



WHEC Update

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

May 2025; Vol. 20. No. 05

Sustainable Development

Future of health and education sectors is digital, in each and every country, rich and poor alike. In view of the scale of today's global challenges and the great potential of science, technology and innovation to deliver responses, it is essential to mobilize financial and knowledge resources from governments, businesses, academia and civil societies. It is necessary to accelerate and achieve all Sustainable Development Goals (SDGs). Both public and private sectors play an important role in financing, research, and development. There is need for a balanced strategy that leverages the strengths and weaknesses of both.

In order to democratize digitalization and its benefits for public and social value, Women's Health and Education Center (WHEC) and its associates believe that a dedicated place is needed in the United Nations to develop and refine appropriate norms, policies and pilots; promote future-ready human capabilities; and mobilize financing for public innovation ecosystems. Openness in science is an essential component of the scientific process. When Open-science, artificial intelligence and big data management meet the social reality of human cooperation and governance, it becomes more sustainable, and help to close digital divide.

We must implement comprehensive and inclusive policies, change our way of thinking, and prioritize efforts to eliminate poverty and bridge the digital divide. It is crucial for governments to integrate social, economic, and environmental policies to promote social justice. If we wish to leave no one behind, we must ensure that we give voice and decent-work to all.

Building Sustainable Partnerships, through **WHEC's e-Learning, e-Health, and e-Government**

Initiative: [Improving Global Partnerships for Education and Health | High-Level Political Forum 2022 \(un.org\)](https://un.org) available @ <https://hlpf.un.org/2022/programme/improving-global-partnerships-for-education-and-health> will offer a way forward. While obligations to promote the rights of women and children are protected by international conventions, difficulties in moral obligation into practice still abound.

An institutional home in the form of a One-UN Joint Program – that fully builds on existing UN system work with expertise – could give important impetus to a digital transformation pathway for a sustainable, just and equal future. WHEC's capacity building efforts and targets in the pursuit of a One-UN Program on digitalization and sustainability in support of developing countries, with special focus on Least Developed Countries (LDCs) are:

1. Public Innovation infrastructure in developing countries doubled by 2030;
2. 50% value from the digital economy accrues to the bottom 50% nationally and globally by 2030;
3. Data and digital commons nationally and globally have appropriate guardrails; and market dynamics in the digital economy and society are in alignment with a bold vision for our common futures.

It is indeed our pleasure to submit to you the Side Event on the margins of 62nd CSocD session, and its summary published by UNSDN (United Nations Social Development Network); title: **Towards Education And Health-for-All: Core Enabler of The UN 2030 Agenda.**

<https://social.desa.un.org/sdn/towards-education-and-health-for-all>

Thank you for your collaboration.

Strengthening Trust on Digitalization

Rita Luthra, MD



Your Questions, Our Reply

What are the shared experiences of various technological solutions, in improving the affordability and accessibility of quality education and healthcare services for all?

Lessons Learned from Opens-Science Initiatives: Openness in science is an essential component of the scientific process. Making science more accessible, affordable, inclusive and equitable, especially in health and education sectors, is the way forward – and achieving Sustainable Development Goals (SDGs) 3, 4, 5, and 17 by 2030. We suggest that avenues for providing Universal Health Care (UHC), online quality educational platforms and use of artificial intelligence (AI) and Big Data management for low- and middle-income countries to accelerate SDGs. Initiatives of Women’s Health and Education Center (WHEC) have an unique role to play in strengthening the health and education systems worldwide. Cultural diversity is now the norm in each and every country. The e-Health, e-Learning and Mobile Health, are providing healthcare services and achieving better health outcomes, in both developed and developing countries. Access to reliable Broadband Internet, is becoming essential to Education & Health Services, in every country – rich and poor alike.

When Open-science, AI, and Big Data management meet the social reality of human coordination and governance, it becomes more sustainable, and might help to close digital divide. If we wish to leave no one behind, we must ensure that we give voice and work to all.

In Summary, Our Recommendations:

- The UN and its agencies, like WHO and UNESCO, should provide the required funding to close the digital divide between developing and developed countries.
- Algorithmic Accountability programs and Data-ecosystem, to ensure AI-based systems in health and education sectors, do not reinforce institutional bias, unequal power structures and inequalities. Establish consistent systemic examination of pre-, in-, and post processing method of data by AI.
- Data Co-operatives for data management storage, with their obligation solely towards benefitting its members. Fund and/or provide required training to these co-operatives that allow them to operate independently.
- Advance and establish effective good digital governance procedures and regulatory policies, which establish accountability for global societal data.
- Ensure data-cooperatives and their practitioners are vital stakeholders in designing and implementing policies related to future SDGs decision-making.
- Data-Colonialism has the possibility of drawing developing states into asymmetrical Global North-South trade and investment scenarios. Fund and/or provide NGOs and government partnerships to construct and scale up data co-operatives to foster community-driven data sovereignty – a concept of a ‘property-owning democracy.’
- The use of Space-technologies for implementation of SDGs. Space is for everyone. As more countries invest financially and political capital in the space environment, the world become increasingly dependent on space.

The UN has a long legacy of facilitating international cooperation in outer space.

Join us to continue to advance UN’s Work – for everyone, everywhere!

WHEC with its partners, will continue to support country actions & strengthen inclusive digital learning platforms and high-quality information, worldwide.



WHEC Participation @ UN: April & May

1. 2025 Science, Technology and Innovation (STI) Forum; Virtual Side Event

Emerging Health Technologies and Health Development

Date: 07 May 2025; time – 1:15 pm to 2:45 pm, EDT, New York Time

Purpose: to strengthen global trust in STI, Education and Health Cooperation, for Sustainable Development Goals (SDGs) 1, 2, 3, 4, 5, 8 and 17.

Details available @

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

2. 58th Session of Commission on Population and Development 58CPD – Virtual Side Event; 8 April 2025, 1 pm to 2:30 pm EDT

Title: **Steps Toward Leaving No One Behind: Achieving Quality Education and Universal Health Coverage.**

Details:

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

Written Statement

7 – 11 April 2025

Improving the health of our children and future generations through education

<http://www.womenshealthsection.com/content/documents/n2441533.pdf>

3. 24th Session of Committee on Public Administration (CEPA); 7 – 11 April 2025

Written Statement

Agenda item 5: Principles of effective governance for delivery of equitable and sustainable development for all.

Title: **Strengthening Digital Governance for Education and Health Sectors.**

<http://www.womenshealthsection.com/content/documents/CEPA24-item-5-NGO-WHEC.pdf>



United Nations at a Glance

Permanent Mission of Russian Federation at the UN



Russian Federation became UN Member State on 24 October 1945

Russia, or the **Russian Federation**, is a country spanning Eastern Europe and North Asia. It is the largest country in world by area, extending across 11 time zones and sharing land borders with 14 countries. Capital: Moscow; Official language: Russian; Ethnic groups: 72% Russian Religion: 61% Christianity – Russian orthodoxy, 24%: no religion. Government: Federal semi-presidential republic under an authoritarian dictatorship. Area: 17,098,246 km²; population: (2022):147,182,123. Currency: Ruble.

Internationally, Russia ranks among the lowest in measurements of democracy, human rights and freedom of press. The country also has high levels of perceived corruption. The Russian economy ranks 11th by nominal GDP, relying heavily on its abundant natural resources, and 68th by GDP per capita. Its mineral and energy resources are the world's largest, and its figures for oil production and natural gas production rank highly globally. Russia possess the largest stockpile of nuclear weapons and has the third-highest military expenditure.

The country is a permanent member of the United Nations Security Council; a member state of the G20, SCO, BRICS, APEC, OSCE, and WTO; and the leading member state of post-Soviet organization such as CIS, CSTO, and EAEU/EEU.



Imperial Russia: Under Peter the Great, Russia was proclaimed an empire in 1721, and established itself as one of the European great powers. Cathrine II (“the Great”), who ruled in 1762 – 1796, presided over the Russian Age of Enlightenment. The French invasion of Russia at the height of Napoleon’s power in 1812 reached Moscow, but eventually failed as the obstinate resistance in combination with the bitterly cold Russian winter led to a disastrous defeat of invaders.

Nicholas’s successors Alexander II(1855 – 1881) enacted significant changes throughout the country, including the emancipation reform of 1861. The late 19th century saw the rise of various socialist movements in Russia. Alexander II was assassinated in 1881 by revolutionary terrorists. The reign of his son Alexander III (1881 – 1894) was less liberal but more peaceful.

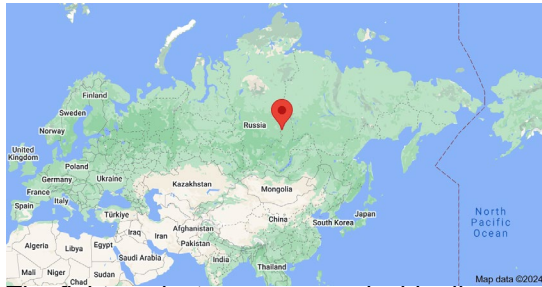
Russian Revolution of 1917, carried out in two major acts. In early 1917, Nicholas II was forced to abdicate; he and his family were imprisoned and later executed during the Russian Civil War. The monarchy was replaced by a shaky coalition of political parties. On 30 December 1922, Lenin and his aides formed the Soviet Union, by joining the Russian SFSR into a single state with the Byelorussian, Transcaucasian, and Ukrainian republics. The 1941 – 1945 period of World War II is known in Russia as the Great Patriotic War. The Soviet Union, along with the United States, the United Kingdom, and China were considered the Big Four of Allied powers of WWII, and later became the Four Policemen, which was the foundation of the United Nations Security Council.

Russia has a market economy with enormous natural resources, partly oil and natural gas. Russia’s economy was damaged following the start of the Russo-Ukrainian War and the annexation of Crimea in 2014. Economists suggest the sanctions will have a long-term effect over the Russian economy.

<https://sdgs.un.org/statements/russia-9404>

Collaboration with World Health Organization (WHO)

WHO | Russian Federation



Health Situation

Over the past years mortality trends in the Russian Federation have been decreasing including for diseases of the circulatory system, tuberculosis, external causes of injury and poisoning. The country also made good progress in decreasing infant mortality. Cardiovascular diseases remain the leading cause of death and account for more than half of deaths in the Russian Federation.

The fight against non-communicable diseases (NCDs) and their risk factors, including alcohol abuse, tobacco consumption, unhealthy diets and physical inactivity, together with improving road traffic safety are main public health priorities.

The decline in population has been addressed primarily by reducing infant and maternal mortality, and premature mortality due to NCDs. A number of social measures have been undertaken to support birth rate, including improvement in reproductive and maternal health.



Health Policies and Systems

There is a high political commitment to improve health of the population through strengthening health promotion and disease prevention and through improving access to health services. This commitment is implemented through the state program. And renewed in the new program 2018 – 2025 adopted in 2017. The right to healthcare is based on the Constitution and a state-guaranteed healthcare benefits package is defined in the mandatory health

insurance including all types of health services, including high-technology. The Russian Federation is committed to the principles of the Vienna Declaration on Nutrition and NCDs in the context of health 2020. The country is committed to implementing the FCTC and Law stipulates measures for tobacco free public spaces, ban on advertising, sponsorship and promotion. The effective measures reduced prevalence of tobacco smoking by 21%. Major achievement is in the field of alcohol retailers, the fight against TB and HIV is high on the strategic agenda.

Cooperation for Health

The Russian Federation became a donor country and plays a growing role in international health cooperation. As of September 2012 the Russian Federation hosts and has committed to 10 years financing of a WHO European Office on prevention of NCDs. It pursues global health dialogues through the Shanghai Cooperation Organization and the Health Working Group of the Asia-Pacific Economic Cooperation forum. As a member of the BRICS, the Russian Federation is working to establish a working mechanism to facilitate cooperation on health. The Russian Federation has a number of bilateral collaboration and WHO participates in these initiatives, in particular in tobacco control, antimicrobial resistance and road safety. Finally, the Russian Federation is a county without UNDAF.

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



United Nations Educational, Scientific and Cultural Organization Collaboration with UNESCO

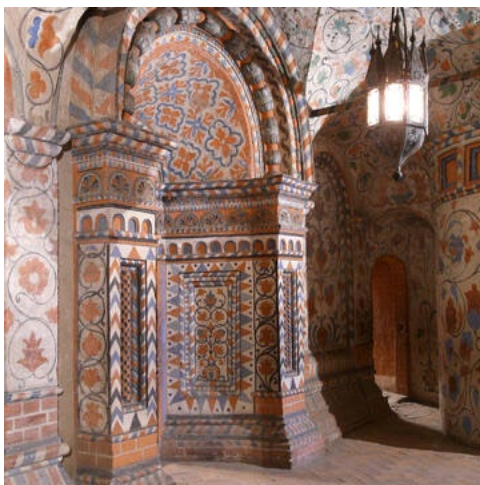
Russian Federation is UNESCO Member since 1954



Golden Mountains of Altai

The Altai mountains in southern Siberia form the major mountain range in the western Siberia biogeographic region and provide the source of its greatest rivers – the Ob and the Irtysh. The total area covers 1,611,457 ha. The region represents the most complete sequence of altitudinal vegetation zones in central Siberia, from steppe, forest-steppe, mixed forest, subalpine vegetation to alpine vegetation. The site is also an important habitat for endangered animal species such as the snow leopard.

Three separate areas are inscribed: Altaiisky Zapovednik and a buffer zone around Lake Teletskoye; Katunsky Zapovednik and a buffer zone around Mount Belukha; and the Ukok Quiet Zone on the Ukok plateau.



Kremlin and Red Square, Moscow

Inextricably linked to all the most important historical and political events in Russia since the 13th century, the Kremlin (built between 14th and 17th centuries by outstanding Russian and foreign architects) was the residence of the Great Prince and also a religious center. At the foot of its ramparts, on Red Square, St. Basil's Basilica is one of the most beautiful Russian Orthodox monuments.

At the geographic and historic center of Moscow, the Moscow Kremlin is the oldest part of the city. In 13th century the Kremlin was the official residence of supreme power – the center of temporal and spiritual life of the state. The Kremlin of the late 15th – early 16th century is one of the major fortifications of Europe (the stone walls and towers of present day were erected in 1485 – 1546). It contains an ensemble of

monuments of outstanding quality.



UNESCO Chairs and UNITWIN Networks

A network of universities around the world supports UNESCO's work in education, the natural and social sciences, culture and communication, to help address pressing challenges and contribute to the development of their societies. The UNESCO Chairs teams contribute at least stage of our work: from the exploration of emerging issues, through the development of international normative instruments to the implementation of policy recommendations at the national level. They also bring together the partners in academia, civil society, local communities and policy-makers in dialogue for project implementation. Furthermore, each Chair endeavors to spread the humanistic values of UNESCO through teaching activities. Launched in 1992 with the aim of promoting international inter-university cooperation, to share knowledge and develop collaborative work, there are now some 950 UNESCO Chairs and 45 UNITWIN networks in 120 countries. Details: <https://www.unesco.org/en/countries/ru>

Education-for-All and Health-for-all

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development

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

.....Continued Sustainable Development Goals

Goal 3. Ensure healthy lives and promote well-being for all ages

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
 - 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
 - 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water- borne diseases and other communicable diseases.
 - 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
 - 3.5 Strengthen the prevention and treatment of substance abuse and harmful use of alcohol.
 - 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.
 - 3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.
 - 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
 - 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
 - 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and in particular, provide access to medicines for all.
 - 3.c Substantially increase health financing and the recruitment, development, training and retention of health workforce in developing countries, especially in least developed countries and small island developing States.
 - 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk, reduction and management of national and global health risks.

To be continued.....



Collaboration with UN University (UNU)

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

Polling during War: Challenges and lessons from Ukraine

Collecting public opinion data is challenging in the shadow of war. And yet accurate public opinion is crucial. Political elites rely on it and often attempt to influence it. Therefore, it is incumbent on researchers to provide independent and reliable wartime polls. However, surveying in wartime presents a distinctive set of challenges. Authors outline two challenges facing polling in war: Under-coverage and response bias. Authors highlight these challenges in the context of the Russia-Ukraine war, drawing on original panel survey data tracing the attitudes of the same people prior to and after Russia's full-scale invasion of Ukraine in 2022. Authors conclude with some lessons for those employing survey methods in wartime, and point to steps forward, in Ukraine and beyond.

Popular support is an important aspect of the ability of any state to fight wars. The evidence from recent decades that have seen authoritarian states go to war without initial popular support – Putin's invasion of Ukraine, for example – and sustain expeditionary warfare with little popular engagement – the US's "forever wars" in Afghanistan and Iraq – suggest that the relationship between public opinion and war is complex. The degree to which public opinion matters depends on the nature of the state and the war it is fighting. Authoritarian states can fight unpopular wars and use their control of communications and media to build jingoistic sentiment around wars that the regime chooses to fight. Democratic states can sustain faraway wars provided they are low-intensity and there is establishment consensus around their necessity.

Historic population movements, a massive military mobilization, and huge loss of life mean that under-coverage is affecting survey samples in Ukraine. Even in areas of violence, the sample may be affected by unit and item non-response. However, authors observed that those who were against NATO membership in 2019 were less likely to answer politically sensitive questions in the 2022 follow-up survey.

Wartime polls tell us important things – and it is clear that public opinion in government-controlled areas in Ukraine has shifted as a result of the war – but there are significant challenges related to representativeness and expressed preferences.

Wartime surveys in Ukraine meaningful, and they reveal how ordinary Ukrainians are affected and justifiably, angered by Russia's war and its crimes. However, authors caution against taking partial country pools to represent all of Ukraine. Doing so ensures that regions like Crimea, and to a lesser extent, the Donbas, are simultaneously seen as Ukraine but unseen and unheard in public opinion research for Ukraine. Researchers have an obligation to convey the difficulties in gathering sensitive survey data in war zones, and thus temper how data are generalized and represented in public discourse. This requires nuance when discussing the preferences of Ukrainians from all areas, including those in exile or living under Russian control, and reliable techniques to measure sensitive political preferences. It also requires recognizing that polling wartime – and especially during a war brought about by military aggression by a once culturally close neighboring state – may induce results that are particular to these extreme circumstances. Whether they endure is an open question.

Publisher: UNU-WIDER; Authors: Kit Rickard, Gerald Toal, Kristin M. Bakke, John O'Loughlin; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work programme from Finland and Sweden, as well as earmarked contributions for specific projects from a variety of donors.

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, April 2025

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Iron Deficiency Anemia in Pregnancy;

<http://www.womenshealthsection.com/content/obs/obs038.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. Tuberculosis in Pregnancy;

<http://www.womenshealthsection.com/content/obsidp/obsidp015.php3>

<http://www.womenshealthsection.com/content/obsidp/TB-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.

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

Worldwide service is provided by the WHEC Global Health Line

78th World Health Assembly, May 19 – 27 May 2025 Geneva, Switzerland

78th World Health Assembly (WHA) will be held in Geneva, Switzerland,

Proceedings will be webcast live from this web page. Simultaneous interpretation is available in Arabic, Chinese, English, French, Russian and Spanish.

<https://www.who.int/about/governance/world-health-assembly>

Theme: One World for Health

Proceedings will be webcast live from this web page. Simultaneous interpretation will be available in Arabic, Chinese, English, French, Russian and Spanish.

An Introduction of the World Health Assembly

Dedicated to the well-being of all people and guided by science, the WHO leads and champions global efforts to give everyone, everywhere, an equal chance at a safe and healthy life. Since 1948, we have been the United Nations' Specialized health agency connecting nations, partners and communities working to promote the highest attainable standard of health for all people, regardless of race, religion, gender, political belief, economic and social condition.

Today, we work with 194 countries and on the front lines in 150+ locations – leading the world's response to health emergencies, preventing disease, addressing the root causes of health issues and expanding access to medicines and healthcare.

WHO's mission is to promote health, keep the world safe, and serve the vulnerable.



From Editor's Desk

WHEC Projects under Development

Artificial Intelligence (AI) Health Promoter



S.A.R.A.H. – Smart AI Resource Assistant for Health

In 2024, World Health Organization (WHO) announced the launch of S.A.R.A.H, a digital health promoter prototype with enhanced empathetic response powered by generative artificial intelligence (AI). S.A.R.A.H is a Smart AI Resource Assistant for Health that represents an evolution of AI-powered health information avatars, using new language models and cutting-edge technology. It can engage users 24 hours a day in 8 languages on multiple health topics, on any device. It aims to provide an additional tool for people to realize their rights to health, wherever they are.

S.A.R.A.H also known as Sarah, has the ability to support people in developing better understanding to risk factors for some of the leading causes of death in the world, including cancer, heart disease, lung disease, and diabetes. She can help people access up-to-date information on quitting tobacco, being active, eating a healthy diet, and de-stressing among other things.

The future of health is digital, and supporting countries to harness the power of digital technologies for health is a priority for the Women's Health and Education Center (WHEC) and its partners. Sarah gives us a glimpse of how AI could be used in future to improve access to health information in a more interactive way. We should explore how this technology could narrow inequalities and help people access up-to-date and reliable health information.

Sarah is now powered by generative AI rather than a pre-set algorithm or script helping her to provide more accurate responses in real-time; engage in dynamic personalized conversations at scale that more accurately mirror human interactions in real-time; engage in dynamic personalized conversation at scale that more accurately mirror human interactions and provide nuanced, empathetic responses to users in a judgement-free environment. The technology is supported by Soul Machines Biological AI.

Continuous evaluation and refinement as part of this project, emphasizes WHEC's dedication to bringing health information closer to people while maintaining the highest standards of ethics and evidence-based practice and content. Developers, policy makers and healthcare professionals need to address these ethics and human rights issues when developing and deploying AI to ensure that all people can benefit from it. WHEC calls for continued research on this new technology to explore potential benefits to public health and to better understand the challenges. While AI has enormous potential to strengthen public health it also raises important ethical concerns, including equitable access, privacy, safety and accuracy, data protection, and bias.

The Sarah project strives for continuous learning and development of a prototype that can inspire reliable, responsible and accessible information. WHEC continues to use many digital tools and channels to disseminate and amplify health information including social media, chatbots, channels and text messaging.

Harnessing AI for Health

The framework for action aims to facilitate the implementation of the global strategy by providing a structure and tools of collaboration. Working collaboratively towards shared strategic objectives, local and global partners can accommodate diversity and jointly consider concepts, road maps, methods, tools,

funding and other factors to help implementation and support countries in various development contexts to make optimal use of digital health technologies.

The framework for action is guided by four major components:

1. **Commit.** Encourage countries and stakeholders to commit themselves to the implementation of the global strategy on digital health. In order to reach the strategic objectives of the global strategy, WHEC shall maintain their voluntary commitment and contributions, respecting national priorities, capabilities and resources.
2. **Catalyze.** Generate and sustain a conducive environment to create, scale up and maintain processes that will facilitate collaboration towards implanting the global strategy. This component envisages the generation of cooperative environment that is conducive to the creation, introduction and scaling up of appropriate digital health technologies and enabling processes that will facilitate and accelerate the implementation of the global strategy and its objectives.
3. **Measure.** Create and adopt processes and metrics for monitoring and evaluating the effectiveness of the global strategy. This component calls for the continuous assessment of whether the global strategy on digital health has been true to its purpose and effective in supporting countries.
4. **Enhance and Iterate.** Undertake a new cycle of actions based on what has been experienced, measured and learned. This component will respond to feedback on the progress of global strategy in adapting to emerging digital technologies. The action plan will be reviewed annually to determine whether a new cycle of new actions is needed to deliver on the strategic objectives.

The global strategy on digital health aims to support and respond to the growing needs of countries to implement appropriate digital technologies in accordance with their health priorities and to make progress towards universal health coverage (UHC) and health related Sustainable Development Goals (SDGs).

Financing for implementation of the global strategy will require specific resource mobilization. For UN and WHO Member States, this implies developing investment strategy to allow for new capital expenditures, focusing on national measures for governance of digital health, adaptation of clinical and public health norms, guidelines and standards, health information systems architecture, capacity-building and determining the best way of satisfying requirements, in addition to reporting existing funds for maintenance and periodic updating of operating environments.

Strengthening Digital Governance for Education and Health

<http://www.womenshealthsection.com/content/documents/CEPA24-item-5-NGO-WHEC.pdf>

Written Statement, of Women's Health and Education Center (WHEC), published by 24th Session of the Committee of Experts on Public Administration (CEPA)

Agenda item 5: Principles of effective governance for delivery of equitable and sustainable development for all.

We recognize that the success of the Education & Health projects requires sound policies and planning as well as efficient implementation arrangements. In view of the scale of today's global challenges and the great potential of promoting coherent policymaking and strengthening digital governance, to deliver responses, global cooperation in good administration, is indispensable to achieve health- and education-for-all. Global partnerships around digital governance are necessary to mobilize financial and knowledge resources from governments, businesses, academia and civil societies and unfold the potential of all Sustainable Development Goals (SDGs). Both public and private sectors play an essential role in financing research and development. Therefore they are essential to create a balanced strategy that leverages the strengths and weaknesses of both

The initiative is providing advocacy, information, and consultation on everyday issues associated with mental health, women's health, child health, violence against women and children and healthcare policies – to name a few areas. e-Health development is holistic, evidence-based and people-centered; it considers how people live within their own environments and responds to stakeholders' needs.



'Toxic Tidal Wave' of Plastic Pollution



The World Must Combat 'Toxic Tidal Wave of Plastic Pollution. It threatens human rights. Plastic production has increased exponentially over recent decades and today the world is generating **400 million tons of plastic waste yearly.**

We are in the middle of an overwhelming toxic tidal wave as plastic pollutes our environment and negatively impacts human rights in a

myriad of ways over its life cycle.

A Dangerous Cycle

The experts outlined how all stages of 'plastic cycle' are harmful to people's rights to a healthy environment, life, life, health, food, water and adequate standard of living. Plastic production releases hazardous substances and almost exclusively relies on fossil fuels, and plastic itself contains toxic chemicals which put humans and nature at risk. Furthermore, 85% of single use plastics end up in landfills or dumped in the environment. Meanwhile, incineration, recycling and other 'false and misleading solutions' only aggravate the threat, plastic microplastics and hazardous substances they contain can be found in the food we eat, the water we drink and the air we breathe.

Suffering in Sacrifice Zones

The marginalized communities are most affected by exposure to plastic-related pollution and waste. We are particularly concerned about groups suffering from environmental injustices due to heightened exposure to plastic pollution, many of them living in 'sacrifice zones' like locations near facilities such as open-pit mines, petroleum refineries, steel plants and coal-fired power plants. It has made an alarming contributions to climate change, which is often overlooked. For instance, plastic particles found in oceans limit the ability of marine ecosystems to remove greenhouse gases from the atmosphere.

Internationally Binding Treaty

The UN Environment Programme (UNEP) projects that the amount of plastic waste entering ecosystems could reach some 23 to 37 million tons per year by 2040. Negotiations continue to welcome progress towards an internationally binding treaty to turn the tide on plastic pollution, including the marine environment.

We cannot recycle our way out of this mess. Only elimination, reduction, a full life-cycle approach, transparency, and a just transition can bring success. Plastic pollution could be slashed by 80% by 2040 if countries and companies use existing technologies to make significant policy shifts and market adjustment, according to UNEP. Three key shifts – reuse, recycle and reorient and diversity – actions to deal with the legacy of plastic pollution, is a way forward. Even with above measures 100 million metric tons of plastics from single use and short live products will still need to be safely dealt with annually by 2040.

<https://www.unep.org/>

I know why the caged bird sings

I know why the caged bird sings, ah me,
When his wing is bruised and his bosom sore,
When he beats his bars and would be free;

It is not a carol of joy or glee,
But a prayer that he sends from his heart's deep core,
But a plea, that upward to Heaven he flings –
I know why the caged bird sings.

- Maya Angelou (April 4, 1928 – May 28, 2014). Writer, Poet and Civil-rights activist.

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

<http://www.WomensHealthSection.com>

