



WHEC Update

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

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Making A Difference

1 in 3 women globally experience violence (Source: WHO). Violence against women remains devastatingly pervasive and starts alarmingly young. Across their lifetime, 1 in 3 women, around 736 million, are subjected to physical and sexual violence by an intimate partner or sexual violence from a non-partner – a number that has remained largely unchanged over the past decade.

This violence starts early; 1 in 4 young women (aged 15-24 years) who have been in a relationship will have already experienced violence by an intimate partner by the time they reach their mid-twenties. Violence against women is endemic in every country and culture, causing harm to millions of women and their families. And has been exacerbated by the COVID-19. But unlike COVID-19, violence against women cannot be stopped with a vaccine. We can only fight it with deep-rooted and sustained efforts – by governments, communities and individuals – to change harmful attitudes, improve access to opportunities that serves for women and girls, and foster healthy and mutually respectful relationships.

Intimate partner violence is by the most prevalent form of violence against women globally (affecting around 641 million). However, 6% of women globally report being sexually assaulted by someone other than their husband or partner. Given the high levels of stigma and under-reporting of sexual abuse, the true figure is likely to be significantly higher.

The Women's Health and Education Center (WHEC) and its partners warn that the COVID-19 pandemic has further increased women's exposure to violence, as a result of measures such as lockdowns and disruptions to vital support services. Every government should be taking strong, proactive steps to address this, and involving women in doing so. Though many countries have seen increased reporting of intimate partner violence to helplines, police, health workers, teachers and other service providers during lockdowns, the full impact of the pandemic on prevalence will only be established as surveys are resumed.

Violence disproportionately affects women living in low- and middle-income countries. An estimated 37% of women living in the poorest countries have experienced physical and/or sexual intimate violence in their life, with some of these countries having a prevalence as high as 1 in 2. The regions of Oceania, Southern Asia and Sub-Saharan Africa have the highest prevalence rates of intimate partner violence among women aged 15 to 49, ranging from 33% to 51%. The lowest rates are found in Europe (16 – 23%), Central Asia (18%), Eastern Asia (20%) and South-Eastern Asia (21%). Younger women are at highest risk for recent violence. Among those who have been in a relationship, the highest rates (16%) of intimate partner violence in the past 12 months occurred among young women aged between 15 and 24.

Violence against women must be prevented. WHEC promotes **RESPECT women** – a framework for preventing violence against women and women aimed at policy makers. Each letter of RESPECT stands for one of seven strategies: 1) Relationship skills strengthening; 2) Empowerment of women; 3) Services ensured; 4) Poverty reduced; 5) Enabling environments (schools, work places, public spaces) created; 6) Child and adolescent abuse prevented; and 7) Transformed attitudes, beliefs and norms.

Share your projects on **WHEC Global Health Line (WGHL)** ... *serving in 227 countries and territories.*

Efforts to Support Survivors of Violence

Rita Luthra, MD



Your Questions, Our Reply

What are the risk factors associated with intimate partner violence and sexual violence against women?
What are the health consequences of intimate partner violence and its impact on children?

Our Collective Commitment to Act Today and Prevent Violence: Violence – in all its forms – can have an impact on a woman's health and well-being throughout the rest of her life – even long after the violence may have ended. It is associated with increased risk of injuries, depression, anxiety disorders, unplanned pregnancies, sexually-transmitted infections including HIV and many other health problems. It has impacts on society as a whole and comes with tremendous costs, impacting national budgets and overall development.

RESPECT also highlights that successful interventions are those that prioritize safety of women; whose core-elements involve challenging unequal gender power relationships; that are participatory; address multiple risk factors through combined programming and that start early in the life course. To achieve lasting change, it is important to enact and enforce legislation and develop and implement policies that promote gender equality; allocate resources to prevention and response; and invest in women's rights organizations. Ending violence against women begins with RESPECT.

To address violence against women, there is an urgent need to reduce stigma around this issue, train health professionals to interview survivors with compassion, and dismantle the foundations of gender inequality. Countries should honor their commitments to increased and strong political will and leadership to tackle violence against women in all its forms, through:

- Sound gender transformative policies, from policies around childcare to equal pay, and laws that support gender equality,
- A strengthened health system response that ensures access to survivor-center care and referral to other services as needed.
- School and educational interventions to challenge discriminatory attitudes and beliefs, including comprehensive sexuality education.
- Targeted investment in sustainable and effective evidence-based prevention strategies at local, national, regional and global levels.
- Strengthening data collection and investing in high quality surveys against women and improving measurement of the different forms of violence experienced by women, including those who are most marginalized.

Our educational platform for the healthcare workers Violence against Women - <http://www.womenshealthsection.com/content/vaw/> addresses the clinical dimensions and scope of women battering, drug abuse, suicide, child abuse and mental health issues. Pathways to change - <http://www.womenshealthsection.com/content/vaw/vaw002.php3> deals with responding to violence to violence against women and integrating policy and developing a hospital / clinic program to address domestic violence.

Scientific investigation of the problem of domestic violence is a relatively recent endeavor. It is only within the past 30 years that violence against women has been acknowledged nationally and internationally as a threat to health and rights of women as well as to national development.

We welcome reports on new approaches to old problems and accounts of experiences, whether successes or failures, from which others may profit.



United Nations at a Glance

Permanent Mission of Luxembourg to the United Nations

Luxembourg became UN Member State on 24 October 1945



Luxembourg, officially the **Grand Duchy of Luxembourg**, is a landlocked country in Western Europe. It is bordered by Belgium to the west and north, Germany to the east, and France to the south. Its capital Luxembourg City, is one of the four official capitals of the European Union (EU), together with Brussels, Frankfurt, and Strasbourg, and the seat of the Court of Justice of the EU, the highest judicial authority in the EU. Its culture, people and languages are highly intertwined with its neighbors, making it a mixture of French and German cultures. It has 3 official languages: French, German and the national language of Luxembourg.

It is one of the smallest sovereign states in Europe, with an area of 2,586 sq. kilometers (998 sq. mi). In 2019, Luxembourg had a population of 626,108, which makes it one of the least-populous countries in Europe, but by far the one with the highest population growth rate. Luxembourg is a secular state, but the state recognizes certain religions as officially mandated religions. This gives the state a hand in religious administration and appointment of clergy, in exchange for which the state pays certain running costs and wages. Religions covered by such arrangements are Roman Catholicism, Judaism, Greek Orthodoxy, Anglicanism Russian Orthodoxy, Lutheranism, Calvinism, Mennonitism, and Islam.

Luxembourg is a developed country, with an advanced economy and one of the world's highest GDP per capita. It is headed by Grand Duke Henri and is the world's only remaining sovereign grand duchy.



Luxembourg is a founding member of EU, OECD, United Nations, NATO, and Benelux. It served on United Nations Security Council for the years 2013 and 2014, which was a first in the country's history.

Luxembourg: A Committed Player in a Multilateral World

The Grand Duchy of Luxembourg is part of the Greater Region which includes Saarland and Rhineland-Palatinate in Germany, Lorraine in France and Wallonia, the Wallonia-Brussels Federation, the German-speaking Community in Belgium with a total of more than 11.5 million people. In 2015, when Agenda 2030 was adopted, Luxembourg chaired

the Council of the EU.

Challenges and Sustainable Development Projects

Luxembourg is fulfilling its responsibilities by translating the global challenge of climate change into the national target of reducing its emissions by 40% by 2030 compared to 2005.

- Ensuring social inclusion and education for all;
- Diversifying the economy;
- Ensuring sustainable mobility
- Planning and coordinating land use;
- Stop the degradation of our environment;
- Protecting the climate.

On the financing plan, it is planned to create a "Luxembourg Sustainable Development Finance Platform" (LSDFP) or an interface between potential financial contributors (public and private) and project leaders who are part of a sustainable development approach (also public and private).

<https://sdgs.un.org/taxonomy/term/1400>

Collaboration with World Health Organization (WHO)

WHO | Luxembourg



Luxembourg is a landlocked country bordered by Belgium, France and Germany. Luxembourg's healthcare system is based on three fundamental principles: Compulsory health insurance, free choice of provider for patients and compulsory provider compliance with the fixed set of fees for services. The standard contribution level is set by the Union of Sickness Funds.



How a nurse-led program is dealing with hepatitis in prisons in Luxembourg. A prison sentence may not feel like a stroke of luck, but it can mark an opportunity for testing vulnerable populations and providing care to detainees to prevent life-threatening diseases. Since 2013, 4,218 people have been tested for hepatitis and other infectious diseases, such as syphilis, HIV and tuberculosis, on arrival at one of Luxembourg's two state prisons. Nurses oversee a prison's specialized medical program, working closely with the National Service of Infectious Diseases. In Luxembourg, approximately 1% of the population has tested positive for hepatitis C antibodies. This represents more than 4,000 people and it is estimated that 77% of them have active infection. Without treatment, the hepatitis C virus can lead to liver cancer and death, but many people do not realize they are infected.

Making an impact in health development

WHO is proud to partner with Luxembourg, a strong supporter of global health, that contributes more than 15% of its official development assistance to the health sector. Since 2009, Luxembourg has provided 1% of its GDP assistance, one of the few countries that exceeds the United Nations target of 0.7%.



WHO and Luxembourg work together in key health areas including universal health coverage; reproductive, maternal, newborn, child and adolescent health; health emergencies; polio eradication; and tropical disease research. From 2020 to 2022, Luxembourg is co-chairing the Special Programme for Research and Training in Tropical Diseases, a partnership hosted by WHO.

Luxembourg's General Development Cooperation Strategy: The Road to 2030 highlights health as a key area for eradicating poverty. Luxembourg is also one of the eight members of WHO's Small Countries Initiative, a knowledge sharing platform in the WHO European region to improve the health and well-being of populations. Through its participation in WHO's governance and leadership in innovative like the Universal Health Coverage Partnership. Luxembourg helps ensure that WHO has the resources to create healthier lives for all people.

Coming together to identify health-workforce needs in small countries

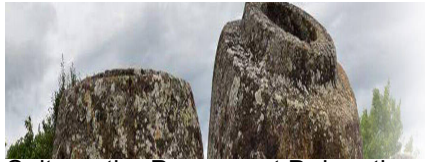
Challenges to health workforce in small countries are further influenced by their size, context and dynamics. Their smallness means that challenges in this area, such as brain drain or lack of specialized health professionals, are revealed sooner than would be the case in larger countries where they often manifest themselves at a later stage. Improving postgraduate and specialty training and the monitoring and management of health workforce mobility are two of the areas covered by the micro case studies in addressing challenges related to the health workforce.

Looking ahead – In highlighting ways in which countries can continue to learn from one another towards building a sustainable health workforce, case studies address shortages of certain medical specialties.

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



Luxembourg Commission for Cooperation with UNESCO



Luxembourg was the 33rd country to join UNESCO on the 27th of October 1947.

This introduces the bodies ensuring the link between Luxembourg and UNESCO, namely the Ministry of Culture, the Permanent Delegation of the Grand Duchy of Luxembourg, the National Commission for Cooperation with UNESCO and Her Royal Highness Grand Duchess, Goodwill Ambassador. UNESCO's Associated Schools Project Network (ASPnet, coordinated by UNESCO headquarters in Paris) brings educational institutions worldwide together around common objectives: teaching children and young people the vital importance of defending peace and sustainable development.

Spread out over more than 180 countries, the 10,000 schools on the ASPnet do active work in favor of international understanding, peace, intercultural dialogue, sustainable development and high-quality education. Fundamental importance is given to Education for Global Citizenship and Education 2030 - <https://unesdoc.unesco.org/ark:/48223/pf0000245656>

As a laboratory of ideas, ASPnet develops, tests, and disseminates innovation educational material which fosters the adoption of new approaches to education and vocational training based on UNESCO's values and central priorities. In **Luxembourg**, 13 primary and secondary schools are members of the UNESCO network of Luxembourg schools.

Chairs

Launched in 1992, the programme – UNESCO Chairs, supports the establishment of university chairs in the Organization's fields of competence, including education, the natural and social sciences, culture, communication and human rights. In many cases, UNESCO Chairs act as think-tanks and bridge-builders between universities, civil society, local communities, research and policy-makers. They help support important decisions on orientation, create new educational initiatives, generate innovation through research and contribute to the enrichment of existing university programs, as well as promoting cultural diversity. In fields suffering from a shortage of skills, the Chairs often spearhead excellence and innovation, at both national and regional level.

Today, the program brings together over 700 establishments in 116 countries, among them, the **University of Luxembourg** and the UNESCO Chair in Human Rights.

World Heritage



City of Luxembourg: the old city and fortifications – Since 17 December 1994, it has been recognized by UNESCO as World Heritage Sites. Under the Treaty of London, signed on 11 May 1967 by all the major European powers, the fortifications were dismantled. 10% of what was known in the past as the “Gibraltar of the North” can be visited today. Today's visitors find particular interest in the Casemates, 17 km of underground tunnels, carved into the rock or built underground.

Details: <https://unesco.public.lu/en/structure.html>

Bulletin Board

Continuing Medical Education – UN System

Achieving universal access to reproductive health is our mission. The demand for health-for-all and education-for-all, is one of the defining movements of 21st century. Women's Health and Education Center (WHEC) is leading the way in this movement, as well as redefining Continuing Medical Education. It is our privilege to work with the UN Partners on Sustainable Development Goals (SDGs), with special focus on SDGs: 3, 4, 5, 16, 17.

Creating cultures that care is our goal. Let us make it happen. We welcome everyone. Our initiatives and e-Health Platform have strong collaboration and partnerships with:

- **World Health Organization (WHO);** As a partner of PMNCH (Partnership for Maternal, Newborn, Child Health) and Reproductive Health Research (RHR) divisions of WHO; WHEC is positioned to disseminate latest information and research in reproductive health, to the entire world in 6 official languages of the United Nations.
http://www.womenshealthsection.com/content/documents/WHO_PMNCH_and_WomensHealthSection.pdf
- **WHO Academy:** WHEC aims to train millions of health workers worldwide in collaboration with WHO Academy. It will also support COVID-19 response efforts, including on promoting equitable access to vaccines.
- **United Nations University (UNU)**
UNU-WIDER;
<http://www.womenshealthsection.com/content/documents/UNU-7-December-2005.pdf>
- **Department of Economic and Social Affairs (DESA)**
Academic Partnership Units/ UN Chronicle
<http://www.womenshealthsection.com/content/whhec/letter016.php3>
- **Department of Public Information (DPI)**
<http://www.womenshealthsection.com/content/documents/UN-Letter-30-June-2003.pdf>
- **Commission on Social Development (CSocD):** All over the world we all provide care to a multicultural society. Imagine students in developing and developed countries simultaneously reviewing the same medical education and learning from each other. Building the Capacity of Care: <https://unsdn.org/2021/04/22/building-the-capacity-to-care/>
- **Commission for Population and Development (CPD)**
- **High-Level Political Forum (HLPF);**
- **Commission on Status of Women (CSW) and UN Women**
Ending Child Marriages;
http://www.womenshealthsection.com/content/documents/UN_DPI_NGO_Chat_Series_with_UNICEF_Announcement.pdf
- **UNESCO:** WHEC aims to support Education-For-All initiatives to improve access and quality of education for both boys and girls, worldwide.
http://www.womenshealthsection.com/content/documents/007_1900_RLuthra_8_04_21.pdf
- **World Bank (WB)**
Every Woman Every Child Global Strategies
<https://www.everywomaneverychild.org/commitment/womens-health-and-education-center/>

Please visit our Publications Page for UN and WHO Documents

<http://www.womenshealthsection.com/content/whhec/publications.php3>



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

The Great Transformation 1989 – 2029

Could it have been better? Will it be better?

Over 1.8 billion people, from Central Europe to East Asia, have been involved in the great systemic transformation to market economy, civic society and democracy. The process has brought mixed fruits. The diversification of the current situation is a result of both the legacy from the past and the different strategies and policies executed in particular countries over subsequent periods. These policies have been used on different assumptions and followed the active of alternative schools of economic thought. Consequently, theoretical lessons as well as policy implications can be learned from this vast experience.

Could it have been better? Will it be better? It must be said yes, it obviously could have been better – to various extents in various countries, in various fields for particular individuals and social groups. The situation may not relatively become better: subjective opinion is not based on an assessment of improvements between the past and the present, nor on the smaller gap in the comparison with more affluent societies and richer parts of the world, but predominantly on the self-evaluation of one's individual, group, social and national situation, as it is perceived in relation to one's desires, expectations and ideas. There is no doubt that they will always be higher than the opportunities for their fulfilment and realization. What is important is that they will be the driving force for further change and development on the one hand, but also the reason for endless frustration, on the other.

Taking into consideration the very dynamics of growth and development and the progress to be achieved in the future in those fields, the reality will still be worse that it need be. As usual, the available potential will not be utilized fully, for the same reason as was apparent during previous twenty years. The period is also bound to be full of mistakes in economic policy, reflecting badly solved conflicts of group interests, and inaccurate theoretical assumptions, and more generally, theory falling behind reality and endless problems, concerning, first, the crystallization of the general aim of development, and then its disaggregation into partial aims. This is how it has been; this is how it is now, and this is how it will be.

The conclusions derived from preceding years, should help to reduce the gap between potential possibility and actual reality for the next two decades, 2010 – 2029. However, 2029, just as in 1989 and in 2009, with sarcastic report: *It's been already*

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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, October 2021

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. Elder Abuse; <http://www.womenshealthsection.com/content/vaw/vaw008.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. Domestic Violence: Screening and Intervention;
<http://www.womenshealthsection.com/content/vaw/vaw012.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

Ending Violence against Women: OUR SOLUTIONS



1 in 3 women worldwide experience physical or sexual violence, mostly by an intimate partner.

Worldwide, more than 700 million women alive today were married as children (below 18 years of age). Of those women, more than 1 in 3 – or some 250 million – were married before 15.

At least 200 million women and girls alive today have undergone female genital mutilation (FGM)/cutting in 30 countries.

1 in 10 women in the European Union (EU) report having experienced cyber-harassment since the age of 15 (including having received unwanted, offensive sexually explicit e-mails or SMS messages, or offensive, inappropriate advances on social networking sites).

Adult women account for almost half of all human trafficking victims detected globally. Women and girls together account for 70%, with girls representing 2 out of every 3 child trafficking victims.

VIOLENCE AGAINST WOMEN AND GIRLS IS A HUMAN RIGHTS VIOLATION.

At least 155 countries have passed laws on domestic violence, and 140 have legislation on sexual harassment in the world place (World Bank 2020). But challenges

How can we make a difference – Our Recommendations

WHEC works to prevent and respond to violence, to increase access to services for survivors and to make private and public spaces safer for women and girls. At the global level we work to advance international policies providing support to the United Nations General Assembly and the Commission on the Status of Women, and ensuring that the post-2015 development agenda includes specific targets to end violence against women and girls.

- 1. Expanding access to services.** Although progress is being made globally, many women and girls who experience physical and sexual violence still lack access to quality services. WHEC in partnership with various international organizations is developing the Essential Service Program to improve the quality and access to services by reaching a global understanding on the range of services and responses required and the corresponding standards for providing such services.
- 2. Safety in public spaces.** To address this WHEC in partnership implements the Safe Cities Initiative with a presence in over 20 cities.
- 3. Improving Knowledge and Evidence.** The Virtual Knowledge Center to End Violence against Women and Girls features detailed guidance on how to implement laws, policies and programs with access to promising practices, case studies and recommended programming tools from around the world. Please visit or Violence Against Women Section <http://www.womenshealthsection.com/content/vaw/>
- 4. Supporting Innovation Approaches to Ending Violence.** We provide guidance on preventing violence against women and girls with a focus on changing the attitudes and behaviors with tolerate such violence and perpetuate gender inequality.
- 5. Advocacy.** WHEC's campaign to end violence against women and girls has garnered support for other high-profile initiatives from celebrities, including sports stars in Europe, to raise the profile of the issue. Our highly popular e-Health Platform <http://www.WomensHealthSection.com> is serving 14 million subscribers every year in 227 countries and territories.
- 6. Education for Prevention.** Putting young people at the heart of prevention efforts, WHEC and its partners are developing a non-formal curriculum to end violence against women and girls, designed for various age groups, ranging from 5 to 25 years.

We partner with governments, UN agencies, civil society organizations and other institutions to find ways to prevent violence against women and girls, focusing on early education, respectful relationships, and working with men and boys.

Prevention is still the most cost-effective, long-term way to stop violence.

Follow us @ <http://www.womenshealthsection.com/content/vaw/vaw002.php3>

Global Issues: Food



Published in mid-2020: Almost 690 million people went hungry in 2019 - by 10 million from 2018, and by nearly 60 million in 5 years; according to State of Food Security and Nutrition in the World 2020 Report.

The Covid-19 pandemic has intensified the vulnerabilities and inadequacies of global food systems – understood as all the activities and processes affecting the production, distribution and consumption of food.

For two decades, leading up to the millennium, global demand for food had increased steadily, along with growth in the world's population, record harvests, new technologies, improvements in incomes, and the diversification of diets. Food prices continued to decline through 2000. However, in 2004, prices for most grains began to rise. Rising production could not keep pace with the even stronger growth in demand. Food stocks became depleted. And then, in 2005, food supply was squeezed by disappointing harvests in major food-producing countries. By 2006, rapid world cereal production had fallen by 2.1%. In 2007, rapid increases in oil prices increased fertilizer and other food production costs.

Healthy diets would help

The State of Food Security and Nutrition in the World 2020 Report, available @ <http://www.fao.org/documents/card/en/c/ca9692en> argues that once sustainability considerations are factored in, a global switch to healthy diets would help check the backslide into hunger while delivering enormous savings. It calculates that a shift would allow the food costs associated with unhealthy diets, estimated to reach US\$ 1.3 trillion a year in 2030, to be almost entirely offset; while the diet-related social cost of green-house gas emissions, estimated at US\$ 1.7 trillion, could be cut by to three-quarters.

Sustainable Development and Food

Food is the core of the Sustainable Development Goals (SDGs), the UN's development agenda for the 21st century. The second of the UN's 17 SDGs is to "End hunger, achieve food security and improved nutrition and promote sustainable agriculture." Achieving this goal by the target date of 2030 will require a profound change of the global food and agriculture system. Some of the components are:

- Ending hunger, and ensuring access by all people to safe, nutritious food;
- Ending all forms of malnutrition;
- Doubling the agricultural productivity and incomes of small-scale food producers;
- Ensuring sustainable food production systems;
- Increasing investment in agriculture;
- Correcting and preventing trade restrictions and distortions in world agricultural markets;
- Adopting measures to ensure the proper functioning of food commodity markets.

Zero Hunger Challenge

It was launched to inspire a global movement towards a world free from hunger within a generation. It calls for: Zero stunted children under the age of two 100% access to adequate food all year round; All food systems are sustainable 100% increase in small-holder productivity and income; Zero loss or waste of food.

Join the movement!

Art & Science

Art that touches our soul

Luncheon of the Boating Party (Le déjeuner des canotiers) by Pierre-Auguste Renoir



Luncheon of the Boating Party was painted by Pierre-Auguste Renoir in 1881. It was included in the Seventh Impressionist Exhibition in 1882.

The painting, combining figures, still-life, and landscape in one work, depicts a group of Renoir's friends relaxing on a balcony at the Maison Fournaise restaurant along the Seine river in Chatou, France.

It was purchased from the artist by the dealer-patron Paul Durand-Ruel, and bought in 1923 (for \$125,000) from his son by industrialist Duncan Phillips, who spent a decade in pursuit of the work.

It shows richness of form, a fluidity of brush stroke, and a flickering light. Medium: Oil on canvas; Dimensions: 129.9 cm X 172.7 cm (51 in X 67 in). Location: The Phillips Collection, Washington, DC.

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

<http://www.WomensHealthSection.com>

