



ANNUAL REPORT  
2000

INTERNATIONAL  
WOMEN'S HEALTH  
COALITION



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## A CALL TO ACTION

As we write, the new administration in Washington is acting forcefully and systematically to curtail women's sexual and reproductive health and rights in the United States and around the world. Immediately upon taking office in January 2001, President George W. Bush imposed a global gag rule (originally called the Mexico City Policy) even more restrictive than earlier versions. Under this policy, any foreign family planning organization that accepts US dollars cannot use its own funds to provide abortions, counsel patients, or educate the public about the availability of abortion where it is legal, and cannot petition its government to assure access to safe, legal abortion services. The policy infringes on freedom of speech in a manner that would be unconstitutional in the United States.

Most USAID-funded family planning groups will be forced to accept these restrictions in order to protect access to family planning services. Advocacy for access to safe abortion services is thus in severe jeopardy. It is also likely that the global gag rule, like the earlier Mexico City Policy, will generate self-censorship by international agencies and national governments dependent on US funding.

At the same time, conservative opposition to women's sexual and reproductive rights is flourishing across countries of Africa, Asia, and Latin America, and in the United Nations. In 2001, two special sessions of the UN General Assembly will take place, one on HIV/AIDS in June, and one on children in September. In both instances, a small number of well-organized, conservative governments and nongovernmental organizations are mounting a campaign to reverse agreements for which we fought long and hard in Cairo and Beijing, and more recently, in the UN's five-year reviews of these conferences. Their opposition centers on the rights of adolescents to sexuality information and health services.

It is thus more important than ever to sustain the independent voices of women worldwide. Women are the ones who can advocate openly for adolescents' access to information and services; for safe, legal abortion; and for sexual and reproductive rights in their communities, with their governments, and in the international arena. We are determined that their voices not be stifled and will continue to support their courageous work.

Adrienne Germain  
*President*

Ellen Chesler  
*Chair of the Board*



## PROGRAM ACTIVITIES

### REGIONAL PROGRAMS

The International Women's Health Coalition's regional programs in selected countries of Africa, Asia, and Latin America are the heart of our work. The hallmark of IWHC's regional programs is our sustained technical and financial investment in strategically chosen leaders and organizations working locally and nationally, usually in the face of strong conservative social, religious, and political opposition. In fiscal year 2000, we extended financial and technical support to more than thirty programs in these regions. Grants and technical assistance provided by IWHC enable organizations to build basic institutional skills and to test program ideas. Increasingly, our colleagues are attracting financial support from larger donors to maintain their programs. At the same time, our prolonged investments help our colleagues increase their capacity to influence local, national, and international policies and programs. To widen the impact of our investments, we foster collaboration among our colleagues, both within and across borders, and with international agencies.

#### Africa

For more than ten years, the Africa program has supported exceptional Nigerian and Camerounian colleagues working with adolescents. The program has helped many of them create widespread recognition of the urgent need for sexuality education and health information for young people and develop a number of innovative ways to provide these services. In addition, we have enabled a diverse group of health professionals, lawyers, journalists,

**“There’s a little bit of taboo in our society about what to say about sex. If you don’t talk about it, there’s danger that the adolescents may even make a mistake about it. They must talk about it. They must know about it.”—Olusegun Obasanjo, President of Nigeria**

teachers, and activists to bring to public attention the extent and consequences of unwanted pregnancy and unsafe abortion. Others with whom we work seek to raise consciousness and effect policy change in response to the prevalence of gender-based violence, including female genital mutilation, in their communities.

#### *Nigeria*

Nigeria's new government continued to face political and economic turmoil during the year, constraining efforts to rehabilitate the country's health and social service sectors, which have been devastated by years of neglect and corruption. The implementation of sharia (strict Islamic law) in a number of northern states jeopardizes women's rights, as well as national

unity. Young women throughout the country face serious threats to their health and well-being, including HIV/AIDS, sexual violence, unwanted pregnancy, unsafe abortion, and harmful practices such as female genital cutting.

Since IWHC first began its work in Nigeria in 1986, we have seeded the development of a core group of nongovernmental organizations, each of whom has built the capacity to provide information and an increasingly broad array of services to protect and promote adolescent sexual health and rights in their communities. During IWHC's seven-year relationship with the Girls' Power Initiative (GPI)—which effectively combines esteem building, problem-solving skills, and leadership training with health education—GPI has become a nationally and internationally recognized resource on adolescent girls. The alumnae network GPI

**“Anybody that tells me I won't get married because I'm not [genitally] mutilated, I just tell the person, any man that marries me is lucky.”**  
—Emelia, age 16, participant in the Girls' Power Initiative

has created is laying the groundwork for a new generation of feminist leadership. Another longtime IWHC colleague, Action Health Incorporated (AHI), offers reproductive and sexual health services to adolescents and is helping the federal Ministry of Education to develop a sexuality education curriculum. During the next two years, with IWHC support, AHI will provide additional training for its clinic staff, expand its school clinics, and conduct research on and develop approaches to working with out-of-school youth.

Located in the conservative Muslim north, the Adolescent Health Information Project (AHIP) began providing vocational skills training to a small number of adolescents in 1989; with IWHC support, AHIP has developed a complementary sexuality education program and currently reaches more than 700 adolescent girls in its center-based program. AHIP has become the key organization focusing on adolescent sexuality in this part of the country. During 2000, the group began working in coalition with three other organizations focusing on adolescents (including GPI) to develop tools to assess their communities' need for and ability to provide clinical services responsive to adolescents. The resulting case studies will guide efforts to help service providers become more youth friendly.

### *Cameroun*

Cameroun's longstanding economic and political decline during the 1990s exacerbated its population's already serious reproductive and sexual health problems. Moreover, social conservatism, especially on contraception, has continued to hamper efforts to address these issues. As a result, women of all ages are at particular risk of early sexual initiation, unsafe abortion, HIV/AIDS, and sexual violence. Most programs in the country lack a rights orientation, gender sensitivity, and an understanding of the fundamental elements of sexuality.

Our Camerounian colleagues have begun to reassess their programs from a sexuality and rights perspective. To further such efforts, we provided partial support for an intensive, two-week sexuality workshop for select Camerounian nongovernmental organizations.

IWHC's relationship with the Association de Lutte contre les Violences faites aux Femmes (the Association for the Struggle Against Violence Toward Women, ALVF) started in 1993. ALVF has the most progressive gender and rights perspective of any group in Cameroun. The organization offered the first comprehensive training and practicum to help IWHC colleagues and other reproductive health groups in Cameroun develop the skills and tools necessary to address sexuality, adolescent sexuality education, and gender-based violence in their programs. With the Association for Action Research on Reproductive Health, ALVF began an exchange with Nigeria's Campaign Against Unwanted Pregnancy (supported by IWHC since its inception in 1991). This will likely generate action in Cameroun in 2001.

### Asia

For many years, IWHC collaborated with colleagues in Asia to improve the quality of national family planning programs. During the 1998–1999 period, we shifted our focus to strengthening the leadership and organizational capacity of women's health and rights groups that seek to influence national policies on sexual rights and reproductive health in Pakistan and Turkey. We identified activists across the west Asia region who are working on sexuality, especially such issues as honor crimes. We also developed an annotated bibliography on gender, sexuality, and health in the Middle East and the Mediterranean (which is posted on our website) and completed a paper on women's mental health for the journal *Health and Human Rights*.

### Pakistan

In Pakistan, practices such as purdah (veiling or seclusion), early marriage, and violence curtail women's mobility, their decision-making power, and their access to health information and services. Although family planning, as well as maternal and child health, policies and

**In Pakistan, where social practices have hindered family planning programs for fifty years, the Pakistan Reproductive Health Network is forging a link between human rights activists and health practitioners.**

programs have existed for some fifty years, less than twenty percent of married women of reproductive age practice contraception. In addition, maternal and infant mortality rates are high, as is the number of children women are likely to have in their lifetime.

IWHC's involvement in Pakistan began with a small grant in 1998 to Shirkat Gah (Place of Participation), one of the most active women's rights organizations in Pakistan. Shirkat

Gah conducts research, advocacy, and education to assert women's human rights. It is reestablishing the Pakistan Reproductive Health Network, a nationwide group that fosters dialogue between nongovernmental organizations and individuals working on health and those working on rights. During the year 2000, the Network held a national consultation and four provincial meetings to strengthen the link between human rights activists, who have raised public and government awareness of violations of women's rights, and health providers, who are just beginning to understand the impact of rights abuses on women's health. Shirkat Gah has established a project to assess the contribution of social and cultural factors—especially gender inequalities and rights violations—to maternal mortality.

Aahung (Two Harmonious Notes), based in Karachi, seeks to improve the sexual health and rights of low-income women. IWHC assisted Aahung to undertake strategic planning and to train staff in sexuality and focus group facilitation. Aahung runs programs and conducts research in poor neighborhoods of Karachi and also trains both nongovernmental organization and government staff from various parts of the country. The group has a unique understanding of the underlying dimensions of sexuality and is working to legitimize sexual health initiatives and sexuality education.

### *Turkey*

Women in Turkey face many of the same issues as women in Pakistan, including early marriage, honor killings, and a lack of sexuality education. Although national-level data suggest that higher standards of health exist in Turkey, compared with Pakistan, there are large disparities between urban and rural populations and between the eastern and western parts of the country.

Flying Broom promotes networking and alliance-building among women's advocacy groups in Turkey. The organization is one of the few groups working in southeastern Turkey, where women activists are profoundly isolated due to ongoing civil conflict and where women's health is poor and services are extremely limited. IWHC provided support for

**Flying Broom is one of the few women's groups working in southeastern Turkey, where activists are profoundly isolated, health is poor, and services are extremely limited.**

*Flying News*, Flying Broom's theme-based quarterly bulletin that reports on national and international advocacy activities, political strategies, projects, and the women's movement. Priority themes for the year were: women's issues and networking; women's health and rights; violence against women; and women and peace. With 1,200 copies of each issue published, the bulletin is helping to build the women's movement across Turkey and throughout the region. The group also created an interactive website to increase networking, informa-

tion exchange, and advocacy among women's groups both in Turkey and regionwide. In addition, Flying Broom's leadership is developing programs to provide gender-sensitivity training to government professionals and management training for women's organizations.

Women for Women's Human Rights (WWHR), one of the strongest women's rights groups in Turkey, used its general support grant from IWHC for advocacy, action research, and information dissemination. During the year, the organization directed its efforts toward shaping the Turkish government's participation in the United Nation's five-year review of the Fourth World Conference on Women. WWHR also expanded its human rights and legal literacy training programs, especially for adolescent girls, and developed contacts with advocates, scholars, and experts who are active in the areas of sexuality and sexual rights regionwide.

### **Latin America**

For more than 15 years, IWHC has provided financial, moral, and technical support to the women's health movement in Latin America. In addition to our in-depth involvement in Brazil and Chile, IWHC responds to special requests from other countries. For example, we made a grant to Flora Tristán (Center of the Peruvian Woman), a leading feminist organization, for a pathbreaking seminar it convened to review the state of research, related laws, and social practices in the field of sexuality and rights. An interdisciplinary and international group of roughly 1,000 researchers and activists attended the conference. Flora Tristán will publish a reader with articles from the seminar in 2001. We also support regionwide networks and initiatives, including the regional campaign for the decriminalization of abortion.

### *Brazil*

Brazil faces many of the greatest challenges to and opportunities for women's health and rights in the region. Much to the credit of the women's health movement, Brazil has had a comprehensive women's health policy since 1985; nevertheless, it has yet to be fully implemented. While the average number of births a Brazilian woman will have in her lifetime has declined, contraceptive choices remain limited and family planning services do not include prevention and treatment of sexually transmitted diseases. Many women in disadvantaged rural and urban communities still give birth without a skilled attendant, while others across the country undergo unnecessary cesarean sections. As a result of health sector reform, much of the responsibility for public health has been placed on local health committees, whose members need to be educated about women's health issues.

RedeSaúde (the National Feminist Network for Health and Reproductive Rights), started with IWHC funds in 1992, has since grown to 182 members in 20 of 26 states. Network representatives now participate in policymaking at the municipal, state, and national levels, and are members of the Health Ministry's Women's Health Committee and

the United Nations Population Fund’s (UNFPA’s) funding advisory board. To help RedeSaúde become more diverse and more visible nationally, IWHC has identified and nurtured reproductive health organizations across the country. In the last five years, IWHC’s support has, for example, helped Brazilian women win important gains in abortion services allowed under the country’s restrictive abortion law, and in local health policies.

RedeSaúde members we supported this past year include Católicas pelo Direito de Decidir (Catholics for a Free Choice-Brazil) for its work to ensure that women who are eligible under the law to receive an abortion in a public facility can in fact do so. Another member, the Cunha Feminist Collective located in the poor northeastern state of Paraíba, received IWHC funds to fortify its new sexual violence program, which includes abortion services. Cunha also advocates for improved family planning services—particularly increased contraceptive choice and STD/HIV prevention—in the local public health care system.

Additionally, IWHC funded CFEMIA (the Feminist Research and Assistance Center), a leading national advocacy organization based in Brasilia. The organization has expanded its

**CFEMIA, a leading women’s health advocacy organization in Brazil, persuaded the government to establish a parliamentary commission to investigate the country’s high incidence of maternal mortality.**

education of Congress and women’s groups on public policies in support of sexual and reproductive rights and adolescent development, and is monitoring budget allocations for these policies. After four years of effort, as an example, the organization persuaded the government to appoint a parliamentary commission to investigate the high incidence of maternal mortality. As an active participant in the commission, the Center will help define criteria for the assessment, will recommend people to join the commission, and will prepare the final report to be submitted to lawmakers.

### *Chile*

Chile is no longer considered a developing nation because of its macroeconomic performance and the development of democratic institutions, and donors have dramatically reduced their support in recent years. Despite the existence of a new government with a strong Minister of Women’s Affairs, Chile’s extreme right retains its grip on such value-laden issues as abortion and women’s rights. It is one of the few countries in the world where divorce is illegal and abortion is a criminal offense—without exception—for both the woman and the provider. Nonetheless, it is estimated that for every two births there is one abortion. Since 1991, IWHC has supported health and rights groups, as well as efforts to establish a base for a national sexual and reproductive rights and health movement, as exists in Brazil.

During the year, we commissioned a leading Peruvian feminist and long-standing IWHC colleague to analyze the development of policies for adolescent sexuality education in Chile's conservative climate, and to assess the contribution of IWHC-supported colleagues to the

**Progressive organizations have formed an alliance to promote a comprehensive reproductive health and rights law in Chile, where abortion is a criminal offense—without exception—for both the woman and the provider.**

process. Her case study will be available in 2001. We also gave a grant to EDUK (Education for the Improvement of Life) to write about its work to date and to prepare new project proposals. The group, a small NGO we have supported since 1993, specializes in sexuality education and has had a significant impact on national policy in this area.

CORSAPS (the Health and Social Policies Corporation) focuses on legislation and norms related to reproductive health. With IWHC support, they have begun an initiative to educate lawmakers, the media, and the public to create favorable conditions for the adoption of a comprehensive law on sexual and reproductive rights.

#### **INTERNATIONAL POLICY PROGRAM**

IWHC's widely recognized leadership on women's health and rights was once again crucial to international advocacy efforts and technical work during 2000, particularly at the United Nations and with UN agencies. Our expertise in women's health and our ability to mobilize effective coalitions of activists to influence the United Nations continue to place us in a position unique among international women's groups.

#### **International Conference Follow-Up**

Building on our past successes at international conferences, IWHC played a decisive role in the United Nation's five-year review of the Fourth World Conference on Women. Numerous challenges arose during negotiations, and IWHC, in cooperation with a group of feminists from diverse countries, organized a large coalition of progressive nongovernmental organizations from every region to coordinate lobbying on health and related paragraphs to be included in the final conference document. In all, IWHC made 65 travel grants for women to participate in negotiations.

Every morning during the negotiations, seventy or more women belonging to the coalition of nongovernmental organizations met over breakfast to exchange information on negotiating positions and to decide on lobbying strategy and press outreach for the day. The group, from March 2000 onward, ensured a substantial presence of NGO representatives

on government delegations, and provided advice to these delegations on amendments to the draft conference document on health and rights. The ultimate success of the negotiations in protecting the original Beijing agreements and in establishing forward-looking measures—particularly on maternal mortality, adolescents’ access to services, and violence against women—can be credited in large part to the work of IWHC and its colleagues. Three weeks after the review, IWHC staff electronically distributed around the world our analysis of the negotiations. Our report contributed substantially to shaping understanding of the review and its positive outcomes.

**At the five-year review of the Fourth World Conference on Women, IWHC and our colleagues successfully thwarted right-wing attempts to overturn earlier government agreements—particularly on maternal mortality, adolescents’ access to services, and violence against women.**

#### **Influencing Research Priorities**

The Global Forum for Health Research works closely with the World Health Organization (WHO), the World Bank, and donors to influence global health research priorities. IWHC, a member of the Forum, exerts great effort to ensure that this high-level body incorporates a gender perspective into its work and gives reproductive health issues due attention in setting research priorities. Over the course of the year leading up to the Forum’s international conference, held in Bangkok during October 2000, we negotiated a comprehensive, gender-sensitive strategy for the event, which was attended by some 800 researchers, policymakers, and donors from around the world. At our initiative, IWHC Board members Mahmoud Fathalla and Gita Sen served as plenary keynote speakers on women’s health, and the conference devoted two panels to gender analysis. In addition, 12 researchers skilled in reproductive and sexual health, participatory research processes, and gender analysis received travel grants to attend, and worked for inclusion of our issues in the final conference document.

#### **Collaboration with International Agencies**

Throughout the year, IWHC continued its consultative work with WHO and the United Nations Population Fund. In keeping with our long-standing goal of expanding access to safe abortion, IWHC played a key role in a groundbreaking technical consultation on abortion, held by WHO in September. Together with World Health Organization staff, Ipas, and the Reproductive Health Alliance Europe, IWHC drafted policy guidance—to be published by WHO in 2001—that establishes a common standard for safe, legal abortion.

We continued our collaboration with the United Nations Population Fund on forging partnerships with nongovernmental organizations. IWHC, in cooperation with UNFPA's Haiti office, provided both technical and financial support to two Haitian organizations for their research on unsafe abortion in Haiti. We have been asked to advise UNFPA's staff working on programs for adolescents and on initiatives to improve the quality of reproductive health services.

#### **COMMUNICATIONS**

The Communications Program promotes IWHC's priority issues through its publications and website, the media, and public outreach. During 2000, we focused this work primarily on the United Nation's five-year review of the Fourth World Conference on Women.

#### **International and US Foreign Policy**

The Communications Program undertakes activities leading up to, during, and following UN-sponsored conferences, and we educate influential individuals in the United States about the impact of US government foreign policy on sexual and reproductive health and rights worldwide.

#### *Fourth World Conference on Women Five-Year Review*

In March 2000, Jane Fonda asked us what she could do to help ensure that the five-year review would reaffirm commitments already made to adolescent health and rights, as well as further them. Because Ms. Fonda has a deep commitment to young women and established a teen pregnancy prevention program in Atlanta, Georgia, we proposed that she produce a documentary film profiling three adolescent health programs that are supported by IWHC's Africa Program (see pages 16-21). The video, *Generation 2000: Changing Girls' Realities*, employs powerful images and interviews with Nigerian teenagers, teachers, parents, and government officials—including the President and a top Muslim leader in the country. It tells a compelling story, not only about the need for information and services for adolescents but also about programs that work effectively to meet those needs.

We then organized, with the UN Foundation, a reception at the United Nations for more than 375 government and UN dignitaries and leaders of the NGO community. Held on the night before final negotiations began, the reception showcased positive images of adolescents, and political and community support for their access to sexuality education and health services. UN Secretary General Kofi Annan, President of the UN Foundation Timothy Wirth, and Ms. Fonda spoke to the gathering.

Since then, we have distributed the film to more than three hundred colleague organizations around the world, and have received favorable responses from, among others, an

editor at *The New York Times* and staff at the World Bank. Throughout the conference negotiations, we made a concerted effort to reach the press. More than 25 stories on the film and reception appeared in the media, including coverage in *USA Today* and on NBC's *Today Show* and *Oprah*.

#### *US Foreign Policy*

Right-wing groups expend great effort to curtail US funding for reproductive rights and health internationally. In 1999, Congress imposed a global gag rule on overseas nongovernmental organizations receiving US funds, to go into effect in 2000. The rule prevented these groups from using their own funds to provide information and services or advocate on abortion. At the request of Washington lobbyists, we assisted Peruvian colleagues who receive US funds to protest. Secretary of State Albright quoted their letter at a White House event, which the press picked up and which has been repeatedly cited.

The year 2000 marked the birth of the six billionth person. In contrast to the demographic emphasis of most commentators, we highlighted the woman who may have given birth when the population reached six billion. She may have been in Africa, where there is a one in twenty chance that she did not survive the birth. Or, she may have been one of the 18 million women severely injured each year because they do not have skilled assistance during childbirth, access to safe abortion, or care after delivery.

**“Democracy is nourished and strengthened by open debate and freedom of expression; shackling the discussion of ideas impoverishes such public debate and, in doing so, weakens democracy.”—Victoria Villanueva Chavez, Coordinadora General, Movimiento Manuela Ramos, and Susana Galdos Silva, Coordinadora Técnica, Proyecto ReproSalud, on the global gag rule.**

This past year, we strengthened our President's Council, through which we identify, inform, and engage influential people in New York, Washington, DC, and Boston who are concerned about the impact of US foreign policy on women's sexual and reproductive health. We held a dinner for one hundred council members, press, IWHC Board members, and colleagues with US Ambassador to the UN Richard Holbrooke, who led a discussion on HIV/AIDS in Africa. Throughout the year, IWHC maintained a presence in the media on foreign policy issues. For example, *New York Times* reporter Barbara Crossette quoted senior staff frequently in her articles about women's sexual rights, violence against women, and HIV transmission.

### Publications and Outreach

Senior IWHC staff produced several invited technical and analytical papers on critical health and population policy issues. Among them is a chapter in *Critical Issues in Global Health*, edited by C. Everett Koop et al., where Adrienne Germain lays out a women's health agenda for the twenty-first century. Françoise Girard and Wilhelmina Waldman examine the legal and policy framework for the reproductive rights of refugees in the journal *International Family Planning Perspectives*. In an invited editorial in the *American Journal of Public Health*, Adrienne Germain examines areas of critical concern addressed by the

“In the last couple of years, female mutilation came to public consciousness. This year's topic seems to be honor crimes, and the tendency to blame them on a particular religion. This is not a religious phenomenon. It has to do with male dominance, patriarchy, and power.”—Adrienne Germain, quoted in *The New York Times*, March 9, 2000

1994 International Conference on Population and Development Programme of Action and makes recommendations for moving forward. In addition, we published *Taking Steps of Courage: Teaching Adolescents about Sexuality and Gender in Nigeria and Cameroun*.

We frequently receive requests for translations of our materials. This past year, we published a Spanish version of *Expanding Access to Safe Abortion: Strategies for Action*, along with a Spanish translation of *Learning About Sexuality*, copublished with the Population Council in 1999. In connection with our role in the creation of ASTRA—a new network for sexual and reproductive rights in eastern and central Europe—IWHC translated the HERA Action Sheets on sexual and reproductive health and rights into Russian. The action sheets are being distributed in 2001.

We significantly revised and updated our website in anticipation of a complete redesign in 2001. The site currently allows colleagues, health professionals, and activists around the world to learn about our recent work and gain access to our publications.







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AHIP





“It became clear in Nigeria that when you give young people, especially young girls, information about their sexuality, their bodies, how they can stand up for themselves—it empowers them. And when you empower these girls—it’s true in Atlanta, Georgia, as well as in Nigeria—that ripples out to their siblings and to their



mothers. These girls are clearly going to have a different life than their mothers did, because they feel strong.” — Jane Fonda, on the *Today Show* with Matt Lauer, May 30, 2000

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*(as of October 2000)*

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*(Fiscal Year 2000)*

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