WHEC Update

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

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Practice & Policy

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

As we look towards the new year, let us focus on our successes, and our work together to ensure that 2019 is a great year for everyone, everywhere! As healthcare providers, we are fascinated by patents – what they do, how to obtain them, what rights they give, and what are their strengths and weakness. Patents although are important but are not well understood. A patent is a statutory right granted as a reward for making a useful invention. The patent system is based on the belief that creativity will be fostered by granting a statutory right of exclusivity to inventors in return for them making their inventions public. As Abraham Lincoln, himself an inventor, said: "The patent system added the fuel to interest to the fire of genius."

If we look at the history, the United Kingdom (UK) has the longest continuous tradition of patents. In 1449, Henry VI granted a patent to the Flemish-born John of Utynam, giving him a 20-year monopoly for a method of making stained glass used in the chapel at Eton College. In the United States (US), patents are enshrined in the constitution, which includes the following paragraph giving authority to the legislature: *To promote the Progress of Science and useful Arts, by securing for limited Times to Authors and Inventors the exclusive Rights to their respective Writings and Discoveries.*

Simply put, the patent right enables the patent owner to exclude third parties (infringers) from practicing a patented invention for a prescribed number of years, and in return patent owners must disclose their invention to the public. The generally accepted rationale for patents is to provide an incentive for innovation. This incentive is seen most clearly in pharmaceutical industry and technology industry, where strong patent protection in developed countries is regarded as a pre-condition to incurring the expenses of product development. Patents are the way in which most of the products are commercialized.

A patent does not give the owner the right to do anything. In many countries, for example, the developer of a new patented antibody for therapeutic purposes would have had to obtain rights from a number of companies owning prior patents that covered technologies necessary to manufacture the new antibody. Thus, a patented invention may be dominated or blocked by prior patents that, unless licensed, may prevent commercialization of the invention.

Intellectual Property (IP) Law remains an opaque area for many businesses and financial people. Legal mechanisms have also failed to cope well with the rampant piracy enabled through technology and the interest. The law remains in constant movement and fundamental questions remain to be answered, or if answered in past, are subject to review and revision. Before you embark on this journey, think – what are your trying to protect? IP may be captured, developed, purchased or licensed in order to gain broader competitive advantages beyond just being a barrier to entry benefitting the current products of a business.

Patents are time limited (usually 20 years from filing) and lapse early within that term unless renewed upon payment of the requisite "maintenance" fees. Not every invention is worth patenting. Rules relating to IP ownership are complex. The one simple, overriding rule is to set out IP ownership in a contract at the start of any business or employment relationship.

Create and account and share your thoughts and ideas on ***WHEC Global Health Line***.

Intellectual Property, Patents and Medical Practice

Rita Luthra, MD

Your Questions, Our Reply

What kinds of invention can be patented? Can stem-cells and genes be patented?

Facts about Patents and Patient's Interests: Some registered IP may not be worth the expenses of maintaining it. Registered IP that is no longer needed can be sold, but companies can also save money by abandoning no longer relative IP through non-payment of maintenance fees. A US patent on average has only a somewhat better than even chance of surviving a fully litigated challenge to its validity; the owner of a US patent on average has around a 26% chance of prevailing in a fully litigated case against an infringer.

The US patent statue (35 USC. 101) sets out what may be patented: *Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter … may obtain a patent therefor.*

In Europe, Article 52 of the European Patent Convention (also known as the Convention on the Grant of European Patents) states: *European patents shall be granted for any inventions, in all fields of technology, provided that they are new, involve an inventive step (broadly meaning not obvious) and are susceptible of industrial application.*

The Japanese Patent Act is unusual in defining what is meant by an invention as "the highly advanced creation of technical ideas utilizing the laws of nature." This follows German thinking, which underlies Japanese law. China has followed the basic concepts of these systems, and the requirements for novelty, inventiveness and industrial application are enshrined in the World Trade Organization's (WTO's) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Therefore, they are found in most patent systems throughout the world.

While in the US the scope of patentable subject matter has generally been decided by the courts by way of "judicial exceptions" to the categories of patentable processes, machines, manufactures, or compositions of matter set out in the patent statute. In Europe certain limits are set out in Article 52. This excludes from patentability discoveries, scientific methods and mathematical models, aesthetic creations, schemes, rules and methods for performing mental acts, playing games or doing business, to the extent that the European patent "relates to such subject matter or activities as such."

This "as such" language has, however, been narrowly interpreted so as to allow, for example, interventions that use a computer program but are technical in nature. At least one senior US judge has said that the new US Supreme Court cases "for all intents and purposes, set out a technological arts test for patentability," so the differing international approaches may to some extent be converging.

Genes and diagnostic tests: In 2012 the US Supreme Court decided in *Mayo Collaborative Services v Prometheus Laboratories Inc.* that medical tests based on correlations in the blood and treatment efficacy were not patentable. This was because they were merely an abstract idea based on a natural phenomenon.

In 2013, in case of *Myriad Genetics,* a molecular diagnostic company, the court decided that isolated and purified DNA as contained in genetic tests for certain important breast cancer genes (BRCA) was not patentable because it was a product of nature. However, certain DNA sequences (cDNA) used in tests and allegedly not found in nature were held by the Supreme Court to the patentable.

In 2013, in case of *Ariosa Diagnostics Inc. v Sequenom*, at the trial court level, a patent covering a prenatal test for Downs syndrome and other conditions was declared invalid (US Patent No. 6,258,540). The invention was made at Oxford University and licensed to Sequenom, a US biotech company.

In Europe, there has been much controversy over the scope of permissible patenting of human embryonic stem-cell-related interventions, where the applicability Biotech Directive 998/44 prohibits in Article 6(2)(c) the patentability of "uses of human embryos for industrial or commercial purposes" as being contrary to "ordre public [public policy] or mortality." In December 2014, the European Court of Justice decided that the prohibition applies only to cells that have the capacity to develop into a human being. No parallel exists in the US to the same extent.

Please review: **Healthcare Patents and The Interests of Patients**
http://www.womenshealthsection.com/content/heal/heal012.php3

WHEC welcomes your thoughts for discussion.

United Nations at a Glance

Permanent Mission of Ghana to the United Nations

Ghana became UN Member State on 8th March 1957

Ghana, officially the **Republic of Ghana**, is a unitary presidential constitutional democracy, located along the Gulf of Guinea and Atlantic Ocean, in the sub-region of West Africa. Spanning a land mass of 238,535 km^2 (92,099 sq. mil), Ghana is bordered by the Ivory Coast in the west, Burkina Faso in the north, Togo in the east and the Gulf of Guinea and Atlantic Ocean in the south. *Ghana* means "Warrior King" in the Soninke language. The first permanent state in the territory of present-day Ghana dates back to the 11th century.

Ghana's population of approximately 28 million spans a variety of ethnic, linguistic and religious groups. 5% of the population practices traditional faiths, 67.2% adhere to Christianity and 23.6% are Muslim. Its diverse geography and ecology ranges from coastal savannahs to tropical rain forests.

Ghana is a democratic country led by a president who is both head of the state and head of the government. Ghana's growing economic prosperity and democratic political system have made it a regional power in West Africa. It is a member of the Non-Aligned Movement, the African Union, the Economic Community of West African State (ECOWAS), Group of 24 (G24) and the Commonwealth of Nations.

Ghana has a strong relationship with the United States. Three recent US presidents – Bill Clinton, George W. Bush, and Barack Obama – made diplomatic trips to Ghana. Many Ghanaian diplomats and politicians hold positions in international organization, including Ghanaian diplomat and former Secretary-General of the United Nations Kofi Annan, International Criminal Court Judge Akua Kuenyehia, and former President Jerry John Rawlings and former President John Agyekum Kufour, who both served as diplomats of the United Nations.

Ghana has made progress in the formulation and implementation of Sustainable Development (SD) strategies since the Rio Conference. There is now a considerable knowledge and understanding of SD. Institutions for Sustainable have been established while SD as a tool for development has been recognized and being implemented. Analysis of findings on the three pillars of sustainability indicates that the country has make some gains the social and economic fronts. However, the gains made are marginal and can dissipate with little shock. Specifically, stable governance has led to a stable average growth rate of about 5% since 1990.

There is the need to develop and implement long term development strategies and harmoniously integrated pillars of SD. This is more urgent during the transition to a green and oil economy and calls for building human and institutional capacities for policy formulation, implementation monitoring and for the enforcement of legislation. Effective grassroot participation including the private sector and Civil Society Organizations (CSOs) at the design and implementation stages is very critical. Strengthening decentralized governmental administration and political processes, sensitization and the creation of awareness at the local level will increase knowledge, promote sustainability practices and foster partnerships among policy makers and the people.

National Assessment Report on Achievement of Sustainable Development Goals and Targets for RIO+20 Conference

Details: https://sustainabledevelopment.un.org/content/documents/1016ghananationalreport.pdf

Collaboration with World Health Organization (WHO)

WHO | Ghana

Ghana has ten administrative/political regions which are further divided into 170 District Assemblies. The District Assemblies develop, plan and mobilize resources for plans, programs and strategies for the development of the district. The political situation is stable, with presidential and legislative elections every four years. The country's economy is dominated agriculture and the service sector which contribute 42% and 38% of Gross Domestic Product (GDP) respectively. Ghana's GDP per capita is US $538, and it was classified as one of the 41 heavily-indebted poor countries (HIPCs) in the late 1990s. As a result of good monetary and fiscal policies and a favorable international economic environment, the economy has been growing steadily by at least 5.5% per year since 2004.

The Health Sector

The health sector adopted the sector-wide approach (SWAp) principles in its 1996 sector reform process with the active participation of government, partners, civil society and the private sector. As a result of this reform, the Ministry of Health (MoH) retained responsibility for policy formulation, monitoring and evaluation, resource mobilization and regulation of health service delivery. The Ghana Health Service (GHS) was created to assume responsibility for service delivery and implementation of the health policies and programs designed by the ministry. To make health sector more responsive, all public-owned health institutions, divisions, facilities and agencies were given responsibility for their own planning, budgeting, implementation, monitoring and evaluation.

A common management arrangement has been developed in which partners and stakeholders participate in sector dialogues and develop sector plans. A joint planning, budgeting, supervision, monitoring and reporting framework is available and there is joint ownership of most processes and products of the sector.

Life expectancy at birth is 57.5 years on average (55.4 years for men and 59.6 years for women). Ghana is experiencing an epidemiologic transition with an increasing prevalence of non-communicable diseases. The major causes of child mortality include malaria, diarrhea, and upper respiratory infection. HIV infection, hypertension, diabetes mellitus and road traffic accidents are major causes of mortality in adults. Lowe level of literacy, poor sanitation, under-nutrition, alcohol abuse, sedentary life styles and unhealthy diets constitutes the broad determinants of ill-health contributing to high mortality rates.

Maternal and Child Health

The MoH has declared maternal mortality rate (MMR) a national emergency and has made SDG 5 a national priority. The Ghana Maternal Health Survey (2015) estimates the MMR to be 451 per 100,000 live births. 96% of pregnant women in Ghana receive antenatal care from a trained provider while only 55% are delivered by a skilled provider. Socio-cultural beliefs and practices which discourage institutional delivery, inadequately knowledge of danger signs of pregnancy, poor referral systems, lack of transportation and communication infrastructure permitting the transfer of obstetric emergencies, inadequate numbers of skilled attendants and lack of equipment and supplies account for the three major delays.

The under-five mortality rate in Ghana is high (111 per 1000 live births) and worsening neonatal mortality rates. Health issues affecting adolescents in Ghana include inadequate nutrition, early initiation of sexual activity, unprotected sexual activity and its consequences – sexually transmitted diseases (STDs) and HIV, unwanted pregnancies and complications of abortion. In addition, adolescents are at risk of substance abuse, mental illness and injuries. Adolescent Health Friendly Services are limited and under-used at all levels.

Opportunities

- Easy access to international technical expertise;
- Clear monitoring mechanism for AFRO and HQ;
- Partnering opportunities with other UN agencies to support the health sector;
- Availability of clear guidelines and tools for development and implementation of CCS and for ensuring compliance with WHO regional and global priorities;
- Availability of multi-professional human resource base within the UN System.

Details: http://www.who.int/countries/gha/en/

Bulletin Board

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WHEC Data Protection Policy

IV. Third Party Access to Users' Accounts and Data

18. The WHEC Computer and Network Security Officer, the service managers for WHEC Computing and Network Facilities and all persons expressly authorized by the President / Director-General of the WHEC, shall have access to information contained in WHEC Computing and Network Facilities. Such access is subject to the following conditions:

a. The above-mentioned persons shall not exchange among themselves information acquired thereby unless it is expressly required for the execution of their duties at the WHEC.
b. Access must always be consistent with the professional duties of the above-mentioned persons and is only permitted for:
    i. The resolution of problems affecting the WHEC Computing and Network Facilities, including upgrades or the installation of new facilities;
    ii. The detection of computer security weakness or computer security violations;
    iii. The monitoring of resources available to ensure the adequacy of the WHEC Computing and Network Facilities;
    iv. The investigation, upon instruction by the WHEC Computer and Network Security Officer or Division Leader concerned, of a suspected infringement of this circular by a user;

v. The reallocation of access to or deletion of accounts when a user's contract with WHEC is terminated or when his/her activities are no longer compatible with the aims of the Organizations;
vi. The normal operations of the organic unit of user where the absence of the user would seriously interfere with operations.

To be continued….

Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Gold Mining Pollution and the Cost of Private Healthcare – The Case of Ghana

To attract levels of foreign direct investment into gold mining sectors, many mineral-rich countries in sub-Saharan Africa have been willing to overlook serious instances of mining company non-compliance with environmental standards. These lapse in regulatory oversight and enforcement have led to high levels of pollution in may mining communities.

The likelihood is high that the risk of pollution-related sicknesses, such as skin infections, upper and lower respiratory disorders, and cardiovascular diseases, will necessitate increasingly high healthcare expenditures in affected communities. In this study, the authors propose and estimate a hedonic-type model that relates healthcare expenditure to the degree of residents' exposure to mining pollution using data obtained on gold mining in Ghana. The empirical results confirm that, after controlling for factors such as current and long-term health status, increased mining pollution leads to higher healthcare expenditure.

In many mineral-rich African countries, including Ghana, lax environmental policies, combined with perceived opportunities for financial gain, have resulted in the discharge of large quantities of toxic chemical such as mercury, cyanide, and arsenic and their harmful compounds into the natural environment, exposing workers and residents to a range of health conditions, from lower respiratory tract infections to cardiovascular and skin diseases.

To the best of our knowledge, no study has been undertaken to directly evaluate the effect of exposure to mining pollution on healthcare expenditure among residents of mining communities. A simple hedonic-type model employed in this study confirms that exposure to gold mining pollution has an impact on private healthcare expenditure, after controlling for a number of variables including current and long-term health status, and household income. By directly linking mining pollution concentration to healthcare spending and the monetary measure of the local benefits of regulation, public policy on compensation could be better estimated and better targeted.

Publisher: UNU-WIDER; Authors: Wisdom Akpalu and Ametefee K. Normanyo; Sponsors: The Intitute is funded through income from and endowment fund with additional contributions to its work program from 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)

Ghana: Background

Ghana has made good progress towards increasing access to education and narrowing gender gaps. In 2005, the Ministry of Education abolished school fees nationwide in basic education and introduced a capitation grant for all basic schools after a successful pilot in 2004. Because it effectively addresses poverty – one of the main barriers to access – the grant demonstrated that eliminating school fees leads to narrowing gender gaps and has an immediate and substantial impact on enrolment.

This was particularly the case for kindergarten. Enrolment went up from about 500,000 students in 2004-2005 to more than 800,000 in 2005-2006, an increase of 67%. During the same period, the primary net enrolment rate increased from 59.1% to 68.8%, while net enrolment at the junior secondary level increased from 31.6% to 41.6%.

The increase enrolment was higher for girls than for boys, thus further narrowing gender gaps. The national primary gender parity index (GPI) has improved from 0.93 to 0.95. A similar trend is observed in the poorest and most remote areas, confirming that abolishment of school fees benefits the poor.

Partners

ActionAid, Forum for African Women Educationalists (FAWE), Ghana National Commission on Children of the Ministry of Women's and Children's Affairs, UK Department of International Development (DFID), United States Agency for International Development (USAID), World Food Programme, World University Service of Canada, members of Parliament, local governments (regional coordinating councils and district assemblies) and traditional and religious leaders.

Barriers to girls' education

- Negative social and cultural perceptions about formal education, especially for girls (typically in the northern part of the country, where the poverty level is high, and Islam is a dominant religion).
- The inability of parents or guardians to bear related costs of education, including uniforms, stationary and food, as well as the opportunity costs of sending girls to school.
- Long distances from home to school, too few facilities and a lack of child-friendly environments in the schools that are available.

UNGEI in action

Although there is no formal UNGEI partnership, the priorities for advancing girls' education are:

1. Advocacy and communication strategies to change negative attitudes towards girls' education and ensure that those who have respect and authority in the community work towards sensitization.
2. Reaching poor and vulnerable children. One major boost has been the introduction of capitation grants, funded by the Heavily Indebted Poor Countries (HIPC) Initiative but now fully integrated in Ghana's budget.
3. Targeted construction and rehabilitation of schools, classrooms, and other facilities, such as separate toilets and urinals for girls and boys.

Students in Ghana dream big: http://www.ungei.org/infobycountry/ghana_2074.html

To be continued….

Two Articles of Highest Impact, December 2018

Editors' Choice – Journal Club Discussions
Our friendship has no boundaries. We welcome your contributions.

1. Newborn Screening Program in the United States;
   http://www.womenshealthsection.com/content/obsnc/obsnc003.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.

2. Marijuana and Pregnancy Implications;
   http://www.womenshealthsection.com/content/obs/obs035.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.

From Editor's Desk

New Initiatives, New Collaborations, New Directions

OneHealth tool

The development of the OneHealth tool is overseen by the UN Interagency Working Group on Costing (IAWG-Costing). WHO provides technical oversight to the development of the tool, facilities capacity building, and provides technical support to policy makers to inform national planning and resource needs estimates.

Introduction:
During development of national health plans, governments need to understand the costs and resource implications of proposed strategies. Estimating resources require for implementation allows decision-makers to consider the feasibility and affordability of the plan. Cost projections guide allocations of scarce resources within the health sector. Such projections also inform decisions on resource allocation to the health sector in relation to other public and social sectors.

Conducting projections also inform development of national health plans is considered best practice. However, few publications, mostly grey literature, describe how assessments of health sector-wide resource needs inform national-level planning and decision-making on budget allocation.

Moving towards Universal Health Coverage (UHC)
For countries to achieve the sustainable development goal (SDG) 3, that is, to "ensure healthy lives and promote well-being for all at all ages," in pursuit of UHC, decision-makers need to understand the related resource requirements.

Overview of the OneHealth tool

What is the OneHealth tool?
The tool is developed to forecast the costs and health impacts associated with investments in the health system, thereby information medium- to long-term strategic planning.

What types of costs are estimated in the tool, and how?
The tool estimates the costs of service delivery under individual health programmes and the costs of cross-cutting health system components, including infrastructure, human resources for health, logistics,

health information systems, health financing and governance. The tool uses a bottom-up, ingredients-based costing approach, whereby standards and guidelines for quality clinical care are translated into quantities of inputs required per year. Quantities are multiplied by input-specific prices which can be set up to change over time.

What are some of the tool inputs?

- Epidemiological data (e.g. prevalence or incidence of particular diseases or conditions);
- Baseline and targeted intervention coverage;
- Health programme activity requirements (e.g. health personnel training, mass media campaigns);
- Health system requirements and targets (e.g. planned numbers of health workers to be employed or health facilities to be constructed and equipped);
- Prices of commodities and other inputs.

The tool is pre-populated with data from global literature and country-specific health and population surveys; however, the user can change input assumptions when more appropriate local data is available.

Where has the tool been applied?
In several low- and middle-income countries to inform health sector planning processes and has also been used to generate estimates for global advocacy efforts.

Please contact the WHO-CHOICE team for more information at, whochoice@who.int

In The News

World leaders pledge to eliminate sexual exploitation and abuse; UN Chief outlines course of action

The Secretary-General announced the *Circle of Leadership on the prevention of and response to sexual exploitation and abuse in the United Nations operations,* comprised of Heads of State and Government committed to end impunity and strengthen measures to prevent sexual exploitation and abuse in international deployments.

In 2016, the Secretary-General established a Trust Fund for victims of sexual exploitation and abuse. Member States that have contributed to the Secretary-General's Trust Fund for victims of sexual exploitation and abuse were recognized and others were encouraged to participate. The key initiatives at the heart of the Secretary-General's victim-centered approach to address sexual exploitation and abuse across the UN System:

1. The appointment of a system-wide Victims' Rights Advocate, Ms. Jane Connors (Australia). Ms. Connors noted in her remarks that she will work closely with governments and members of civil society to ensure that assistance is rapidly delivered to victims and that access to and information on national judicial processes is made available to victims.
2. The Under-Secretary-General for Field Support, Mr. Atul Khare, recognized the commitment of Member States to the Trust Fund in support of Victims of Sexual Exploitation and abuse. He also announced the Secretary-General's new initiative to create a Voluntary Compact between the United Nations and Member States, which includes specific commitments to combat and prevent sexual exploitation and abuse in operational areas.

3. The Secretary-General thanked Member States for their contributions to the Victim's Trust Fund and formally marked the establishment of his Circle of Leadership on the prevention and response to sexual exploitation and abuse in United Nations. This initiative serves as a visible demonstration of commitment and resolve at the highest levels of government across the Member States to end impunity, strengthen measures to prevent sexual exploitation and abuse, and give the victims the justice and assistance they deserve.

The Secretary-General also invited key non-governmental partners to the High-Level Meeting to collaborate with the United Nations in this effort, recognizing the important role of civil society in protecting vulnerable groups from acts of sexual exploitation and abuse. The Secretary-General encouraged civil society and humanitarian organizations to work more closely with the United Nations, as there is so much to gain from closer interaction and collective efforts on the ground to strengthen preventative and responsive measures.

Victim's Rights Advocate

https://www.un.org/preventing-sexual-exploitation-and-abuse/content/victims-rights-advocate-0

In The Mail ……

It was indeed a pleasure to receive letter from President Donald J. Trump; THE WHITE HOUSE dated 29 November 2018, regarding his views to improve healthcare delivery system in the United States (America First Initiative) to make healthcare affordable and achieve health-for-all in USA.

http://www.womenshealthsection.com/content/documents/President_Trump_29_November_2018.pdf

We all @ WHEC express our support in achieving affordable healthcare for all in the United States. WHEC promotes Universal Health Coverage (UHC). UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis. Our experience shows countries that progress towards UHC will make progress towards the other health-related targets, and towards the other developmental goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

UHC can be measured and monitored. We suggest UHC should focus on 2 things:

- The proportion of a population that can access essential quality health services.
- The proportion of the population that spends a large amount of household income on health.

All countries, including USA can do more to improve health outcomes and tackle poverty, by increasing coverage of health services, and by reducing the impoverishment associated with payment for health services.

We wish THE WHITE HOUSE; President Donald J. Trump in achieving UHC in the United States all the success, and hope The Congress supports the policies to tackle healthcare-crisis in USA and make healthcare affordable in USA.

Create an account and share your thoughts on ***WHEC Global Health Line***

Art & Science

Art that touches our soul

Four Freedoms by Norman Rockwell

Freedom from Want, also known as ***The Thanksgiving Picture*** or ***I'll Be Home for Christmas***, is the third of the Four Freedoms series of four oil paintings by American artist Norman Rockwell. The works were inspired by United States President Franklin D. Roosevelt's 1941 State of the Union Address, known as Four Freedoms.

The painting was created in November 1942 and published in March 6, 1943 issue of The Saturday Evening Post. All the people in the picture were friends and family of Rockwell in Arlington, Vermont, who were photographed individually and painted into the scene. The work depicts a group of people gathered around a dinner table for a holiday meal. Having been partially created on Thanksgiving Day to depict the celebration, it has become an iconic representation of the Thanksgiving holiday and family holiday gatherings in general.

The Post published *Freedom from Want* with a corresponding essay by Carlos Bulosan as part of the *Four Freedoms* series.

"The third is freedom from want – which, translated into world terms, means economic understandings which will secure to every nation a healthy peacetime life for its inhabitants – everywhere in the world" – Roosevelt's 1941 State of Union address introducing the theme of Four Freedoms.

Medium: oil on canvas; Year: 1943; Dimensions: 116.2 cm X 90 cm (45.75 in X 35.5 in); Location: Normal Rockwell Museum, Stockbridge, Massachusetts, United States.

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

http://www.WomensHealthSection.com