our work prioritizes the rights and needs of victims and survivors. Sexual exploitation and abuse (SEA) of the populations we serve, and sexual harassment (SH) of our own workforce require similar prevention and response approaches because they stem from the same power differentials, inequalities, drivers, and risks. Using the umbrella term, sexual misconduct, clarifies these acts pertain to the WHEC workforce, are prohibited, and therefore lead to disciplinary action.

Three Year Strategy (2024 – 2026), is the WHEC's framework for institutionalizing zero tolerance for all forms of sexual misconduct. It aims to ensure that our personnel and implementing partners do no harm to the people we serve or the people we serve alongside with, and shifts the Organization to a stronger victim- and survivor-centered approach. The prevention of and response to sexual misconduct is a core responsibility for the Organization and requires individual personnel, managers and leaders, and the Organization to work towards one single goal of zero tolerance. This strategy was developed with our collaborating partners, UN Systems, and were consulted in its finalization. Sexual misconduct is serious and the impact on victims and survivors is tremendous. Timeliness, responsiveness, and fairness given to allegations of misconduct are integral to building and maintaining trust in projects and programs. Likewise, transparency and accountability are central to WHEC delivering on its mandate and is part of our unified plan. These definitions serve as a reference tool in connection with Sexual Misconduct:

Sexual Exploitation: It is any actual or attempted abuse of a position of vulnerability, different power, or trust, for sexual purposes, including threatening or profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual Abuse: It is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual exploitation and abuse also includes sexual relations with a child, in any context, defined as: Child – a “human being below the age of 18 years.”

Sexual Harassment: It refers to prohibited conduct in the work context and can be committed against WHEC staff and related personnel. Any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work.

Abusive Conduct: For the purpose of this dashboard, Abusive Conduct refers to all misconduct against persons, except Sexual Exploitation, Sexual Abuse, and Sexual Harassment (e.g. Harassment, Discrimination, abuse of authority, bullying etc.).

After two decades of experience in preventing and responding to sexual exploitation and abuse, WHEC has the “commitment” resources and will to move forward on this issue and make a big difference. Our first step will be assess the capacities of implementing partners to prevent and responds to sexual exploitation, abuse and harassment. Through workshops and trainings, WHEC will bring all regional experts and specialists to better understand their different challenges, and action plans. Please share your action plans on **WHEC Global Health Line (WGHL)**.

Preventing & Responding to Sexual Exploitation, Abuse and Harassment

Rita Luthra, MD



Your Questions, Our Reply

What is sexual misconduct? Do you have a framework that makes accountabilities clear for addressing sexual misconduct, and restoring dignity of the victims, at the UN?

WHEC's Policy on Preventing and Addressing Sexual Misconduct: The umbrella term Sexual Misconduct, encompasses all forms of prohibited sexual behavior by the WHEC's staff and collaborators. Sexual misconduct includes, but not limited to, sexual exploitation, sexual abuse, sexual harassment, and any form of sexual violence tolerance.

The WHEC policy maintains a strong victim and survivor-centered focus while ensuring protection for the human rights of all concerned parties. It addresses gaps, loopholes, and lack of clarity in previous policy documents, aligns with international and United Nation requirements and protocols, and outlines clearly the responsibilities of staff members and collaborators, supervisors, and the Organization.

Restoring Dignity to victims of sexual abuse and exploitation – The Project supported by a UN trust fund (**A/69/779**) for victims of sexual exploitation and abuse, are helping victims to regain their dignity, learn new skills, and improve their livelihoods. Over the past year, six projects were launched in the Democratic Republic of Congo (DRC), and in Liberia, an education and vocational training project supported training of project leaders, and community meetings.

The fund also supports community-based complaint network in DRC, made up of representatives of women's and youth associations, religious leaders, local chiefs and the police. These networks educate the community on the risks associated with sexual exploitation and abuse and how to report it, develop projects which support victims, and act as a bridge between communities of vulnerable people and the United Nations Peacekeeping mission in the country.

The Trust Fund provides funding to:

- Specialized services, which provide assistance and support required by victims and children born as a result of sexual exploitation and abuse, including medical care, legal services, and psycho-social support;
- Address service gaps in the provision of assistance and support;
- Additional support and communications for complainants, victims and children born as a result of sexual exploitation and abuse.

The transformation of projects, supported by seed funds for income generation activities, to sustainable economic empowerment, are being actively pursued with the support of development actors, including United Nations funds and programs present in the field and other international and local partners. The Trust Fund, along with the support of partners, makes efforts to further capture the voice of victims and collects their feedback on the projects they participate in, as well as inputs on future project needs.

In March 2013, the Secretary-General created the Trust Fund in Support of Victims of Sexual Exploitation and Abuse, as indicated on Special measures for protection from sexual exploitation and sexual abuse – **A/69/779**. The Trust Fund supports United Nations and non-United Nations entities and organization that provide victim assistance and support services.

Victims' Rights First: The priority is creating an enabling environment in which victims can speak to someone they can trust, safely and confidentiality, that they will be listened to and heard, feel supported and empowered, and that they can express their needs and wishes.

Join the movement!



United Nations at a Glance

Poland became UN Member State on 24 October 1945



Poland, officially the **Republic of Poland**, is country in Central Europe. It is divided into 16 administrative provinces called voivodeships, covering an area of 313,931 km² (121,209 sq. mi). Capital: Warsaw; Population 38 million; Ethnic groups: 98% Poles; Religions: Christianity (89% 2.4% no religion; Government Unitary parliamentary republic.

Poland is a Member State of European Union (EU). The country is bordered Lithuania and Russia to the northeast, Belarus and Ukraine to the east, Slovakia and the Czech Republic to the south, and Germany to the west. It also shares maritime boundaries with Denmark and Sweden.

In the aftermath of WWI, the Allies agreed to reconstitution of Poland, confirmed through the Treaty of Versailles of June 1919. WWII began with Nazi German invasion of Poland on 1 September 1939, followed by the Soviet invasion of Poland on 17 September. On 28 September 1939, Warsaw fell. As agreed in the Molotov-Ribbentrop Pact, Poland was split into two zones, one occupied by Nazi Germany, and other by the Soviet Union. In 1945, Poland's borders were shifted westwards.



Poland is the 9th largest country in Europe. The Judiciary in Poland is composed of the Supreme Court as the country's highest judicial organ, the Supreme Administrative Court for the judicial control of public administration, Common Courts (District, Regional, Appellate) and the Military court.

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Poland is a Member of NATO, the UN, and the WTO. In recent years, Poland significantly strengthened its relations with the United States, thus becoming one of its closest allies and strategic partners in Europe. Historically, Poland maintained strong cultural political ties to Hungary; this special relationship was recognized by parliaments of both countries in 2007 with the joint declaration of 23 March as "The Day of Polish-Hungarian Friendship." Compulsory military service for men, who previously had to serve for 9 months, was discontinued in 2008. Polish military doctrine reflects the same defensive nature as that of its NATO partners and the country actively hosts NATO's military exercises. Since 1953, the country has been a large contributor to various UN Peacekeeping missions, and currently maintains military presence in the Middle East, Africa, the Baltic states and southeastern Europe.

As of 2003, Poland's economy and gross domestic product (GDP) is the 6th largest in the EU by nominal standards and the 5th largest by purchasing power parity. It is also one of the fastest growing within the Union and reached a developed market status in 2018. Poland has the largest banking sector in Central Europe, with 32.3 branches per 100,000 adults. It was the only European economy to have avoided the recession in 2008. In 2019, Poland passed a law that would exempt workers under the age of 26 from income tax.

The framework for primary, secondary and higher tertiary education are established by the Ministry of Education and Science. In Poland, there are 500-university level institutions, with technical, medical, economic, agricultural, pedagogical, theoretical, musical, maritime and military faculties.

Details: <https://sdgs.un.org/statements/poland-8191>

Collaboration with World Health Organization (WHO)

WHO | Poland



Increasing the capacity of Poland's health system to tackle violence against women and girls during emergencies.

Responding to the health needs of those affected has placed considerable pressure on the countries receiving refugees, including Poland. Responding to violence is a particular concern. Since the Ukraine crisis began in February 2022, an estimated 8.5 million refugees have fled to neighboring countries and beyond. Poland has demonstrated unprecedented support for the displaced populations entering its borders – mainly women and children seeking protection and safety – by granting temporary protection to 1.5 million refugees from Ukraine so far.

To support the Polish health system and ensure frontline workers are adequately equipped with the tools and guidance to provide high-quality health care for survivors of violence, WHO has collaborated with leading academics from the University of Warsaw and the University of Zielona Gora to review and translate 4 key sets of WHO guidelines:

- Healthcare for women subjected to intimate partner violence or sexual violence: a clinical handbook;
- Responding to children and adolescents who have been sexually abused: WHO clinical guidelines;
- Clinical management of rape and intimate partner violence survivors :developing protocols for use in humanitarian settings;
- Caring for women subjected to violence: a WHO training curriculum for healthcare providers, revised edition, 2021.

Over 350 million from the “Accessibility Plus for Health” project

72 hospitals and 270 primary healthcare facilities benefit from the support from the “Accessibility Plus for Health” project to eliminate barriers in access to services for patients with special needs, including disabilities. The funds from this project are used in 3 areas: to finance the removal of architectural barriers, the digitalization of services and training staff in communication with people with special needs. So far, over 1,100 people have been trained.

Thanks to the funds from the project, patients with special needs can more easily and safely get to the doctors' and treatment offices, make appointments faster, and use equipment that provides greater comfort during their stay in the facility.

PLN 80 million to support psychiatric wards for children and adolescents

Since 2019, Poland has implemented a new model of mental health protection for children and adolescents. Its basic assumption is to facilitate access to help outside the hospital and earlier care for those in need. Psychiatric wards of children and young people will receive funding in the amount of PLN 80 million. The reform of psychiatry also includes an increase in the medical staff. We assume that by 2027 at least 1,200 new specialists will be educated in the field of child and adolescents. There are also 136 (mental health centers for children and youth) Level II. Inpatient, round-the-clock services will be provided in 32 Centers of Highly Specialized Round-the-Clock Psychiatric Care – Level III.

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



Poland UNESCO Member State Since 1946



Auschwitz Birkenau German Nazi Concentration & Exterminator Camp (1940-1945)

The fortified walls, barbed wire, platforms, barracks, gallows, gas chambers and cremation ovens show the conditions within which the Nazi genocide took place in the former concentration and extermination camp of Auschwitz, the largest in the Third Reich. According to historical investigations, 1.5 million people, among them great number of Jews, were systematically starved, tortured and murdered in this camp, the symbol of humanity's cruelty to its fellow human beings in the 20th century. It was the principal and most notorious of six concentration and extermination camps established by Nazi Germany to implement its Final Solution policy which had as its aim the mass murder of the Jewish people in Europe. Built in Poland under Nazi German occupation initially as a concentration

camp for Poles and later for Soviet prisoners of war, it soon became a prison for a number of other nationalities. The Nazi policy of spoliation, degradation and extermination of the Jews was rooted in a racist and anti-Semitic ideology propagated by the Third Reich.



Wooden Churches of Southern Małopolska

The wooden churches of southern Little Poland represent outstanding examples of the different aspects of medieval church-building traditions in Roman Catholic culture. Built using the horizontal log technique, common in eastern and northern Europe since the Middle Ages, these churches were sponsored by noble families and became status symbols. They offered an alternative to the stone structures erected in urban centers. This constitutes a serial inscription of the six best preserved and oldest wooden Gothic churches that are characteristic of this region. They are located in the towns and villages of Blizne, Binarowa, Debno Podhalanskie, Haczow, Lipnica Murowana, and Sekowa, which lie within the historical region of Małopolska in southern and south-eastern Poland, encompassing the Carpathian foothills of the northern part

of the Western Carpathians. The churches represent a unique example of the tradition of medieval timber-built churches in Roman Catholic culture.



Ukrainian refugees' pathways to inclusion in education: Insights from host countries

While some Ukrainians continue to move across borders, many have settled in their host countries. According to the UNHCR reports, which have been conducted periodically over the last six months, 65% of Ukrainian refugees reported intentions to stay in their host country. While Ministry of Education and Science of Ukraine has made considerable efforts to develop the All-Ukraine Online School to cover all learners and subjects, all-online learning contexts are associated with considerable challenges

related to sustainability and quality. Especially around wellbeing.

Details: <https://www.unesco.org/en/countries/pl>

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development

Adopted at the United Nations Sustainable Development Summit on 25 September 2015

.....Continued Means of Implementation

41. We recognize that each country has primary responsibility for its own economic and social development. The New Agenda deals with the means required for implementation of the Goals and targets. We recognize that these will include the mobilization of financial resources as well as capacity building and the transfer of environmentally sound technologies to developing countries on favorable terms, including on concessional and preferential terms, as mutually agreed. Public finance, both domestic and international, will play a vital role in providing essential services and public goods and in catalyzing other sources of finance. We acknowledge the role of the diverse private sector, ranging from micro-enterprises to cooperatives to multinationals, and that of civil society organizations and philanthropic organizations in the implementation of the new Agenda.

42. We support the implementation of relevant strategies and programmes of action, including the Istanbul Declaration and Programme of Action, the SIDS Accelerated Modalities of Action (SAMOA) Pathway, the Vienna Program of Action for landlocked Developing Countries for the Decade 2014 – 2024, and reaffirm the importance of supporting the African Union's Agenda 2063 and the programme of the New Partnership for Africa's Development (NEPAD), all of which are integral to the new Agenda. We recognize the major challenge to the achievement of durable peace and sustainable development in countries in conflict and post-conflict situations.

43. We emphasize that international public finance plays an important role in complementing the efforts of countries to mobilize public resources. An important use of international public finance, including ODA, is to catalyze additional resource mobilization from other sources, public and private. ODA providers reaffirm their respective commitments, including the commitment by many developed countries to achieve the target of 0.7% of ODA/GNI to developing countries and 0.15% to 0.2% of ODA/GNI to least developed countries.

44. We acknowledge the importance for international financial institutions to support, in line with their mandates, the policy space of each country, in particular developing countries. We recommit to broadening and strengthening the voice and participation of developing countries – including African countries, least developed countries, land-locked developing countries, small-island developing States and middle-income countries – in international economic decision-making, norm-setting and global economic governance.

45. We acknowledge also the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments. Governments and public institutions will also work closely with on implementation with regional and local authorities, sub-regional institutions, international institutions, academia, philanthropic organizations, volunteer groups and others.

46. We underline the important role and comparative advantage of an adequately resourced, relevant, coherent, efficient and effective UN system in supporting the achievement of the SDGs and sustainable development. While stressing the importance of strengthened national ownership and leadership at country level, we express our support for the ongoing ECOSOC Dialogue on the longer-term positioning of the United Nations development system in the context of this Agenda.

To be continued.....



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

A Two-Thirds Rate of Success: Polish Transformation and Economic Development, 1989 – 2008

Progress in achieving institutional changes should be evaluated through the prism of their influence on the development abilities of the relevant country. In Poland, during 20 years of comprehensive systemic shift, GDP increased more than in any other post-socialist country. To judge the transformation progress, it is not enough to review improvements in competitiveness or in growth in terms of quantity, but also social and cultural aspects should be taken into account. In Poland, there have been five distinct periods from the viewpoint of economic growth. Had there been a better policy coordination of systemic change and socio-economic development, GDP growth over the periods considered could have increased by more than half. This opportunity was missed because of the intermittent implementation of wrong economic policies based on wrong economic theories. Poland's transformation can be seen as a success, but only to the extent of achieving two-thirds of its potential.

Lessons Learned

Lesson One

Economic reforms that increase the flexibility of markets and contribute at least partially towards building the institutions necessary for efficient functioning and development of a market economy are always a prerequisite when a bolder, more profound structural shift is introduced. Politically speaking, certain individuals work to promote political benefits while others reap the rewards, but the most important thing is the gain for the society, the economy and the country.

Lesson Two

Only a proper mix of two policies (policies oriented towards a system change and for development oriented towards the accumulation and efficient allocation of capital) offers the opportunity for rapid economic growth and sustainable development.

Lesson Three

Confusing the means and ends in economic policy can backfire, increasing the social costs of development and reducing the level of attainment.

Lesson Four

During an attempt at a substantial transformation of a political system, when liberalization and opening up of the economy are linked with integration into the global systems, institution building is of fundamental importance.

Lesson Five

The main source of development financing in the so-called emerging markets has been, and continues to be, domestic capital accumulation. Therefore, the formation of this capital should be given the necessary priority in macroeconomics and in microeconomic initiatives.

Lesson Six

Globalization, unavoidable and seemingly irreversible, creates additional development opportunities but also new challenges. Therefore, the art of economic policy-making today encompasses the apt handling of dilemmas that may emerge in new circumstances.

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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 2024

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Common Sleep Disorders in Pregnancy;**
<http://www.womenshealthsection.com/content/obs/Common-Sleep-Disorders-in-Pregnancy.pdf>
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. **Newborn Hearing Loss Detection and Intervention;**
<http://www.womenshealthsection.com/content/obsnc/obsnc011.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

Investing in Africa's People – There is a Lot We Can Do



Through its unique capacities as the world's premiere vehicle for international cooperation, the UN System plays a critical role in coordinating assistance of all kinds – **to help Africa help itself**. From promoting the development of democratic institutions, to establish peace between warring nations, the UN is present on the ground supporting economic and social development and the promoting and protection of human rights. In its efforts, the UN works closely with Africa's regional cooperation mechanisms and has six active peacekeeping organizations at present. UN Peacekeepers serve in the Central African Republic, the Democratic Republic of the

Congo, in Mali, Western Sahara, South Sudan and Sudan – one mission in Darfur (with the African Union) and one in the disputed Abyei area.

African Medical Devices Forum – Specific considerations for regulating maternal, newborn, and child health medical devices – Market Authorization.

One of the key objectives of the African Medical Devices Forum (AMDF) is building the technical capacity of national regulatory agencies (NRAs) in medical devices and in-vitro diagnostics regulatory frameworks through the development of technical guidance documents. Advances in health technologies call for continuous considerations to carry forward and strengthen regulatory systems, and it is important to remain cognizant of areas with specific considerations, such as medical devices for maternal, newborn and child sub-populations. In view of AMDF, with the support of the US Agency for International

Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program implemented by Management Sciences for Health has developed this document entitled *Specific Considerations for Regulatory Maternal, Newborn, and Child Health Medical Devices – Market Authorization*. It outlines specificities when assessing these medical devices at the market authorization phase. It is to be used with the other guidance documents that the AMDF has developed on market authorization for medical devices, including in-vitro diagnostic (IVD) medical devices. The AMDF considers this document a key resource that will provide information to NRAs in advancing regulatory system strengthening in Africa.

Focus on Maternal, Newborn, and Child Health (MNCH)

It is estimated that up to 70% of the medical devices in healthcare centers in low- and middle-income countries are partially or completely non-functional (1,2).

Medical devices are a key part of services for maternal, newborn, and child health, and the quality, safety, and reliability of those devices need to be assured. The regulation of medical devices for MNCH is of great importance to ensure that they are safe and effective for their intended use. The lack of regulatory systems in low- and middle-income systems means that medical devices are frequently not assessed or that there are no standards to assess for compliance before market authorization, increasing the risk of a supply of medical devices that do not meet performance, quality and safety standards.

Objectives of Our Initiatives

Women's Health and Education Center (WHEC) with its partners provides specific information on considerations that regulators should take into account when assessing technical documentation of MNCH medical devices. It is intended as a complement to the set of AMDF guidelines on the regulation of medical devices as a resource to support regulating MNCH medical devices. As considerations for the MNCH technical file assessment, this initiative:

1. Defines the priority medical devices used by the MNCH population;
2. Identifies the types of information needed to provide assurance of the quality, safety, and performance of medical devices intended for use in pregnant women, newborns, and children;
3. Outline key considerations for all stages of regulation of MNCH devices.

Guidance from the Manufacturer: Clinical Considerations

Evaluators should check that the manufacturer has applied risk management and provided adequate data. It is therefore recommended that a manufacturer provides proof that the necessary clinical trial has been undertaken and be prepared to provide data for each targeted sub-population indication or jurisdiction as to why data are either not needed or can be extrapolated. Where these factors exist, conducting clinical trials will help ensure the manufacturers:

1. Design the device properly for the intended population;
2. Perform accurate risk assessments;
3. Provide clear instructions for use.

Depending on the seriousness of the adverse event or incident, the manufacturer should submit the following to the National Regulatory Administration immediately or as soon as possible. What to report:

1. Serious public health threat;
2. Death or serious deterioration in health of patient, user, or other person occurred;
3. Death or serious deterioration in health of patient, user, or other person might have occurred.

Join the initiative! And it help us improve maternal, newborn and child health worldwide.

References

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2. World Health Assembly. 2014. Regulatory system strengthening for medical products. 24 May 2014. WHA67.20. Available online: https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R20-en.pdf?msckid=ec1ea049c16211ec8d2c08f65afcf2bb



In The News

Together for Clean Air



Air Pollution is the single greatest environmental risk to human health and one of the most avoidable causes of death and disease. **Air pollution is a global problem** with far-reaching impacts owing to its transport over long distances. In the absence of aggressive intervention, the number of premature deaths resulting from ambient air pollution is expected to increase dramatically.

Air Pollution is the single greatest environmental risk to human health and one of the main avoidable causes of death and disease globally, with some estimated 6.5 million premature deaths. Source: UN, 2016

Encouraged by the increasing interest of the international community in clean air, and emphasizing the need to make further efforts to improve air quality, including reducing air pollution, **#TogetherForCleanAir**

A Two-Fold Problem

Health Impact: tiny, invisible particles of pollution penetrate deep into our lungs, bloodstream and bodies. these pollutants are responsible for about one-third of deaths from stroke, chronic respiratory disease, and lung cancer, as well as one quarter of deaths from heart attack. Ground-level ozone, produced from the interaction of many different pollutants in sunlight, is also a cause of asthma and chronic respiratory illnesses.

Climate Impact: short-lived climate pollutants are among those pollutants most linked with both health effects and near-term warming of the planet. They persist in the atmosphere for as little as a few days or up to a few days or up to few decades, so reducing them have an almost immediate health and climate benefits for those living in places where levels fall.



Climate change is the defining issue of our time and we are at a defining moment. From shifting weather patterns that threaten food production, to rising sea levels that increase the risk of catastrophic flooding, the impacts of climate change are global in scope and unprecedented in scale. Without drastic action today, adapting to these impacts in the future will be more difficult and costly.

Our campaign to Breathe Clean Air mobilizes cities and individuals to protect our health and our planet from the effects of air pollution. It combines public health and climate change expertise with guidance on implementing solutions to air pollution in support of global development goals.

Communities play a powerful role in shifting how we contribute to air pollution at the international level. By staying informed and shifting practices, we can help support the adoption of solutions that will help dramatically reduce air pollution over time.

We are in this together! Join the Conversation!

In Memoriam

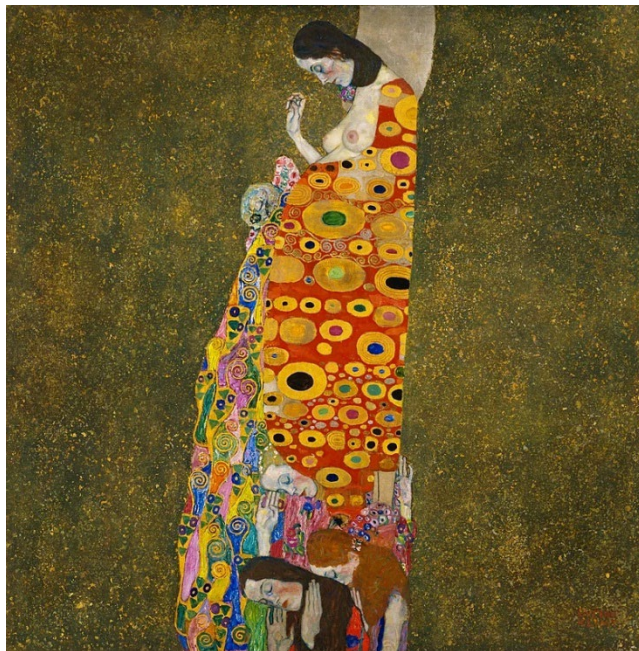
Our friend and colleague **Dr. Roger P. Worthington**, Consultant in Ethics and Global Health, and Co-chair: HESI SDG Publishers Compact Fellows. Former Faculty, Yale School of Medicine. London (United Kingdom), and contributor to Side Events organized by WHEC at the UN, passed away, peacefully at home, on 16 October 2024. He will be missed. We will treasure his precious contributions.

"Dr. Worthington was a wonderful and gracious mentor and colleague, with an admirable passion for advancing the Sustainable Development Goals. He invested time into junior researchers and has paved the way for many of us. He will be very missed and fondly remembered." – Serena Mani

Art & Science

Art that touches our soul

Hope II (Die Hoffnung II) by Gustav Klimt



Hope II is a painting with added gold and platinum by the Austrian symbolist artist **Gustav Klimt**, created in 1907 – 1908. It depicts a pregnant woman with closed eyes, with a human skull representing death appearing from behind her stomach – perhaps a sign of the dangers of **Labor (Childbirth)**.

At the foot of the painting, three other women bow their heads, as if praying or mourning. The square painting measures 110.5 cm. (43.5 in) on each side, and is not in the collection of the Museum of Modern Art in New York, since 1978.

Klimt painted the heavily pregnant Herma in *Hope I* in 1903, in which she was depicted naked. In *Hope II*, she is wearing a long dress or cloak decorated with geometric shapes. She has long brown hair and closed eyes, bowing her head towards her bare breasts and burgeoning abdomen.

Hope II was exhibited at the first Vienna Kunstschau in 1908. Due to the scandalous nudity of its central figure, *Hope I* was not exhibited until the second Vienna Kunstschau the following year.

The painting was acquired by Eugenie Primvessi before December 1904, and it was sold in the late 1930s by the Neue Galerie of Otto Kallir or his successor Vita Kunstler. It remained in private collections until 1978, when it was sold by Hans Barnas. It is now in the collection of the Museum of Modern Art (MOMA) in New York City, United States.

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

<http://www.WomensHealthSection.com>

