



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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A Grand Collaboration

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

Which is better and meaningful – life or afterlife? In Homer's *Odyssey*, the slain hero Achilles answers from the underworld: "I would rather serve as laborer to a serf (slave), to a landless man who has no great livelihood, than rule all the perished dead." We all have a religion, which has been given to our forefathers, and has been handed down to all of us – their children. It teaches us to be thankful, to be united, and to love one another. We should never ever quarrel about religion.

I am all for development and progress along social and spiritual lines, rather than those of commerce, nationalism, or efficiency. Nevertheless, so long as I live, I am a citizen of the world. All things are connected. Whatever happens to the earth happens to the women and children of the earth. Good words do not last long unless they amount to something. Let us put our minds together and see what kind of life we can make for the next generations.

Spirituality plays an important role on health and it is an important clinical target in modern medicine. It is a non-drug method of controlling pain or other challenges of life. Spirituality is an essential part of the "existential domain" measured in quality of life score. A good quality of life means fulfillment of life's goal and a meaningful existence. All these things shows a spiritual side of our soul which makes us happy when we get involved in something good which we actually need. This makes us satisfied when we do some generous work. Bad acts make us feel guilty on doing wrong deed. We all need to understand the real truth of our life.

Spiritual or compassionate care involves serving a person as a whole which includes all four parameters: spiritual, emotional, social and physical. We live in a world, where holding on to something higher than ourselves is one of the ways we beat the stress of the world. People follow religions or religious leaders, and there are different ways to reach out to a higher power, for example prayer, meditation etc. Meditation is a wonderful tool, it helps us to slow down in this crazy life, breathe and connect with spiritually. When we are aware of every breath that we take and we remain grateful for our life we have discovered the key to happiness. It is merely taking life one day at a time and being grateful to the life we have been given. Faith gives people a sense of purpose and hope, and providing a deeper sense of meaning of life. Faith also brings people closer and gives a sense of community further boosting our happiness. When times get tough, knowing that there is someone up there loving us and making sure we are going to be okay, it helps immensely as a human being to know that – we will be okay.

It is a known fact, that being altruistic is good for the soul; our body biologically releases endorphins when we help others. We feel happier when we are helping others – putting others ahead of us. When we try to make happiness our sole goal and our religion being positive is a big part of it, if not the most important part. Choose positivity over negativity, and always make it your life's agenda to stay happy no matter how hard the situation is. Gratitude helps us stay positive, being thankful and grateful for our lives helps us to stay happy. Enjoying the little things in life is also one way we stay positive, and finding the joy in everyday occurrences are vital to staying happy.

Let us make happiness our religion, and strive for joy in everything we do!

Welcome to [WHEC Global Health Line](#) and join conversation @ [WomensHealthSection.com](#)

Spirituality and Health
Rita Luthra, MD

Your Questions, Our Reply

What is the importance of faith in this age of anxiety and depression?

Caring for others and oneself: With the vortex of tension, anxiety, race, desire, dreams and so on, this age easily be tagged as an age of depression and pharmaceutical companies make millions of money by providing antidepressant and other mood enhancer. People who do not want to face the grim reality, take the help of drugs only to be enchanted and numb for sometimes. This technological and digital age has given us profound evolutionary ideas but at the same time it has also taken away our faith, trust, happiness, mental semblance and peace. People are restless and their belief system has been shattered by some unknown and unseen force that has been prevailed on the parenchyma cells of belief and faith.

Faith and spirituality have intense power than just comforting rituals to religious individuals. From the age immemorial they have been the support system for terrestrial people and have a positive impact on mood and mental health. Faith generates optimism, enriches interpersonal relationships, creates support systems and enhances quality of life. Faith is a form of intuition or discernment, something open to all human beings, a gift of God, and a guide that leads us to an understanding of the truths of the life.

“Understanding is the reward of faith. Therefore seek not to understand that you may believe, but believe that you may understand.” (Augustine 1873, 29.6)

Faith and spirituality provide a sense of purpose, allow people to connect to something mightier than themselves, and enable us to enjoy catharsis (purging) off the emotions and sentiments. Philosophy and the sciences function within the order of natural reason; while faith enlightened and guided by Spirit, recognizes in the message of salvation – fullness of grace and truth.

Spirituality has been defined in numerous ways, including a belief in a power operating in the universe that is greater than oneself, a sense of inter-connectedness with all living creatures, and an awareness of the purpose and meaning of life and the development of personal-values. It offers comfort and mental peace and injects hope within the hopeless people. Faith in one way increases the body's resistance to stress. Faith is a kind of antibody present in our belief system, protecting us from foreign particles like stress, anxiety, trauma, and tension.

Faith is not a wishful thinking that does not exist. Faith is realization of truth, for some people. And for some it is pure consciousness. It gives substance to our hopes and hope gives us vitality in living the life. Belief and faith is a kind of watching magic show, we know that this is only the trick of hands; but we still are overpowered when we see the output created by magicians.

In this day and age where we are inundated with work and hectic life-styles, with each of us just trying to get through and surviving each day, just to repeat it the next day. We can all agree that proactively working towards happiness is the last thing on our mind, but we are amiss if we think, life is about anything but happiness. Surrounding ourselves with joy and positivity is key to staying happy in this life, and vital to how we feel and subsequently how we act.

“On this path effort never goes to waste, and there is no failure. Even a little effort toward spiritual awareness will protect you from the greatest fear.” A quote from Gita (2:40)

United Nations At A Glance

Permanent mission of Côte d'Ivoire at the United Nations

Côte d'Ivoire (Ivory Coast) became UN Member State on 20 September 1960

Ivory Coast or **Côte d'Ivoire** officially named the **Republic of Côte d'Ivoire**, is a country located in West Africa. Ivory Coast's political capital is Yamoussoukro, and its economic capital and largest city is the port city of Abidjan. Its bordering countries are Guinea and Liberia in the west, Burkina Faso and Mali in the north, and Ghana in the east. The Gulf of Guinea (Atlantic Ocean) is located south of Ivory Coast.

Prior to its colonization by Europeans, Ivory Coast was home to several states, including Gyaaman, the Kong Empire, and Baulé. Two Anyi kingdoms, *Indénié* and *Sanwi*, attempted to retain their separate identity through French colonial period and after independence. Ivory Coast became a protectorate of France in 1843-44 and was later formed into a French colony in 1893 amid the European scramble of Africa. Ivory Coast achieved independence in 1960, they were led by Félix Houphouet-Boigny, who ruled the country until 1993. It maintained close political and economic association with its West African neighbors while at the same time maintaining close ties to the West, especially France. Since the end of Houphouet-Boigny's rule in 1993, Ivory Coast has experienced one *coup d'état*, in 1999, the two religion-grounded civil wars. The first took place between 2002 and 2007 and the second during 2010-2011.

Ivory Coast is republic with strong executive power invested in its President. Through the production of coffee and cocoa, the country was an economic power-house in West Africa during the 1960s and 1970s. Ivory Coast went through an economic crisis in the 1980s, contributing to a period of political and social turmoil. Changing into the 21st-century Ivorian economy is largely market-based and still relies heavily on agriculture and small-holder cash-crop production being dominant.

The official language is French, with local indigenous languages also widely used, including Baoulé, Dioula, Dan, Anyin, and Cebaara Senufo. In total there are around 78 languages spoken in Ivory Coast. The main religions are Islam, Christianity (primarily Roman Catholicism), and various indigenous religions.

Consideration of questions under the responsibility of the Security Council for the maintenance of international peace and security: The situation in Côte d'Ivoire

- Expressed its deepest concern at reports of mass killings and grave violations of human rights in Côte d'Ivoire;
- Called on all parties to ensure full respect for human rights and international humanitarian law;
- Also expressed its concern at the humanitarian consequences of the crisis in Côte d'Ivoire;
- Called upon the international community to provide urgent humanitarian assistance to those in need in all the countries of the sub-region that were affected by the Ivorian crisis.

Decision of 10 October 2003 (4839th meeting): statement by the President: At its 4839th meeting, on 10 October 2003, the Security Council included in its agenda a letter dated 2 October 2003 from the representative of the Sudan, transmitting the text of the Framework Agreement on Security. Arrangements during the Interim Period between the Government of the Sudan and the Sudan People's Liberation Movement/Army, signed on 25 September 2003 in Naivasha, Kenya. The representative of the Sudan stated that the agreement on security arrangements was an important breakthrough and key step in reaching a comprehensive settlement. The representative of the Sudan was invited to participate in the meeting. The President (United States) made a statement on behalf of the Council, by which the Council, inter alia:

Welcomed the agreement on security arrangements reached in Naivasha (Kenya) between the Government of the Sudan and the Sudan People's Liberation Movement/Army; reiterated its welcome for the signing of the Machakos Protocol which represented a viable basis for a resolution of the conflict in the Sudan; Also welcomed the continuation of the ceasefire and the establishment of the Verification and Monitoring Team, the Joint Military Commission and the Civilian Protection Monitoring Team, and encouraged Member States in a position to do so to contribute financial and logistical resources.

Details: http://www.un.org/en/sc/repertoire/2000-2003/Chapter%208/Africa/00-03_8_Cote%20d'Ivoire.pdf

Collaboration with World Health Organization (WHO)

WHO | Côte d'Ivoire



Health Situation

Côte d'Ivoire has an annual population growth rate of 2.6% and a high proportion of young people (41.5%). The health situation of the population is characterized by high maternal and under-5 mortality owing to poor-quality health care. The epidemiological profile is dominated by a high prevalence of HIV and a high incidence of malaria and tuberculosis in the population, respectively 3.7% (Demographic Health Survey/Multiple Indicator Cluster Survey, 2011-2012), 295 per 1000 among children under 5 years of age (Annual Health Statistics Report, 2013) and 170 cases [157-188] per 100 000 (WHO, 2013).

Non-communicable diseases (NCDs) are on the increase, including cancers and high blood pressure. These are a matter of national concern due to changes in the lifestyle of the population and particularly to late diagnosis and management. NCDs are responsible for 31% of deaths in Côte d'Ivoire. Furthermore, poor management of household, industrial, biomedical and other types of waste and the inappropriate use of sanitation facilities are the main causes of communicable diseases such as cholera, typhoid fever, and foodborne diseases, requiring prevention and health-promotion measures to control these diseases.

In the context of Ebola virus disease in West Africa, particularly in two countries that share a border with Côte d'Ivoire, the risk of epidemics and other emergency situations remains high. This justifies the strengthening of national capacities in the areas of prevention, preparedness and response to health emergencies. To enable Côte d'Ivoire to make rapid progress towards an emerging-country status by 2020, and to achieve the health-related Sustainable Development Goals (SDGs) by 2030, resource mobilization for the effective implementation of high-impact interventions must be undertaken at all levels.

Cooperation for Health

In Côte d'Ivoire, WHO fully assumes its coordinating role as the lead agency among technical and financial partners in the health sector. To this end, WHO intends to strengthen coordination, not only within the health cluster but also in partnership with the Ministry of Health through the health sector coordination mechanism, and by holding more frequent meetings to align its support with the implementation of the 2016-2020 PNDS. Thus, technical teams from WHO Headquarters, the Regional Office, the Inter-Country Support Team for West Africa (IST/WA), and the Côte d'Ivoire Country Office will support the Government on the basis of the strategic guidelines of the 2016-2020 Country Cooperation Strategy (CCS).

Within the framework of the Delivering as One initiative, which Côte d'Ivoire endorses, and vis-à-vis other United Nations agencies, WHO support will help to strengthen governance and the development of human capital. By working in cooperation with bilateral organizations and other non-State actors, and on the basis of this CCS, WHO will help to support national priorities.

The various international initiatives and partnership frameworks to which Côte d'Ivoire is a party (H4+, the Muskoka Initiative, IHP+, GAVI Alliance, Global Fund, Scaling Up Nutrition, Millennium Challenge Corporation, etc.), will continue to be used as channels for mobilizing resources to achieve the goal of improving public health.

Details: <http://www.who.int/countries/civ/en/>

Bulletin Board

Best Practices Network

Welcome to the virtual health library in women's health care – Guidelines for Women's Health



Partner, Publish & Promote

The Journal, **WomensHealthSection.com** contains a number of innovative and successful best practices from non-governmental organizations (NGOs), participating institutions, their faculty, and UN entities around the world. In this section, institutions, authors and NGOs can view and rate best practices in specific fields of work, network with organizations around the world, and promote their own work to a global audience. Users can also submit papers, manuscripts, photographs representative of their work which will be available for fellow users to browse. The most of our content is generally commissioned, but if you have a great idea for a commentary, editorial, public health review, news story, interview, book review, or public health classic, we would be happy to consider your proposal.

We are embarking on a new era in medicine and health care. As you know the information super-highway has much information to offer to the health care providers all over the world. To reach the global community and to serve national and international health care educational needs, we have opened, the Guidelines for Contributors and Submit a Manuscript, for fast, easy electronic submission of your work.

Serving all over the world, the Journal, **WomensHealthSection.com** is most widely read in the specialty. We plan development together. We build partnerships to last. Grants and services provided by Women's Health and Education Center (WHEC) to the Authors and Editors help us all to build better health care systems in both industrialized and developing countries: Partner, Publish & Promote.

What sort of papers/research do we want, publish and fund?

The Women's Health and Education Center (WHEC) publishes papers on matters of women's health and health development with a special focus on Millennium Development Goal # 5 (Improve Maternal Health). This is a very broad field, and we consider a very wide range of papers, but the ones that survive peer review and are accepted for publication have some common features:

- The work described has some implications beyond where it was done.
- We learned something from the paper.
- We think that our readers would learn something, or find the contents useful to them in their work.
- The work is novel, relevant and valid, and has been conducted in an ethical manner.

WHEC provides grants for the research/publications for the accepted paper for the translations in six languages to be included in **WomensHealthSection.com** and dissemination of the work worldwide to millions of our readers in health care and policy-makers. Authors of accepted papers are also invited to participate in Continuing Medical Education (CME) discussions and forums on WHEC Global Health Line. Unsolicited manuscripts: For the sections – Research, Policy & Practice, and Lessons From The Field manuscripts must be accompanied by two paragraphs indicating what they add to the literature:

- A brief explanation of what was already known about the topic concerned;
- A brief outline of what we know as a result of your manuscript.

To be continued.....

Collaboration with UN University (UNU)

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

The Medium- and Long-term Effects of an Expansion of Education on Poverty in Côte d'Ivoire: A Dynamic Microsimulation Study

I use a dynamic microsimulation model to analyze the distributional effects of an expansion of education in Côte d'Ivoire in the medium and long term. The simulations are performed in order to replicate several policies in force or subject to debate in this country. Various hypotheses concerning the evolution of returns to education and labour demand are tested. The direct effects between education and income as well as the different transmission channels, such as occupational choices, fertility, and household composition, are analyzed. The effects of educational expansion on the growth of household incomes, their distribution and poverty depend very crucially on the hypothesis made on the evolution of returns to education and labour demand. If returns to education remain constant and the labour market segmented, the effects will be very modest.

If the most optimistic policy considered in this study were to be put into effect, the cohorts born in 1995 and thereafter would have achieved an education level by the time they enter the labour market which would correspond to the Latin American average of cohorts born in 1970. The effect of such an expansion of education in terms of income growth, inequality and poverty in the coming 15 years depends very crucially on the assumptions made for the evolution of returns to education and labour demand.

Over the period 1992-2015, the growth gain per capita relative to the persistence of the 1998 age-schooling pattern is about 0.3 points per year if returns to education remain constant, about -0.9 point per year if returns decrease by about 20 per cent, and about 1.8 points per year if returns increase by about 20 per cent. If the labour demand in the (formal) wage earner sector remains rationed to the share of the total work force observed in 1997 (11.34 per cent), no growth gain at all will be generated. A much quicker poverty reduction relative to the reference scenario may only be possible with rising returns to education and an increasing demand for skilled work. Otherwise the expansion of education will have only a minor effect, at least in the considered time scale, on the Head count index, among other things, because the poor population is only marginally concerned by higher enrolment rates in secondary and higher education.

Publisher: UNU-WIDER; Author: Michael Grimm; Sponsors: UNU-WIDER acknowledges the financial contributions to the research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy
(Continued)*

Côte d'Ivoire: Background

Armed conflict between the Government and rebel forces has continued for years. Thousands have fled their homes, most taking refuge in government-controlled areas in the south, overwhelming the health and education services available there.

UNGEI in action

A girls' education working group has been created at the national level, and an UNGEI partnership was launched in September 2006. Activities include:

- Strengthening community participation to promote girls' education and reduce gender disparities;
- Providing advocacy to involve political and religious leaders in the promotion of girls' education.

Barriers to girls' education

- Poverty
- Female genital mutilation/cutting
- Child marriage
- Pregnancy
- Prioritization of education for boys.

Partners

At the national level, UNICEF works closely with the Ministry of Education. Key UN partners include the Educational, Scientific and Cultural Organization (UNESCO) and the Population Fund (UNFPA). There are also collaborative partnerships with national non-governmental organizations, Réseau Ouest et Centre Africain de Recherche en Education (ROCARE) and Save the Children.

UNGEI within other national and international frameworks

The Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) exist at the national level.

In Côte d'Ivoire, schools re-open slowly in wake of post-election violence



This week schools have slowly started to re-open in Côte d'Ivoire's largest city, Abidjan, and across the country. But many challenges remain. "Schools are slowly re-opening in the south, but many children and teachers are still absent where insecurity is persistent," said UNICEF Education Specialist Jennifer Hofmann. "In the north, where schools were closed for more than four months, only half of the children have returned to school since re-opening at the end of March."

Slow return to education

Fewer boys, in particular, have returned, so UNICEF is stepping up an awareness campaign to ensure everyone knows about the reopening of schools. Since November of last year, the country has been beset by violence in the aftermath of disputed presidential elections. Fierce fighting in Abidjan forced all schools in the city to close at the end of March and people hid in homes. The situation has since calmed down and Education Minister Kandia Camara ordered the re-opening of schools this week.

In Abidjan, many schools still display scars of the intense fighting. The Genie 2000 school complex in the Cocody district of Abidjan is one of them. More than 500 children are registered in the two elementary schools and one kindergarten there. Genie 2000 should be re-opening, but remains empty. That's because unexploded ordinances – remnants of firing that took place on a nearby ammunition depot – are still in the complex and could blow up at any time. Three mortar shells ended in the school yard and there is serious damage to some of the school buildings.

Details: http://www.ungei.org/infobycountry/cotedivoire_2608.html

To be Continued.....

Two-Articles of Highest-Impact, November 2016

1. Zika Virus Infection in Pregnancy;
<http://www.womenshealthsection.com/content/obsidp/obsidp012.php3>
WHEC Publications. Special thanks to our Working Group for compiling the review and WHO, CDC and NIH for the contributions.
2. Human Trafficking and Exploitation;
<http://www.womenshealthsection.com/content/vaw/vaw014.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review and UN, WHO and NIH for the contributions. Special thanks to, WHEC Global Health Initiative, for providing the funding and support for the research and development for this series of articles. We invite our partners to join us in eliminating this global human rights atrocity.

From Editor's Desk

António Guterres: Next UN Secretary-General



On 13th October 2016, the General Assembly appointed by acclamation António Guterres of Portugal, as the next UN Secretary-General, to succeed Ban Ki-moon, when he steps down on 31 December 2016. Mr. Guterres was Prime Minister of Portugal from 1995-2002, and UN High Commissioner for Refugees from June 2005 to December 2016.

The Security Council's [selection](#)

(<http://www.un.org/apps/news/story.asp?NewsID=55224#.WCHrUNUrKUm>) of António Guterres to be the next United Nations Secretary-General was broadly welcomed within the organization and outside, even if there was some disappointment that a woman did not get the post. Secretary-General Ban Ki-moon [called](#) Mr. Guterres, a former UN High Commissioner for Refugees, a “superb choice”, saying his past experience as Prime Minister of Portugal, among other qualities, would serve him well in leading the United Nations in a crucial period.

Mr. Guterres is formally appointed by the General Assembly, a decision that has capped a long process - shepherded by the Assembly's President – that broke new ground in terms of transparency and accountability. For the first time ever, candidates for the post of Secretary-General defended their platforms before UN Member States and the public. Mr. Guterres took part in these “hustings”, presenting in April a “vision statement” (http://www.un.org/pqa/70/wp-content/uploads/sites/10/2016/01/4-April_Secretary-General-Election-Vision-Statement_Portugal-4-April-20161.pdf) laying out what he saw as the challenges and opportunities for the United Nations.

Appointment Process

The Secretary-General is appointed by the General Assembly, on the recommendation of the Security Council. The Secretary-General's selection is therefore subject to the veto of any of the five permanent members of the Security Council.

[Mr. Ban Ki-moon](#), the eighth Secretary-General of the United Nations, took office on 1 January 2007. His predecessors were:

- [Kofi A. Annan](#) (Ghana), who held office from January 1997 to December 2006;

- [Boutros Boutros-Ghali](#) (Egypt), who held office from January 1992 to December 1996;
- [Javier Pérez de Cuéllar](#) (Peru), who served from January 1982 to December 1991;
- [Kurt Waldheim](#) (Austria), who held office from January 1972 to December 1981;
- [U Thant](#) (Burma, now Myanmar), who served from November 1961, when he was appointed acting Secretary-General (he was formally appointed Secretary-General in November 1962) to December 1971;
- [Dag Hammarskjöld](#) (Sweden), who served from April 1953 until his death in a plane crash in Africa in September 1961; and
- [Trygve Lie](#) (Norway), who held office from February 1946 to his resignation in November 1952.

Although there is technically no limit to number of five-year terms a Secretary-General may serve, none so far has held office for more than two terms.

Details: <https://www.antonioquterres.gov.pt/>

Words of Wisdom

THE OLD STOIC

Riches I hold in light esteem,
 And Love I laugh to scorn;
 And lust of fame was but a dream,
 That vanished with the morn;

And I pray, the only prayer
 That moves my lips for me
 Is 'Leave the heart that now I bear,
 And give me liberty!'

Yes, as my swift days near their goal,
 'Tis all but that I implore;
 In life and death a chainless soul,
 With courage to endure.

– E. Brontë (30 July 1818 – 19 December 1848); English novelist and poet.

*Monthly newsletter of WHEC designed to keep you informed on
 the latest UN and NGO activities*

<http://www.womenshealthsection.com/>

