



WHEC Update

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

March 2020; Vol. 15. No. 03

New Perspectives

With Sustainable Development Goals (SDGs) 17 governments committed to a revitalized Global Partnership between States and declared that *public* finance must play a vital role in achieving the SDGs. But the initial implementation phase of the 2030 Agenda has been dominated by a worrying narrative that emphasizes the need to leverage *private* sector engagement, investments and resources. Mainstream policies still tend to be biased towards *private* financing and private sector partnerships as the primary means of implementation for the 2030 Agenda, based on the misguided idea and efficient option. In sum, a human rights-based approach to development seems to have been cast aside for a profit-driven approach to development.

Cutbacks in public services and other 'austerity measures' that governments claimed were necessary to keep them solvent in the aftermath of the recent economic and financial crisis led to a wave of privatization, particularly in public service provision and infrastructure. Growing evidence shows that the various forms of privatization in the water and sanitation sector, in particular, has been detrimental, especially to the most marginalized and vulnerable communities in the world. Private investors have largely ignored the most underserved regions of the world while favoring more lucrative markets that require less capital and promise greater returns.

A huge gap exists between the commitment to implement social protection systems and the current reality. The ILO World Social Protection Report 2017-2019 shows that only 29% of the world's population is covered by adequate social protection. This results in, among others, a massive burden of unpaid care work for women, as a consequence of that DAWN (Development Alternatives with Women For A New Era) defines as the unfair social organization of care. This means an unequal distribution of responsibilities between the State, market, households and communities on the one hand, and on the other hand between men and women.

But the problem is not a lack of global financial resources. On the contrary, in recent years we have experienced a massive growth and accumulation of individual wealth worldwide. The policy choices that have enabled the unprecedented accumulation of individual and corporate wealth are the same fiscal and regulatory policies that led to the weakening of the public sector and produced extreme market concentration and socio-economic inequality. Some governments have actively promoted these policies, in other cases they have been imposed from abroad, notably by the International Monetary Fund (IMF) and powerful public and private creditors.

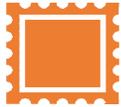
The Working Group of the Women's Health and Education Center (WHEC) believes there is no need for a global consensus of all governments (which is nearly impossible to reach in the current geo-political climate) to start implementing the political and institutional reforms. In many years there is sufficient space to shape policies at the national or even sub-national level, or to start initiative of like-minded countries within the institutional framework of the United Nations (UN).

The transformation of our world as proclaimed in the title of the 2030 Agenda has to happen simultaneously at all levels, from local action to global governance reforms, and by all social actors. This is the major challenge, but also the formidable opportunity provided by the 2030 process.

Share your thoughts with millions of our readers on **WHEC Global Health Line (WGHL)**

Huge Gaps and Contradicting Policies

Rita Luthra, MD



Your Questions, Our Reply

How to close gaps and overcome contradictions in the implementation of the 2030 Agenda?

Towards Coherent Policies for Sustainable Development: Basically, there are bold and comprehensive alternatives to business as usual that would help to change the course towards more coherent policies for sustainable development aligned with human rights principles and standards.

It is important to recognize, however, that the implementation of the 2030 Agenda is not just a matter of better policies. The current problems of growing inequalities and unsustainable production and consumption patterns are deeply connected with power hierarchies, institutions, culture and politics. Hence, policy reform is necessary but not sufficient, a sectoral approach is likely to address only the tip of the iceberg.

We suggest, political reforms and actions are necessary and can be summarized in the following six clusters:

1. Turning the commitment to policy coherence into practice. There is a need for a whole-of-government approach towards sustainability to secure highest-level authority and ensure full-time attention and action. This approach is essential but not sufficient. It needs to be accompanied by strengthened citizen's rights in decision-making and the commitment to a permanent and meaningful consultation process with broad constituency participation, including the participation of indigenous peoples.
2. Strengthening public finance at all levels. Military spending should be reduced, and the resource savings reallocated, among others, for civil conflict prevention and peacebuilding.
3. Improving regulation for sustainability and human rights. Setting rules and standards is a central task of responsible governments and a key instrument of active policy-making. However, governments have too often weakened themselves by adopting policies of deregulation or 'better regulation.' Governments should no longer allow companies and banks to grow in unlimited fashion. 'Too big to fail' should not be translated into 'too big to allow.'
4. Better use or creation of new legal instruments. In the last few years there has been a significant increase in court cases that seek to challenge the climate change policy of governments. Litigation is also increasingly being used as a tool to enforce the responsibility of our corporations, particularly in the fossil fuel industry. The human rights framework provides another set of tools to hold governments accountable.
5. Refining measures and indicators of sustainable development. There are still enormous data gaps in critical areas such as poverty, inequality, climate change, environment, gender and governance. To date, only 50% of the 169 SDGs targets are ready for progress assessment. Perhaps it is time to start other way around, consider the transformational vision of the 2030 Agenda and the fundamental intent of the 17 SDGs and find the best available proxy indicators or indices for those promises in a complementary parallel process to the exhaustive and painfully slow interpretation and data gathering for each of the 169 targets.
6. Closing global governance gaps and strengthening the institutional framework for sustainable development.

The implementation of the 2030 Agenda at the global level also requires the provision of predictable and reliable funding to the UN System. In particular, governments should reverse the trend towards voluntary, non-core and earmarked contributions and the increasing reliance on philanthropic funding.

Join the efforts!



Women's Health and Education Center (WHEC) Sponsored Programs at the United Nations

Commission on Population and Development (CPD); fifty-third session Population, food security, nutrition and sustainable development 30 March - 3 April 2020

The Division was established in the earlier years of the United Nations to serve as the Secretariat of the then Population Commission, created in 1946. Over the years, it has played an active role in the intergovernmental dialogue on population and development, producing constantly updated demographic estimates and projections for all countries, including data essential for the monitoring of the progress in achieving the Millennium Development Goals (MDGs) now the Sustainable Development Goals, developing and disseminating new methodologies, leading the substantive preparations for the UN major conferences on population and development as well as the annual sessions of the Commission on Population and Development (CPD).

Written Statement of the Women's Health and Education Center (WHEC), has been published by 53rd Session of CPD. UN Document: E/CN.9/2020/NGO/1
Title: **Healthy mother healthy infant through nutrition – The need for strategic planning and promotion.**

Available @: http://www.womenshealthsection.com/content/documents/53rd_Session_of_CPD_2020.pdf

Join the initiatives; we welcome everyone

Update – Side Event during 58th Session of Commission for Social Development; 17 February 2020

It was well received. We have heard very positive responses from many notable organizations, and they have expressed their interest in collaborating in this initiative with WHEC. Special thanks to Mr. Werner Obermeyer, Deputy Executive Director, WHO Office at the United Nations, for joining the side event with us and sharing the policies of WHO.

Speakers' List: http://www.womenshealthsection.com/content/documents/Speakers_List.pdf

Housing: An Important Determinant of Health

<http://webtv.un.org/watch/housing-an-important-determinant-of-health-csocd58-side-event/6133241030001/>

Our writers / editors are planning to compile a review/ Practice Bulletin for our Healthcare Policy Section of our e-Health platform: <http://www.womenshealthsection.com/content/health/>
Working Title is: Homelessness, Health and Basic Human Needs

Please feel free to submit your thoughts, ideas and contributions. We look forward to hearing from you and collaborate with you.

Welcome!



United Nations at a Glance

Permanent Mission of Iraq to the United Nations

Iraq became the Member State of the United Nations on 21 December 1945



Iraq, officially the **Republic of Iraq**, is a country in Western Asia, bordered by Turkey to the north, Iran to the east, Kuwait to the southeast, Saudi Arabia to the south, Jordan to the southwest and Syria to the west. The capital, and the largest city is Baghdad. Iraq is home to diverse ethnic groups including Arabs, Kurds, Chaldeans, Assyrians, Turkmen, Shabakis, Yazidis, Armenians, Mandeans, Circassians, and Kawliya. The official languages of Iraq are Arabic and Kurdish. 99% of country's 38 million citizens are Muslims, with tiny minorities of Christians, Yarsans, Yezidis and Mandeans. The country's official religion is Islam.

Iraq has a coastline measuring 58 km (36 miles) on the northern Persian Gulf. The country today known as Iraq was a region of the Ottoman Empire until the partition of the Ottoman Empire in the 20th century. In April 1920 the British Mandate of Mesopotamia was created under the authority of the League of Nations. The Hashemite Kingdom of Iraq gained independence from the UK in 1932. In 1958, the monarchy was overthrown, and the Iraqi Republic created. After an invasion by the United States and its allies in 2003, Saddam Hussein's Ba'ath Party was removed from power, and multi-party parliamentary elections were held in 2005. The US presence in Iraq ended in 2011.

Iraq is a founding member of UN as well as of the Arab League, The Organization of Islamic Cooperation (OIC), Non-Aligned Movement and International Monetary Fund (IMF).



In October 2005, the new Constitution of Iraq was approved in a referendum with a 78% overall majority, although the percentage of support varying widely between the country's territories. Under the terms of constitutions, the country conducted fresh nationwide parliamentary elections on 15 December 2005. All three major ethnic groups in Iraq voted along ethnic lines, as did Assyrian and Turcoman minorities. The Iraqi Penal Code is the statutory law of Iraq.

Diaspora and Refugees

The dispersion of native Iraqis to other countries is known as the Iraqi diaspora. The UN High Commission for Refugees has estimated that nearly two million Iraqis have fled the country after multinational invasion of Iraq in 2003, mostly to Syria and Jordan. The International Displacement Monitoring Centre estimates an additional 1.9 million are currently displaced within the country. In 2007, the UN said that about 40% of Iraq's middle class is believed to have fled and that most are fleeing systematic persecution and have no desire to return. In recent years the diaspora seems to be returning with the increased security; the Iraqi government claimed that 46,000 refugees have returned to their homes in October 2007 alone.

As of 2011, nearly 3 million Iraqis have been displaced, with 1.3 million within Iraq and 1.6 million in neighboring countries, mainly Jordan and Syria. According to Official United States Citizenship and Immigration Services statistics, 58,811 Iraqis have been granted refugee-status citizenship as of May 25, 2011. To escape the civil war, over 160,000 Syrian refugees of varying ethnicities have fled to Iraq since 2012.

Human Rights: relationship between Iraq and its Kurdish population have been sour in recent history. LGBT rights in Iraq remain very limited; decriminalized, homosexuality remains stigmatized in Iraqi society.

Details: <http://iraqmission.us/en/>

Collaboration with World Health Organization (WHO)

WHO | Iraq



Country Health and Development Challenges

Iraq is still recovering from long period of conflict and political turmoil. While modernization of the public sector remains a top priority, limited focus on good governance is affecting the implementation of laws, provision of services and effective management of the country's resources. Iraq's population almost tripled between 1970 (10 million) and 2010 (more than 33 million) and the United Nations Population Division estimates that by 2030, it will have quadrupled to almost 50 million. Currently, the Iraqi population presents a broad-based youthful age composition, with 40% under the age of 15 years. Approximately two thirds (66%) of the population lives in urban areas, though regions vary greatly, with Baghdad having the highest urban population (93%) and Diyala the highest rural population (56%). Though fertility rates have decreased in the past decade, fertility in Iraq remains high with a total fertility rate of 4.3.

Iraq's unprecedented population growth, with its youth/adolescent bulge, is of concern from a social and health perspective. High unemployment rates, limited economic opportunities and poor service delivery, coupled with forced migration, all have a negative impact on health and well-being of the people of Iraq and adversely affect the country's ability to achieve Sustainable Development Goals (SDGs).

Iraq is a middle-income country with gross domestic product (GDP) per capita estimated at US \$ 3,864 in 2011. Its economy is heavily dependent on revenues from oil with relatively small contribution of non-oil sectors in GDP and in exports. Prudent fiscal policy has brought considerable progress towards macroeconomic stability since 2003. Inflation has been reduced to single digits and economic growth has resumed, although the role of the private sector is very limited.

Health over the life-cycle

Improvement of women's health was clearly articulated in the Ministry of Health's strategic plan for 2012-2017. Reproductive health services deteriorated sharply immediately after the 2003 conflict but have since made a gradual recovery. Currently, 50% of the population is under the age of 20 years. Marriage at young age is prevalent in some parts of the country, although fertility rates have decreased in the past decade.

The total unmet need for contraception is high, and evidence of male involvement in fertility control is largely lacking. Family planning services are offered in less than 5% of primary health care centers and family commodities are rarely available except through private pharmacies at a high cost. Although the rate of first-visit to antenatal care facilities is relatively high, the percentage of pregnant women who follow the recommended number of visits (four visits and above) is still low (29%). The same is true for postnatal coverage (41%). It is reported that 32% of births occur outside health institutions, with 22% of deliveries at high risk and in need of advanced medical support.

Implementing the Strategic Agenda: Implications for WHO

WHO has to play a major role in promoting partnership with key health supporting agencies such as UNICEF, UNFPA, WFP, ICRC, IFRC and donors including the EU, DFID and USAID. The country office needs to develop a convening authority and bring these agencies together in order to ensure alignment with national strategic plans and harmonizing their external inputs. This may require additional international staff to assist ongoing efforts in promoting partnership and in enhancing aid effectiveness and donor coordination.

Details: <https://www.who.int/countries/irq/en/>

Bulletin Board

Access to Information Policy

..... Continued

Waiver

1. Provisions of this Policy may be waived by The Board of Trustees.

Effective Date

This Policy is effective as of 12 April 2019.

Related Links

United Nations

<http://www.womenshealthsection.com/content/Reference-3310-UN-Document.pdf>

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What we do? Who we are? Why gender and health?

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

<http://www.WomensHealthSection.com> launched on 24 October 2002, is a global Web-enabled platform for multiple forms of collaboration. This platform enables individuals, groups, companies, and universities anywhere in the world to collaborate – for the purposes of innovation, education, research and to advance the causes peace, health and development.

We invite you to tap into this platform, and finally, the governance to get the best out of this platform.



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



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Intervention, aid, and institution-building in Iraq and Afghanistan

A review and critique of comparative lessons

Since 2001 international attention has focused on the conflicts in Iraq and Afghanistan, and specifically on the question of whether external intervention can assist weak or fragile states in successfully making the transition to stable democracies. Despite their differences, Iraq and Afghanistan are often considered together in analyses of state-building, and multiple observers have explored the lessons of one for the other. Yet Iraq and Afghanistan are not the first cases of US military intervention and occupation for the purposes of transforming a foreign regime. This paper provides a review and critique of the literature on why some of these interventions were more successful than others in building robust and effective state institutions.

US State-building operations in comparative perspective

In Japan, Iraq, and Afghanistan, the United States sought to build democratic institutions and practices through military occupation and reconstruction that could survive the withdrawal of US support but produced very different outcomes. A focused comparative analysis of these three cases is useful for two reasons. First, many analyses of external state-building, particularly of Iraq and Afghanistan, focus only on cases of failure. We therefore cannot know based on these studies alone whether the causes of failure they identify are also present in cases of success. Second, the Bush Administration specifically drew on the Japanese example in building its public case for the Iraq war in the fall of 2002 and the spring of 2003. US officials cited the occupation of Japan as evidence of the possibility of exporting democracy by military force.

As President Bush stated in February 2003: " America has made and kept this kind of commitment before – in the peace that followed a world war. After defeating enemies, we did not leave behind occupying armies, we left constitutions and parliaments ... In societies that once bred fascism and militarism, liberty found a permanent home. There was a time when many said that the cultures of Japan and Germany were incapable of sustaining democratic values. Well, they are wrong. Some say the same of Iraq today. They are mistaken."

A key question arising from this analysis is the extent to which state-building success is driven by the choices of the intervener, or by 'structural' conditions over which interveners have no control, such as the pre-existing economic conditions or political experience of the targeted state. If these structural factors are the key drivers of success, improvements in the amount, design, or administration of aid programs will not substantially improve state-building outcomes.

Publisher: UNU-WIDER; Author: Jonathan Monten; Sponsor: UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency – Sida) for Recom. UNU-Wider also gratefully acknowledges core financial support to its work programme from the governments of Denmark, Finland, Sweden and the United Kingdom.

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)

Iraq: Background



Children make up almost half of Iraq's population, which is now close to 25 million. Securing the rights of children not only guarantees the well-being of the present generation, but also that of future generations. However, many of their rights are denied, as illustrated by the following facts and figures:

Nearly one in four children aged between 6 and 12 do not attend school – 31.2% of girls and 17.5% of boys.

Girls and women are facing a major learning gap. There has been a sharp decline in adult female literacy and nearly twice as many girls as boys are out of school.

The rate of acute malnutrition among children has dropped from a high of 11% in 1996 to 4% this year. However, close to 1 million children under the age of five suffer from chronic malnutrition.

Infant mortality today (107 deaths per 1,000 live births) is more than double what it was at the end of the 1980s. the under-five mortality rate (131 deaths per 1,000 live births) is two-and-a-half times what it was in 1989.

Preventable illnesses such as diarrhea and respiratory infections account for 70% of child deaths.

The water supply system was heavily compromised during the 1990s. Restoration work is underway, but children and women are still exposed to water-related health hazards on a daily basis. Safe drinking water is a nation-wide problem and cases of diarrhea have increased from an average of 3.8 episodes per child/year in 1990 to nearly 15 episodes per by 1996. During the same period, typhoid fever increased from 2,240 to over 27,000 cases.

There is an increase in the number of children at work, as well as in the number of orphans needing state assistance which existing institutions are unable to provide. There has been sharp increase in maternal mortality because women are not getting emergency obstetric care for complications during pregnancy and childbirth.



School Restoration Campaign builds hubs of stability in Iraq

The continuation of schooling is a primary UNICEF concern in all emergency situations. During armed conflict and in the aftermath, education can offer structure and stability for children and adolescents. And in Iraq, as in every country, a quality education for all children is the best guarantee of a better future.

To be continued....

Two Articles of Highest Impact, February 2020

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Newborn Nutrition; <http://www.womenshealthsection.com/content/obsnc/obsnc004.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. Pelvic Fistulae in Women: Diagnostic Tests and Management;
www.womenshealthsection.com/content/urogvvf/urogvvf013.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

Universal Health Coverage: Keeping the Promise to the Women



Women have always played a vital leadership role in their communities as traditional healers, keepers of medicinal recipes, cares for sick and act as birth attendants. In many traditional societies, they still do. But when medicine formalized, women had to fight their way and that partly explains why, although women are 70% of health and social care workers, they are clustered into lower status, low paid roles today.

This Universal Health Coverage (UHC) Day is the first since the landmark September 2019 United Nations High Level Meeting on UHC when Heads of State and Government made strong commitments to deliver UHC. And one of the most important

promises made was to address the gender inequalities in the health and social workforce that disadvantage women and limit their advance into leadership. Heads of State and Government agreed unanimously that this has to change. And it has to change for three critical reasons:

First, we have a moral duty to look after the people who look after us when we are at our most vulnerable. It is a reasonable social contract that, in return for what they do for us, female health workers should have decent working conditions where they can focus on their work without fear of violence and harassment. And it is their right to receive equal pay and indeed, to be paid for the work they do. Yet half the \$ 3 trillion women in health contribute to global Gross Domestic Product is in the form of unpaid work.

Health systems cannot be strong resting on the fragile and inequitable foundation of unpaid work by women and girls. Recognizing and paying women fairly for all the work they do in health and social care will result in stronger health systems for us all.



Second, 18 million new health and social care jobs, primarily in low- and middle-income countries, must be created to deliver UHC. And that is in the context of a wider predicted demand of 40 million health workers by 2030.

With demographic changes and rising life expectancy, the health sector is one of the fastest growing economic sectors globally and supply is not keeping pace with demand. It would be a tragedy to have got commitment to UHC at the highest political level and to fail to realize it because we do not have health workers to deliver care. Women are studying medicine

and entering health occupations in greater numbers than ever before in most countries and that trend seems set to continue.

We must remove any barriers to entry and advancement, to encourage them to enter health occupations and to stay. Women will fill the majority of health worker jobs and deliver UHC, if we enable them to do so.

Third, Delivered by Women, Led by Men reality must change to achieve UHC. With men holding 75% of senior roles in global health, health systems are not drawing from the total talent pool. Our health outcomes are poorer because we are losing the perspectives of the women who run health systems, from both design and delivery.

If UHC is to keep the promise of reaching everyone, we need diverse perspectives and diverse leadership to reflect the populations we serve. We need women to lead health systems and have an equal voice in shaping them.

2020 as the Year of the Nurse and the Midwife

The year of the Nurse and Midwife will go beyond celebrating the work of nurses and midwives, which deserves to be celebrated and valued. It will look at women's leadership within nursing and midwifery and the leadership role that should be played by nurses and midwives from community to global levels.

WHEC is determined to keep the promise made in the UHC Political Declaration to address gender inequalities experienced by female health workers. We will do that because it is the right thing to do for female health workers but also because it is the smart thing to do for health systems and UHC.

Suggested Reading:

UN Document E/CN.5/2020/NGO/60

Title: **Our initiatives for achieving Universal Health Coverage based on concepts of equity and reducing poverty – A Concept Note**

Published by 58th CSocD, Written Statement

Available @

http://www.womenshealthsection.com/content/documents/CSocD_2020_Written_Statement.pdf



In The News

UN75: 2020 and Beyond



To mark its 75th anniversary in 2020, the United Nations has launched the biggest-ever global conversation on the role of global cooperation in building the future we want.

Why Now?

Tackling issues such as the climate crisis, inequality, new patterns of violence and the major changes we are seeing in population and technology in order to achieve the Sustainable Development Goals – our shared vision for the

future – will require cooperation across borders, sectors and generations. But just when we need collective action more than ever, support for global cooperation is flagging. In many countries, public trust in traditional institutions is in decline and relations between countries are under strain. Dialogue – and action – on global issues could not be more urgent. Through these conversations, the UN aims to build a global vision of 2045 – its centenary, increase understanding of the threats to that future, and support enhanced international cooperation to realize that vision.

Why Join?

Your voice will be heard. The views and ideas that are generated will be presented to world leaders and senior UN officials at a high-profile event during the 75th Session of the United Nations General Assembly in September 2020. They will also be disseminated online and through partners on an ongoing basis.

When is this happening and where?

From January 2020, the UN75 campaign will initiate dialogues in all settings – from classrooms, parliaments to village halls. The aim is to reach as many people as possible: to listen to their hopes and fears; and learn from their ideas and experiences. Anybody can join the global conversation – physically or online, individually or as a group, in every region of the world.

How will this be done and how do we join?

UN75 will drive the initiative from behind.

Together we will Connect. Amplify. Act.

Connect people: UN75 is building, and will continue to build, a network of diverse groups, individuals and partners to convene dialogues. Through its global online and offline networks, UN75 will aim to reach as many people as possible, including youth, marginalized communities, and those who would not often or ever engage around issues of global cooperation.

Join the conversation. Be the change.

<https://www.un.org/en/un75/join-conversation>



Nothing Gold Can Stay

Nature's first green is gold,
Her hardest hue to hold.
Her early leaf's a flower;
But only so an hour.
Then leaf subsides to leaf.
So Eden sank to grief,
So dawn goes down to day.
Nothing gold can stay.

- Robert Frost (1874 – 1963) one of America's finest poets. Winner of Pulitzer Prize for Poetry on four occasions, served as Poet Laureate Consultant in Poetry to the Library of Congress, and was awarded a Congressional Gold Medal in 1960.

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

<http://www.WomensHealthSection.com>

