



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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Achieving Global Health

The Business Plan and its results framework, concern The Women's Health and Education Center (WHEC) and The Partnership, as a whole. The proposed budget describes the funds managed by the secretariat to allow it to support partners to work together to deliver the Strategic Plan. The Partnership's mission statement: "To increase the engagement, alignment and accountability of partners, by creating a multi-stakeholder platform that will support the successful implementation of the *Global Strategy for Women's, Children's and Adolescents' Health*, enabling partners to achieve more together than any individual partner could do alone".

The WHEC established in 2001, to accelerate global efforts towards achieving Millennium Development Goals (MDGs) 4 and 5 with The Partnership, has played an important role in supporting the *Every Woman Every Child* (EWEC) movement, as it has evolved. Thanks to your dedicated contributions, WHEC championed the consultation process and mobilized a broad range of stakeholders from countries, regional bodies and global partners, in the sun-setting of the MDGs and the launch of the Sustainable Development Goals (SDGs). Action Networks – Business for 2030 and Every Woman Every Child.
<https://sustainabledevelopment.un.org/partnership/search/?str=health+and+education>

By engaging a multitude of diverse partners, our collaboration is uniquely positioned to leverage the vast network of information, technical support, best practices, tools, and expertise so that countries and partners can deliver actions that have the greatest impact on the continuum of care for women's, children's and adolescents' health. The WHEC invites you to share your thoughts and ideas, for the development of these four functional strengths, for the development of **WHEC Global Health Line**:

- **Accountability.** Accountability is a dynamic process of monitoring, review and action for results, resources and rights. This process requires the active and meaningful participation of all stakeholders including citizens, and particularly women and youth, at all stages.
- **Advocacy.** Advocacy galvanizes effort, investment, focus and action in a defined direction or for a clear purpose. We work at multiple levels from political to community or grassroots, but always with the aim to create change, increase knowledge, strengthen commitment and focus, protect rights and cultivate participation.
- **Analysis.** We promote analysis and the use of evidence as the foundation of all strategies and actions. We stimulate dialogue and alignment around evidence, helps to translate evidence into knowledge, and communicate widely for action. As a learning organization, we work to encourage innovation and continual improvement.
- **Alignment.** We build alignment and consensus among stakeholders; our platform is a space for dialogue and debate around evidence, challenges and policy related to the full continuum of care.

Throughout the collaborative work, we at the WHEC have learned about how the global community can maximize its impact on the health and wellbeing of women, children and adolescents and focus on the continuum of care across the full spectrum of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) by ensuring results and building consensus.

And never forget – language of kindness is understood by all.

Development for Today and Tomorrow

Rita Luthra, MD

Your Questions, Our Reply

How the WHEC and the Partnership supports *Every Woman Every Child*? What is the business-plan for the WHEC and the Partnership and Every Woman Every Child movement?

Business Plan Context and Structure: The WHEC is one of the leading global platforms bringing together multiple constituencies and partners to address the health and wellbeing of women, children and adolescents across the continuum of care to deliver the full spectrum of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH). It aligns and catalyzes a diverse group of over 700 partners. Established in 2001, to accelerate global efforts towards achieving MDGs 4 and 5, The WHEC has played a central role in supporting the *Every Woman Every Child* (EWEC) movement, and our e-Health platform (**WHEC Global Health Line**) is serving with pride in 227 countries and territories, about 14 million subscribers, every year.

Our efforts championed the consultation process and mobilized a broad range of stakeholders from countries, regional bodies and global partners to develop the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 (Global Strategy), in the sun-setting of the MDGs and the launch of the Sustainable Development Goals (SDGs).

#SDGAction 1212: <https://sustainabledevelopment.un.org/partnership/?p=1212>

This Business Plan provides the Partnership and the WHEC, its secretariat, board, partners and supporters, with an overview of how the future efforts will be organized and funding allocated to achieve the results that will deliver the new Strategic Plan. Informed by the Strategic Plan, the Partnership's three year (2016 to 2018) Business Plan is the basis for multi-year resource mobilization efforts. The Business Plan provides the framework for costed annual work-plans that outline the activities and deliverables that will be undertaken by partners working together. The areas discussed below provides an overview of how the interaction between the range of strategic documents and, in particular, how the Business Plan fits within these important functions.

The main body of the Business Plan is organized into three main sections:

- **The Results Framework:** Identifies the results that the Partnership's secretariat and Partners will aim for, by working together, and the corresponding measures of success.
- **Budget:** Overview of funding managed by the secretariat to support the Partnership to deliver delivering the Results Framework, year by year, organized by the four Strategic Objectives (SOs) identified in the strategic plan, with an earmarked budget for the Independent Accountability Panel (IAP).
- **Secretariat Structure:** Identifies the core staffing and reporting structure of the secretariat required to provide the necessary support to catalyze and accelerate the priority work of the Partners. This Business Plan takes the summary results framework and articulates in a modular fashion the results that the Partnership will reach for in the first three years. The results framework sets out the difference the Partnership will affect over the first three years of the Strategic Plan.

The Strategic Plan identifies the Partnership's contribution to the *Every Woman Every Child* movement as providing support to all Partners to work together to achieve the full range of Global Strategy targets by 2030, and with a priority focus on four targets.

The Strategic Plan 2016-2020 identifies four Strategic Objectives (SO) that the Partnership will pursue to deliver these targets:

- SO 1: Prioritize engagement in countries

- SO 2: Drive accountability
- SO 3: Focus Action for results
- SO 4: Deepen Partnership

The 2016-2018 budget was developed in consultation with a broad range of stakeholders. Staff costs are based on the premise of 12 core secretariat staff for the Partnership, and three positions to support the Independent Accountability Panel (IAP). Additional temporary expertise will be leveraged as needed. Total annual budgets are estimated as follow, with an annual average of \$13.4 million. The 2017 budget includes additional funds for the Partners Forum and an independent review:

The Partnership's Annual Budget, 2016 – 2018 Year Annual Budget (US\$ Millions)

2016 \$11.2;
2017 \$15.6; and
2018 \$13.4

Join the efforts!

United Nations at a Glance

Permanent Mission of Democratic Republic of the Congo (DRC)

Congo became UN Member State on 20 September 1960



The **Democratic Republic of the Congo**, also known as DR Congo, DRC, DROC, East Congo, Congo-Kinshasa, or simply the Congo is a country located in Central Africa. The DRC borders the Central African Republic, and South Sudan to the North; Uganda, Rwanda, Burundi and Tanzania to the east; Zambia and Angola to the south; the Republic of the Congo to the west and the Atlantic Ocean to the southwest. It is the second-largest country in Africa by area and eleventh largest in the world. With a population of over 80 million, The Democratic Republic of the Congo is the most populated officially Francophone country, the fourth most-populated nation in Africa and the eighteenth most populated country in the world.

The territory of the DRC was first settled about 80,000 years ago and the Bantu migration began in the 7th century. After the Kingdom of Kongo ruled from the 14th century to the 19th century, by 1879, colonization began when the Belgians established the Congo Free State in 1885. In 1908, Belgium annexed it and became Belgian Congo. During the Congo crisis, Belgium granted its independence in 1960 and in 1965, Mobutu Sese Seko came into power and renamed the country Zaire in 1971. By the early 1990s, Mobutu's regime began to weaken. The Congolese Civil Wars, which began in 1996, brought about the end of Mobutu's 32-year reign, and devastated the country. These wars ultimately involved nine African nations, multiple groups of UN peace-keepers and twenty armed groups, and resulted in the deaths of 5.4 million people.



The DRC is extremely rich in natural resources, but is politically unstable, has a lack of infrastructure, deep rooted corruption, and centuries of both commercial and colonial extraction and exploitation with little holistic development. Besides the capital, Kinshasa, the other major cities, Lubumbashi and Mbuji-Mayi, are both mining communities. DRC's largest export is raw minerals, with China

accepting over 50% of DRC's exports in 2014. As of 2015, according to the Human Development Index (HDI), DRC has a low level of human development, ranking 176 out of 187 countries.

The Democratic Republic of the Congo is firmly committed to strive for peace, democracy and durable economic development in harmony with our neighboring countries. The President has defined among others, the priorities for the Congolese Foreign Policy over the next decade as:

- Promotion and protection of foreign investments in an open and expanding global economy.
- Sustainable development, through democracy and good governance with the support of the international community.
- Liberalization of the economy.
- Respect for human rights.
- A country safer from regional terrorism and money laundering.

Details: <https://www.un.int/drcongo/>

Collaboration with World Health Organization (WHO)

WHO | Democratic Republic of Congo



Decades of upheaval have intensified humanitarian needs and vulnerability in the Democratic Republic of the Congo, leaving it with a humanitarian crisis of massive proportions – 7.5 million people are in need of humanitarian assistance and protection. Currently 1.6 million people are displaced, about 4.5 million people are food insecure, and nearly half of children under five years old suffer from chronic malnutrition.

In addition, the Democratic Republic of the Congo bears the consequences of political and security dynamics within the Great Lakes Region generally.

Population movements within the country and from neighboring countries aggravate the already high levels of vulnerability of the 250,000 households in the Democratic Republic of the Congo that host displaced people.

The population is set to have a potentially turbulent 2016. The national situation politically and in terms of security developments could see resurgence of intercommunal tensions in different parts of the country. An influx of refugees, and asylum seekers is expected, particularly in the north and east of the country. This exacerbates problems such as persistent insecurity; epidemic cycles of cholera, measles, malaria and hemorrhagic fevers; and destructive natural events including floods.

Health Sector Situation

According to studies and assessments, 80% of internally displaced persons and/ or refugees have limited access to health care. In this protracted crises, there are recurrent outbreaks of measles, cholera, and malaria. By end of 2015, there were over 50 000 cases of measles with about 560 deaths (primarily in children), and 21 584 cases of cholera with 329 deaths (CFR: 1.5%).

In 2016, the Health Cluster strategy aims to: (i) reduce the vulnerability of affected populations and (ii) enhance the resilience of affected populations; (iii) monitor diseases of epidemic potential and (iv) prevent and respond to epidemics. This multi-sectoral approach will have a particular emphasis on consultation and coordination. Internally displaced people, returnees and refugees will require particular attention.

Health Cluster Objectives

Objective 1: Provide access to basic health care for vulnerable displaced populations, returnees and host communities.

Objective 2: Coverage of health needs of victims of fundamental rights violations.
Objective 3: Reducing the impact of epidemics and other humanitarian consequences and mortality through Integrated Management of people affected and at risk.

Beneficiaries targeted by health partners in 2016

Health partners are targeting 6 million people in 2016. These include:

- 3.9 million people at risk of cholera;
- 670,000 people at risk of measles;
- 40,000 people at risk of viral hemorrhagic fever;
- 80,000 people at risk of medical complications related to malnutrition;
- 1.1 million people without basic health care;
- 200,000 refugees and returnees.

Health Cluster funding requirements for 2016

US\$ 50,000 000 (health partners including WHO)

WHO funding requirements for 2016

WHO is requesting a total of US\$ 15,000,000.

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

70th World Health Assembly, Geneva, Switzerland

Director-General's Office

Director-General-Elect: Dr Tedros Adhanom Ghebreyesus



World Health Assembly (WHA) elects Dr. Tedros Adhanom Ghebreyesus as new Director-General of The World Health Organization (WHO). Prior to his election as WHO's next Director-General, Dr. Tedros Adhanom Ghebreyesus served as Minister of Foreign Affairs, Ethiopia from 2012-2016 and as Minister of Health, Ethiopia from 2005-2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board, and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health.

As Minister of Health, Ethiopia, Dr Tedros Adhanom Ghebreyesus led a comprehensive reform effort of the country's health system, including the expansion of the country's health infrastructure, creating 3,500 health centres and 16,000 health posts; expanded the health workforce by 38,000 health extension workers; and initiated financing mechanisms to expand health insurance coverage. As Minister of Foreign Affairs, he led the effort to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals (SDGs). As Chair of the Global Fund and of RBM, Dr Tedros Adhanom Ghebreyesus secured record funding for the two organizations and created the Global Malaria Action Plan, which expanded RBM's reach beyond Africa to Asia and Latin America.

Dr Tedros Adhanom Ghebreyesus was nominated by the Government of Ethiopia, and will begin his five-year term on 1 July 2017. He is the 8th Director-General (elected) for The WHO and 1st Director-General from Africa. Dr Tedros Adhanom Ghebreyesus will succeed Dr Margaret Chan, who has been WHO's Director-General since 1 January 2007.

Live webcast from 70th World Health Assembly (WHA 70)

<http://www.who.int/mediacentre/events/2017/wha70/webstreaming/en/>

Bulletin Board

Guidelines for Contributors

Scope and Editorial Policy

II. Commissioned manuscripts

The categories of articles shown below are normally commissioned by the editors. Authors wishing to submit and unsolicited manuscript to be considered for one of these categories should first contact editorial office.

2.1 Editorials. Authoritative reviews, analyses or views of an important topic related to the various themes in women's health or an important health development subject; not more than 800 words, maximum 6 references.

2.2 Round tables. Consist of a base paper on a controversial subject of current women's health issue of national and international importance (not more than 2,000 words and an abstract) and a debate on it by several discussants, who are invited to contribute not more than 500 words each.

2.3 Books & electronic media. Reviews of a book, web-site, CD-ROM, etc. of women's health interest; 400-800 words, no references.

2.4 Current commentaries. Explanatory or critical analysis of an individual article; not more than 800 words, maximum 6 references.

2.5 Public health classics. A landmark public health paper which focuses on women's health and achieving universal access to reproductive health or publication is reproduced, accompanied by a commentary of up to 1,500 words.

» Please note that WHEC-branded materials should be used as-is. For questions on use of the materials, please visit: <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:*

Government intervention need for social security improvement in the Democratic Republic of the Congo

A theoretical analysis using the principal-agent model

African populations need better support through social protection mechanisms. Among those who need social security are millions of older people who, having worked all their lives in the formal sector, are in precarious situations with lower benefits. This study aims to appreciate theoretically, using the principal-agent model, the need for government intervention as a way to improve social security in Democratic Republic of the Congo (DRC).

The study reveals that the Congolese government as a principal can motivate the Institut National de Sécurité Sociale (National Social Security Institute, public company, INSS) as an agent by offering two types of contracts (optimal and sub-optimal) in order to increase Congolese pension income.

This paper has examined the need for public intervention to improve social security. In DRC, the existence of a public company dealing with social security may be something the Congolese government can use for increasing the minimum retirement benefits that are very low. For that purpose, this study adopted a methodology that relies on the principal–agent model. This model helps us to highlight the relationship between the Congolese government and the INSS. The first is considered as a principal and the second as an agent. The principal can envisage the mechanisms that can have the form of contracts for motivating the agent. Two types of contracts can be proposed by the Congolese government to the INSS and constitute the theoretical results of this study. The first contract is optimal and represents an equilibrium based on the strategy of “absence of compromise.” The second contract is less optimal and gives equilibrium that relies on the strategy qualifying the “compromise.” With reference to the risk imbedded in asymmetric information, the Congolese government and the INSS will be in favor of a less optimal contract. Nevertheless, this contract is able to allow a rise in retirement benefits. This approach is the originality of this paper because existing studies on social security do not seem to use this methodology.

A recommendation deserves to be proposed by this study. The Congolese government should condition the renewal of the mandate of the INSS managers to the realization of the objective assigned to them. This renewal of the mandate would constitute a form of payment referred to in this study.

Ensuring adequate funding for older people and extending coverage to a larger share of the elderly population are the real challenges DRC faces in its search for improving its social security system. In this paper, we focused our attention on the first challenge. Given that social security is constituted by three kinds of benefits (old age, disability, survivors), the benefit of elders allows us to have a partial overview of improving social security systems. This is a limitation of the study. Another limitation is found in the second challenge that is not analyzed in this paper and could be a future area of research.

Publisher: UNU-WIDER; Author: Didier Mumpambala Luzolo; Sponsors: This study was written for the UNU-WIDER Symposium on the Political Economy of Social Protection Systems. The author is grateful to the UNU-WIDER research team for helpful comments on earlier versions of this paper, and wishes to acknowledge the support provided by UNU-WIDER. The author takes all responsibility for the document content.

(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)

Democratic Republic of Congo

Child Labor in Democratic Republic of Congo

Pounding rock and crushing potential: Child labour in DR Congo

In the rock quarries of DR Congo, entire families – including small children – have to work in order to survive.



Covered in powder, Sylvian, 2, sits alongside his mother, pounding rocks with a mallet in an ore heap in the Democratic Republic of the Congo. Rocks, dust and sun: This is the only life Sylvian has known. Each day, he and his family come here to pound large rocks into gravel for use at construction sites. They leave home at five in the morning and finish 12 hours later, at dusk.

'If the work stops, the town stops'

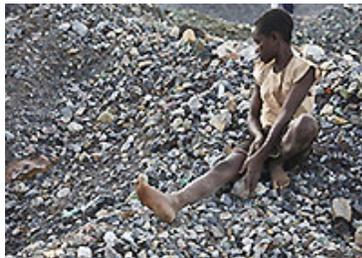


For Sylvian's mother, Bichi Banza, 40, this job is all she has to help her feed her six children, and she can't do it alone – so she brings all the children to help her. If they're lucky, they will sell the newly minced gravel at the end of the day. A four-meter tall pile sells for around 30,000 francs, or roughly \$6. None of Ms. Banza's children attend school. The story is similar for the other 500 families working on this heap.

"This is a mining town. Our parents used to work for the mining company," she explains. "Since they closed the mine, there is nothing else to do. If the work stops, the town stops."

Social Protection for Child Workers

Teenage boys scavenge through the rubble looking for cobalt, a copper by-product that can be more lucrative than the gravel. The occasional sale of a gravel pile can keep children fed, but it rarely is enough to pay the monthly cost of school. According to Article 32 of the Convention on the Rights of the Child, children have the right to be protected from economic exploitation.



Through the efforts of Group One, a UNICEF-supported Belgian non-governmental organization, this is starting to happen in DR Congo. Group One and UNICEF are working to remove children from the hazardous working conditions in the quarry and get them back to school. "One of the things we need to do is try to take these children out of this economy," says Pierrette Vu Thi. "It means working on building social protection systems and helping these children's families by giving them the means to send the children to school."

Details: <http://www.ungei.org/infobycountry/drc.html>

To be Continued.....

Two-Articles of Highest Impact, May 2017

1. Postpartum Psychiatric Disorders;
<http://www.womenshealthsection.com/content/gynmh/gynmh004.php3>
WHEC Publications. Special thanks to WHO, NIH and CDC for the contributions. Funding provided by WHEC Initiatives for the Global Health.
2. Sickle Cell Disease in Pregnancy;
<http://www.womenshealthsection.com/content/obsmd/obsmd019.php3>

WHEC Publications. Special thanks to our writers and editors for compiling the review.



Inputs to the High-level Political Forum on Sustainable Development



This online review platform is dedicated to compiling voluntary inputs from countries participating in the national voluntary reviews of the High-level Political Forum on Sustainable Development, as well other voluntary governmental inputs, inputs from Economic and Social Council (ECOSOC) functional commissions and other

intergovernmental bodies and forums, inputs from major groups and other stakeholders, as well contributions from multi-stakeholder partnerships and voluntary commitments.

Milestones

Education:

Education for all has always been an integral part of the sustainable development agenda. The World Summit on Sustainable Development (WSSD) in 2002 adopted the Johannesburg Plan of Implementation (JPOI) which in its Section X, reaffirmed both the Millennium Development Goal 2 in achieving universal primary education by 2015 and the goal of the Dakar Framework for Action on Education for All to eliminate gender disparity in primary and secondary education by 2005 and at all levels of education by 2015. The JPOI addressed the need to integrate sustainable development into formal education at all levels, as well as through informal and non-formal education opportunities.

Health and Population:

Almost fifteen years ago, the Millennium Development Goals (MDGs) were agreed, and even though significant progress has been made in a number of areas, progress has been uneven, particularly in Africa, least developed countries, landlocked developing countries and small-island developing States. Some of the MDGs remain off-track, in particular those related to maternal, newborn and child health and to reproductive health.

Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development is devoted to “*ensure healthy lives and promoting well-being for all at all ages*”. The associated targets, inter alia, aim to the reduction of global maternal mortality, the end of preventable deaths of newborns, the end of the epidemics of AIDS, tuberculosis and malaria, as well as the reduction by one third of premature mortality from non-communicable diseases.

Capacity Building:

Sustainable Development Goal Target 17.9 of the 2030 Agenda for Sustainable Development is the dedicated target to capacity- building and aims to “*Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation*”. Within the 2030 Agenda for Sustainable Development, capacity-building is also mentioned by target 17.8 in the context of ensuring full operationalization of the “*technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017*”. Furthermore, the 2030 Agenda deals with the means required for implementation of the Goals and targets. As reported in paragraph 41, these will include the mobilization of financial resources as well as

capacity-building and the transfer of environmentally sound technologies to developing countries on favorable terms, including on concessional and preferential terms, as mutually agreed.

<https://sustainabledevelopment.un.org/topics>

Mission Statement

The Division for Sustainable Development (DSD) seeks to provide leadership and catalyze action in promoting and coordinating implementation of internationally agreed development goals, including the seventeen Sustainable Development Goals (SDGs). Among other mandates, it hosts the secretariat for the High-level Political Forum on Sustainable Development (HLPF), the central platform within the United Nations system for the follow-up and review of the 2030 Agenda for Sustainable Development, adopted by Heads of State and Governments in September 2015. The 2030 Agenda is a new plan of action for people, planet and prosperity, with 17 SDGs and 169 associated targets at its core.

The work of the Division translates into six core functions:

1. Support to UN intergovernmental processes on sustainable development;
2. Analysis and policy development;
3. Capacity development at the request of Member States;
4. Inter-agency coordination;
5. Stakeholder engagement, partnerships, communication and outreach; and
6. Knowledge management.

In addition, the Division houses the small island developing states (SIDS) Unit mandated to undertake the above-mentioned core functions in support of the further implementation of the SIDS Accelerated Modalities of Action (SAMOA) Pathway, the Mauritius Strategy for the further Implementation of the Barbados Programme of Action and the Barbados Programme of Action for the Sustainable Development of Small Island Developing States.

The High-level Political Forum on Sustainable Development provides for the full and effective participation of all States Members of the United Nations and States members of specialized agencies. (A/RES/67/290)

Agenda 21, adopted at the Earth Summit, drew upon this sentiment and formalized nine sectors of society as the main channels through which broad participation would be facilitated in UN activities related to sustainable development.

These are officially called "Major Groups" and include the following sectors:

- Women
- Children and Youth
- Indigenous Peoples
- Non-Governmental Organizations
- Local Authorities
- Workers and Trade Unions
- Business and Industry

- Scientific and Technological Community
- Farmers

Details: <https://sustainabledevelopment.un.org/>



Representing the United States at the United Nations

The U.S. Mission to the United Nations (USUN) serves as the United States' delegation to the United Nations. In 1947, USUN was created by an act of Congress to assist the President and the Department of State in conducting United States policy at the United Nations. Since that time, USUN has served a



vital role as the Department of State's UN branch. Today, USUN has approximately 150 people on staff who serve to represent the United States' political, economic and social, legal, military, public diplomacy and management interests at the United Nations.

USUN is divided into the following sections – Executive; Washington; Political; Management and Reform; Economic and Social; Legal; Military Staff; Press and Public Diplomacy; Host Country; Management; and Security.

The United States Mission to the United Nations is located at 799 United Nations Plaza (between E. 44th and E. 45th on First Ave) across the street from the United Nations Headquarters.

Model UN



Bridging the Education Gap and Creating Global Citizens

Model United Nations is an authentic simulation of the UN General Assembly, UN Security Council, or other multilateral body, which introduces students to the world of diplomacy, negotiation, and decision making.

At Model UN, students step into the shoes of ambassadors of countries that are members of the UN, from Argentina to Zimbabwe. The students, better known as “delegates”, debate current issues on the organization's vast agenda. They prepare draft resolutions, plot strategy, negotiate with supporters and adversaries, resolve conflicts, and navigate the UN's rules of procedure – all in the interest of resolving problems that affect the world.

Before playing out their ambassadorial roles in Model UN, students research the particular global problem to be addressed. The problems are drawn from today's headlines. Model UN delegates learn how the international community acts on its concerns about peace and security, human rights, the environment, food and hunger, economic development, and globalization

<https://usun.state.gov/>

Words of Wisdom

Democracy is the worst form of Government except all those other forms that have been tried from time to time.

- Sir Winston Leonard Spencer-Churchill (30 November 1874 – 24 January 1965), British statesman, Prime Minister of the United Kingdom. He won the Nobel Prize in Literature in 1953 for his overall, lifetime body of work. In 1963, he was the first of only eight people to be made an honorary citizen of the United States.

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

<http://www.womenshealthsection.com>

