



WHEC Update

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

March 2025; Vol. 20. No. 03

New Perspectives

By implementing age-inclusive policies, ensuring access to life-long learning and healthcare, and providing social support through policy development, the lives of older adults can be improved through reduced poverty and increases in social justice and development. Monitoring mechanisms are essential to ensure that these efforts are effective and accountable. The eradication of poverty in older adults is not only a stand-alone goal but also a crucial component of the broader 2030 Agenda, and its associated call to leave no one behind.

The global commitment to the 2030 Agenda for Sustainable Development and the goal of poverty eradication is a crucial first step towards creating a healthier global economy and communities. Yet there is still urgently needed work in creating inclusive policies for older persons. Eradicating poverty in older adults is not only a moral imperative but also a strategic one, as older adults represent a growing demographic in the world. Fostering social development and social justice through well-designed social policies is key to accelerating progress on this important goal.

The Women's Health and Education Center (WHEC) has been working to address this issue for the last two decades, and working with its partners, to reduce disproportionate burden of financial instability experienced by older adults, when compared with other age groups. Older adults face unique challenges that make them more susceptible to poverty such as limited income, increases in healthcare costs, lack of access to health services, age discrimination, limited employment opportunities, and lack of social policy that protects them in times of need. Rising cost of living are also exacerbating rates of poverty in older adults, as costs of shelter and food are increasing globally. Despite the known challenges faced by older adults, it can be difficult to conceptualize the true prevalence of poverty in older age. This is largely due to the absence of age-disaggregated data collection. Studies have shown and reported on the increased risk of poverty in older age, thus highlighting the need for greater social protection of older persons and their involvement in conversations around poverty eradication.

The 2030 Agenda, through Goal 1, specifically targets poverty eradication. The agenda recognizes that poverty is multidimensional and interconnected with other social and economic issues. While there are connections between age and higher rates of poverty, it is not age itself that leads to this relationship. Instead, it is the socially and politically created environments across the life course that lead to the systemic barriers older adults face when seeking financial stability. This highlights the need to address the relationship between age and poverty through social policy by addressing key issues such as lack of access to employment/pensions, healthcare, housing, nutrition, age-friendly environments and in some countries, inheritance and land ownership. Ensuring access to healthcare, affordable housing, and nutrition, as well as providing income security through fair and sustainable pension systems and/or employment are necessary to promote financial well-being in older age. Comprehensive healthcare systems can also be reflected through social policy, including affordable and accessible healthcare services and prescription drug coverage, which are essential to prevent health-related expenses from pushing older adults into poverty.

Lastly, the development of social protection-services for older adults, including universal healthcare, and income support programs, is crucial. These services should be designed to accommodate the diverse needs of needs and circumstances of older individuals regardless of their location, income level, or education. Share your projects on our **Global Health Line**; (Create an account).

Implementing Age-Inclusive Policies

Rita Luthra, MD



Your Questions, Our Reply

What are the challenges and opportunities of population ageing in the Least Developed Countries (LDCs)?

Demographic Challenges and Opportunities in LDCs: Major trends of population ageing are:

- Among 36 LDCs with fertility levels above 3 births per woman in 2023, none is expected to reach “replacement-level” fertility (approximately 2.1 births per woman) by 2050. Nevertheless, for all Niger fertility levels are projected to lie below 4 births per woman at mid-century.
- The population of 28 LDCs in Africa is presently growing at over 2% per year, which implies a doubling every 35 years. 7 of these countries will continue to experience annual growth of more than 2% per until at least 2050. Thus, rapid population growth is expected to remain a significant challenge for many African countries over the next few decades.
- Net enrolment rates for primary and secondary education in LDCs in 2018 were 81 and 38%, respectively. Unless enrolment rates increase in the coming decades, more than 100 million young people between ages 12 and 17 years in 2050 could be excluded from secondary education. While all LDCs need to invest in the development of human capital, those in Africa will face the greatest pressure to absorb a rapidly growing school-age populations into the education systems.
- In 2021, the employment-to-population ratio in LDCs was 61%, and a majority of those employed worked in subsistence agriculture. Between 2023 and 2050, the size of the working-age population will increase more than threefold in African LDCs and Haiti, and at a much slower pace in LDCs of the Asia-Pacific region.
- In 2023, most LDCs had a young structure. The proportion of older persons (aged 65 years or over) was 3.7%, compared with 9% in other developing countries and 20% in developed countries. This proportion is expected to increase substantially in LDCs and elsewhere over the next several decades.
- 10 of today’s LDCs had more than 1 million older persons in 2023. By 2050, this number will increase to 27, including 2 countries with more than 10 million older persons.
- As in other parts of the world, women constitute the majority of older persons in LDCs.

The major demographic challenges facing LDCs include persistently high levels of fertility and rapid population growth. As a result, Governments are anticipating tremendous challenges and considerable pressures to accommodate their rapidly expanding school-age and working-age populations. LDCs also have already begun or are expected to experience a significant rise in both the proportion and absolute number of older persons between now and 2050, and an accelerated pace of population ageing beyond 2050. Despite the current young structure in most LDCs, some Asia-Pacific LDCs already have a large number of older persons, but they lack well-established social protection programs and healthcare services. Early preparations for population ageing will be needed for these countries to fulfill the 2030 Agenda for Sustainable Development’s promise to leave no one behind.

Lessons and best practices learned from the LDCs are: for countries still in the early- and mid-stage of the demographic transition Governments should continue to prioritize investments to ensure universal access to sexual and reproductive health and reproductive rights including family planning, to help individuals to realize their reproductive preferences, which also helps accelerate the demographic transition. Women need to be actively involved in decision making process. Additionally, efforts should be made to challenge cultural norms that perpetuate gender inequalities and to establish legal frameworks that protect women’s rights and ensure equal opportunities.

For countries aiming at harnessing the demographic dividend, Governments with limited fiscal space should balance investments in youth for the future with improving social protection and healthcare services, in particular for increasing numbers of older persons.

Join our efforts to improve the lives of older people in LDCs.

WHEC Participation at UN: February / March 2025

I. WHEC @ 2025 ECOSOC Partnership Forum

Virtual Side Event; 5 February 2025

Improving Health of Our Children and Future Generations through Education

WHEC Statement

<http://www.womenshealthsection.com/content/documents/2025-ECOSOC-Forum-Side-Event-WHEC-Statement.pdf>

Summary and Program YouTube Video

<http://www.womenshealthsection.com/content/documents/2025-ECOSOC-Partnership-Forum-Side-Event-Summary.pdf>

Details: <http://www.womenshealthsection.com/content/whec/ecosoc-partnership-forum.php3>

II. WHEC @ CSocD63(63rd Session of Commission for Social Development) Written Statement

UN Document: E/CN.5/2025/NGO/1

Strategies for Higher Education for All: An International Initiative

Creating a world where everyone thrives

<http://www.womenshealthsection.com/content/n2433389.pdf>

Virtual Side Event; 13 February 2025

Creating A World Where Everyone Thrives through Education

WHEC Statement

<http://www.womenshealthsection.com/content/Side-Event-CSocD63-2025-WHEC-Statement.pdf>

Summary and Program YouTube Video

<http://www.womenshealthsection.com/content/documents/63CSocD-Side-Event-Summary.pdf>

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

III. WHEC @ CSW69 (69th Session of Commission on the Status on Women)

10 – 21 March 2025

Written Statement

UN Document: E/CN.6/2025/NGO/42

Improving Higher Education Accessibility for Women, Girls, Minorities and Migrants

<http://www.womenshealthsection.com/content/documents/n2433898.pdf>

We @ WHEC thank our Physician's Board, Writers, Editors and Speakers, who have shared their precious work and wisdom with us. Your continued support and friendship is deeply appreciated.

Thanks again!



United Nations at a Glance

Republic of Moldova became United Nations Member State on 2 March 1992



Moldova, officially the **Republic of Moldova**, is a landlocked country in Eastern Europe, on the northeastern corner of the Balkans. The country spans a total of 33,483 km² (13,067 sq. mi) and has population of approximately 2.5 million (2023). Moldova is bordered by Romania to the west and Ukraine to the north, east and south. Capital: Chişinău; Official language: Romanian; Religion: Christianity; Government: Unitary parliamentary Republic; Currency: Moldovan leu.

On 27 August 1991, as the dissolution of the Soviet Union was underway, the Moldavian SSR declared independence and took the name Moldova. However, the strip of Moldovan territory on the east bank of the Dniester has been under the *de facto* control of the breakaway government of Transnistria since 1990. The constitution of Moldova was adopted in 1994, and the country became a parliamentary republic with the president as head of the state and a prime minister as head of the government.



Moldova is the second poorest country in Europe by GDP per official capita after Ukraine and much of its GDP is dominated by the service sector. It has one of the lowest Human Development Indexes in Europe, ranking 76th in the world (2022). Moldova ranks 60th in the world on the Global Innovation Index as of 2023.

Moldova is a member state of the United Nations, the Council of Europe, the World Trade Organization, the Organization for Security and Cooperation in Europe, the GUAM Organization for Democracy and Economic Development, the Organization of the Black Sea Economic Cooperation, and the Association Trio..

Market economy (1992)

On 2 January 1992, Moldova introduced a market economy, liberalizing prices, which resulted in rapid inflation. From 1992 to 2001, the country suffered a series economic crisis, leaving most of the population below poverty line. In 1993, the Government of Moldova introduced a new national currency, the Moldovan leu, to replace the temporary coupon. The economy of Moldova began to change in 2001; and until 2008, the country saw a steady annual growth between 5% and 10%. The early 2000s also saw a considerable growth of emigration of Moldovans looking for work (mostly illegally) in Russia (especially the Moscow region), Italy, Portugal, Spain, and other countries; remittances from Moldovans abroad account for almost 38% of Moldova's GDP, the second-highest percentage in the world, after Tajikistan.

Banking Crisis

In November 2014, Moldova's central bank took control of *Banca de Economii*, the country's largest lender, and two smaller institutions, *Banca Sociala* and *Unibank*. Investigations into activities at these three institutions uncovered large-scale fraud by means of fraudulent loans to business entities controlled by a Moldovan-Israeli business oligarch, Ilan Shor, of funds worth about 1 billion USD. The large-scale fraud compared to the size of the Moldovan economy is cited as tilting the country's politics in favor of the pro-Russian Party of Socialists of the Republic of Moldova. Shor was convicted of fraud and money-laundering and sentenced to 15 years in prison. Moldova has set 2030 as the target-date for EU Accession. On 23 June 2022, Moldova was officially granted candidate status by EU leaders.

Details: <https://sdgs.un.org/basic-page/republic-moldova-24782>

Collaboration with World Health Organization (WHO)

WHO | Moldova



Tackling Non-Communicable Diseases in the Republic of Moldova

In 2015, the Swiss Agency for Development and Cooperation (SDC) and WHO Regional Office for Europe agreed on the second phase of a 3-year project to support the Government of the Republic of Moldova as it tackles challenges in public health. The challenges include improving the public access to better-quality healthcare, reforming public health and primary healthcare, and improving health-system financing.

Non-Communicable diseases (NCDs) are at the heart of these areas of concern. Heart disease, stroke, cancer, diabetes, and chronic respiratory disease are estimated to account for 88% of deaths annually in the Republic of Moldova; preventing and controlling NCDs is a priority issue for the Government. In 2016, the probability of dying prematurely from NCDs was 24.9%, with the rate most twice as high for men (33.7%) as women (17%). This burden is driven by some of the highest rates of NCD risk factors, particularly in relation to tobacco and alcohol use, in the WHO European Region.



Water, Sanitation and Hygiene (WASH) in Schools

Although WASH in Schools has high-level political commitment at an international level and its relevance for good health and learning is clear, the progress achieved thus far is insufficient to guarantee universal access to safe WASH services for all pupils in the WHO European Region. Key aspects of making a school water friendly, including:

- Dedicated school policies to drive attention to the importance of drinking water at school, and promote regular hydration and toilet visits, while restricting sugar-sweetened beverages.
- A supportive physical environment, such as “appetizing” water fountains outside of toilet spaces.
- Operation and maintenance procedures.
- Regular surveillance of drinking water quality.
- Collaboration and good governance of drinking water in schools.

Strengthening Intersectoral Collaboration for the Prevention of Violence against Children

Violence against children is a hidden form of violence and evidence shows that the prevalence of is unacceptable high globally and in the 53 countries of the WHO European Region. Fatal violence against children thankfully remains rare, but still accounts for approximately 850 homicides each year in children under 15 years of age. The prevalence of non-fatal violence against children is much higher. The prevalence ranges from 9.6% for Sexual abuse, 22.9% for physical abuse to 29.1% for mental abuse, suggesting that tens of millions of children are abused before the age of 18 years. Violence against children is one of the most serious forms of adverse childhood experiences though other adversity may also present itself.

Overview of INSPIRE: Seven strategies for Ending Violence against Children

1. Implementation and enforcement of Lawas;
2. Norms and values;
3. Safe environments;
4. Parent and caregiver support;
5. Income and economic strengthening;
6. Response and support services;
7. Education and life skills.

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



Republic of Moldova UNESCO Member Since 1992



Struve Geodetic Arc

The Struve Arc is a chain of survey triangulations stretching from Hammerfest in Norway to the Black Sea, through 10 countries and over 2,820 km. These are points of a survey, carried out between 1816 and 1855 by the astronomer Friedrich Georg Wilhelm Struve, which represented the first accurate measuring of a long segment of a meridian. This helped to establish the exact size and shape of the planet and marked an improvement step in the development of earth sciences and topographic mapping. It is an extraordinary example of scientific collaboration among scientists from different countries, and of collaboration between monarchs for a scientific cause. The original arc consists of 258 main triangles with 265 main station points. The listed site includes 34 of the original station points, with different markings, i.e., a drilled hole in rock, iron cross, cairns, or built obelisks. The determination of the size

and shape of the world was one of the most important problems of natural philosophy since at least the 4th century B.C.



The art of the traditional blouse with embroidery on the shoulder (altiță) – an element of cultural identity in Romania and the Republic of Moldova

The art of the traditional blouse with embroidery on the shoulder (Called altiță) is an essential part of Romanian and Moldovan folk dress for men and women. It juxtaposes a simple cut with rich and colorful ornamentation that are stitched using complex sewing techniques. The blouses are white and made of natural fibers (flax, cotton, hemp or floss silk), and the complex stitch combines horizontal, vertical and diagonal seams that result in a specific pattern and texture. The styles and techniques vary according to the region and the wearer's age, as well as to the skills of the

women who create the blouses. Today, interest in creating these blouses is steadily increasing, with the practice viewed as a means of relaxation and of affirming one's national identity and maintaining visible ties to the past.



Man and the Biosphere (MAB) Programme

A new Roadmap for the Man and the Biosphere (MAB) program is comprised of three documents:

1. MAB and 2030 Agenda for SDGs;
2. The Lima Declaration (2016) – expresses political commitment with the program and lays out the principles of the Lima Action Plan;
3. Lima Action Plan (2016-2025) – contains a

comprehensive set of actions aimed at ensuring the effective implementation of the MAB Strategy.

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

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

..... *Sustainable Development Goals Continued*

Goal 1. End poverty in all its forms everywhere

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$ 1.25 a day.

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of poverty, inheritance, natural resources, appropriate new technology and financial services, including microfinance.

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.

1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.

1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.

To be continued.....



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Twenty Years of Political Transition

What explains the divergent political paths that the post-communist countries of Eastern Europe and the former Soviet union have followed since the fall of the Berlin Wall?

While some appear today to be consolidated democracies, others have all the features of consolidated autocracy. This study reviews the patterns of change and examines correlates of progress towards democracy. Variation across post-communist countries in the degree of democracy twenty years after the start of transition can be parsimoniously explained by two variables: the length of time the country spent under a communist regime and within the former Soviet Union, but not Eastern Europe – the proportion of Muslim adherents in the population.

Measuring Democracy

To assess the extent of change in the political systems of the former communist states since 1989 some metric is needed. Compiling cross-national indexes of democracy has become something of a new industry in recent decades, and three products have pretty much cornered the market. A team at the World Bank has been compiling a dataset of 'Worldwide Governance Index' (WGI), at first biannually and now annually. Among these is an index of perceived 'voice and accountability' in countries around the world. Although this is useful for various purposes, a number of features of the voice and accountability index render it less useful for various analysis here. First, the index is available only from 1996. Second the index aims to capture perceptions of democracy rather than to analyze the objective reality.

Experts agree that Russia's political institutions in the late Putin era fell short of the democratic ideal. In the 2008 presidential election, a communist, an extreme nationalist, and a centrist ran against the Kremlin-favored incumbent, and were given hours of free airtime on national television to debate each other and present their positions. If there is any conclusion to be drawn from considering these trajectories, it is about the apparent importance of geography. In most countries in Eastern Europe, the Baltics, and the Balkans, one can already say that the transition to democracy has been a success, although it took longer in some countries than in others, and reversions in some are still not ruled out.

Conclusion

Countries that were incorporated by the Bolsheviks after 1917 are today the least democratic; those that were incorporated into the Soviet Union during the WWII come second; and the countries that became communist, but not Soviet, after the end of WWII are today the most democratic. In addition, post-Soviet countries where more of the population was traditionally Muslim are today less democratic. Again, why exactly is a question for further question. So far, at least, the choices of different polices or of particular configurations of political institutions seem either to have been strongly determined by history and culture or to have mattered less than the historical contexts in which they were chosen.

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

Two Articles of Highest Impact, February 2025

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Healthy Ageing: A Call for Global Action;**
<http://www.womenshealthsection.com/content/health/health026.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. **End-of-Life Decision Making;**
<http://www.womenshealthsection.com/content/health/health022.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

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

Worldwide service is provided by the WHEC Global Health Line



From Editor's Desk

WHEC Projects under Development

Economic and Social Inclusion for Healthy Ageing: A Call for Global Action



If projections of rapid growth in the population of older persons in the coming decades are correct, the number of older persons will surpass the number of children by 2047. Many developed countries are already facing extremely low old-age support ratios. Owing to longer life expectancy among women than among men at older ages, elderly women outnumber elderly men in most societies. Ageing is a progressive accumulation of changes with time that are

associated with or responsible for the even-increasing susceptibility to disease and death, which accompanies advancing age. These time-related changes are attributed to the ageing process. Societies that adapt to this changing demographic and invest in *Healthy Ageing* can enable individuals to live both longer and healthier lives, and for societies to reap the dividends.

The aim of this Written Statement is to understand the potential social and economic impacts of improved life expectancy are fully appreciated and acted upon today. For policy-makers and individuals alike, this means planning for the future. The world is learning how to grow old successfully.

The lessons learned and initiatives of the Women's Health and Education Center (WHEC), to protect human rights of older persons and reduce the gaps, are based on:

1. Providing broad coverage for healthcare and long-term care. This has many benefits and contributes to social solidarity.
2. Several different schemes might be necessary to cover all the needs of older people. In these circumstances, it is crucial that there is collaboration among the various schemes and that an integrated and holistic approach is used.

3. It is important to respect the wishes of the older people who want to live at home for as long as possible.

Current public-health approaches to population ageing have been ineffective. A new framework for global actions is required.

The development of age-friendly cities and communities has become an important area of work in the fields of public health, ageing and public policy. Age-friendly cities still hold potential for both researchers and policymakers.

Our initiative emphasizes that all aspects of an older person's environment need to work together in an integrated way if healthy ageing is to be achieved. These approaches and our recommendations, have been successful. We recommend:

1. Develop and ensure access to services that provide older-person-centered care;
2. Orient systems around intrinsic capacity;
3. Ensure a sustainable and appropriately trained workforce;
4. Recognizing long-term care as an important public good;
5. Assessing clear responsibility for development of a system of long-term care and planning how this will be achieved;
6. Creating equitable and sustainable mechanisms for financing care;
7. Defining the role of government and developing services that will be necessary to fulfill them;
8. Enacting legislation supporting flexible working arrangements or levels-of-absence for family caregivers;
9. Supporting community initiatives that bring older people together to act as a resource for caregiving and other community-development initiatives;
10. Creating age-friendly environments.

Although these actions will inevitably require resources, they are likely to be a sound investment in society's future: a future that gives older people the freedom to live lives that previous generations could never have imagined.

57th Session of Commission on Population and Development (CPD); Virtual Side Event

1 May 2024; 8:30 am to 9:45 am

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

Economic and Social Inclusion for Healthy Ageing: A Call for Global Action

Societies that adapt to this changing demographic and invest in Healthy Ageing can enable individuals to live both longer and healthier lives, and for societies to reap the dividends. The aim of this Side Event was to understand the potential social and economic impacts of improved life expectancy are fully appreciated and acted upon today. For policy-makers and individuals alike, this means planning for the future. The world is learning how to grow old successfully. Primary prevention strategies will be most effective when start as early as possible. Current public-health approaches to population ageing have been ineffective. A new framework for global actions is required. The development of age-friendly cities and communities has become an important area of work in the fields of public health, ageing and public policy. Age-friendly cities still hold potential for both researchers and policymakers. This Side Event emphasized that all aspects of an older person's environment need to work together in an integrated way if healthy ageing is to be achieved.

Concept Note:

https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2024_cpd57_side_event_whec_cn.pdf

Breaking the Silence and Working Together to Eradicate Obstetric Fistulae



For the last two decades, the Women's Health and Education Center (WHEC), with its partners and UN Agencies has provided prevention strategies including family planning among vulnerable communities, for obstetrical fistulae. By pressing public health issues, the fact that so many women and girls are at risk of developing obstetric fistula, is a barrier to their human right to live with dignity and in good health.

Obstetric fistula is a tear to the birth canal, bladder or rectum that causes severe physical and psychological pain. It is typically caused by prolonged or obstructed labor; girls who give birth at too young an age, when their bodies are not yet ready, are especially vulnerable to this traumatic birth injury.

Although it can be relatively easily avoided with the assistance of trained midwives (and in fact it is almost non-existent in communities with access to basic emergency obstetric care) or repaired by obstetric surgeons, half a million women and girls around the world are estimated to be living with fistula, with tens of thousands of new cases developing every year.

In addition to the discomfort and subsequent infections the condition can lead to, women and girls with obstetric fistula are also often stigmatized and abandoned by their families, partners and communities. Unable to work, the slide into poverty, isolation and extreme vulnerability can be all-too swift.

WHEC, its partners and with other Sexual and Reproductive Health Agencies, are raising awareness about obstetric fistula among rural communities and securing needed funds to perform surgical repairs in even the most remote areas. Advocacy efforts and group discussions bring together healthcare professionals and communities from across the generations, helping them to learn and recognize the signs of obstetric fistula.

Please visit our Resources

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

Since its inception, WHEC has stressed on its prevention strategies including family planning among vulnerable communities to avoid unintended pregnancies, child marriage and early pregnancy among adolescents. Meanwhile, advocacy programs are encouraging antenatal consultations rather than at home, and emergency neonatal obstetric care, including timely cesarean sections.

Beyond being a pressing public health issue, the fact that so many women and girls are at risk of developing obstetric fistula is a barrier to their human right to live with dignity and in good health. With dedicated social support, thousands of women with obstetric fistula are gradually recovering and reintegrating back into their communities.

We hope our efforts advance effective programs for eliminating obstetric fistula. Most of all, however, we hope that the contents will motivate future research that will further enhance the understanding of reproductive health. In countries where the prevalence of obstetric fistulae is high, all curricula for trainee midwives, nurses, and physicians should include not only theoretical training on obstetric fistula but also treatment.

Join the movement!

On Aging

When you see me sitting quietly,
Like a sack left on the shelf,
Don't think I need your chattering.
I'm listening to myself.
Hold! Stop! Don't pity me!
Hold! Stop your sympathy
Understanding if you got it,
Otherwise I'll do without it!

When my bones are stiff and aching
And my feet won't climb the stair,
I will only ask one favor:
Don't bring me no rocking chair.

When you see me walking, stumbling,
Don't study and get it wrong.
'Cause tired don't mean lazy
And every goodbye ain't gone.
I'm the same person I was back then,
A little less hair, a little less chin,
A lot less lungs and much less wind.
But ain't I lucky I can still breathe in.

- 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>

