



WHEC Update

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

March 2021; Vol. 16. No. 03

New Perspectives

Healthcare providers have tremendous influence in care delivery. They have the power to lower the cost of care and improve patient outcomes and satisfaction, as well as to develop and enact innovative care strategies. Yet many healthcare providers feel disconnected from the decisions being made in their organizations that directly impact care, and sometime believe that their feedback about care today and innovations for the future are not fully valued. In this edition of **WHEC Update**, based on opinions of our Physician's Board, and insights of qualified group of executives, policy-makers, and healthcare providers directly involved in healthcare delivery – we examined the role of the healthcare provider as care delivery evolves; how healthcare providers are viewed today, and how those views must change for healthcare to progress.

In the near future, healthcare providers will be tasked with finding the compromise between the convenience of care that patients experience with retail health models and quality of care they receive from primary care. They will have to embed newer technologies such as remote monitoring, telehealth, and analytics deep into their practices to better engage patients, provide more targeted diagnoses and treatment, and prevent the overburdening of their schedules. Healthcare providers will have to advocate to executives and administrators for greater leadership pathways and opportunities so that they can have a strong voice in all aspects of care delivery and innovation.

For healthcare costs to be lowered and outcomes to improve, healthcare providers must have a strong and valued voice when it comes to new models of care, new technologies, and new leadership structures. The first-person perspectives and advice of members – across a range of profiles, regions, and settings – throughout the following pages will bring to life this imperative and how to get there from where the healthcare industry stands today.

It used to be rather easy for healthcare providers to make changes in how care is delivered and to adjust different protocols. As medicine becomes more complicated, it is tougher to get things done. I do not think frontline healthcare providers are seen by administrators as people who can innovate in developing better patient care. It is important to bridge gap between clinical and business needs. If a healthcare provider can put innovation in financial terms, administrators will likely pay closer attention. To change the current perception of healthcare provider interest in innovation requires greater healthcare provider engagement. The real innovators not only identify the problem, but they look for new solutions to some of the issues.

The fallout of not being heard, oftentimes is burnout. No question about it that burnout comes because healthcare providers are not listened to. In medicine, we have not engaged frontline doctors to improve their own work environment. We have always relied on their resilience and hard work – we have given them the patients and let them work everything out. That is not working anymore. Executives can show they value innovation by giving healthcare providers margin in this schedules as well as opportunities to develop ideas more robustly and to network with colleagues. Freedom to fail is also essential.

Not all innovation has to be grand – it does not have to be rocket-science to make a difference. . Feeling invested in innovation is essential. Some of the simplest ideas for improvement can make a big difference. Frontline healthcare providers should be inspired to come up with new designs to solve operational problems in their day – to day practice. I think that primary care is the principal context for innovation in medicine going forward. Share your point of view on **WHEC Global Health Line**.

Obstacles to Innovation

Rita Luthra, MD



Your Questions, Our Reply

How can healthcare providers lower the cost of care, if they are not trusted to innovate, how care is delivered?

Hearing Healthcare Provider's Voice: It is incumbent on healthcare personnel to provide solid feedback and steps on which to grow institutions and on which to improve care for patients. If they do not do it in a tactful and constructive way, then they will not be heard. And the administrators and leaders have a responsibility to draw engagement and innovation out of healthcare providers. The healthcare providers and the frontline workers are capable of figuring out the best way if they are informed of what makes a difference and if incentives are appropriately aligned.

"if you don't like it make it better." Four key tenets in this transformation are: Leadership and vision; Creating a culture in leading change; Working with technology; and Using design thinking and critical making (hands-on activities). Instead of being victimized by change, health care providers should be enabled to find enjoyment in their profession. Design thinking and critical making are two methods they can use to improve their environments – rather than continuing in an unsustainable rut.

Frontline healthcare providers should be inspired to come up with new designs to solve operational problems in their day-to-day practice. They need to be given the tools of opportunity to go through an iterative process to operationalize and implement the design. For instance, if someone finds a smart solution to a problem within the Electronic Medical Record, the organization should have a way to standardize that innovation, disseminate this information, and save the time and frustration for everyone else who might encounter the same problem.

Innovating Chronic Care. Chronic disease care, one of the most expensive aspects of health care, is ripe for innovation. With the number of patients and costs skyrocketing, ideas for improvement are in great demand. Your greatest job as a healthcare provider is patient education. Right there, you could lower the cost of care. We have a unique advantage because we get to see all of the different threads that are working their way through each of the disciplines and we get the most holistic view of medical profession from that vantage point. We at WHEC think, healthcare providers should be more aggressive in their outbound messaging for chronic care patients. Not just a tickle file, but a way to reach out to everyone in nearby zip codes to educate them about their disease and encourage them to check their blood pressure and sugars, exercise, eat right, etc. It may seem like an intrusion, but it is not. Done correctly, we believe marketing would help patients take charge of their own care, ask questions, and adhere to treatment. Your greatest job as a healthcare provider is patient education – right there, you could lower the cost of care.

Anyone can type and talk, but listening is not merely additive, it is essential. Our idea of innovation in medicine is to do things that put patient first and make the caregiver a listener. For patients without insurance, telemedicine is incredibly beneficial. WHEC acknowledges that there are limitations based on the technology, but overall the convenience of telemedicine is a plus. Shortages in primary care and specialty access have pushed people toward telemedicine and retail health. The efficacy of this technology is predicted on mutual trust between physician and patient. It can save patient hours of travel time.

The way to make convenient care is to properly integrate convenient care clinics with existing health systems. Palliative / end-of-life care is becoming a hallmark for innovation in many institutions, with healthcare providers being encouraged to advise each patient base on his or her own, unique circumstances.

Innovation is for everyone.



United Nations | Population Division

Commission on Population and Development, 54th Session (2021)

New York

19 April 2021 to 23 April 2021

The Population Division of the Department of Economic and Social Affairs conducts demographic research, supports intergovernmental processes at the United Nations in the area of population and development, and assists countries in developing their capacity to produce and analyze population data and information. The Division brings population issues to the attention of the international community by highlighting the central role of demographic trends in all aspects of sustainable development. The Division publishes datasets on the world's population and analyzes global demographic trends.

Priority Theme

Population, food security, nutrition and sustainable development

WHEC's Written Statement; UN Document: E/CN.9/2021/NGO/16

Strengthening global partnership (SDG 17) through food security and public health.

http://www.womenshealthsection.com/content/documents/E_CN9_2021_ngo_16_E.pdf

Join the conversation!

Childhood after Atrocity Crimes: Hope for Peace, Dignity and Equality

The briefing examined the approaches taken to support children who survived the Holocaust and considered how these approaches contributed to models adopted for contemporary practice for working with young people who have survived atrocity crimes.

"This year must be the year of healing"

<http://webtv.un.org/meetings-events/watch/civil-society-briefing-%E2%80%99Cchildhood-after-atrocity-crimes-hope-for-peace-dignity-and-equality%E2%80%99D/6230850598001/>

By: United Nations Department of Global Communications
The Holocaust and the United Nations Outreach Programme
405 East 42nd Street · New York, NY 10017

Must Watch; Very Informative

COMMISSION for SOCIAL DEVELOPMENT

United Nations Headquarters, New York

59th Session of Commission for Social development (CSocD): Side Event

11 February 2021; Role of digital technologies on social development and well-being of all:
Building the Capacity to Care.

Sponsor: The Women's Health and Education Center (WHEC)

Objective: To share the experiences with various technological solutions in improving the accessibility of health services and education, as well as to learn from the experts, how to best apply technology in the learning process.

Speaker's List

- Dr. Rita Luthra, President and Editor-in-Chief, WHEC (USA).
Building the Capacity to care;
<http://www.womenshealthsection.com/content/documents/59th-CSocD-Presentation-11-February-2021.pdf>
LINK Access Project – *To provide excess to reproductive health research worldwide.*
2018 HLPF - Women's Health and Education Center (WHEC).pptx
<http://www.womenshealthsection.com/content/heal/heal024.pptx>
- Mr. Werner Obermeyer, Director, WHO Office at the UN, New York, NY (USA).
- Ms. Helga Fogstad, Executive Director, PMNCH, WHO, Geneva, (Switzerland).
- Ms. Eva Kiegele, Technical Officer, WHO Office at the UN, New York, NY (USA).
- Dr. Tana Wuliji, Team Lead, WHO - WHO Academy, Lyon (France).
- Ms. Upasana Chauhan, WHEC's Main NGO Representative to the UN, New York NY (USA).
- Dr. Dawna K. Jenne, WHEC Project with UNESCO, Additional Representative of WHEC to the UN, New York, NY (USA).

Presentation & Discussion

All over the world we all provide care to a multicultural society. By supporting reproductive health and research, open dialogue and objective analysis, we lay the ground-work for mutual understanding among nations. We Welcome Everyone – Join The Movement.

https://zoom.us/rec/share/MyY4gZBdhEeT-NrAC0osP9WlqFUy8L5KtwJH6Ac32swfQ6tfGDPELhoa0N5hq7G.JqLnzTt710RY_N-E?startTime=1613055746000

Please note: CSocD will be publishing it on **UN Web TV** soon, and it is going to publicize with summary on UNSDN Website <https://unsdn.org/> as well as other social media channels.



United Nations at a Glance

Permanent Mission of Lao People's Democratic Republic at the United Nations

Laos became UN Member State on 14 December 1955



Laos, officially the **Lao People's Democratic Republic**, is a socialist state and only landlocked country in Southeast Asia. At the heart of the Indochinese Peninsula, Laos is bordered by Myanmar and China to the northwest, Vietnam to the east, Cambodia to the southeast and Thailand to the west and southwest. Capital: Vientiane; Official Language: Lao; Religion: Buddhism 66%, Tai folk 30.7%, Christianity 1.5%, others 1.8%. Government: Unitary Marxist-Leninist one-party socialist republic. Population: 2019 estimate 7,123,205 million.

Present Laos traces its historic and cultural identity to Lan Xang, which existed from the 14th century to the 18th century as one of the largest kingdoms in Southeast Asia. Due to its central geographic location in Southeast Asia, the kingdom became a hub for overland trade, and became wealthy economically and culturally. In 1950 the French were forced to give Laos semi-autonomy as an "associated state" within the French Union. France remained in de facto control until 22 October 1953, when Laos gained full independence as a constitutional monarchy. In 2018, the country has the 8th highest GDP per capita in Southeast Asia.



UN and Laos

Although Laos is a predominantly Buddhist nation with more than 60% of the population as adherents of the faith, Lao people are fully free to believe and practice any religion. In addition, Buddhism is one of many religions practiced in Laos which was introduced almost 1000 years ago, and however, the precious messages, value, lessons and insightful percepts of Lord Buddha are still respectfully practiced throughout the country. For this reason, Buddhism is significant for the Lao people as it plays a

crucial role in promoting peace and mutual understanding of its people and contributing to the development and prosperity of the country.

Lao PDR has made many significant achievements. The country continues to enjoy political stability, social order and continued economic growth which has significantly contributed to the poverty reduction and improving living standard of all multi-ethnic people. Poverty rate has been reduced from 46% in 1992 to around 18% to date (2020). Lao PDR has put great efforts in its national development, as well as efforts to eradicating poverty and lifting the country out of Least Developed Country (LDC) status and we found that cooperation under the UN auspices is very important to fulfill our obligations and actively contribute to such cooperation mechanism.

Human rights violations remain a significant concern in Laos. Amnesty International raised concerns about the ratification record of the Lao government on human rights standards, and its lack of co-operation with the UN human rights mechanism and legislative measures – both impact negatively upon human rights. Laos is mainly an origin country for sexually trafficked persons. A number of citizens, primarily women and girls, for all ethnic groups and foreigners have been victims of sex trafficking in Laos.

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

Collaboration with World Health Organization (WHO)

WHO | Lao People's Democratic Republic



Lao PDR – WHO Country cooperation Strategy 2017-2021

The Ministry of Health of the Lao PDR and the World Health Organization (WHO) are pleased to present the Country Cooperation Strategy 2017-2021. The strategy provides blueprint for collaboration on health between the Lao PDR and WHO. Strategic priorities:

1. Resilient health system towards universal health coverage;
2. Effective delivery of essential public health programs;
3. Enhance health security;
4. Effective policy dialogue and advocacy;
5. Active partner in Greater Mekong Subregion and ASEAN

Maternal and Child Health

To promote implementation of the *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016-2025*, WHO will:

- Support the use and quality of pregnancy and delivery care, particularly for those living in poor and rural areas.
- Support the quality and availability of basic and comprehensive emergency obstetric care, including safe abortion care, as well as strengthening the maternal death review system.
- Enhance and expand the reach of high-quality early essential newborn care for all newborns.
- Advocate infant and young child care and feeding practices.



In the Laos PDR, the under-5 mortality rate was 67 per 1,000 live births in 2015, taking MDG 4 off track. The majority of child deaths occur within the first month of life, with neonatal mortality rate of 30 per 1,000 live births in 2015. Most of the child deaths are preventable with high-impact, cost-effective interventions, but the coverage is still low for many of the interventions and varies widely depending on geographical location and ethnicity.

Prime Minister Decree 178 of 5 April 2012 provides for free delivery and free health care for children under-5 years. Implementation covers 70% of the districts in the country, but data show that the scheme has been accessed less by disadvantaged populations. Deployment of midwives has increased significantly in recent years; however, concerns on the limited practical experience and skills of young graduates have been raised.

Vaccine-preventable disease

- Support sub-district level capacity-building for community-level social mobilization to increase routine immunization coverage in high-risk communities.
- Support capacity-building at the district and sub-district level for surveillance to enable early detection of any vaccine-preventable disease outbreak and an adequate response.
- Support capacity-building at sub-provincial level for data quality assessment and for local-level decision making.

A WHO country office was established in 1962 allowing direct support and cooperation with the Government of the Lao PDR and other actors in the health sector. The WHO country office is recognized by the Ministry of Health and other partners as a valuable source of technical expertise and one of the lead partners in the health sector. Details: <https://www.who.int/countries/lao/>

Bulletin Board

Focus on Mental Health Section

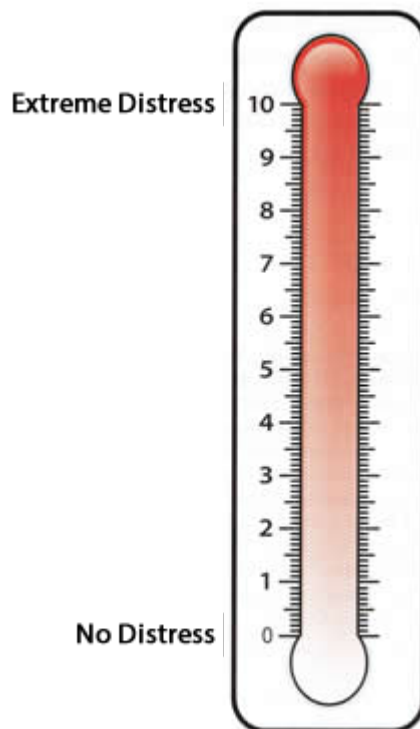
Gynecological practice in all cultures has always been affected by folklore, taboos, and religious and civil sanctions to control and regulate sexual activity and reproduction. The gynecologist is primary care physician for women, often from childhood across the life cycle – from menarche through adolescence, young adulthood, pregnancy, menopause, and old age. To perform function well, gynecologists need to know about the psycho-sexual as well as the physical development of women. Gynecologists need to be sensitive to their own attitudes, values, prejudices, and personality, and they must understand how these characteristics will influence their practice and their patients decision to trust and work collaboratively with them.

An insight into patient's basic life situation and knowing something about her work and social situations is important. Serious illnesses almost universally produce depression; the affected individual feels loss of control and seems helpless to stop onrushing events. Those emotional work their way from brain into hormonal and immune functions, intensifying the underlying problem with consequent deepening of helplessness and depression.

The science and art of medicine converge at a point, where physicians become basically concerned with the whole of the human condition. The most important development in modern medicine is the recognition of a biochemistry of the emotions, underwritten by fast-accumulating evidence of specific interactions between the brain and the endocrine and immune systems. Many contemporary medical researchers believe that bacteriological, viral, and other organisms are a secondary and not a primary cause of illness.

Women's Health and Education Center (WHEC)

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





Collaboration with UN University (UNU)

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

Six Development Paths in Southeast Asia

Three plus three

Six Southeast Asian Countries (Cambodia, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, and Thailand) defied Gunnar Myrdal's pessimistic prognosis in his 1968 volume, *Asia Drama*, regarding their prospects for development.

In the past half-century, these countries raised agricultural productivity faster than population growth and displayed sufficient state capability to direct change towards a respectable level of industrial development. In this period, the contrasts in achievements among the six countries can be understood from the variations in their initial conditions, socio-political contexts, international relations, and economic policies.

These contrasts are investigated across four areas: agriculture, industry, foreign trade and investment, and social development. By using a more socially grounded analytical approach à la Myrdal, it is possible to understand how unorthodox economic policies have been effective in overcoming developmental disadvantages. However, shortfalls in social development could make further progress difficult in the future.

In AD, Myrdal took an unambiguously pessimistic view of Asian prospects for development on the basis of (1) obstacles to raising agricultural productivity, and (2) the low perceived level of capability of governments to intervene effectively in favor of industrial development, the latter being a handicap that included the extensive incidence of corruption at all levels of government. Cambodia, Myanmar, and Lao PDR are the 'late-traders' among the Six. Natural gas represents the most dynamic element of the export sectors in Myanmar and Lao PDR.

Extending the model of exporting goods does not augur well for further development. While there is still some room for climbing up the value chain among the three Least Developed Countries (LDCs), for the middle-income countries the threat is stagnation in the middle-income category. Growth among the Six is not distinguished by significant upgrading of human or technological capabilities. Southeast Asia does not have large international companies that participate actively in international technological advances. The social structure – including a narrow private sector base – and internal politics among the Six also do not portend an ample change in attention to investment in social development or a ratcheting up of technological capabilities.

Publisher: UNU-WIDER; Author: Manuel F. Montes; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work programme from Finland, Sweden, and the United Kingdom as well as earmarked contributions for specific projects from a variety of donors.

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)

Lao People's Democratic Republic: Background



After two decades of isolation from the outside world, the Lao People's Democratic Republic is enjoying peace and stabilizing its political and economic structures. It is characterized by a high degree of geographic, cultural and linguistic diversity. The country's rich traditions survive, including respect of cultural and religious beliefs and practices and utilization of consensus in decision-making.

The first constitution since 1975 was promulgated in August 1991. It reaffirmed the monopoly of the Lao PDR on political power as well as the goal of a market-oriented economy. Restated in Sixth Congress (1966), the Party has sole responsibility to lead the country and the government under the Constitution. In July 1997, Laos became a member of ASEAN. Laos is considered a least developed country, with a population at 5

million. Laos has made significant progress in guaranteeing children their rights to survival. However, there is still much to be attained in the terms of the other rights of children at the critical stages of their lives.



UNICEF and partners lay new foundations for education with child-friendly schools in Lao PDR

In Ban Donge, the single-story cement structure has been designed to meet the standards required by UNICEF's child-friendly schools initiative. This entails, among other things, the creation of sufficient space for groups of children to work together in class, the installation of a safe water source, the construction of separate toilets for boys and girls and the provision of quality school materials. The schools

built under the supervision of UNICEF, were made possible by funds from the Japanese Government, the AEON Corporation of Japan, and the Japan Committee for UNICEF (JCU).

The child-friendly schools concept is being adopted as part of a national education strategy in the country. Teachers are being trained to design curricula using child-centered learning approaches, with a particular focus on multi-grade teaching and hygiene education. Every child has limitless potential, and education draws out the nourishes that potential. It is the children gathered here today that are the future of Ban Donge.. they represent the hopes in this community.

Challenges

With a primary net enrolment in primary education of 96.7% (2017), Lao PDR has met the Millennium Development Goals target of universal access to primary education with gender parity. Despite this achievement, Lao PDR still has some of the poorest education indicators in Southeast Asia. Approximately 70% of 5-year-old children are not enrolled in Early Childhood Education (ECE) programs, with those in hard-to-reach areas and from poor families being the most excluded. Many of them do not speak the Lao language, which is the official language of instruction. Pre-primary teachers have limited skills on child-centered pedagogies and supporting materials. The high repetition and dropout rates in primary grades strongly influenced by the limited access to quality ECE opportunities. Quality of primary education is another major concern. Only 81.9% (2017) of enrolled children complete primary education. Student's learning outcomes are low.

To be continued....

Two Articles of Highest Impact, February 2021

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Prevention of Group B Streptococcal Disease in Newborns: Perinatal Management;
<http://www.womenshealthsection.com/content/obs/obs037.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. Newborn Hearing Loss Detection and Intervention;
<http://www.womenshealthsection.com/content/obsnc/obsnc011.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

Food, Hunger and Food Security: Our Efforts and Recommendations

How swiftly the world market for food can change could be observed in mid-2000s. Rising production could not keep pace with the even stronger growth in demand. Food stocks became depleted. Hunger has increased in many countries in which the economy has slowed down or contracted, mostly in middle-income countries. Progress continues in the fight against hunger, yet an acceptable large number of people still do not have enough food for an active and healthy life.

About 821 million people in the world were undernourished in 2018.

22% (149 million) of children Under-5 are stunted.

5.9% (40 million) of children Under-5 are overweight.

7.3% (49 million) of children Under-5 are affected by wasting.

Two thirds of undernourished people worldwide live in two regions:

Sub-Saharan Africa – 237 million;

Southern Asia – 277 million.

Two thirds of extremely poor employed workers worldwide are agricultural workers.

Hunger is slowly rising in Latin America, although its prevalence is still below 7%.

Working with World Food Program



Our efforts aims to bring food assistance to more than 80 million people in 80 countries and is continually responding to emergencies.

Our efforts also works to help prevent hunger in future. We support the programs that use food to build assets, spread knowledge and nurture stronger, more dynamic communities.

This helps communities become more food secure.

Investment in agriculture and rural development to boost food production and nutrition is a priority for WHEC and its partners.

We work with partners to improve food security and build a food system that can feed everyone, everywhere, every day.

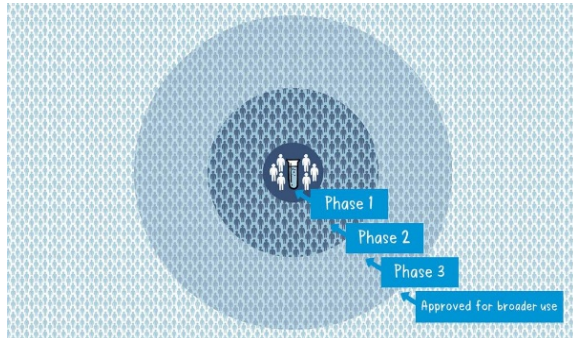
Activities include encouraging climate-smart farming techniques and restoring degraded farmland, breeding more resilient and nutritious crops and improving storage and supply chains for reducing food losses.

Join the efforts!

Understanding Vaccines and the Development

Part III: How are vaccines monitored?

Once a vaccine is in use, it must be continuously monitored to make sure it continues to be safe.



As with all medicines, the safety of a vaccine must be continuously monitored, even after trials and vaccine introduction. This monitoring considers reports from several sources. Nationally, these include the people who get vaccines, parents or caregivers, and health workers. These reports are then submitted to the national health authorities.

At a regional and global level, WHO and UNICEF support countries in collecting and monitoring this information, and ensuring countries have the most up

to date evidence on available vaccines.

What happens if a problem is suspected with a vaccine?

If a potential problem is reported following vaccination, a thorough investigation will take place. Investigations involve a thorough examination of the case in question, including medical assessment. If necessary, detailed studies are conducted.

During these investigations, it is extremely rare that health problems are found to be caused by the vaccine itself.

- Health events are most often found to be coincidental, i.e. entirely unrelated to vaccination.
- Sometimes, they are related to how the vaccine has been stored, transported or administered (for instance, where errors are made in preparing the vaccine). Such errors can be prevented by training health workers and strengthening vaccination programmes.
- In the rare cases where a genuine adverse reaction is suspected, the vaccine may be suspended from use. Further investigations will take place to determine what exactly caused the event, and corrective measures put in place.

How does WHO help ensure vaccine safety?

WHO works to make sure that everyone, everywhere is protected by safe and effective vaccines. To do this, WHO help countries set up rigorous safety system for vaccines – alongside other medicines – and work to develop the strictest standards for their regulation. Together with external scientists, WHO experts are continuously monitoring and updating the safety profile of more than 20 vaccines. With external partners, it also helps countries investigate and communicate if potential issues of concern arise.

Events that are reported to WHO are evaluated by an independent group of experts (the Global Advisory Committee on Vaccine Safety, or GACVS). On behalf of this committee, WHO issues regular statements on vaccine safety.

These steps will be followed for COVID-19 vaccine too, and we hope you feel safe in getting the vaccination.

Hope

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all.

And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.

I've heard it in the chilliest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

- Emily Dickinson (1830 – 1886); American Poet

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

<http://www.WomensHealthSection.com>

