



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
February 2017; Vol. 12, No. 2

Annual Project Report

The intrinsic link between the survival and health of newborns, stillbirths and the survival, health and nutrition of all women of reproductive age, including before, during, between and after pregnancy is clear. The action plan emphasizes the need to reach every woman and newborn baby when they are most vulnerable – during labor, birth and in the first days of life. Investment in this critical time period provides the greatest potential for ending preventable neonatal deaths, stillbirths and maternal deaths, and would result in a triple return on investment.

Health research in the delivery, development and discovery of appropriate interventions must be at the forefront of efforts to reduce newborn mortality and stillbirths. Research and innovation can help improve delivery of health services and discover new solutions to prevent preterm birth and other causes of maternal and newborn death. Improving delivery of known interventions is a top priority.

We must act now. We know the main causes of maternal and newborn deaths, and we have the knowledge and tools to prevent them. It is not too late to accelerate progress towards the Sustainable Development Goals (SDGs). We must also prioritize quality care at the time of birth for women and newborns in the post-2015 sustainable agenda and include indicators for newborn mortality and stillbirths. A healthy society is one in which women and adolescent girls, newborns, and children survive and thrive.

Action with a plan for development of WomensHealthSection.com | WHEC Global Health Line

It is based on six guiding principles:

1. *Country leadership.* Countries have primary ownership and responsibility for establishing good governance and providing effective and good-quality reproductive, maternal and newborn health services. Communities' participation in the planning, implementation and monitoring of policies and programs that affect them is a central feature of such leadership and one of the most effective transformational mechanism of action.
2. *Human Rights.* Principles and standards derived from international human rights treaties should guide all planning and programming all phases of the process.
3. *Integration.* Providing every woman every child with good-quality care that is available without discrimination and is accessible and acceptable requires integrated service delivery.
4. *Equity.* Equitable and universal coverage of high-impact interventions and a focus on reaching excluded, vulnerable and poorest population groups are central to realizing the rights of every woman and every child to life, survival, health and development.
5. *Accountability.* Effective, accessible, inclusive and transparent program-coverage and impact-monitoring mechanisms, independent review and action by all relevant actors are prerequisites for equitable coverage, quality of care and optimal use of resources.
6. *Innovation.* Best practice evidence of strategies that broaden the coverage of interventions for maternal and child health and reduce mortality has been accumulating over recent decades. Innovative thinking about ways to increase the participation of all stakeholders and reach the poorest and most underserved populations is nevertheless needed.

More research and development is required to optimize the application of knowledge of which interventions and strategies are most effective.

Framework for Success: Call to Action

Rita Luthra, MD

2016: A Year of Reflection, Transition and Looking Ahead

In Support of Every Woman Every Child

2016 was a landmark year for our Initiative in Maternal and Child Health and for our Working Group. Our efforts were acknowledged by: [WHO, Assistant Director General Dr. Flavia Bustreo's Acknowledgement](#) (August 2016) and [The White House, President Obama's Acknowledgement](#) (July 2016). Despite progress made in improving the lives of women, children and adolescents around the world over the last 15 years, much remains to be done. Newborn mortality rates currently account for 44% of all under-five mortality, even though the knowledge and tools to save these young lives exist. Eight hundred women still die each day from largely preventable causes before, during and after the time of giving birth; 99% of these deaths occur in low- and middle-income countries and the risk of death is disproportionately high among the poorest and most vulnerable women.

Supporting the development of the updated *Global Strategy for Women's, Children's and Adolescent's Health* (2016-2030), along with a refreshed global architecture to deliver on and fund the promises of *Every Woman Every Child*, notably through the establishment of the Global Financing Facility and Operational Framework for the updated *Global Strategy*, is our major objective.

[UN Partnerships For SDGs: WHEC Initiative Statement](#)

- July 2016

Development of a new Strategic Plan for the Partnership for the period 2016-2030 that articulates its role in supporting the implementation of the updated *Global Strategy* and implementation of the SDGs, will remain the focus of our work in 2017.

[WomensHealthSection.com](#) served **14 million** readers / subscribers in 227 countries and territories with an average of about 1.4 million visitors / subscriber, per month, in 2016 with links to about 105,000 websites. On average 120,000 files, 17,600 URLs and 38,600 pages were accessed every month. It expanded to 28 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2016 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find **The Journal** to be useful – a continuing mission.

Best of 2016

Top 15 Countries out of 227 Countries and Territories, where [WHEC Global Health Line / WHEC Net Work](#) is accessed frequently: USA; Canada; China; Australia; Peru; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; India; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes: US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,112 user agents: Mozilla/5.0; MobileSafari/602.1 CFNetwork/808.0.2 Darwin/16.0.0; bingbot/2.0; Googlebot/2.1; Baiduspider/2.0

Top 5 most popular sections out of 28: 1) Medical Disorders in Pregnancy; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Focus on Mental Health.

Top 10 most read comprehensive review articles out of 230 Practice Bulletins: 1) Zika Virus in Pregnancy; 2) Psychiatric Disorders During Pregnancy; 3) Female Sexual Dysfunction; 4) Genetic Counseling and Genetic Screening; 5) Stillbirth: Evaluation and Management; 6) Medical Liability: Risk Management; 7) Medical Liability: Tort Reform; 8) Medical Liability: Coping With Litigation Stress 9) Sexual Violence; 10) Bone Health: Osteoporosis Prevention Strategies.

More efforts is also needed to address violence, gender inequality and social, economic and political marginalization that prevent women, children and adolescents from accessing the health and social services that they need. An urgent need remains to address pockets of inequality, in particular in humanitarian and fragile settings, where rates of ill health and mortality are among the highest.

Join our efforts!

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 150 million readers / subscribers worldwide so far and growing fast...)

Dedicated to Women's and Children's Well-being and Health Care Worldwide



In The News

Tribute to 44th U.S. President Barack Obama



Barack Obama, the 44th President of the United States' story, is the American story. Values from the heartland, a middle-class upbringing in a strong family, hard work and education as the means of getting ahead, and the conviction that a life so blessed should be lived in service to others. An extraordinary journey of an extraordinary man. Thanks for your efforts to improve maternal and child health in the United States. Job done superbly and noteworthy!

We all @ WHEC thank you for your support to our initiative and your assistance with our Project / Program with *Every Woman Every Child Initiative*. Our pleasure to share the greetings from [THE WHITE HOUSE; President Obama and First Lady Michelle Obama](#) - January 2017

(http://www.womenshealthsection.com/content/documents/Greetings_President_Obama_January_2017.pdf [final.pdf])

Thanks again, Mr. President

A New Initiative: **YOUTH ZONE**

Notes to media: <http://www.womenshealthsection.com/content/documents/NotesToMedia.pdf>

We invite you to participate in the initiative to improve the lives of teenagers all over the world. We welcome everyone. It is a forum for public health experts, healthcare providers, policy makers and professionals in other sectors, such as, economists, sociologists, educators, government officials, to whom health issues are important and to all whose responsibilities are affected by health considerations, to publish their findings, express their views and engage a wider audience on critical public health issues of the day. Consequently, the views expressed by the writers in these pages do not necessarily represent the views of WHEC.

The Week Ahead – Starting 30 January 2017

<http://webtv.un.org/watch/the-week-ahead-starting-30-january-2017/5300263474001>

Your Questions, Our Reply

What are the global and national goals and milestones to improve maternal and child health by 2020?

Milestones and Targets: The Action Plan establishes specific global and national targets and milestones for quality of care, maternal and child health mortality and morbidity, monitoring, and the implementation of national plans to support reproductive, maternal, newborn, child and adolescent health (RMNCAH). Achieving these milestones will help ensure that the vision and goals for 2030 are achieved.

National plans review and sharpen national strategies, policies, and guidelines for RMNCH in line with the goals, targets, and indicators in *Every Woman Every Child* action plan, including clear focus on care around the time of birth and small or sick newborn care.

Global and national milestones by 2020

- *Accountability in post-2015 plans* – Ensure post-2015 development framework includes specific targets in newborn mortality and stillbirth reduction, in addition to under-five child and maternal mortality reduction.
- *Data* – Monitoring plan, improving and using programmatic coverage data and equity, quality gap assessments, evaluation for improved indicators and investment to ensure that these are tracked at scale. Count every birth and death for women and babies including stillbirths, invest in civil registration and vital statistics, and innovate to improve and ensure the poorest are counted. Design and test a minimum perinatal dataset.
- *Quality* – Develop standards of quality and a core set of indicators for assessing quality of maternal and newborn care at all levels of health-care provision.
- *Investment* – Ensure that investment in maternal and child health is continued in 2015 and sustained in the post-2015 development era.
- *Innovation and research* – Develop, adapt, and promote access to devices and commodities to improve care for mothers and newborn babies around the time of birth; and agree on, disseminate, and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. Particular focus is required for stillbirths, who have been left out and left behind.
- *Coordination* – Ensure coordinated support among UN partners, donors, academics, non-governmental organizations (NGOs) and the private sector, and intensify efforts in the 20 countries that account for 80% of all maternal and newborn deaths.
- *Champions* – Develop new maternal and newborn champions, and engage champions for RMNCH to integrate maternal and newborn messaging.

If we commit to working together as a global community to take the specific actions outlined in the *Every Woman Every Child* action plan, we can achieve our vision of a world in which there are no preventable deaths of women and children, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive, and reach their full potential – and in doing so create equitable societies and transform human development.

United Nations at a Glance

Permanent Mission of Cuba at the United Nations

Cuba became UN Member State on 24 October 1945



Cuba, officially the **Republic of Cuba**, is a country comprising the island of Cuba as well as Isla de la Juventud and several minor archipelagos. Cuba is located in the northern Caribbean where the Caribbean Sea, the Gulf of Mexico, and the Atlantic Ocean meet. It is south of both the U.S. state of Florida and the Bahamas, west of Haiti, and north of Jamaica. Havana is the largest city and capital; other major cities include Santiago de Cuba and Camagüey. Cuba is the largest island in the Caribbean, with area of 109,884 square kilometers (42,426 sq. mi), and the second-most populous after Hispaniola, with over 11 million inhabitants.

Briefing note for Cuba on the 2015 Human Development Report

The *2015 Human Development Report (HDR) Work for Human Development* examines the intrinsic relationship between work and human development. Work, which is a broader concept than jobs or employment, can be a means of contributing to the public good, reducing inequality, securing livelihoods and empowering individuals. Work allows people to participate in the society and provides them a sense of dignity and worth. In addition, work that involves caring for others or voluntarism builds social cohesion and strengthens bonds within families and communities.

These are all essential aspects of human development. But a positive link between work and human development is not automatic. The link can be broken in cases of exploitative and hazardous conditions, where labour rights are not guaranteed or protected, where social protection measures are not in place, and when unequal opportunities and work related discrimination increase and perpetuate socioeconomic inequality.

Cuba's Human Development Index (HDI) value and rank

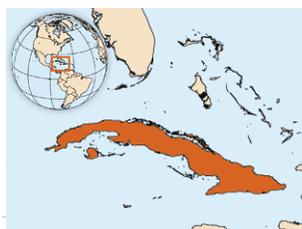
Cuba's HDI value for 2014 is 0.769, which put the country in the high human development category, positioning it at 67 out of 188 countries and territories. Between 1980 and 2014, Cuba's HDI value increased from 0.627 to 0.769, an increase of 22.6 percent or an average annual increase of about 0.60 percent. The rank is shared with Lebanon. Cuba's progress in each of the HDI indicators. Between 1980 and 2014, Cuba's life expectancy at birth increased by 5.6 years, mean years of schooling increased by 5.0 years and expected years of schooling increased by 1.7 years. Cuba's Gross National Income (GNI) per capita increased by about 106.9 percent between 1980 and 2014.

Details: <http://data.un.org/CountryProfile.aspx?crName=Cuba>

Collaboration with World Health Organization (WHO)

WHO | Cuba

Health Situation



Cuba's life expectancy at birth is 78 years (76.2 for males and 80.4 for females). Historically, Cuba has ranked high in numbers of medical personnel and has made significant contributions to the world health since the 19th century. Today, Cuba has universal health care and although shortages of medical supplies persist, there is no shortage of medical personnel. Primary

care is available throughout the island and infant and maternal mortality rates compare favorably with those in developed nations.

Challenges include low salaries for doctors, poor facilities, poor provision of equipment, and the frequent absence of essential drugs. Cuba has the highest doctor-to-population ratio in the world and has sent thousands of doctors to more than 40 countries around. Infant mortality in Cuba declined from 32 infant deaths per 1,000 live births in 1957, to 10 in 1990-1995. Infant mortality in 2000-2005 was 6.1 per 1,000 live births. Its infant mortality rate as of 2014 is 5.13 per 1,000 live births.

In Cuba, there is a need to import certain pharmaceutical drugs. Therefore, the Quimefa Pharmaceutical Business Group (FARMACUBA) was developed under the Ministry of Basic Industry (MINBAS). This group also handles the exporting of pharmaceuticals, and provide technical information for the production of these drugs. Isolated from the West, Cuba developed the successful lung cancer vaccine, Cimavax, which now is available to US researchers for the first time, along with other novel Cuban cancer treatments. The vaccine has been available for free to the Cuba population since 2011.

In 2015, Cuba became the first country to eradicate mother-to-child transmission of HIV and syphilis, a milestone hailed by the World Health Organization as “one of the greatest public health achievements possible”. <http://www.who.int/mediacentre/news/releases/2015/mtct-hiv-cuba/en/>

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

Bulletin Board

Submitting a Clinical Trial?

The Women's Health and Education Center (WHEC) complies with the International Committee of Medical Journal Editors (ICMJE) requirement that clinical trials be registered in a public trial registry at or before the time of first patient enrollment in order to be considered for publication. Registries approved by the ICMJE are www.ClinicalTrials.gov or any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP; <http://www.who.int/ictcp/network/primary/en/index.html>).

Randomized controlled trials that are not prospectively registered will be editorially rejected without peer review. Randomized controlled trials that are about behavioral interventions are required to be prospectively registered starting on 1 January 2017.

Register your trial in a Public Trial Registry

If you cannot provide the information written above and wish to be considered for an exception, please contact the editor directly via e-mail prior to submitting your manuscript;

Editor@WomensHealthSection.com

How to submit your Clinical Trial?

In the cover letter, the corresponding author must attest to registering the trial and that the protocol they are reporting to the WHEC Database is identical to the posted trial, and, if not, precisely where and why it varies. Any changes in protocol should also be discussed in the manuscript itself as well as documented on the trials registry web site. We also encourage you to complete the clinical trials registry information by documenting completion and entry of data.

Provide the trial registry name and URL and the registration number at the end of the abstract. Authors should provide the name of the trial registry, the registry URL, and the trial registration number at the end of the abstract.

Please note: Submit your contributions in a Microsoft Word compatible format (*.doc) and in English only.

Thank you.

Why are countries referred to the way they are?

The Women's Health and Education Center (WHEC) adheres to UN terminology, and it is based on information received from the United Nations.

Other frequently asked questions: <http://www.womenshealthsection.com/content/whec/faq.php3>

Collaboration with UN University (UNU)

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

Global Inequality

How large is the effect of top incomes?

Over the past two decades, there has been a growing interest in the economic literature and international policy fora in the levels of, and the trends in, global inequality. The UN System Task Team report that preceded the introduction of the Sustainable Development Goal 10, pointed out that '[global] inequality is a key concern, not just from the perspective of a future in which a decent and secure wellbeing is a prerogative of all citizens, but sustained development itself is impeded by high inequalities. Hence, redressing these trends will be a major challenge in the decades ahead.

In this paper, we estimate the recent evolution of global interpersonal inequality and examine the effect of omitted top incomes on the level and direction of global inequality. We propose a methodology to estimate the truncation point of household surveys by combining information on income shares from household surveys and top income shares from tax data. The methodology relies on a flexible parametric functional form that models the income distribution for each country-year point under different assumptions on the omitted information at the right tail of the distribution. Goodness-of-fit results show a robust performance of our model, supporting the reliability of our estimates. Overall, we find that the under-sampling of the richest individuals in household surveys generate a downward bias in global inequality estimates that ranges between 15 per cent and 42 per cent, depending on the period of analysis, and the assumed level of truncation of the income distribution.

Disaggregating the analysis by world regions, we find that the effect of top incomes on the overall distribution varies significantly across regions, being sub-Saharan Africa, and the poorest countries in particular, the most affected by the imputation of top incomes on the levels and trends of inequality.

Given the relative small number of countries with available tax records, upon which our analysis has been based, and the uncertainty about the actual truncation points of the income distribution of countries, our results should be interpreted as the lowest level upon which global (or regional) inequality would lay if all countries were subject to a particular truncation level or higher in their income distribution due to under-sampling problems in household surveys. As imperfect as it may be, our study is a step forward towards improving our understanding of the impact of the richest on the evolution of global inequality, and it also highlights the significance of our results for redistributive policy and also the titanic work that as Atkinson et al., have rightly pointed out, is still needed to improve the coverage and accessibility to tax data for future research.

Publisher: UNU-WIDER; Authors: Vanesa Jorda and Miguel Niño-Zarazúa; Sponsors: This study was written while Vanesa Jorda was at UNU-WIDER as a visiting scholar. The authors are grateful to participants at the UNU-WIDER internal seminar series for helpful comments on earlier versions of this paper. Vanesa Jorda wishes to acknowledge financial support from the Ministerio de Economía y Competitividad.

(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)

Child-Friendly Schools

Did you know that on any given day, more than a billion children around the world go to school? Whether classes are held in buildings, in tents or sometimes even under trees, children should be learning, developing their potential and enriching their lives. For many of them, however, school is not a positive experience.

The child-friendly school (CFS) model has emerged as UNICEF's signature means to advocate for and promote quality education for every girl and boy. The model can be viewed as a holistic instrument for pulling together a comprehensive range of interventions in quality education. The child-friendly schools (CFS) framework promotes child-seeking, child-centered, gender-sensitive, inclusive, community-involved, environmentally friendly, protective and healthy approaches to schooling and out-of-school education worldwide.



Child-friendly schools have become the main approach through which a network of international and national partners is promoting quality education for all children, in everyday situations as well as in emergencies. In 93 countries, the child-friendly school approach is used for ensuring children their right to quality education.

The Child-Friendly School (CFS) model is a simple one at heart: Schools should operate in the best interests of the child. Educational environments must be safe, healthy and protective, endowed with trained teachers, adequate resources and appropriate physical, emotional and social conditions for learning. Within them, children's rights must be protected and their voices must be heard. Learning environments must be a haven for children to learn and grow, with innate respect for their identities and varied needs. The CFS model promotes inclusiveness, gender-sensitivity, tolerance, dignity and personal empowerment.

CFS environments build upon the assets that children bring from their homes and communities, respecting their unique backgrounds and circumstances. At the same time, the CFS model compensates for any shortcomings in the home and community that might make it difficult for children to enroll in school, attend regularly and succeed in their studies. For example, if there is a food shortage in the community, school-feeding programmes can provide children both with the nutrition they so critically need and the incentive to stay in school and get an education.

The CFS model also builds partnerships between schools and the community. Since children have the right to be fully prepared to become active and productive citizens, their learning must be linked to the wider community.

At the national level, governments can encourage the development of child-friendly schools by promoting

free enrolment, passing regulations that prohibit corporeal punishment, encouraging the use of local languages in schools, integrating disabled children into mainstream schools, allowing pregnant students to complete their education, and mandating that children living with HIV and/or AIDS have a right to attend school and continue learning.

In the past decade, the CFS approach has become the main model through which UNICEF and its partners promote quality education in normal as well as emergency situations. UNICEF provides School-in-a-Box kits to temporary child-friendly learning spaces to help children recover from trauma and maintain a sense of normalcy by continuing their education.

Indeed, there is no single way to make a school child friendly. The model may differ from country to country, but the common denominator across cultures is a focus on child-centered education in a safe, healthy and holistic environment.

The success of our work in implementing the CFS model largely depends on partnerships with other actors in the international arena. Together, we can help ensure that every child – regardless of whether he or she attends school in a building, a tent or under a tree – receives a rights-based, quality education.

To be Continued.....

Two-Articles of Highest Impact, January 2017

1. Cervical Cancer Prevention: Managing Low-Grade Cervical Neoplasia;
<http://www.womenshealthsection.com/content/gyno/gyno020.php3>
WHEC Publications. Women's Health and Education Center (WHEC) thanks Dr. Robert J. Walat, Clinical Laboratory Director, Ikonisys Inc. New Haven, CT (USA) for very valuable suggestions, expert opinions and assistance with the series on Cervical Cancer Prevention. **Funding:** The series on Cervical Cancer Prevention was funded by WHEC Initiatives for the Global Health. This program is undertaken with the partners of Women's Health and Education Center (WHEC) to eliminate/reduce cervical cancer worldwide. Contact us if you wish to contribute and/or join the efforts.
2. Global Efforts to End Obstetric Fistula (Part 1);
<http://www.womenshealthsection.com/content/urogvvf/urogvvf011.php3>
WHEC Publications. **Funding:** Provided by Global Initiatives of Women's Health and Education Center (WHEC) and its partners to improve maternal and child health worldwide.

From Editor's Desk

The Knowledge Gateway: the largest free virtual communication platform on health and development



The Knowledge Gateway is an electronic communication platform offering free access to the largest virtual communication platform in health and development. The Knowledge Gateway supports language-specific virtual networks in French, English, Portuguese, Spanish, Russian and Ukrainian. It is currently used by over 350,000 people worldwide with approximately 55,000 focusing on Reproductive Health / Family Planning.

[H4+ Working together for Women's and Children's Health](#)

WHO and partners programmes UNAIDS, UNFPA, UNICEF, UN Women, and the World Bank work together as the H4+ in a joint effort to improve the health of women and children and accelerate progress towards achieving Millennium Development Goals (MDGs) 4 (reducing child mortality) and 5 (improving maternal health). The H4+ serves as the lead technical partners for the United Nations Secretary-General's Global Strategy for Women's and Children's Health.

As part of its mission to address maternal, newborn and child mortality and morbidity the H4+ works to tackle the root causes of these issues—which include gender inequality, low access to education for girls and child marriage—and ensures that linkages with HIV/AIDS programmes are made by working towards the elimination of mother-to-child transmission. The work of the H4+ is also therefore linked to MDGs 3 (promoting gender equality and empower women) and 6 (combating HIV/AIDS, malaria, and other diseases).



Each of the six H4+ partner organizations contribute unique expertise to the field of reproductive, maternal, newborn and child health. Harnessing the collective power of each partner's strengths and capacities, the collaborative nature of the H4+ allows for coordinated and streamlined efforts on the ground, resulting in enhanced impact of country programmes and positive developments in countries that are not on track to achieve MDGs 4 and 5.

[Latest progress report](#)

The [World Health Organization, Department of Reproductive Health and Research \(WHO/RHR\)](#), in collaboration with the [US Agency for International Development \(USAID\)](#), and the [United Nations Population Fund \(UNFPA\)](#), supports a growing partnership of international agencies known as the IBP Initiative.

The partnership was initiated in 1999 and formalized as the IBP Consortium through a Memorandum of Understanding with WHO/RHR in 2003, with WHO/RHR hosting the secretariat. IBP has grown from the 12 original partners to 44 organizations; this partnership is held together not by funding, but rather by a commitment to work collaboratively to improve family planning/reproductive health at the global and country levels.

IBP is dedicated to strengthening the capacity of the family planning/reproductive health community to identify, implement, and scale-up effective practices through sharing knowledge and resources.

Words of Wisdom

HOLY INNOCENTS

Sleep, little Baby, sleep,
The holy Angels love thee,
And guard thy bed, and keep
A blessed watch above thee.
No spirit can come near
Nor evil beast to harm thee:
Sleep, Sweet, devoid of fear
Where nothing need alarm thee.

The Love which doth not sleep,
The eternal arms around thee:
The shepherd of the sheep
In perfect love has found thee.
Sleep through the holy night,
Christ-kept from snare and sorrow,
Until thou wake to light
And love and warmth tomorrow.

- Christina G. Rossetti (5 December 1830 – 29 December 1894) English poet and author.

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

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

