



WHEC Update

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

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Practice & Policy

Happy New Year from all of us @ the Women's Health and Education Center (WHEC)

To address important challenges faced in global health, Women's Health and Education Center (WHEC) with its friends and collaborators has launched, a new approach to mobilizing predictable and flexible resources for our core mission – Education & Health, for the next 4 years (2026 – 2030). Working with existing donors and other partners, we (WHEC) also aim to attract new donors through an inclusive engagement process that will culminate, at the margins of various Side Events at the United Nations. Our investment also aims to appropriately resource WHEC's core work for 2026 – 2030, while increasing the overall efficiency of receiving and distributing of funds across the Organization.

Why?

The world faces severe inequities and inequalities in health, which were amplified by the COVID-19 pandemic. More than half the world's population is not fully covered by one or more essential health services, and 2 billion people face financial hardship due to out-of-pocket health spending. It is indeed a privilege and an honor to associate with the World Health Organization (WHO) and United Nations Educational Science and Cultural Organization (UNESCO), to carry out this purpose. With 194 Member States, WHO brings an unique legitimacy, global footprint, and expertise, to empower countries and partners to improve health and well-being for all. Recognizing that the world has dramatically changed since the adoption of the Sustainable Development Goals (SDGs), our projects/programs sets an ambitious agenda for global health and literacy for all initiatives. In face of challenges and key mega trends including climate change, ageing, migration, evolving geopolitics, and advancing science and technology, the road ahead is rough and demanding. A broad range of partners including UN Agencies, international health organizations and funds, civil society and youth groups, industry associations in formal and/or informal relations with WHEC and WHEC networks and collaborating centers, and WHEC's Working Group, are busy developing the roadmap to achieve our common goals.

Universal Health Coverage (UHC) initiatives focuses on the role of financial protection in accelerating progress towards UHC. financial protection ensures that people don't fall into poverty because of having to pay out-of-pocket for health costs. Over the last 20 years, financial protection has progressively deteriorated, with 2 billion people experiencing financial hardship and 1.3 billion people pushed into poverty due to health spending. This means the mothers may miss out on life-saving intervention they need for themselves or their children, people are not diagnosed and treated for non-communicable diseases (NCDs) on time, with delays in early treatment leading to severe, untreatable or life-threatening illnesses. Healthier populations build communities that are more resilient, productive, peaceful, and prosperous. Health for all is a prerequisite to achieving the SDGs. In spite of numerous high-level political commitments to achieve UHC by 2030, over half of the world's population still has no access to essential health services. UHC will remain elusive until governments adequately invest in protection people – particularly the most vulnerable among us – from impoverishing health spending.

WHC with its partners calls for urgent action to put financial protection measures in place. This is our journey towards health for all.

Investing in Our Communities

Rita Luthra, MD



Your Questions, Our Reply

Why do we need to invest in our communities? Will the voice of global leaders help to achieve education- and health-for-all? What is the Universal Health Coverage Partnership?

Universal Health Coverage (UHC) Partnership [UHC-P]: The stability and prosperity of nations depend greatly on the investments we make in fulfilling the fundamental human right to health. major global accords have been made, promising a future where everyone, regardless of age, gender, race, religion or wealth, will have the means to attain the highest possible standard of health. It is the UHC's Partnership's mission, and it our goal.

The UHC Partnership is one of the WHO's largest platforms for international cooperation on universal health coverage (UHC) and primary healthcare (PHC). It comprises a broad mix of health experts working hand in hand to promote UHC and PHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

Women's Health and Education Center (WHEC) aims to reinforce the leadership of the ministries of health in building resilient and effective health systems that leave no one behind. Through our technical experts providing assistance to WHO country offices and governments across the world, we bridge the gap between global commitments and country implementation, ensuring tangible results and durable impact that improve the health and wellbeing of populations.

Why Policy Dialogue is Essential?

Treading the path towards UHC requires robust policies, political will and strong capacity of governments to steer the health sector. Policy dialogue can be an important driver for governments to make evidence-informed decision-making and in radically reorienting their health systems towards primary health care as the foundation of UHC. Putting this into practice means brokering consensus among all relevant stakeholders on health priorities in order to jointly move towards set targets. Those priorities must then be reflected in national health plans, in essence charting the country's roadmap towards health for all.

How does UHC-P support countries?

The UHC-P was created in 2011 to promote UHC, aligned with SDG target 3.8, by supporting policy dialogue and providing technical assistance in order to enable governments to strengthen health systems in governance; access to health products; workforce; financing; information and service delivery; while enabling effective development cooperation. As of December 2020, through the UHC-P, WHO scaled up support on UHC to 115 target countries across all six WHO regions covered by 105 WHO country offices.

UHC-P working principles are:

1. A Flexible and bottom-up approach;
2. In-country technical assistance;
3. Participatory governance;
4. Prepare and respond to epidemics while maintaining essential health services;
5. PHC as the foundation of strong health system;
6. Additionally, the UHC-P supports the development of 63 "WHO public health goods"

The UHC-P channels investments from eight donors (the European Union, Luxembourg, Japan, Belgium, Ireland, Germany, France and UK) to ensure continuity between global commitments and country implementation for health systems strengthening, ensuring the nobody gets left behind.



United Nations at a Glance

Senegal became UN Member State on 28 September 1960



Senegal, officially the **Republic of Senegal**, is the westernmost country in West Africa, situated on the Atlantic Ocean coastline. It borders Mauritania to the north, Mali to the east, Guinea to the southeast and Guinea-Bissau to the southwest. Senegal nearly surrounds The Gambia, a country occupying a narrow sliver of land along the banks of the Gambia River, which separates Senegal's southern region of Casamance from the rest of the country. It also shares a maritime border with Cape Verde. Senegal's economic and political capital is Dakar. Official languages: French, Wolof and Pulaar; Religion: Islam 93%, 2.8% Christianity, 1% others; Government: Unitary Presidential

Republic; Legislature: National Assembly; Total Area: 196,722 km² (75,955 sq. mi); Water (%): 2.1; Population: (2024): 18,847,519; Currency: West African CFA, Franc (XOF).

The country of Senegal is named after the Senegal River. Eastern Senegal was once part of Ghana Empire. Islam was introduced through Toucouleur and Soninke contact with Almoravid dynasty of Maghreb, who in turn propagated it with the help of Almoravids and Toucouleur allies. In the mid-15th century, the Portuguese landed on the Senegal coastline, followed by traders representing other countries, including the French. Various European powers – Portugal, the Netherlands, and the Great Britain – competed for trade in area from the 15th century onward. In 1977, France gained control of what had become a minor departure point in the Atlantic slave trade: the island of Gorée next to modern Dakar, uses as a base to purchase slaves from the warring chiefdoms on the mainland. On 25 November 1958, Senegal became an autonomous republic within the French Community. In January 1959, Senegal and French Sudan merged to form the Mali Federation, which became fully independent on 20 June 1960, as a result of a transfer of power agreement signed with France on 4 April 1960. Due to internal political difficulties, the Federation broke up on 20 August 1960 when Senegal and French Sudan (renamed the Republic of Mali) each proclaimed independence..



Senegal is sub-divided into 14 regions, each administered by a Regional Council, elected by population weight at the Arrondissement level. The country is further sub-divided by 45 Departments, 113 Arrondissements and by Collectivities Locales, which elect administrative officers.

Senegal has a high profile in many international organizations and was a member of the UN Security Council in 1988 – 1989 and 2015 – 2016. It was elected to the UN Commission on Human Rights in 1997. Friendly to the West, especially to the United States, Senegal has vigorously advocated for more assistance from developed countries to the Third World.

Senegal is well integrated with the main bodies of the international community, including the Economic Community of West African States (ECOWAS), the African Union (AU), and Community of Sahel-Saharan States. Senegal is the 84th most peaceful country in the world, according to the 2024 Global Peace Index.

The main obstacles to the economic development of the country are its great corruption with inefficient justice, very slow administrative formalities, and failing education sector.

Details: <https://sdgs.un.org/statements/senegal-7703>

Collaboration with World Health Organization (WHO)

WHO | Senegal



Senegal becomes first African country to establish emergency medical team following WHO standards. It is the first country to receive WHO classification for developing the capacity of its emergency medical team to be able to deploy and respond to health crises around the world, marking an historic milestone for the country and significantly boosting the African Region's emergency response capacity.

The Classification of Senegal's Type 2 Emergency Team (EMT) follows the international EMT standards. The country's EMT is now deployable within 72 hours to autonomously provide medical and surgical care to up to 2,500 patients impacted by health emergencies for a four week period

across the globe, follows a rigorous six-year process. EMT2 Senegal is the 49th classified team globally, with 130 others in process around the world.

Since 2017, WHO in African region has provided intensive technical and financial support to the country, working closely with the Ministry of Health and Social Action, the Health Emergency Operations Center, and Senegal's Armed Forces Health Service. During this time, Senegal has already deployed teams to respond to health crises in the Democratic Republic of Congo, Sierra Leone and most recently Guinea. The recent establishment of the WHO Regional Emergency Hub has been instrumental in accelerating the finalization of certification process of the Senegal EMT.

The main aim of the EMT classification, which is overseen by WHO's EMT Secretariat, is to improve the quality of care and professionalism of medical teams responding to disasters, conflicts, outbreaks and other emergencies. Populations benefit from the rapid arrival of well-trained EMTs, who support existing medical staff.



Transforming Health Facilities into Safe Places for Patients.

In Senegal, as in most countries in the African region, hospital-acquired infections are a major challenge. Also known as nosocomial infections, they are among the most frequently observed adverse in the context of health service delivery. According to estimates from WHO, in high-income countries 7 out of 100 patients are hospitalized in Intensive Care Units (ICUs) will contract at least 1 nosocomial infection during their stay in hospital. In low- and middle-income countries this number rises to 15.

The results of a global survey on national infection prevention and control (IPC) programs, conducted by WHO in 2021-2022, indicate that 42.5% of countries in the African region did not have a dedicated IPC program, or had one that was not implemented. This explained the high rates of COVID-19 infection among health care workers, according to the survey report. To improve the situation, the WHO Regional Office for Africa is supporting 11 countries in the region (Chad, Cote d' Ivoire, Guinea, Lesotho, Madagascar, Mali, Namibia, Rwanda, Senegal, South Sudan, Togo) to strengthen the implementation of essential IPC components using a stepwise approach tailored to local needs.

Details: <https://www.afro.who.int/fr/countries/senegal>



Senegal is UNESCO Member since 1960



Stone Circles of Senegambia

The site of four large groups of stone circles represent an extraordinary concentrations of over 1,000 monuments in a band 100 km wide along some 350 km of the River Gambia. The four groups, Sine Ngayene, Wanar, Wassu and Kerbatch, cover 93 stone circles and numerous tumuli burial mounds, some of which have been excavated to reveal material that suggest dates between 3rd century BC and 16th century AD. Together the stone circles of laterite pillars and their associated but mounds present a vast sacred landscape created over more than 1,500 years ago. It refers a prosperous, highly organized and lasting society. The stones forming the circles were extracted from the nearby laterite quarries using iron tools and skillfully shaped into almost identical pillars, either cylindrical or polygonal, on average. Around 2 m in height, and weighing up to 7 tons. Each circle contains between 8-14 standing stones having a diameter of 4-6 meters.



Island of Gorée

The Island of Gorée lies off the coast of Senegal, opposite Dakar. From the 15th to the 19th century, it was the largest slave-trading center on the African coast. Ruled in succession by the Portuguese, Dutch, English and French, its architecture is characterized by the contrast between the grim slave-quarters and the elegant houses of the slave traders. Today it continues to serve as a reminder of human exploitation and as a sanctuary for reconciliation. The painful memories of the Atlantic slave trade are crystallized in this small island of 28 hectares lying 3.5 km off the coast from Dakar.

The Island of Gorée is now a pilgrimage destination for the African diaspora, a foyer for contact between the West and Africa, and a space for exchange and dialogue between cultures through the confrontation of ideals of reconciliation and forgiveness.



Advancing Gender Equality in Higher Technical Education

In Senegal, École Supérieure Polytechnique (ESP) of Dakar and École Polytechnique de Thiès (EPT) have taken proactive steps since 2022 to encourage female participation in STEM subjects and foster skills development among girls and women. EPT and ESP promoted female engagement in STEM education through high school visits and awareness-raising campaigns in all regions of Senegal. The campaigns invited students enrolled in higher technical programs to share with girls that STEM fields are not reserved of men only. This empowers girls preparing for baccalaureate exams to see themselves in STEM Education and careers. At the policy level, universities enhanced policy and regulatory frameworks promoting gender equality in STEM education and improving learning. Today, we are witnessing a profound transformation of our societies, where the once-existing barriers between fields reserved for men or women are fading. Women now rightfully taking their place in STEM fields that once considered masculine, and they are doing so exceptionally well.

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

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 (SDGs)

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable.

11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.

11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage.

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.

11.6 By 2030, reduce the adverse per capita environmental impact on cities, including by paying special attention to air quality and municipal and other waste management.

11.7 By 2030, reduce provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning.

11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disasters Risk Reduction 2015 – 2030, holistic disaster risk management at all levels.

11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials.

To be Continued



Collaboration with UN University (UNU)

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

Polygamy and Female Labor Supply in Senegal

In this paper, authors explore the links between polygyny and female labor supply in Senegal using a nationally representative survey. In a reduced-form approach, authors first measure the impact of polygamy on participation using a joint model of spouse participation. The identification of the impact of polygamy relies on the use of district-level variables as instruments. Authors find a positive impact of polygamy on female labor force participation. Turning to a structural approach based on the collective household model, authors examine the possibility the men within couples use polygyny as a threat to influence the distribution of resources in their favor. The results are less conclusive regarding the role played by the risk of polygamy as an effective distribution factor.

Polygamy remains a well-established reality in Africa: in the 'polygyny belt' that extends from Senegal to Tanzania, it is common to find more than a third of married women in polygamous unions. A lower-middle-income country in sub-Saharan Africa, Senegal is a democracy and predominantly Muslim (95% of the population). In 2014, Senegal scored 0.528 on the Gender Inequality Index, which places it at 170 out of 188 countries. Despite its low international ranking, Senegal's constitution guarantees equality between women and men, and its legal framework protects women's bodily integrity in theory. The Senegalese Family Code grants parental authority solely to the father, and women are unable to take legal responsibility for their children. The father handles administrative procedures affecting his children, chooses the family's place of residence, and receives any family allowances. In addition, while laws protecting women are generally respected in urban areas, rural areas are still dominated by custom, and few women are aware of the legal rights in place to protect them.

Marriage is a symbol of high social position in Senegal, and few women remain single. Polygamy is legal, and according to census data it was practiced in 2002 by 50% of married women and 25% of married men. Registered marriages can be either monogamous or polygamous; in the latter case the husband can marry up to four women. If the husband opts for neither, the marriage is considered polygamous by default. Senegalese females' participation in the labor market is particularly low in West African context.

In this paper, the authors explore the links between polygyny and female labor supply in Senegal. The analysis uses a nationally representative survey of individuals that can be matched into couples, providing a sample of more than 16,000 observations. Authors then take two approaches to analyze this issue. In the first approach, authors try to measure the impact of polygamy on participation using a joint reduced-form model of spouse participation. The identification of the impact of polygyny relies on the use of individual- and district-level variables that explain polygyny on female labor force participation. This might be explained as a self-protective strategy and/or a result of the sharing the domestic work in polygamous households. The second approach the authors make use of the collective household model to analyze the impact of polygamy on hours worked and bargaining power within the household. In this framework, the husband's threat of taking a second spouse may influence the distribution of resources between spouses through its impact on the decision process.

Publisher: UNU-WIDER; Authors: Elisabeth Cadeville, Charlotte Guenard, Anne-Sophie Robilliard;
Sponsors: The United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development.

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, December 2025

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Maternal Sepsis Morbidity and Mortality;**
<http://www.womenshealthsection.com/content/obsidp/Maternal-Sepsis-Morbidity-and-Mortality.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. **Guidelines for Testing during Pregnancy;**
<http://www.womenshealthsection.com/content/obs/Guidelines-for-Testing-during-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



How much does it cost to feed the world?

Can we stop world hunger? We as humanity should not tolerate this, regardless of what and where it is happening. It is just not right if you are hurting women, children, and innocent people.



There is no shortage of food, yet according to World Food Programme (WFP), the number of people going hungry has more than doubled in the past 5 years. In the 21st century more than 300 million people are facing hunger.

5 Phases of Food Security – Simplified. Famine is not inevitable. The crucial role of early intervention to avert hunger crises is essential.

Traditional triggers like drought are being over-shadowed by conflict-driven famines, damaging a shift in focus. WFP highlights the alarming situation with 72 countries facing critical hunger levels. Immediate action is needed to prevent famines, which require specific criteria:

- 20% of the population are experiencing extreme hunger;
- 30% of children suffering from wasting (severe thinness);

- Mortality rate doubling from the baseline.

The death or mortality rate has doubled, from the average, surpassing two deaths per 10,000 daily for adults and 4 deaths per 10,000 daily for children. **Famine is admission of collective failure.**

How is hunger tracked?

Famines today are different than those experienced in the 1970s or 1980s, when drought was the main driver in Ethiopia and other nations. Today, we see crises in real time, so we cannot say we did not know. The burden is much higher today than it has ever been before.

Comate related food insecurity is now closely monitored thanks to a detailed tracking system used by international humanitarian agencies wherever they work, and today, famines or risks of one developing are now largely driven by conflict, as seen in South Sudan, Yemen and now in the Occupied Palestinian Territory. In the 21st century, climate-related famines have largely been averted thanks to an innovative tool to track acute hunger, developed during the crisis in Somalia in 2004 by the UN Food and Agriculture Organization (FAO) and now used by humanitarian agencies worldwide.

This initiative is called the Integrated Security Phase Classification (IPC): The IPC is an innovative multiparter initiative for improving food security and nutrition analysis and decision making. The IPC classification and analytical approach facilitates governments, UN Agencies, NGOs, civil society and other relevant actors in working together to determine the severity and magnitude of acute and chronic food insecurity and acute malnutrition situations in a country according to internationally recognized standards. <https://infogram.com/ipc-original-1h1749wlyxvlg2z>



IPC Phase 1 None / Minimal: Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income. 172.37 Million people in crisis or worse (Phase 3 or above).

IPC Phase 2 Stressed: Households have minimally adequate food consumption, but are unable to afford some essential non-food expenses without engaging in stress-coping strategies. 283.8 Million people in Stressed.

IPC Phase 3 Crisis: Households either have food consumption gaps reflected by high and above usual acute malnutrition or are marginally able to meet minimum food needs, but only by depleting essential livelihood assets or through crisis-coping strategies. 147.07 Million people in Crisis.

IPC Phase 4 Emergency: Households with have large food consumption gaps reflected in very high acute malnutrition and excess mortality or are able to mitigate large food consumption gaps, but only by employing emergency livelihood strategies and asset liquidation. 24.98 Million people in Emergency.

IPC Phase 5 Catastrophe/Famine: Households experience an extreme lack of food and /or cannot meet other basic needs even after the full deployment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident. For a famine classification, the area must have extreme critical levels of acute malnutrition and mortality. 0.33 Million people in Catastrophe

WFP requires US\$ 16.9 billion in 2026 to respond to unrelenting humanitarian needs.

Hunger is nearing levels that were last seen during the global food crisis sparked by the pandemic. The UN World Food Programme flagship 2025 Global Outlook, launched 22 November 2024, shows that 343 million people across 74 countries are acutely food insecure, a 10% increase from last year and just shy of the record hit during the pandemic. The country contexts in which WFP operates are becoming more complex, making reaching people in need more difficult and costly. WFP is calling for US\$ 16.9 billion to address global food needs and the alarming gap between needs and the alarming gap between needs and resources.

In 2026, WFP will continue prioritizing, adapting its responses to each country's specific needs and aligning its capabilities and resources to deliver high-quality programs.



In The News

Humanitarian Aid – Creating a Thriving World for all.



Do You Want to Help Refugees and Migrants, Support Food Delivery to countries in Crisis, or help to protect the world's cultural heritage?

You can do that! Donate to the United Nations or its agencies that are dedicated to these causes. Our shared vision to end poverty, rescue the planet and build a peaceful world has never been so critical as the pandemic wreaks havoc across the world. Act Now for the Sustainable Development Goals (SDGs) and support a brighter future for the most vulnerable people and

the planet.

UN Central Emergency Response Fund – UN Human Rights Office of the High Commissioner (OCHR) Central Emergency Response Fund was established in 2006 as the UN's global emergency response fund to deliver funding quickly to humanitarian responders and kick life-saving action whenever and wherever crisis hit. Ten years on, CERF has proven to be one of the most effective ways to provide time-critical assistance, including supplies, basic services and protection to millions of people in need.

OHCHR (The UN Human Rights Office) works to protect and promote the rights of everyone, everywhere. Support our efforts by making a donation or a tax-deductible contribution from the United States. Your donation can assist a victim of sexual violence to obtain justice, support the work of human rights monitors during elections, contribute to an investigation of a serious human rights violation or make a difference for human rights defenders.

World Food Programme (WFP). Every donation provides more nutritious food for hungry children and families. Depending on the project you choose, you can help save lives during emergencies or give children nutritious meals in school. WFP is 100% voluntarily funded, so every donation counts. Donate now and the WFP will keep you updated on how your generosity is making a difference around the world.

United Nations Children's Fund (UNICEF). Join UNICEF in doing whatever it takes to save and protect the world's most vulnerable children. With your donation, you are working together with UNICEF for the survival, protection and development of children in more than 190 countries around the world.

The UN Refugee Agency (UNHCR). War, violence and persecution have forced millions of families from their homes. They urgently need shelter, protection and safety. You can help rush critical supplies like medicine, clean water, food and tents to desperate children and families. You can provide refugees with emergency support, long-term care and hope for future.

United Nations Population Fund (UNFPA) show your support. Your donation can help UNFPA deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. You can make a tax-deductible contribution from the US.

International Organization for Migration (IOM). IOM, UN migration, works around the world to protect the safety, dignity, human rights and fundamental freedoms of all migrants, regardless of their migratory status, and at every stage of their migration journey. IOM helps countries in supporting, receiving and hosting migrants and refugees; and helps them start their lives afresh as well as integrate in their host communities. For those wanting to return to their homes and families, IOM facilitates the process of return, reintegration and family reunification.

Help us help more.

Art & Science

Art that touches our soul

The Maiden by Gustav Klimt



The Maiden is a painting by the Gustav Klimt, completed in 1913. It depicts seven interlaced women, each women representing a particular sage of life. The painting touches on various topics of human life, such as love, sexuality and regeneration, depicted in a cyclical shape.

The virgin's gown with its many spirals of blue and purple metaphorically indicates fertility, continual change and the evolution of the universe.

The abundance of the flowers in the painting symbolizes the evolution into womanhood. The painting depicts the central figure in blue with seven women that are interlacing surrounding her.

For Klimt, the female form representing the essential purity of human urges, often suppressed by the conservative cultures of his time. He aimed to inscribe on human forms their destiny as

naturally changing free the female spirit and was a renowned critic of his time and its outdated cultural morals. **Gustav Klimt** 1862 – 1918) was a symbolic painter and one of most prominent members of the Vienna Secession movement. Klimt's primary subject was the female body, and eroticism marks his works.

The Maiden was one of the Klimt's last painting before he died and is in the collection of the National Gallery Prague in the Czech Republic.

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

<http://www.WomensHealthSection.com>

