



WHEC UPDATE

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

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Shaping the Future

Girls are born leaders. What they lack, almost universally, is an equal opportunity to practice that leadership and to build the resilience required for decision-making in political, economic and public life. It is clear that education has a role to play in turning the dials of history on gender in this context. Education and health, builds the vital resilience necessary to venture into the challenging context of political, public and economic fields. Individual efforts and Non-governmental Organization (NGO) programs, however, are not enough to allow girls and women access to education and health. And for all of us to experience the benefits of good education has to offer. Sport is a universal language and a powerful tool for peace.

Title IX, was the equity game changer in the United States. The conversation about equity through education and health must be addressed by policy-makers, who beyond simply understanding the value of quality education and health experience, have also benefited from one. We call for more research, resources and investment to be channeled to programs that invest in education and health, as a game-changing strategy for girls and women, globally. The leadership of girls and women is necessary for a just and prosperous world and the untapped potential of education and health to accelerate progress towards gender equity is a sound investment towards this aim.

It takes a full-service village. Role models can change what young people think, but life-long learning requires life-long community support. If countries invest in adolescents now to keep them healthy and strong, they will receive a significant demographic dividend in 10 to 15 years down the line, helping to build resilient societies prepared to meet future difficulties. Knowledge and skills conveyed by role models and peers through media and sport, help young people build self-assurance, share experiences, take control of their lives, make choices about their sexuality, protect themselves from HIV and other infectious diseases, avoid unwanted pregnancy and stride into adulthood with confidence. *Young people learn best from those they love and respect.* We @ WHEC believe, it is time to fast-track the HIV response to meet the Political Declaration's 2020 targets and end the AIDS/HIV epidemic as a public health threat by 2030.

Sport programs associated with nutrition and agriculture can complement programs that tackle hunger and support education. Beneficiaries can be educated and engaged in sustainable food production and balanced diets. The spirit of sport is linked to the nutrition and wellness of a community or individual; this connection between sport and health can be used to highlight inefficiencies in the global food supply chain. Girls and women must be the focal point of these efforts, because their progress continues to be impeded by local cultural beliefs and practices that prevent them from contributing towards the economic livelihood of their communities and villages. It is important to understand that nutrition and wellness are the basis for sport, incorporated in ways to instill healthy lifestyles, but also to rally together communities in support of a common denominator.

Psychologists have found that participation in sport in elementary and secondary school facilitates life-skills training serves as a protective factor against traumatic events such as civil conflict, community violence and early forced marriage of under-age girls. Investigators have demonstrated, for example, that sport programs have improved life and global citizenship skills for youth in Angola, noting that following times of political conflicts, youths who participated in structured sport activities reported feeling more hopeful about their futures. Moreover, adults observed improvements in these youths' life skills, especially in cooperation and conflict management.

Share your stories and experiences @ <http://www.WomensHealthSection.com>

Pedaling a Revolution
Rita Luthra, MD

Your Questions, Our Reply

What are the similarities in how Afghanistan and the United States address women's rights, and where are the solutions? What does it take for women to have a voice, especially in sport?

Advancing National & International Development: Gender barrier is deeply rooted in Afghan society and in the wider region, and to discover the reasons behind the deep-seated taboo that prevents girls from education, health and sport. Two reasons emerge at the heart of these issues: the first related to virginity and honor; the second to independence and mobility. The United Nations and the International Olympic Committee have long enjoyed strong ties by cooperating on several initiatives which use sport to build a more peaceful and better world.

Virginity and morality are practical concerns when one considers how women are valued in Afghan society and how their actions reflect on family honor. Girls are often only of value in terms of their ability to be married off; they must be virgins at the time of marriage. Girls have been sent back to their families if their virginity is questioned, ruining the entire family's reputation. Education and sport, is seen as something that could damage a girl's honor. While few girls in the West would be concerned that education and sport could ruin their reputation and marriageability, it is a very real concern in a country where virginity tests are still provided by doctors as proof of honor.

In a country like Afghanistan, there is still tightly control of women's freedom of movement and dress code, and where very few women learn to drive or could afford a car even if they knew how. Bicycles have been an integral symbol and tool for women's rights movement around the world, including the American and English suffrage movement; and can provide access to independent mobility.

One of the most beloved American suffragists, Susan B. Anthony, was quoted as saying "The bicycle has done more to emancipate women than anything else in the world". American and English women who began riding bikes in the late 1800s were considered immoral and promiscuous. This shows education and sport has always been controversial for women, not just in Afghanistan but across the world. Nevertheless, it has also brought about real social change in terms of equality and independence. Despite the risks of honor and safety in a country still in the midst of conflict, Afghan girls and women have begun their own revolution – fighting for education, health and physical-fitness.

It took a generation of American and English women to begin to break through the gender barrier that stigmatized women who rode. It took nearly a century for them to be accepted in the universities, medical schools, engineering, right to vote, land and business owners, political offices, and the military services.

Change does not happen in one- or five-year project plans. It happens over a course of one or two generations, organically and authentically. You are welcome to participate in these global efforts.

The Afghan women who are raising their voice for gender equality and gender equity today, are pedaling a revolution. Afghanistan, which is repeatedly ranked the worst place in the world to be a woman, let alone one fighting for women's rights. It may take girls and women, decades before they are standing-up for their rights, and inspire others to do the same.

Sport is based on universal values such as fair play, teamwork, tolerance and equality. It brings people together for friendship, solidarity, and above all peace.

Join the efforts!

United Nations at a Glance

Permanent Mission of Commonwealth of Dominica to the United Nations

Dominica became UN Member State on 18 December 1978



Dominica, officially the **Commonwealth of Dominica**, is a sovereign island country. The capital, Roseau, is located in the leeward side of the island. It is part of the Windward Islands in the Lesser Antilles archipelago in the Caribbean Sea. The island lies south-southeast of Guadeloupe and northwest of Martinique. Its area is 750 square kilometers (290 sq. miles) and highest point is Morne Diablotins, at 1,447 meters (4,747 ft.) elevation. The population was 72,301 at the 2014 census.

The island was originally inhabited by the Kalinago and later colonized by the Europeans, predominately by the French from the 1690s, who arrived long after Columbus passed the island on Sunday 3 November 1493; the island's name is derived from the Latin for "Sunday". Great Britain took it over in 1763 after the Seven Years' War and gradually established English as the official language. The island republic gained independence in 1978.

Its name is pronounced with emphasis on the third syllable, related to its French name of *Dominique*. Dominica has been nicknamed the "Nature Isle of the Caribbean" for its natural environment. It is the youngest island in the Lesser Antilles, still being formed by geothermal-volcanic activity, as evidenced by the world's second-largest hot spring, Boiling Lake. The island has lush mountainous rainforests, and is the home of many rare plants, animals, and bird species. There are xeric areas in some of the western coastal regions, but heavy rainfall occurs inland. The Sisserou parrot, also known as the imperial amazon and found only on Dominica, is the island's national bird and featured on the national flag. Dominica's economy depends on tourism and agriculture.

Economy and International Trade

Dominica's currency is the East Caribbean Dollar. In 2008, Dominica has one of the lowest per capita gross domestic product (GDP) rates of the Eastern Caribbean states. The country nearly had a financial crisis in 2003 and 2004, but Dominica's economy grew by 3.5% in 2005 and 4.0% in 2006, following a decade of poor performance. Growth was attributed to gains in tourism, construction, off-shore and other services, and some sub-sectors of the banana industry.

The International Monetary Fund (IMF) recently praised the Government of Dominica for its successful macroeconomic reforms. The IMF also pointed out remaining challenges, including the need for further reductions in public debt, increased financial sector regulation, and market diversification.

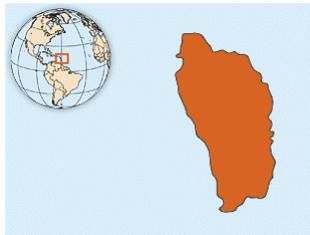
Bananas and other agriculture dominate Dominica's economy, and nearly one-third of the labor force in agriculture. This sector, however, is highly vulnerable to weather conditions and to external events affecting commodity prices. In 2007, Hurricane Dean caused significant damage to the agricultural sector as well as the country's infrastructure, especially roads. In response to reduced European Union (EU) banana trade preferences, the government has diversified the agricultural sector by promoting the production of coffee, patchouli, aloe vera, cut flowers, and exotic fruits such as mango, guava and papaya.

Dominica is a beneficiary of the Caribbean Basin Initiative (CBI) that grants duty-free entry into the United States for many goods. Dominica also belongs to the predominantly English-speaking Caribbean Community (CARICOM), the CARICOM Single Market and Economy (CSME), and the Organization of Eastern Caribbean States (OECS).

Dominica and the IMF: <http://www.imf.org/external/country/DMA/index.htm>

Collaboration with World Health Organization (WHO)

WHO | Dominica



In 2002 the World Health Organization (WHO) announced the introduction of the Country Focus Initiative (CFI) using the country cooperation strategy (CCS) as the nationally agreed framework, to focus the work of WHO in the countries it serves. The CCS combines a realistic assessment of a country's needs with sub-regional, regional, and global priorities.

At the end of 2003, the Pan American Health Organization, Regional Office of the World Health Organization (PAHO/WHO), approved an initiative for the development of a cooperation strategy for 10 countries in the eastern Caribbean namely: Antigua & Barbuda, Barbados, Dominica, Grenada, Saint Lucia, St Kitts & Nevis, St Vincent & the Grenadines and the three United Kingdom Overseas Territories (UKOTs) of Anguilla, British Virgin Islands, and Montserrat.

The multi-country Eastern Caribbean Cooperation Strategy (ECCS), as it is called, was developed through a consultative process involving representatives from the public sector and nongovernmental organizations from all the Eastern Caribbean countries including development partners serving this group of countries.

Total population (2015).....73,000

Gross national income per capita
(PPP international \$, 2013) 9

Life expectancy at birth m/f (years, 0).... Not available.

Probability of dying under 5 (per 1,000 live births, 0)..... Not available.

Probability of dying between 15 and 60 years m/f (per 1,000 population, 0).....Not available.

Total expenditure on health per capita (Intl \$, 2014)..... 587

Total expenditure on health as % of GDP (2014)..... 5.5

Health and development issues and challenges

Through the consultation process the countries identified their key issues and challenges, which fall into four broad areas:

- Strengthening leadership for national health development;
- Strengthening health system infrastructure;
- Assessing and responding to vulnerability;
- Addressing specific priority health conditions.

Development financing

With the national incomes of these countries in the upper middle and higher income groups, the flow of official development assistance has decreased significantly. Traditional donors have increasingly restricted their involvement in health to the area of HIV/AIDS; and have directed most funding towards regional institutions.

Critical issues and challenges in development financing relate to the need to strengthen national:

- Capacities to develop, manage, and evaluate investment plans to address their health priorities,
- Mechanisms to manage externally provided resources.

Details: <http://www.who.int/countries/dma/en/>

Bulletin Board

About the Letters

Letters posing a question or challenge to an article appearing in <http://www.WomensHealthSection.com> within 6 weeks of the article's publication will be considered for publication. Letters addressing publications of the Women's Health and Education Center (WHEC) [e.g. *WHEC Update* or *WHEC Practice Bulletins*] should be submitted directly to The Center's Database.

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

Following are formatting and submission guidelines:

- Limit the letter to a maximum of 500 words, including signatures and references. Provide a word count.
- On the first page of your letter, list the title and full names of all authors of the article to which you are responding.
- The maximum number of authors permitted is three.
- Designate a corresponding author and provide address, telephone numbers, and e-mail address.
- Submit the text and author agreement forms @ Best Practices Network

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

Letters will be published at the discretion of THE EDITOR.

THE EDITOR may send the letter to the authors of the original paper so their comments may be published simultaneously.

THE EDITOR reserves the right to edit and/or shorten letter.

We all @ WHEC thank you for your support for all these years!

Collaboration with The WHO's Department of Reproductive Health and Research (RHR)



Department of Reproductive Health and Research (RHR) including the UNDP / UNFPA / UNICEF / WHO / World Bank Special Programme of research, development and research training in human reproduction (HRP).

The World Health Organization's Department of Reproductive Health and Research (RHR) includes the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The Department and Special Programme provide leadership on matters critical to sexual and reproductive health through shaping the research agenda, and coordinating high-impact research; setting norms and standards; articulating an ethical and human-rights-based approach; and supporting research capacity in low-income settings.

Our vision

Our vision is the attainment by all peoples of the highest possible level of sexual and reproductive health. It strives for a world where all women's and men's rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved or marginalized, have access to sexual and reproductive health information and services. Our work is premised on the need to achieve access to and quality of sexual and reproductive health, in order to meet the needs of diverse populations, particularly the most vulnerable.

Vision

HRP's vision is the attainment of all peoples of the highest possible level of sexual and reproductive health. It strives for a world where all women's and men's rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved and marginalized, have access to sexual and reproductive health information and services.

HRP is a global leader in reproductive health research

HRP supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries and develops dissemination tools to make efficient use of ever-increasing research information.

Message for the Director RHR / HRP; Dr. Ian Askew

<http://www.who.int/reproductivehealth/news/msg-from-RHR-HRP/en/>



Collaboration with UN University (UNU)

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

Developing global indicators for quality of maternal and newborn care

A feasibility assessment

Objective: To assess the feasibility of applying the World Health Organization's proposed 15 indicators of quality of care for maternal and newborn health at health-facility level in low- and middle-income settings.

Methods: Six of the indicators are about maternal health, five are for newborn health and four are general cross-cutting indicators. We used data collected routinely in facility registers and obtained as part of facility assessments from 963 healthcare facilities specializing in maternity services in 10 countries in Africa and Asia. We made a feasibility assessment of the availability of data and the clarity of indicator definitions and identified additional information and data collection processes needed to apply the proposed indicators in real-life settings.

Findings: Of the indicators evaluated, 10 were clearly defined, of which four could be applied directly in the field and six would require revisions to operationalize them. The other five indicators require further development, with one of them being ready for implementation by using information readily available in registers and four requiring further information before deployment. For indicators that measure coverage of care or availability of services or products, there is a need to further strengthen measurement. Information on emergency obstetric complications was not recorded in a standard manner, thus limiting the reliability of the information.

Conclusion: While some of the proposed indicators can already be applied, other indicators need to be refined or will need additional sources and methods of data collection to be applied in real-world settings.

The United Nations (UN) Commission on Information and Accountability for Women and Children's Health was established in 2011 to enhance local, national and global accountability for women and children's health. The commission identified 10 recommendations to be adopted by countries. The first set of recommendations focused on better information for results, calling for countries to strengthen vital registration and health information systems, to focus on a core set of harmonized maternal newborn and child health indicators, and to invest in information, communication and technology to strengthen their national health information systems at all levels. More recently, Countdown to 2015 reports acknowledged the need to monitor quality of care as well as coverage of interventions, and the corresponding need for better data to do this. These developments are also identified in the sustainable development goals, with recognition that reaching such targets as reducing the maternal mortality ratio to under 70 per 100 000 live births by 2030, will require continued efforts to improve quality of care, underpinned by the availability of robust evidence.

Overall, the WHO proposed global core indicators focus on important elements of quality of care around the time of birth, and of care of the small or sick newborn, and include a balance of intervention coverage, process of care and impact indicators. However, several of the proposed indicators require some revision to be applied in real-world settings for measuring care in health facilities. In addition, for the indicators that measure coverage of care or availability of services or products, there is a need to further strengthen measurement of care quality. Collecting additional information which is not captured routinely at facilities is challenging in large-scale surveys.

Publisher: UNU-WIDER; Authors: Barbara Madaj; Helen Smith; Matthews Mathai; Nathalie Roos; Nynke van den Broek; Sponsor: This study has been prepared in collaboration with WHO as part of the UNU-WIDER initiative on 'Health and development'.

(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)*

Gender-At-A-Glance

The World Bank in Gender



The World Bank Group works with public- and private-sector clients to close gaps between males and females globally for lasting impact in tackling poverty and driving sustainable economic growth that benefits all. In the last two decades, the world has narrowed the divide between men and women, especially in primary education and health. Yet critical gaps remain.

Gender norms and stereotypes constrain the opportunities of both women and men, girls and boys, through different pathways. Most inequalities based on gender have historically put females at a disadvantage. Yet in some domains, reverse gender gaps are appearing, such as in male mortality in some European and Central Asian countries and male school dropout rates in the Caribbean and elsewhere.

In 2016, the Bank Group has begun implementing its new Gender Equality Strategy 2016-2023, following consultations with more than 1,000 stakeholders in 22 countries. The new strategy charts an ambitious course by focusing on tangible interventions that reach real-world results, by identifying and implementing operations that narrow opportunity and outcome gaps between males and females.

It aims further to address constraints cited in many economies as impediments to closing these gaps: occupational sex segregation, with women and girls often streamed into lower-paying, less secure fields of study and work; lack of safe, affordable transportation; and inadequate investment in and prioritization of care services across the life cycle, from early childhood to old age.

The Organization of Eastern Caribbean States (OECS) comprises a diverse set of small and open island countries that are highly prone to natural disasters, including: Antigua and Barbuda, **Dominica**, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Because of limited economies of scale due to their small size, they also tend to specialize in a few products and services.

World Bank and Commonwealth Secretariat Focus on Boys at Risk in the Caribbean

Regional contest seeks to identify best practices to keep boys out of trouble.

The World Bank and the Commonwealth Secretariat launched a regional contest to identify, recognize and promote initiatives that have demonstrated success in engaging youth-at-risk in the Caribbean.

“The ‘Caribbean Contest: Keeping Boys out of Risk’ seeks to identify and promote existing best practices that target youth-at-risk, highlight the importance of human development, and focus on empowerment rather than punitive measures,” said Yvonne Tsikata, World Bank Country Director for the Caribbean.

Any national or regional stakeholder in any World Bank / Commonwealth Caribbean member country (Antigua & Barbuda, the Bahamas, Barbados, Belize, **Dominica**, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname and Trinidad & Tobago) can submit application(s) for one or more projects or initiatives that are currently ongoing or finalized after the year 2000.

Governmental ministries and offices, schools, universities, projects, NGOs and stakeholders from the private sector can participate. Initiatives should fall under one of the following three categories:

- School & Education Initiatives: educational programs, mentoring, school management initiatives, etc.
- School-to-Work Transition: youth job training, special support to young entrepreneurs, etc.
- Community-Based Initiatives: after-school activities, youth service programs, violence prevention, etc.

Details: <http://www.worldbank.org/en/topic/gender/overview#2>

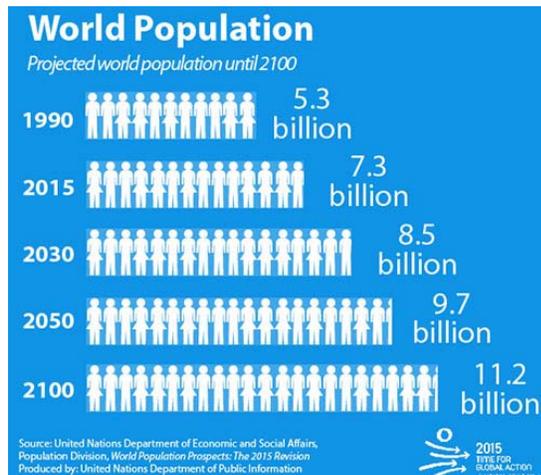
To be continued.....

Two-Articles of Highest Impact, August 2017

1. Uterine Myomas: A Comprehensive Review;
<http://www.womenshealthsection.com/content/gyn/gyn012.php3>
Author: [Dr. Edward E. Wallach](#), Professor of Gynecology and Obstetrics, Department of Gynecology and Obstetrics, the Johns Hopkins Medical Institutions, Baltimore, Maryland (USA).
2. Critical Care in Obstetrics: Disseminated Intravascular Coagulation Syndromes;
<http://www.womenshealthsection.com/content/obs/obs036.php3>
WHEC Publications. Special thanks to writers and editors for compiling the review and to our reviewers for the helpful suggestions.

From Editor's Desk

The world in 2100



The world population is projected to increase by more than one billion people within the next 15 years, reaching 8.5 billion in 2030, and to increase further to 9.7 billion in 2050 and 11.2 billion by 2100.

As with any type of projection, there is a degree of uncertainty surrounding these latest population projections. The results presented above are based on the medium projection variant, which assumes a decline of fertility for countries where large families are still prevalent, as well as a slight increase of fertility in several countries with fewer than two children per woman on average. Survival prospects are also projected to improve in all countries.

Africa: fastest growing continent

More than half of global population growth between now and 2050 is expected to occur in Africa. Africa has the highest rate of population growth among major areas, growing at a pace of 2.55 per cent annually in 2010-2015. A rapid population increase in Africa is anticipated even if there is a substantial reduction of fertility levels in the near future. Regardless of the uncertainty surrounding future trends in fertility in Africa, the large number of young people currently on the continent, who will reach adulthood in the coming years and have children of their own, ensures that the region will play a central role in shaping the size and distribution of the world's population over the coming decades.

Asia is projected to be the second largest contributor to future global population growth, adding 0.9 billion people between 2015 and 2050.

United Nations role in population issues

UN Population Division

The United Nations system has long been involved in addressing these complex and interrelated issues – notably, through the work of the UN Population Fund (UNFPA) and the UN Population Division. The Population Division pulls together information on such issues as international migration and development, urbanization, world population prospects and policies, and marriage and fertility statistics.

It supports UN bodies such as the Commission on Population and Development, and supports implementation of the Programme of Action adopted by the 1994 International Conference on Population and Development (IPCD).

The Population Division prepares the official United Nations demographic estimates and projections for all countries and areas of the world, helps States build capacity to formulate population policies, and enhances coordination of related UN system activities through its participation in the Committee for the Coordination of Statistical Activities.

UN Population Fund

The UN Population Fund (UNFPA) started operations in 1969 to assume a leading role within the UN system in promoting population programmes, based on the human right of individuals and couples to freely determine the size of their families. At the International Conference on Population and Development (Cairo, 1994), its mandate was fleshed out in greater detail, to give more emphasis to the

gender and human rights dimensions of population issues, and UNFPA was given the lead role in helping countries carry out the Conference's Programme of Action. The three key areas of the UNFPA mandate are reproductive health, gender equality, and population and development. World Population Day is observed annually on 11 July. It marks the date, in 1987, when the world's population hit the 5 billion mark.

Details: <http://www.unfpa.org/world-population-dashboard>



What is the Rule of Law?



The Secretary-General has described the rule of law as “a principle of governance in which all persons, institutions and entities, public and private, including the State itself, are accountable to laws that are publicly promulgated, equally enforced and independently adjudicated, and which are consistent with international human rights norms and standards. It requires, as well, measures to ensure adherence to the principles of supremacy of law, equality before the law, accountability to the law, fairness in the application of the law, separation of powers, participation in decision-making, legal certainty, avoidance of arbitrariness and procedural and legal transparency.”

([Report of the Secretary-General: The rule of law and transitional justice in conflict and post-conflict societies \(S/2004/616\)](#)). http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2004/616

International Criminal Court (ICC)

The International Criminal Court (ICC) was established in 2002 to investigate war crimes, crimes against humanity, genocide and other gross violations of human rights that constitute serious crimes under international law. It investigates and, where warranted, tries individuals charged with the gravest crimes of concern to the international community: genocide, war crimes and crimes against humanity.

<https://www.icc-cpi.int/about>

Trust Fund for the Victims (TFV)

The Trust Fund for Victims is the first of its kind in the global movement to end impunity for the gravest of crimes and alleviate suffering. The establishment of the ICC on 1 July 2002 resulted in the creation of the TFV under article 79 of the Rome Statute. The Fund's mission is to support and implement programmes that address harms resulting from genocide, crimes of humanity and war crimes. To achieve this mission, the TFV has a two-fold mandate:

1. To implement Court-Ordered reparations, and
2. To provide physical, psychological, and material support to victims and their families.

By assisting victims to return to a dignified and contributory life within their communities, the TFV contributes to the realization of sustainable and long-lasting peace through the promotion of restorative justice and reconciliation.

<http://www.trustfundforvictims.org/>; Details: <https://www.icc-cpi.int/tfv>



Comings and Goings

Comings: It is indeed our pleasure to welcome [Ms. Upasana Chauhan](#), Member of UN Woman & International Advisor; UN Representative, Communication and Public Relations, New York, NY (USA) to the Advisory Council of our initiative. We look forward to a productive and helpful collaboration with various NGOs working in the National and International arena. Welcome aboard!

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

Words of Wisdom

When I Consider How My Light Is Spent

When I consider how my light is spent,
Ere half my days in this dark world and wide,
And that one talent which is death to hide
Lodged with me useless, though my soul more bent
To serve therewith my Maker, and present
My true account, lest He returning chide;
“Doth God exact day-labor, light denied?”
I fondly ask. But Patience, to prevent
That murmur, soon replies, “God doth not need
Either man’s work or His own gifts. Who best
Bear His mild yoke, they serve Him best. His state
Is kingly: thousands at His bidding speed,
And post o’er land and ocean without rest;
They also serve who only stand the wait.”

- John Milton (9 December 1608 – 8 November 1674) English poet, polemicist, man of letters, and civil servant for the Commonwealth of England under Oliver Cromwell. By 1654, Milton had become totally blind. This is one of his best-known sonnets and it is presumed to date from this period, titled by a later editor “**On His Blindness**”.

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

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

