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Folder ID: 1203936

Series: Chronological Files

Dates: 02/09/1993 - 07/13/1993

Fonds: Records of the Population, Health, and Nutrition Sector

ISAD Reference Code: WB_IBRD/IDA_89-01

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93

01

POLICY DEVELOPMENT & RESEARCH FI
Support to WDR

The World Bank

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

July 13, 1993

PHN - PDC - WSR

Mr. Napoleon Abdulai
Coordinator
Africa Research and Information Bureau
5 Westminster Bridge
London SE1 7XW
U. K.

Dear Mr. Abdulai:

Mr. Preston has asked me to respond to your letter expressing concern about the analyses and recommendations in the Bank's 1993 **World Development Report** on "Investing in Health." I did not see a statement of the Inter-Church Coalition's position on the Report in the materials you sent. However, the characterization of the Report's main message in the second paragraph of your letter is the very opposite of what it actually conveys. The Report takes a very strong stand that good health is fundamental to economic productivity and that government has a key role to play in promoting good health.

As you will read in the enclosed **Executive Summary**, the Report advocates a three-pronged approach to government policies for improving health in developing countries. First, governments need to foster an economic environment which enables households to improve their own health. Second, government spending on health should be redirected to cost-effective programs that do more to help the poor. Third, governments need to promote greater diversity and competition in the financing and delivery of health services.

On this last point, to which your letter may be referring in expressing concern that the Report advocates dismantling government service, the message is not at all that. Rather, the Report recommends that government focus its effort on the financing of public health and essential clinical services and promote mechanisms to expand other services through a variety of public and private-sector channels as appropriate in specific institutional and developmental contexts.

I hope that your reading of the enclosed **Executive Summary** of the Report will help in clarifying these issues for you. Thank you again for your interest in the Report.

Sincerely,



Janet de Merode
Director

Population, Health and Nutrition Department

Enclosure

July 14, 1993

cc: Messrs. Karaosmanoglu, Wimalasiri (EXC), Jaycox (AFRVP), Choksi (HROVP),
Merrick (PHN); Tillier (EXTIP)

ATMerrick/am

WORLD BANK OFFICE TRACKING SYSTEM
OFFICE OF THE PRESIDENT
Routing and Action Transmittal Sheet
93 JUL -9 AM 9:56

PROVP

TO: Mr. Choksi (S 13-131) DATE: 7/08/93

SUBJECT DOCUMENT:

From: Napoleon Abdulai
To: ltp
Dated: 6/29/93

Reference No.: EXC930708001

Topic: ARIB: endorsing the inter-church coalition on Africa's position
on the World Development Report focusing on health...

ACTION INSTRUCTIONS:

DUE DATE:

___XXX___ HANDLE
___ REVIEW AND RECOMMEND
___ FOR YOUR INFORMATION
___ DISCUSS WITH _____
___ AS WE DISCUSSED
___ PREPARE RESPONSE FOR _____ SIGNATURE
___ FOR YOUR FILES
___ RETURN TO _____
___ OTHER: _____

7/16/93

Remarks: ATTN: Janet de Merode cc: Messrs. Karaosmanoglu & Jaycox
Please respond on behalf of Mr. Preston and provide copy to
EXC. (C. Wimalasiri)



ARIB

18 PILGRIMAGE STREET, LONDON SE1 4LL
TELEPHONE: 071-407 6958 FAX: 071-357 6610

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John la Rose, Professor Abdul Alkalimat, Professor Horace Campbell, Reverend Vaughan Jones

Tuesday June 29, 1993

Mr. Lewis Preston
President
WORLD BANK
1818 H Street N.W.
Washington D.C.
U.S.A. 20433

NEW ADDRESS

**5 WESTMINSTER BRIDGE
LONDON SE1 7XW
TEL: 071-620 1430
FAX: 071-620 1431**

Dear Mr. Preston,

We hereby endorse the inter-church coalition on Africa's position on the
WORLD DEVELOPMENT REPORT focusing on health.

We are of the view that the Bank's analysis and recommendations are fatally flawed, flawed in the sense that private initiative or enterprise, the ability of individuals to participate in economic activities is dependent on first the individuals being healthy. This is the case even in developed countries whose health standards are much higher, yet the state operates National Health Schemes. In the case of Africa, the poor health of the majority of its citizens is a primary factor which undermines economic productivity. Therefore, the primary pre-occupation of the Bank should be to raise health standards by providing financial support to the State Health Sector rather than dismantling of already skeletal State Health Services, the only relief for millions of Africans. It is only by doing the former that the Bank will be seen as genuinely interested in promoting free and competitive economic enterprise. It is not too late for the Bank to salvage its poor image as the Bank for impoverishment of the majority.

Yours sincerely,

Napoleon Abdulai (Mr.)
Co-ordinator

cc: Inter-Church Coalition on Africa

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 9, 1993 07:41pm

TO: Helen Saxenian

(HELEN SAXENIAN)

FROM: Jose-Luis Bobadilla, PHN

(JOSE-LUIS BOBADILLA)

EXT.: 32174

SUBJECT: WDR dissemination in Ghana and prospects for cross-support in Colombia.

GHANA

Ghana is preparing the Health Plan for the next few years. AF4PH is negotiating with the Ministry of Health the best ways in which the Bank can contribute to the preparation of the Plan. It is very likely that a workshop will take place some time in September to discuss the Plan and the relationship that this has with the recommendations of the 1993 WDR and BHA. Today I had a meeting with David Radel, Ms. Shiyam and Malonga Miatudila to discuss dates and possible objectives and content. A mission planned for August 9 will provide definite answers for both. We agreed on the following strategy:

a. A set of audio-visual materials with a half a day tutorial will be provided to the team in AF4PH, some time between July 12 and 22. Would it be possible that Helen or Phil do this? Please contact DAVID Radel to answer this question.

b. I will be able to attend the workshop during the period August 31 to September 8; if the workshop is planned for later dates somebody else, hopefully Rob, could be consider for attending. Some formula for sharing the costs may be necessary for PHN and acceptable for AF4PH.

COLOMBIA

The minister of Health is pushing very hard to get by the end of this year a complete study on the burden of disease and a formula to allocate resources to States on the basis of burden and cost-effectiveness of interventions. He has obtained some commitment from Chris Murray to do it with a group of Colombians and is trying to get help and collaboration from the BANK, via Jaques VAN-der-Gaag. I think we (PHN) should piggy bag on this, minimally on the NBD and the design of the method for resource allocation; and consider seriously adding Colombia to our list of cases for the Manual.

I will call you Phil from Geneva to tell you more about this before you go to the seminar in Cali, in July 27.

CC: Dean Jamison
CC: Robert Hecht
CC: Philip Musgrove

(DEAN JAMISON)
(ROBERT HECHT)
(PHILIP MUSGROVE)

CC: Jee-Peng Tan
CC: Anthony R. Measham
CC: Institutional ISC Files

(JEE-PENG TAN)
(ANTHONY R. MEASHAM)
(INSTITUTIONAL ISC FILES)

PHN-RRP- Support
To WDR

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 7, 1993 05:47pm

TO: Janet de Merode (JANET DE MERODE)
TO: Anthony R. Measham (ANTHONY R. MEASHAM)

FROM: Jose-Luis Bobadilla, PHN (JOSE-LUIS BOBADILLA)

EXT.: 32174

SUBJECT: Back to Office Report from NBC Spanish News

I was interviewed this morning by NBC on the WDR 93. This was broadcasted live in Mexico and other Latin American Countries. The questions concentrated on health status and allocation of resources. Duration: no more than four minutes. A copy of the interview probably will be sent to us next week. The organizer was pleased with the outcome of the interview.

CC: Robert Hecht	(ROBERT HECHT)
CC: Helen Saxenian	(HELEN SAXENIAN)
CC: Philip Musgrove	(PHILIP MUSGROVE)
CC: Jee-Peng Tan	(JEE-PENG TAN)
CC: Ken Hill	(KEN HILL)
CC: Dean Jamison	(DEAN JAMISON)
CC: Rhoda Blade Charest	(RHODA BLADE CHAREST)
CC: Bill Brannigan	(BILL BRANNIGAN)
CC: Trinidad Angeles	(TRINIDAD ANGELES)
CC: Institutional ISC Files	(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: April 8, 1993 11:43am

TO: Joseph Kutzin

(JOSEPH KUTZIN)

FROM: Anne Tinker, PHN

(ANNE TINKER)

EXT.: 33683

SUBJECT: attach

in the wdr agenda chap, women's rights and status (separate from education) is rated low as policy relevant. What do you think from reading Ascadi's paper etc.- and being more "objective" than I am on this issue?

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE:

TO: Robert M. Hecht

(ROBERT M. HECHT)

FROM: Anne Tinker, PHN

(ANNE TINKER)

EXT.: 33683

SUBJECT: chap 7

Rob, I found chap 7 so you'll have to suffer with my comments!

I was very surprised to see women's rights and status as only somewhat relevant to the policy agenda! They influence health of both the women themselves and their children through restricting access to and use of services. Women's rights and status are also highly relevant to changing cultural practices such as violence and genital mutilation.

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: April 8, 1993 10:55am

TO: Jee-Peng Tan

(JEE-PENG TAN)

FROM: Anne Tinker, PHN

(ANNE TINKER)

EXT.: 33683

SUBJECT: wdr data

Jee-Peng,
The WHO Maternal Mortality Factbook didn't have Romania, so I have called my colleagues at WHO and they will fax us the data on maternal mortality and cause specific info for abortion. As soon as received I will fax it on to you.

The citations for the CBD examples I sent are:

Zinanga, Alex F. 1992. "Development of the Zimbabwe Family Planning Project", Policy Research Working Paper 1053, World Bank, Population, Health and Nutrition Department, Washington, D.C.

Amadeo, Jesus, Dov Chernichovsky and Gabriel Ojeda. 1991. "The Profamilia Family Planning Program", Policy, Research, and External Affairs Working Paper 759...

Bertrand, Jane T. and Judith E. Brown. 1992. "Family Planning Success in Two Cities in Zaire"., Policy Research Working Paper 1042...

I'm putting them in the mail in case you want any further info!

Best, Anne

CC: Anthony R. Measham
CC: Institutional ISC Files

(ANTHONY R. MEASHAM)
(INSTITUTIONAL ISC FILES)

PHN-RRP-SUPPORT TO
WDR

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: April 7, 1993 03:48pm

TO: Robert M. Hecht

(ROBERT M. HECHT)

FROM: Anne Tinker, PHN

(ANNE TINKER)

EXT.: 33683

SUBJECT: WDR Overview

Rob, Tony suggested I send this language over to you, which we suggest (or your variation thereof) be inserted in the overview on p. 2, sect. iv, line 3 or 4.

Maternal mortality rates represent the widest disparity between developed and developing countries of any human development indicator; the lifetime risk of dying from pregnancy-related causes is over 30 times higher in the developing world.

Please call if you would like any other data.
Best, Anne

CC: Anthony R. Measham

(ANTHONY R. MEASHAM)

CC: Leonila Jose

(LEONILA JOSE)

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

PHN-WDR-SUPPORT TO
WDR

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: April 2, 1993 11:28am

TO: Dean Jamison

(DEAN JAMISON)

FROM: Anthony R. Measham, PHN

(ANTHONY R. MEASHAM)

EXT.: 33226

SUBJECT: WDR

Dean:

Thanks for the copy of your em to Roger Grawe with the letter from Derek. I discussed WDR follow on activities with Roger over lunch this week. There clearly is interest, but the specifics of what, where, when await further explorations by Reiko Nimi (spelling?), now in S. Africa.

I also spoke with Roslyn Hees re a Maghreb event. This would complement the cross-support she is requesting for a HSPR in the three countries. She will talk with Caio and others and get back to us.

CC: Helen Saxenian

(HELEN SAXENIAN)

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 31, 1993 08:19am

TO: Janet de Merode

(JANET DE MERODE)

FROM: Anthony R. Measham, PHN

(ANTHONY R. MEASHAM)

EXT.: 33226

SUBJECT: WDR Green Meeting

Janet:

Only you and I received it, as far as I know. Howard and Mead have both been commenting on, and involved in, recent versions. In view of George's questions, I think it would be good to have at least one of our economists join the meeting. If it doesn't break protocol. I'd suggest including both, even though Mead is now in DEC. Let me know if you want me to speak to either of them.

CC: Joan Santini

(JOAN SANTINI)

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 19, 1993 11:33am

TO: See Distribution Below

FROM: Anthony R. Measham, PHN (ANTHONY R. MEASHAM)

EXT.: 33226

SUBJECT: WDR Dissemination

Dean:

This is to let you know that Janet has asked me to coordinate WDR dissemination on behalf of the PHN Department. I'd be pleased to meet with Bill Brannigan and others on March 24 or 25. Beyond that, I suggest that you and I and two or three others get together for a "brainstorming" session to develop a dissemination strategy, which I would then write up and present to Janet and others for comment and eventual approval.

Please let me know when you would like to meet.

DISTRIBUTION:

TO: Dean Jamison	(DEAN JAMISON)
TO: Janet de Merode	(JANET DE MERODE)
TO: Tom Merrick	(TOM MERRICK)
TO: Alan Berg	(ALAN BERG)
TO: Joan Santini	(JOAN SANTINI)
TO: Bill Brannigan	(BILL BRANNIGAN)
CC: Institutional ISC Files	(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 3, 1993 11:52am

TO: James A. Socknat

(JAMES A. SOCKNAT)

FROM: Anne Tinker, PHN

(ANNE TINKER)

EXT.: 33683

SUBJECT: fyi

wdr notes

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: March 3, 1993 11:51am EST

TO: See Distribution Below

FROM: Anne Tinker, PHN (ANNE TINKER)

EXT.: 33683

SUBJECT: wdr draft

Some limited, hopefully constructive, comments on the 2/24 draft follow.

1. The overview chapter does not mention the essential c/e package of interventions until p. 18 - shouldn't this come up front?

2. The Bank was a key player in launching the safe motherhood initiative and proposing that family planning and maternity care be considered priority services. The concept of ensuring wanted pregnancies and ensuring that those pregnancies are safe does not come through in the WDR, since family planning and prenatal/delivery care are dealt with separately. Can this concept be brought together in the report?

3. Also in the overview, where pp 1-4 describes the enormous progress and remaining problems, I think you should mention women's health in the latter category. Maternal mortality rates represent a greater disparity between developed and developing countries than any other development indicator except GDP. (Most women go through pregnancy with no prenatal care or trained assistance during delivery; more women are dying of pregnancy-related causes than ever before; seven million perinatal deaths and 500,000 maternal deaths result from poor maternal health and nutrition; in the course of her lifetime, one in every 21 women in Africa dies of pregnancy-related complications, compared with 1 in 10,000 in Northern Europe.)

4. chap. 5 seems greatly improved. Helen reports that the chapter may be merged with other material. I hope you will include the following points:

-the nutritional and health status of the mother is a critical determinant of child health (and THE determinant of 7 million perinatal deaths)

-predicting maternal complications is difficult, making prenatal care and first level referral essential

-prenatal care also provides a c/e entry point for STD screening and treatment, family planning counseling, etc.

-while women live longer, they carry a greater burden of disease and disability than men. In addition, the interventions to deal with their health are proportionately more cost-effective (e.g. prenatal and delivery care, screening and treatment of STDs and cervical cancer)

-there are important health and non-health externalities to women's health interventions, in addition to the health benefits to their children

4. It needs to be noted in the reference to the global burden in adults section that maternal care is cost-effective as an adult health intervention, as well as where it is now mentioned for child health (in addition to the burdens of STDs, TB, noncommunicable diseases and injuries now mentioned in the adult section). The burden is actually underestimated in the disease burden table, where maternal, anemia and STD burdens are listed separately, whereas maternal care interventions address all 3. (It is also notable that women in developing countries spend 40% of their reproductive years pregnant or lactating; that's got to be some burden, however defined, in terms of minor morbidities, productive capacity and the need for health services, even in the cases which don't develop complications.)

5. chap 5 indicates more will be added on maternal health- Helen has the latest guidelines which has SM components and project examples

6. in chap 4 reaching women is a good review of the main problems and interventions. Perhaps something more could be said about reaching pubescent and adolescent girls with reproductive info and services and nutrition - I was suprised it wasn't mentioned in chap 5 along with injuries and worms affecting children up to 14.

Re abortion, I commend you for not neglecting this monumental health problem for women. How about deleting the word extremely when referring to safe. Abortions are as safe as any intervention when performed by trained personnel in developing countries. In Latin America, the complications of unsafe abortion are the main cause of death among women between 15-39 and absorb as much as 50 percent of some hospital maternity budgets (IPAS 91)- there are specific examples in Brazil (which I'm happy to dig up). This may state the situation better than the 2 percent of overall hospital budgets cited.

Best wishes, condolences, congratulations, etc!

DISTRIBUTION:

TO: Dean Jamison
TO: Janet de Merode

(DEAN JAMISON)
(JANET DE MERODE)

TO: Anthony R. Measham
TO: Tom Merrick
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CC: Jose-Luis Bobadilla
CC: Philip Musgrove
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The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: February 9, 1993 10:07am

TO: Jee-Peng Tan (JEE-PENG TAN)
TO: Jee-Peng Tan (JEE-PENG TAN)

FROM: Mary Eming Young, PHN (MARY EMING YOUNG)

EXT.: 33427

SUBJECT: WDR -Occupational health

Hi Jee-Peng,

Thank you for the invitation to serve as a discussant on The Occupational Environment at the Environment and Health Consultation. The meeting was also enlightening for me.

As per Professor Feachem's request to provide the WDR team with supporting informations to strengthen the section on occupational health in Chapter 3, I provide you the following:

o while the 1970s and 1980s started the trend towards increased female labor force participation in industrial sectors, this trend will continue if not accelerate in the 1990s. Female labor is concentrated in selected sectors such as export-oriented light industries, textiles, electronics and food processing. For example, 80-90 percent of the workforce of multinational manufacturing corporations in developing countries are young women. Participation of women in the manufacturing sector has introduced many health hazards associated with new industrial processes and techniques and with changes in the community caused by industrialization. The latter is felt more acutely by those female workers who migrate from the rural areas.

o Workers suffer a double burden. Health effects of exposure to hazardous chemicals are increased by nutritional deficiencies. For example, low protein diet increase susceptibility of exposed individuals to toxic effects of pesticides and heavy metals. Hookworm infestation worsen the risk of developing anemia in workers exposed to lead.

o Burden of occupational injuries and diseases are not insignificant even though data are scarce. Incomplete reporting is a very serious problem. (in WDR, the estimate GDB is 359 million DALYs). For example, accidents, hearing loss, chronic lung diseases are some of the major occupational health hazards associated with textile industries. Textile industries account for about 10% of all industrial accidents. In India it is as high as 50%. Hearing loss is particularly serious problem but often underreported. A survey carried out in

Thailand showed that only 30% of factories achieved the acceptable limit of 90 decibels where 20% grossly exceeded this level, reaching between 100-104 decibels (Li 1991). A survey in Poland on cotton mill weaving workers showed that 90% of women workers had permanent noise induced hearing loss (Kowalska 1986). The hearing loss developed rapidly during the first 8 years of exposure. In Colombia, 70% of the workers exposed to high noise levels suffered from hearing loss (Ives 1985).

o Another problem contributing to high risk of occupational hazards is the misuse of standards across developing countries. For example, incidence of byssinosis (brown lung disease) increases with higher levels of total dust in the workplace. In Philippines, dust levels exceeded by 100-1000 per cent the limit value set at 0.2 mg/m³. In Thailand, the threshold limit value for respirable dust is set at 15mg/m³, 75 times higher than the international standard of 0.2 mg/m³ (Li 1991).

Finally, it behooves us to deliver an important message to our client countries: health problems produced or aggravated by work conditions can be minimized through preventive interventions. Preventive measures are available, but require the conscious decisions by government policy makers.

Cheers,

Mary

P.S. reference:

Kowalska, S. and A. Lipowczan A. 1986. "A permanent noise-induced shift in the auditory threshold in textile industry workers." Medical Proceeding 37(3):175-86

Li.L.1991 "Safety and Health Problems in Small-and Medium-scale Textile Enterprises in Five Developing Countries: a synthesis Report." Working paper, International Labor Office, Geneva.

Ives, J. 1985. "The Health Effects of the Transfer of technology to the developing world: Report and Case Studies." in The Export of Hazard, ed by Jane H. Ives. Boston, London and Henley.

CC: Jose-Luis Bobadilla	(JOSE-LUIS BOBADILLA)
CC: Anthony R. Measham	(ANTHONY R. MEASHAM)
CC: Janet de Merode	(JANET DE MERODE)
CC: Hoai Hong	(HOAI HONG)
CC: phrhnl ISC Files	(EMENA ISC FILES)

CC: Institutional ISC Files

(INSTITUTIONAL ISC FILES)