



WHEC Update

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

October 2021; Vol. 16. No. 10

Lessons From The Field

On 24 October 2021, our initiative <http://www.WomensHealthSection.com> celebrates its 19th anniversary. We thank our physician's board for their dedication and expertise to make it a success. In the past decade, health issues have become more prominent in foreign policies of countries. Health challenges now feature in national security strategies, appear regularly on the agenda of meetings of leading economic powers, affect the bilateral and regional political relationships between developed and developing countries, and influence strategies for United Nations Reform. Although health has long been a foreign policy concern, such prominence is historically unprecedented. Accountability and data collection and data use play an important role in national and international program/project development.

Accountability benefits us all and we all have a role to play. Ultimately, accountability only works when it leads to improvement (or keeps well-functioning institutions from declining). In order for that to happen, enforcement processes are needed to ensure that institutions rapidly act upon recommendations and feedback provided. Our recommendations are:

1. Involve communities throughout the entire lifecycle of a project. Communities should be involved directly in designing the projects, co-creating the accountability framework, data collection design and indicator selection. Democratizing accountability means also including communities into formal governance processes on a standard basis.
2. Ministries and organizations must complete the feedback loop by sharing and receiving information through multiple channels.
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4. Data and accountability literacy should be highlighted as a key component of democratized accountability. Communities must receive data in easy-to-use format and in a timely manner to be able to understand and make decision based on the data they are receiving.
5. Investing in data systems for accountability. One way to improve trust in data is through improving data quality. Involving communities directly when deciding what kind of data and the kinds of indicators that are chosen to monitor performance and progress.
6. More emphasis should be placed on data use – not just data collection.

Political will is needed in order to make these changes. Political will is needed to institutionalize accountability, to make changes based on feedback, to concede power to vulnerable communities, to prioritize budgets for health, and to make information transparent. Transparency can help build trust – not only between government agencies or organizations and communities – but also among agencies and organizations, to facilitate learning and sharing best practices.

Through each of these mechanisms for improving accountability, government ministries and organizations alike can identify where they most need to improve and how they can learn from each other.

Share your point of view on **WHEC Global Health Line (WGHL)**

Recommendations for Democratizing Accountability

Rita Luthra, MD



Your Questions, Our Reply

How do you believe institutionalized accountability can be practiced? What are your ideas on how accountability mechanisms can be incorporated within the institutional process? What's your advice on making such a mechanism/system successful?

Making International Development Data Easier to Gather, Use and Understand: There is no one-size-fits-all approach to accountability, and no single accountability mechanism will cover all accountability needs. Accountability mechanisms must be institutionalized at each level – at policy making, management, service delivery, procurement, and others. Similarly each level and step must be democratized, inviting and enabling the most impacted and marginalized communities to participate in developing accountability framework, program design, budget development, data collection design, independent monitoring, and ongoing feedback platforms. There is a strong need for transparency and access to the right data for action, disaggregated to the necessary level, to see what is working well and should be scaled up, what the challenges are, who is left behind and where, why and how to reach them, and how to hold institutions and people accountable, as appropriate, to course correct and drive progress.

Furthermore, democratizing accountability helps institutionalize accountability, and appropriate data for accountability supports both accountability's democratization and institutionalization. All these elements must be intertwined for the accountability system to function effectively and deliver its value. Furthermore, independent review and constructive peer review bring critical input to foster effectiveness, equity, and innovations.

The primary barriers to achieving these goals center on lack of political will; a lack of effective mechanisms, incentives, or interest in changing in response to community feedback and insights; and a lack of consequences for institutions/individuals who do not meet their commitments, particularly when they obscure the truth about those facts. Regional and global independent review bodies can play a role in addressing these challenges by facilitating peer-to-peer exchanges to help institutions develop effective mechanisms and processes for change, supporting the development of democratized accountability frameworks and mechanisms, and increasing key individuals' understanding of the value that each of these accountability functions can bring.

The most important work is action. By implementing the lessons learned, such as monitoring, measuring and reviewing what truly matters on a select number of key indicators, prioritizing community and citizen engagement, and building trust and transparency in decision-making processes, accountability can lead to better health and rights outcomes. Each individual has a key role to play in this process to successfully move the needle forward in health-related sustainable development goals and human rights for everyone.

It is not enough to collect and publish data. Information needs to be timely, in the appropriate format and in a language comprehensible to the public – otherwise they cannot use that information to hold others to account. Also, in marginalized communities, many do not have skills to interpret and use data. Sometimes then we need intermediaries to act as a link between these communities and policymakers to bridge this gap.

There is a lot of data at country level. What we have challenges in is harnessing the data to be meaningful and used for accountability. The people collecting the data don't see the value of it to help them do better. They don't see it to help them plan at the facility, local, regional and national level. They need to see the data is not just helping the donor, or the government, but to help them. They need to make sure the data is credible. We need to change the perspective so that the data can be used for program/project planning at the local level.

A holistic approach is needed to engage all actors. WHEC works to bring these actors together. Join our efforts!



Women and Girls of Afghanistan Need to be Heard

Amid the rapidly unfolding events in Afghanistan, the fundamental right to education for all, in particular for girls and women, must continue unhindered. The Women's Health and Education Center (WHEC) in collaboration with the UNESCO, WHO and other UN Agencies will spare no efforts to support all Afghans to ensure their right to education. The women and the girls of Afghanistan have earned the right to be heard, to take their place in society openly, as they have done behind the scenes for decades, if not centuries.

Education is a fundamental human right indispensable for the exercise of other human rights and for the development of Afghanistan. It is even more so at this critical time. WHEC calls on all to guarantee the right to education without any discrimination. Students, teachers and education personnel must have access to safe educational environments, including girls and women, who have to continue learning and teaching without any restrictions.

The enormous progress in the country including in education must not be lost. Education must continue for girls and women. The future of Afghanistan depends on them.



UNESCO has provided technical assistance to strengthen education in Afghanistan since 1948. Through its office in Kabul, UNESCO has invested in education policy especially for girls' education, with the largest literacy campaign in the history of the Organization which has reached 1.2 million Afghans, including 800,000 women. More recently UNESCO has been supporting efforts to the COVID-19 pandemic, helping the education system to promote a safe return to school, especially for girls.

WHO is Exploring all Options to get Medical Supplies into Afghanistan

With medical stocks dwindling in Afghanistan, and insecurity at the airport in the capital, Kabul, following the terrorist attack, the World Health Organization (WHO) continues to examine ways to deliver much-needed supplies to the country, a senior official told journalists in Geneva. One of the challenges in Afghanistan is there is no Civil Aviation Authority functioning. WHO is trying to jump through the hoops right now. The terrorist attack has accelerated tensions and volatility in the country where nearly half of population, or 18 million people, were already dependent on humanitarian aid. An ongoing UN appeal for \$ 1.3 billion is less than 40% funded.

UN COMMITMENT TO STAY IN AFGHANISTAN

Concern for women and children: The UN continues to underline its commitment to stay in Afghanistan. More than 100 international staff, and around 3,000 national colleagues, remain in the country. WHO, which has some 700 personnel located in all 34 provinces, is especially concerned about the health needs of women and children. The agency fears a rollback in progress made over the past two decades, which saw maternal mortality rates drop by roughly 60% and child mortality by around 50%.

The World Food Programme (WFP): WFP is also establishing a "humanitarian air bridge" from Islamabad, with flights also expected to take off soon.

In spite of these challenges, WHO and UN will be there for the people of Afghanistan. WHEC will support these humanitarian efforts.

JOIN THE INITIATIVE with WHEC!



United Nations at a Glance

Permanent Mission of Lithuania to the United Nations



Lithuania became UN Member State on 17 September 1991

Lithuania, officially the **Republic of Lithuania**, is country in the Baltic region of Europe. It is one of the Baltic States and lies on the eastern shore of the Baltic Sea, to the southeast of Sweden and the east of Denmark, with Latvia to the north, Belarus to the east and south, Poland to the south, and Kaliningrad Oblast of Russia to the southwest. Lithuania covers an area of 65,300 km² (25,200 sq mi.), with a population of 2.7 million. Its capital and largest city is Vilnius. Lithuanians belong to the ethno-linguistic group of the Balts and speak Lithuania; one of only two living Baltic languages. Official language: Lithuanian. Religion: 93% Christianity (75% Catholicism, 18% other Christians); Currency: Euro.

In the Second World War, Lithuania was first occupied by the Soviet Union and then by Nazi Germany. As World War II neared an end and the German retreated, the Soviet Union reoccupied Lithuania. On 11 March 1990, a year before the formal dissolution of the Soviet Union, Lithuania became the first Baltic State to proclaim its independence, under the State of Lithuania.

Lithuania is a developed country, with a high-income advanced economy; ranking very high in the Human Development Index. It ranks favorably in terms of civil liberties, press freedom and internet freedom. However, Lithuania has experienced a gradual population decline since the 1990s, with social issues such as income inequalities and high suicide rate remaining a problem. Lithuania is a member of the European Union (EU), the Council of Europe, eurozone, the Nordic Investment Bank, Schengen Agreement, NATO and OECD. It participates in the Nordic-Baltic Eight (NB8) regional cooperation format.



Lithuania was one of the first countries in the world to grant women right to vote in the elections. Lithuanian women were allowed to vote by 1918 Constitution of Lithuania and used their newly granted rights for the first time in 1919. The current system of administrative division was established in 1994 and modified in 2000 to meet the requirements of EU. The country's 10 counties are subdivided into 60 municipalities.

Lithuania has established diplomatic relations with 149 countries. Lithuania has distinguished the following priority areas: reduction of poverty, social exclusion and income inequality, promotion of employment; strengthening of public health; increasing the quality of healthcare and accessibility of health services; development of innovative economy and smart energy; quality education; development cooperation.

Quality education is another goal of particular importance for Lithuania. Considerable attention is given to accessibility and quality of early age education, the improvement of general education, learning outcomes and inclusive education development. The Lithuanian population is among the most educated nations in the world. In addition, Lithuania devotes much attention to the sustainable development of cities and communities. The new general plan of the territory of Lithuania is being developed. It will become the key instrument for ensuring inclusive and sustainable urban development, reducing the socio-economic exclusion of cities and the negative impact of built-up territories on the environment, and securing the protection of natural and cultural heritage.

Lithuania and The World Bank:

<https://www.doingbusiness.org/content/dam/doingBusiness/country//lithuania/LTU.pdf>

Collaboration with World Health Organization (WHO)

WHO | Lithuania



The WHO Country Office, Lithuania was established in May 1994 in Vilnius. The Office is the focal point of WHO activities in Lithuania and includes 2 staff members. In the late 1990s, Lithuania moved away from a system funded mainly by local and state budgets to a mixed system, predominantly funded by the National Health Insurance Fund (NHIF) through a national health insurance scheme and based on compulsory participation. The main objectives of the health system are improving population health as well as access to and quality of healthcare services. The focus is being shifted from treatment towards prevention and healthy lifestyles.

Reducing Harm Due To Alcohol

The WHO European Region has the highest level of alcohol consumption in the world. Here, alcohol use leads to almost 1 million death each year, or about 2,500 death every day, and it is associated with more than 200 diseases and injuries, including the leading causes of death such as cardiovascular diseases, injuries and cancers. To reduce these harms WHO/Europe has identified three best buys – affordable, feasible and cost-effective intervention strategies:

- Increase excise taxes on alcoholic beverages;
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising;
- Enact and enforce restrictions on the physical availability of retailed alcohol.

In the early 2000s, Lithuania was among the Member States with the highest per capita alcohol consumption levels. In response, the country's authorities used the WHO best buys to create a competitive policy aimed at correcting this trend over a short period of time.

The first action package was implemented in 2008 – 2009 and 2014. It included restrictions on alcohol advertisement and a ban on alcohol sales in petrol stations and kiosks. The second package, introduced in 2016, increased the minimum legal drinking age, increased the price of alcoholic beverages and limited their retail sale time, and banned the advertisement of alcohol.

Among further measures was a total ban of alcohol advertisement in the media, internet, billboards, etc., an increase of the minimum legal drinking age from 18 to 20 years, and a major increase in excise tax were main Lithuania's measures from 2016 to 2020.

In 2010, Lithuania had the highest rate of alcohol attributable years of life lost in the EU. The implementation of effective alcohol control measures led to a 20% reduction of this rate by 2016.

Can people afford to for health care? New evidence on financial protection in Lithuania

The health system in Lithuania relies heavily on out-of-pocket payments. In 2015, out-of-pocket accounted for 32% of total spending on health – well above the EU average of 22%. This high share is part due to a fall in public spending on health in the years following the economic crisis. It also reflects the design of coverage policies.

Dental care is the second largest cause of catastrophic spending on health, but mainly affects richer households due to the high level of unmet need for dental care experienced by poorer households. Limited coverage of dental care for adults is an additional concern.

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



United Nations Educational, Scientific and Cultural Organization *Collaboration with UNESCO*

UNESCO and Lithuania



Lithuania joined UNESCO on 07 October 1991

UNESCO National Commissions are national cooperating bodies set up by the Member States for the purpose of associating their governmental and non-governmental institutions with the work of the Organization. National Commissions are essential partners that act as catalysts to involve key national players in the five UNESCO programme sectors – education, natural sciences, social and human sciences, culture and communication and information.

Lithuanian National Commission for UNESCO

Established: 20 October 1992; status: Semi-autonomous. The Secretariat of the Lithuanian National Commission for UNESCO is under direct supervision of the Office of the Government of the Republic of Lithuania. The National Commission guides its activities following the regulations of the Lithuanian National Commission for UNESCO approved by Government. The Chairperson takes the main decisions together with the Executive Committee elected during the annual General Assembly.

The main objectives of the National Commission are to provide expert analysis, comment and advice as input to Lithuania's policy-making on key UNESCO programmes and issues; to bring to the attention of relevant institutions aspects of Lithuania policy towards UNESCO or matters in which UNESCO has a legitimate interest which in its opinion need to be reviewed or enhanced by Government; to participate as far as practical in UNESCO's programmes, their preparation and evaluation, in debates and decision-making activities; to develop a capacity to reach out as broadly as possible to Lithuanian society through wide variety of channels.

There are two thematic committees established under the Lithuanian National Commission for UNESCO – the National “Memory of the World” Committee and the National “Information for All” Committee responsible for the successful implementation of the goals set in two UNESCO's programmes. Four Lithuanian heritage objects are included into **UNESCO World Heritage List**:

- Vilnius Historic Center;
- Curonian Spit;
- Kernavė Archaeological Site (Cultural Reserve of Kernavė);
- Struve Geodetic Arc.



Kernavė is a land that represents the primeval past of Lithuania. On the picturesque bank of the River Neris in the center of the amphitheater of the Pajauta Valley stand five hill forts, by where our ancestors have settled, lived and been buried since time immemorial. The cultural heritage of the last pagan country in Europe – the remains of ancient capital of Lithuania – lies hidden under layer of deposits.

Visitors are invited to reveal the secrets of the past centuries safeguard by the Pajauta Valley, climb the hill forts and feel the

magic allure of the past.

Details: <https://unesco.lt/about-us/unesco-and-lithuania>

Education-for-All and Health-for-all

Bulletin Board

Continuing Medical Education (CME)

The purpose of the Continuing Medical Education (CME) is to provide challenging curricula to assist healthcare professionals to raise their levels of expertise while fulfilling their continuing education requirements, thereby improving the quality of healthcare.

The philosophy behind this purpose is based on the belief that continuing education is a life-time commitment requiring knowledge of current trends and developments in the science, technology, and economics of healthcare. We invite you to enjoy these courses for your professional development and share this publication with other healthcare providers.

Women's Health and Education Center (WHEC) wishes to express special thanks to the following countries and territories for welcoming our educational web-learning project:
<http://www.WomensHealthSection.com>

Their continuing support is deeply appreciated.

All human beings are born free and equal in dignity and rights. There are no strangers at WHEC – only the friends you have not met. We are serving with pride in these 227 countries and territories.



Serving in 227 countries / territories in 6 official languages of UN

We welcome everyone.... Join the efforts!



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Twenty Years of Political Transition

What explains the divergent political paths the post-communist countries of Eastern Europe and the former Soviet Union have followed since the fall of the Berlin Wall? While some appear today to be consolidated democracies, others have all the features of consolidated autocracy. This study reviews the patterns of change and examines correlates of progress towards democracy. Variation across post-communist countries in the degree of democracy twenty years after the start of transition can be parsimoniously explained by two variables: the length of time the country spent under a communist regime and within the former Soviet Union, but not Eastern Europe – the proportion of Muslim adherents in the population.

Religious and cultural traditions are often thought to influence the development of political regimes. In these regression, the proportion of Protestants or Catholics in the population (as of 1980) had no evident effect, but the proportion that were Muslim adherents did. Including a measure of the share of the population that were Muslim adherents reduced the effect of geography by about one third. The Muslim share was not itself significant. However, if one breaks down the Muslims into those that live in the Balkans and Eastern Europe, on the one hand, and those that live in the former Soviet republics, on the other, a clear result emerges.

But what does all this mean? It is one thing to estimate some regressions, another to believe that what they are telling is “the truth.” That a Muslim tradition constitutes some sort of obstacle – although by no means an insuperable one – to liberal democracy echoes a result found by scholars who have looked at the determinants of democracy in broader datasets of countries. There is almost no literacy gap between males and females in the post-communist countries with large Muslim populations – the Central Asian states and Azerbaijan. Nor do these countries have particularly low representation of women in parliament.

The tenacity of clan networks may have more to do with it, although how exactly remains unclear. Within Russia, implausibly high electoral turnout and votes for central incumbents have become characteristic of various predominantly Muslim regions.

The second determinant, years under communism, is plausible but vague in its implications. What exactly happened to countries in those additional years of communist rule that reduced the impetus to create effective democratic institutions after communism fell? Whether or not the country had been part of Soviet Union was not the crucial difference. Nor was the past experience in independent statehood.

In short, there is no good answer. Countries that were incorporated by the Bolsheviks after 1917 are today the least democratic; those that were incorporated into the Soviet Union during the WW II come second; the countries that became communist, but not Soviet, after the end of WW II are today the most democratic. Why exactly?

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Details of the paper can be accessed from the link of UNU-WIDER on CME Page
<http://www.womenshealthsection.com/content/cme/>

Two Articles of Highest Impact, September 2021

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

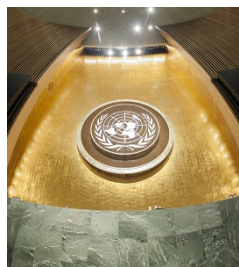
Our friendship has no boundaries. We welcome your contributions.

1. Hepatitis C Infection and Pregnancy;
<http://www.womenshealthsection.com/content/obsidp/obsidp014.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. Neonatal Group B Streptococcal Infections;
<http://www.womenshealthsection.com/content/obsnc/obsnc012.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

76th Session of The General Assembly



General Debate: Tuesday, 21 September to Monday, 27 September 2021
(including Saturday, 25 September).

The practical arrangements for the conduct of the general debate and the high-level meetings and the 76th session of General Assembly will be affected by the COVID-19 pandemic, such as the holding of meetings and how they are conducted, and the number of attendees.

The UN General Assembly (UNGA) is the main policy-making organ of the Organization. Comprising all Member States, it provides a unique forum for multilateral discussion of full spectrum of international issues covered by the Charter of the United Nations. Each of 193 Member States of the UN has an equal vote.

The UNGA also makes key decisions for the UN, including:

- Appointing the Secretary-General on the recommendation of the Security Council;
- Electing the non-permanent members of Security Council;
- Approving the UN budget.

The pandemic is not the only issue the world faces. Racism, intolerance, inequality, climate change, poverty, hunger, armed conflict, and other ills remain global challenges. These challenges call for global action, and General Assembly is a critical opportunity for all to come together and chart a course for the future.

<https://www.un.org/en/ga/76/meetings/index.shtml>



From Editor's Desk

WHEC Projects under Development

United in Our Differences and our Diversity



Living together in peace is all about accepting our differences. It is about listening to, recognizing, respecting, and appreciating one another to live in a peaceful and united way. Women's Health and Education Center (WHEC) also promotes international cooperation in solving international problems, including encouraging respect for human rights and for fundamental freedoms without distinction of race, sex, language, or religion.

We aim to uphold the desire to live and act together, while promoting peace, tolerance, inclusion, understanding and solidarity.

We invite countries to further promote reconciliation to help to ensure peace and sustainable development, including by working with communities, faith leaders and other relevant actors, through reconciliatory measures and acts of service and by encouraging forgiveness and compassion among individuals.

Background

Following the devastation of the WW II, the United Nations was established to save succeeding generations from the scourge of war. One of its purposes is to achieve international cooperation in solving international problems, including by promoting and encouraging respect of human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion.

In 1997, the General-Assembly proclaimed – by its resolution 52/15 – the year 2000 is the “International Year for a Culture of Peace.” In 1998, it proclaimed the period 2001 – 2010 as the “International Decade for a Culture of Peace and Non-Violence for Children of the world.”

In 1999, the General Assembly adopted, by resolution 53/243, the Declaration and Programme of Action on a Culture of Peace, which serves as the universal mandate for the international community, particularly the UN System, to promote a culture of peace and non-violence that benefits all humanity, including future generations.

The declaration came about as a result of the long-held and cherished – contained within the constitution of UNESCO – that “Since wars begin in the minds of men, it is the minds of men that the defenses of peace must be constructed.” The Declaration embraces the principle that peace is not merely the absence of conflict, but also requires a positive, dynamic participatory process, in which dialogue is encouraged and conflicts are resolved in a spirit of mutual understanding and cooperation.

The Declaration also recognizes that to fulfill such an aspiration, there is a need to eliminate all forms of discrimination and intolerance, including those based on race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Universal Declaration of Human Rights

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>



In The News

Women Who Shaped the Universal Declaration



of Women, New York, May 1946.

as a finale to their last meeting at Hunter College, the Sub-commission on the Status of Women hold a press conference in the delegates lounge of the gym building. Left to Right: Angela Jurdak (Lebanon), Fryderyka Kalinoski (Poland), Bodgil Gegtrup (Denmark), Minerva Bernardino (Dominican Republic), and Hansa Mehta (India), delegates to the Sub-commission on the Status

Eleanor Roosevelt's leading role as Chairperson of the drafting committee of the Universal Declaration of Human Rights has been well documented. But other women also played essential parts in shaping the document. Some of them, and their contributions to the inclusion of women's rights in the Universal Declaration, are featured here.

Lakshmi Menon: Delegate of India to the General Assembly's Third Committee in 1948, argued forcefully for the repetition of non-discrimination based on sex throughout the Universal Declaration of Human Rights as well as for a mention of "the equal rights of men and women" in the preamble. She was also an outspoken advocate of the "universality" of human rights, strongly opposing the concept of "colonial relativism" that sought to deny human rights to people in countries under colonial rule. If women, and people under colonial rule, were not explicitly mentioned in the Universal Declaration, they would not be considered included in "everyone," she argued.

Begum Shaista Ikramullah: As a delegate from Pakistan to the General Assembly's Third Committee on social, humanitarian and cultural matters, which in 1948 spent 81 meetings discussing the draft of the Universal Declaration of Human Rights, Begum Shaista Ikramullah of Pakistan advocated for emphasis on freedom, equality and choice in the Declaration. She championed the inclusion of Article 16, on equal rights in marriage, which she saw as a way to combat child marriage and forced marriage.

Hansa Mehta: The only other female delegate from India to the United Nations Commission on Human Rights in 1947 – 1948, was a staunch fighter for women's rights in India and abroad. She is widely credited with changing the phrase "All human beings are born free and equal" in Article 1 of the Universal Declaration of Human Rights.

Minerva Beranrdino: A diplomat and feminist from the Dominican Republic, Minerva Bernardino was instrumental in arguing for inclusion of "the equality of men and women" in the preamble of the Universal Declaration of Human Rights. Together with other Latin American women (Bertha Lutz of Brazil and Isabel de Vidal of Uruguay), she had also played a crucial role in advocating for the inclusion of women's rights and non-discrimination based on sex in the United Nations Charter, which in 1945 became the first international agreement to recognize the equal rights of men and women.

Bodgil Begtrup: As Chairperson of the Sub-Commission on the Status of Women in 1946, and then of the Commission on the Status of women in 1947, Bodgil Begtrup of Denmark advocated for the Universal Declaration to refer to "all" or "everyone" as the holders of the rights, rather than "all men." She also proposed including the rights of minorities in Article 26 on the right to education, but her ideas were too controversial at that time. The Universal Declaration of Human Rights makes no explicit mention of minority rights, but guarantees equal rights to everyone.

Marie-Hélène Lefauchaux: As Chairperson of the Commission on the Status of Women in 1948, Marie-Hélène Lefauchaux of France successfully advocated for a mention of non-discrimination based on sex to be included in Article 2. The final text of the article states that, "Everyone is entitled to all the rights and

freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

Evdokia Uralova: Evdokia Uralova of the Byelorussian Soviet Socialist Republic was the Rapporteur of the Commission on the Status of Women to the Commission on Human Rights in 1947. She strongly argued for equal pay for women. Thanks to her, Article 23 states that “Everyone, without any discrimination, has the rights to equal pay for equal work.” Together with Fryderyka Kalinoski of Poland and Elizavieta Popova of the Union of Soviet Socialist Republics, she also stressed the rights of the persons in Non-Self-Governing Territories (Article 2).



Eleanor Roosevelt: First lady of the United States of America from 1933 to 1945, was appointed in 1946, as a delegate to the United Nations General Assembly by US President Harry S. Truman. She served as the first Chairperson of the Commission on Human Rights and played an instrumental role in drafting the Universal Declaration of Human Rights. At a time of increasing East-West tensions, Eleanor Roosevelt used her enormous prestige and credibility with both superpowers to steer the drafting process toward its successful completion.



“The New Colossus” by *Emma Lazarus*



Give me your tired, your poor
Your huddled masses yearning to breathe free
The wretched refuse of your teeming shore
Send these, the homeless, tempest-lost to me
I lift my lamp beside the golden door!

Emma Lazarus (1849 – 1887). The New Colossus is a sonnet by American poet and was written as donation to an auction of art and liberty works conducted by the “Art Loan Fund Exhibition in Aid of the Bartholdi Pedestal Fund for the Statue of Liberty” to raise money for the pedestal's construction.

In 1901, Lazarus's friend Georgina Schuyler began an effort to memorialize Lazarus and her poem, and succeeded in 1903 when a plaque bearing the poem was put on the inner wall of the pedestal of the Statue of Liberty.

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

<http://www.WomensHealthSection.com>

