WHEC
Helping Women World-Wide

WHEC Update

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

February 2020; Vol.15. No. 02

Annual Project Report

What a presumptive global, international and national economic, governance and policy conditions produce economic growth in ways that reduce poverty and disparity and promote health? How can the research community support levels of interventions and policy? Biomedical research, while making a significant contribution to curative services, often ignores the social etiology of disease – the causes behind the causes. Similarly, research on individual risk factors often neglects the social context that frames their distribution and modifies their effects.

Equity has been a stated or implied goal of health policy in many countries and international organizations for decades. Health equity has also emerged as an important theme in research and advocacy. Pursuing equity in health "reflects a concern or reduce unequal opportunities to be healthy associated with membership in less privileged social groups, such as poor people; disenfranchised racial, ethnic or religious groups; women; and rural residents."

In theory, the diffusion of new knowledge and technology through global trade and investment should improve the surveillance, treatment and prevention of disease. Economic growth, necessary for sustaining public goods such as health care, should improve the supply of and access to essential health-promoting services, while also reducing poverty, both of which would lead to better health. However, there is now considerable evidence to suggest that the prevailing globalization policies, emphasizing trade and investment liberalization, privatization of state assets and global market integration, have not reduced health inequalities.

Research on the global issues requires not simply comparative cross-national studies, but detailed national case-studies that extend from the household level to national policy sectors, and carefully assess the impacts of specific globalization "drivers" on national policy capacity e.g. related to revenue-generating capacity and trade agreement restrictions on national policy-making. Related and overarching research objectives should include the answer to the above question.

In the opinion of the Editorial Board of the Women's Health and Education Center (WHEC), to support improvements in health equity, gaps need to be filled in five distinct but interrelated research areas. We recommend the highest priority to be given to research in five general areas:

1. Global factors and processes affecting health equity.
2. The societal and political structures and relationships that differentially affect people's chances to be healthy within a given society.
3. The inter-relationships between individual factors and social context that increase or decrease the likelihood of achieving and maintaining good health.
4. Factors within the health care systems that influence health equity.
5. How to influence factors 1 – 4 effectively, i.e. identification of policy interventions with the potential to reduce inequalities in the determinants of health and health care.

Despite impressive improvements in aggregate indicators of health globally over, the past few decades, health inequalities between and within countries have persisted, and in many regions and countries are widening. Join our efforts and conversation on **WHEC Global Health Line.**

Global Factors Affecting Health Equity

Rita Luthra, MD

Your Questions, Our Reply

What is required to promote health at the national and international levels? Is there interrelationships between individual factors and social context? What are effects of societal and political structures and relationships on chances to be healthy?

Effective policy-interventions to reduce health inequality: Over the last few decades, the World Health Organization (WHO) has considered health and health services in their social, cultural and economic context. WHO defines health systems as "all the activities whose primary purpose is to promote, restore and maintain health." Health systems are not only producers of health and health care, but also "purveyors of a wider set of societal norms and value." Health systems in many countries, however, have been unable to introduce or sustain improvements in health equity.

Research and interventions that focus only on the technical, clinical or financial dimensions of health interventions and systems generally lose sight of these structural (political and economic) and social dimensions. Promoting health equity requires:

- Integrated action to develop healthier social, economic, political and physical environments;
- Improved access to appropriate universal health systems; and
- Priority interventions and programs within health systems (e.g. scaling up antiretroviral therapy for HIV/acquired immunodeficiency syndrome (AIDS) in sub-Saharan Africa) where the burden of disease is greatest and resources to address it are less.

Research aimed at maximizing or protecting health and access to health care must take into account these features of globalization and cannot be confined to the national and subnational levels. The economic and political drivers of harm to health include policies and trends that transcend national borders and are at least in part beyond the policy "reach" of national governments acting in isolation.

The social environment, or social context, in which we live leads to unequal distributions of power, wealth and risks to health. The way in which societies and communities are organized has a major impact on determinants of population health and health inequalities. Areas of concern include policies on the labor market and income maintenance gender norms; influence of land-use planning (e.g. on rural production and household food security, or urban demand of motor transport and the associated air pollution); access to social services, health care and education; housing; environmental protection; water and sanitation; transport; and security.

Numerous studies intended to lead to an understanding of inequalities on health have focused on exploring the individual characteristics that differentiate health risk, such as smoking, alcohol consumption, eating patterns and blood pressure. The burgeoning literature on the social determinants of health emphasizes that many of these risk factors are corollaries of, or are strongly influenced by, an individual's position as reflected, for example, by income, accumulated wealth, economic (in)security, location of residence, gender, ethnicity, educational attainment or work.

Inequalities in health arise at a number of levels; in the economic, social and environmental determinants of health, in the policies that influence the distribution of these determinants and in the political and economic interests that shape these policies. It argues that these conditions are being powerfully transformed by a process of globalization in which the interests of transnational capital dominate public health and national authority. Any research process that seeks to explain and understand the sources and drivers of this inequality would need to take account of these determinants, and of the policies, interests and imperatives that influence them.

A research process driven by values of equity and goals of justice, would need to generate knowledge that can be used to confront these trends and promote public, population health interests in a way that preferentially benefit the worst-off members of society.

2019 In Review: Innovating to Improve Maternal & Child Health
Our Projects & Our Promises

Market analyst predict that intelligent machines, programed to think and reason like the human mind, will revolutionize health care in the very near future. In fact, proponents of the transformative power of AI usually give two examples: self-driving cars and the delivery of health care. AI is a new frontier for the health sector. As so often happens, the speed of technological advances has outpaced our ability to reflect these advances in sound public policies and address a number of ethical dilemmas. Many questions do not yet have answers and we are not yet sure we know all the questions that need to be asked. Much of the enthusiasm for the use of smart machines to improve health care reflects the perspectives of wealthy countries and well-resourced private companies. We need a broader perspective. The initiatives of Women's Health and Education Center (WHEC) look at potential benefits, risks, and ethical dilemmas in the context of several worldwide trends that shape priority to improve maternal and child health and healthcare delivery systems.

Many countries where the majority of health facilities lack such basics as electricity and running water – it would be hard to sell these countries on the advantages of Artificial Intelligence (AI) when even standard machines for analyzing patient samples or sterilizing equipment cannot run for want of electrical supplies. Any discussion of the potential of smart machines to revolutionize the delivery of health care must be alert to these huge gaps in basic capacities. At the same time, it is observed the ubiquitous presence of smart phone even in the most resource-constraint settings. Schools may not have toilets or latrines. Children may not have shoes. But smart phones are ready to hand. Given the significant shortage of health workers, the application of AI to healthcare could potentially reduce some of the burden on overloaded health staff. This is one advantage: revolutionary new technologies will certainly meet some resistance from the medical profession, but not, for the time being, because they threaten jobs. Given the power of super computers and super-chips to mine and organize huge amounts of data, it is easy to envision a number of applications of AI in the health sector.

In the midst of all this exciting potential, several reasons for caution:

First; medical decisions are complex; they depend on context and values such as care and compassion. Machines will never be able to imitate genuine human compassion.

Second; machines can aid the work of doctors, organize, rationalize, and streamline the processes leading to a diagnosis or other medical decision, but AI cannot replace doctors and nurses in their interactions with patients.

Third; we must consider the context and what it means for the lives of people. What good does it get an early diagnosis of skin or breast cancer if a country offers no opportunity for treatment, has no specialists or specialized facilities and equipment, or if the price of medicines is unaffordable for both patients and the health system?

In short, the potential of AI in healthcare is huge, but so is the need to take some precautions.

PMNCH (Partnership for the Maternal and Child Health) **Members' Database**
https://www.who.int/pmnch/about/members/database/whec/en/

Our Progress with UN Secretary General's Initiative Every Woman Every Child
http://www.everywomaneverychild.org/commitment/womens-health-and-education-center/

2020 will be lucky one.

http://www.WomensHealthSection.com served **14 million** readers / subscribers in **227 countries and territories** with an average of about 1.35 million visitors / subscriber, per month, in 2019 with links to about 150,000 websites. On average 160,000 files, 28,600 URLs and 62,600 pages were accessed,

every month. It expanded to 30 sections and we hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2019 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

Best of 2019

Top 15 Countries out of 227 Countries and Territories, where ***WHEC Global Health Line / WHEC Net Work*** is accessed frequently:

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes:

- US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,012:

- The Knowledge AI; Mozilla/5.0; Mobile Safari/602.1 CF Network/808.0.2 Darwin/16.0.0; bingbot/2.0; Googlebot/2.1;

Top 5 most popular sections out of 28:

- 1) Newborn Healthcare; 2) WHEC Update; 3) Obstetrics; 4) Gynecology; 5) Violence against Women.

Top 10 most read comprehensive review articles out of 270 Practice Bulletins:

- Marijuana and Pregnancy Implications; 2) The Apgar Score; 3) Neonatal Jaundice: Part I; 4) Newborn Nutrition; 5) Neonatal Jaundice: Part II; 6) Newborn Screening Program in the United States; 7) Medical Liability: Tort Reform; 8) Patient Safety; 9) Sexual Violence; 10) End of Life Decision Making.

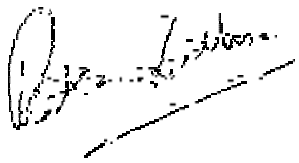
So, we want to hear from you, and we are eager to work together to advance good ideas that have enduring impact. As a global community, we can create change at scale. Tackle that big dream. Ignore the doubt in your head and follow the joy in your heart. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations.

Beneficiaries: Visitors of *WomensHealthSection.com* (more than 200 million readers / subscribers worldwide so far and growing fast…)

With very best wishes for a new year of passion, purpose and promise.

We the peoples of the United Nations…...

Dedicated to Women's and Children's Well-being and Health Care Worldwide



COMMISSION for SOCIAL DEVELOPMENT

United Nations Headquarters, New York

58th Session of Commission for Social Development (CSocD)

The 58th session of the CSocD will take place from 10 to 19 February 2020, at the United Nations Headquarters in New York. The Commission is the advisory body responsible for the social development pillar of global development. In 2020, we are celebrating the 75th anniversary of the Commission and the 25th anniversary of the Copenhagen Declaration on Social Development. 2020 is crucial year for the accelerated realization of inclusive societies and reducing inequalities everywhere for people of all ages.

Priority Theme: Affordable housing and social protection systems for all to address homelessness

UNDESA facilitates the participation of NGOs in the sessions of the CSocD. Details:
http://bit.ly/un-csocd58

You will be pleased to know that Women's Health and Education Center's (WHEC's) Written Statement has been published by CSocD. Title: **Our initiatives for achieving Universal Health Coverage based on concepts of equity and reducing poverty – A Concept Note**

Available @
http://www.womenshealthsection.com/content/documents/CSocD_2020_Written_Statement.pdf

Please feel free to share your opinions and projects on WHEC Global Health Line (WGHL). We look forward to hearing from you.

The Women's Health and Education Center (WHEC) is also sponsoring a Side Event on February 17th title – **Housing: An Important Determinant of Health**

Homelessness is a national and international crisis. We at the Women's Health and Education Center (WHEC) believe successful delivery of the cost-effective interventions requires the integrated efforts of several health and social programs – particularly those targeted at women and children – and strengthening health systems and food security, increased community awareness and financial investments.

- Invitation / Flyer;
  www.womenshealthsection.com/content/documents/58th-CSocD-Side-Event-Flyer.pdf

- **The Concept Note;**
  http://www.womenshealthsection.com/content/documents/58th-CSocD-Side-Event-Concept-Note.pdf

We hope to see you in CR. 12 on February 17th, 2020 for lively discussion.
Join the movement!

We welcome everyone.

United Nations at a Glance

Permanent Mission of Islamic Republic of Iran at the United Nations

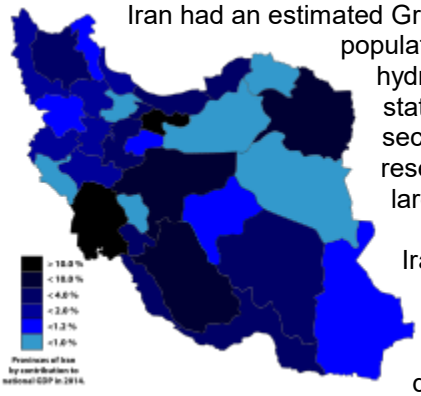
Iran (Islamic Republic of) became UN Member State on 24 October 1945

Iran, also called **Persia**, and officially the **Islamic Republic of Iran**, is a country in Western Asia. With 82 million inhabitants, Iran is the world's 18th most populous country. Its territory spans 1,648,195 km^2 (636,372 sq. mi.), making it the second largest country in the Middle East and the 17th largest in the world. Iran is bordered to the northwest by Armenia and Republic of Azerbaijan, to the north by the Caspian Sea, to the northeast by Turkmenistan, to the east by Afghanistan and Pakistan, to the south by the Persian Gulf and the Gulf of Oman, and to the west by Turkey and Iraq. Its central location in Eurasia and Western Asia, and its proximity to the Strait of Hormuz, give it geostrategic importance.

Tehran is the political and economic center of Iran, and the largest and most populous city in Western Asia with more than 8.8 million residents in the city and 15 million in the larger metropolitan area. Iran is home to one of the world's oldest civilizations, beginning with the formation of Elamite kingdoms in the 4th millennium BCE. Arab Muslims conquered the empire in the 7th century CE, and the subsequent Islamization of Iran led to the decline of the once dominant Zoroastrian region.

Iran's political system has elements of a presidential democracy with a theocracy governed by an autocratic "Supreme Leader." It has been described as authoritarian, with significant constraints and abuses against human rights. Iran is a founding member of the UN, ECO, NAM, OIC, and OPEC. It is a major regional and middle power, and its largest reserves of fossil fuels – including the world's largest natural gas supply and the 4th largest proven oil reserves – exert considerable influence in international energy security and the world economy.

Islamic Republic of Iran and World Bank Group



Iran had an estimated Gross Domestic Product (GDP) in 2017 of US $447.7 billion, and a population of 80.6 million people. Iran's economy is characterized by the hydrocarbon sector, agriculture and service sectors, and a noticeable state presence in manufacturing and financial services. Iran ranks second in the world in natural gas serves and fourth in proven crude oil reserves. Economic activity and government revenues will depend to a large extent on oil revenues and therefore remain volatile.

Iranian authorities have adopted a comprehensive strategy encompassing market-based reforms as reflected in the government's 20-year vision document and the sixth five-year development plan for the 2016-2021 period. The sixth five-year development plan is comprised of three pillars, namely the development of a resilient economy, progress in science and technology, and the promotion of cultural excellence. On the economic front, the development plan envisages an annual economic growth rate of 8% and reforms of state-owned enterprises, the financial and banking sector, and the allocation and management of oil revenues among the main priorities of the government during the five-year period.

The World Bank Group has no lending program in Iran at this time. The last IBRD project closed in 2012. The Bank has been monitoring the Iranian Economic Monitor and doing analytical work on select topics of interest to Iran and the international community.

Details: https://www.worldbank.org/en/country/iran/overview

Collaboration with World Health Organization (WHO)

WHO | Iran (Islamic Republic of)

The Islamic Republic of Iran is a lower-middle income country. With 82 million inhabitants in 2017, it has the third largest population in the WHO Eastern Mediterranean Region, after Pakistan and Egypt. The proportion of the population liven below US$ 1 and US$2 (PPP) per day has decreased from 1.2% and 9.1% in 1997, respectively, to 0.2% and 3.1% in 2015. Major challenges relating to poverty reduction can be summarized as follows:

- Conditions such as inflation, unemployment, migration, lack of full social insurance coverage and other factors could lead to an increase in the number of people in need of support.
- The high potential for natural disasters increases the risk of hazards leading to increased poverty.
- Unbalanced population growth and distribution, increasing urbanization, changing population structure and increased proportion of youth all increase the risk of poverty .

Implementing the Strategic Agenda: Implications for WHO

The Islamic Republic of Iran, in regional terms, enjoys a significant developed health sector and is endowed with sufficient high quality medical and public health skills and specialists. The country has a well-known primary health care system with a successful track record and a wealth of experience. However, the country continues to face formidable health challenges, especially in view of demographic changes resulting in higher health care expectations and demands. In this respect, WHO has a unique catalytic role in facilitating the initiatives, innovations and programs that are needed to update and maintain the reputation of the health sector. In addition, WHO in the past has played an effective role in connecting health professionals and national health programs to regional and global health networks and academia. As well, WHO has provided specialized technical support in high priority public health areas. These three types of support should continue to characterize WHO collaborative efforts in the next coming years.

1. Implications of the country office: The Country Cooperation Strategy (CCS) has given very high priority to health systems development. This will entail provision of special support by WHO for health system development. The capacity of the WHO country office to provide such specialized technical assistance should be upgraded. This may include assigning high-level national and expatriate specialists on a long-term or short-term basis. The other priority area requiring sufficient resources and capacity is support for national projects, studies and initiatives that relate to social determinants of health. In view of existing and emerging urban health and social concerns, such as health equity, air pollution impact on health, health security in cities, expertise in social sciences such as sociology, urban demography, rural urban migration and behavioral sciences will be needed to respond to these issues.

2. Implications for the Regional Office and Headquarters: The attention of the CCS was drawn on several occasions to delays in recruiting consultants and marginal contributions to improving the performance of the health system. Due to prevailing geopolitical conditions, the Reginal Office should have a medium-term rollover roadmap for technical backstopping for priority areas such as health system development, social determinants of health, etc. these strategic roadmaps should be clearly synchronized with the country office and national authorities. The Regional Office and headquarters are expected to support the networking between Iranian health academia and experts with reginal and global counterparts. For many years this interconnectivity has been viewed as a priority by the Islamic Republic of Iran. Furthermore, the Regional Office and headquarters are expected to help in knowledge management and health documentation and communications.

Details: https://www.who.int/countries/irn/en/

Bulletin Board

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Access to Information

Electronic Mail

E-mail, which has become the WHEC's predominant medium of communication, and it is treated as follows:

- E-mails that contain or convey decisions or outcomes and that are filed in the WHEC's records management system and classified as *Public* are publicly available.
- E-mails that are filed in the WHEC's records management system but classified as *Official Use Only*, *Confidential,* or *Strictly Confidential* are not publicly available unless the information content of e-mail becomes eligible for declassification and disclosure over time.
- The WHEC does not provide access to e-mail that resides outside its records management system (including e-mail that does not pertain to official matters and e-mail containing personal information or communication of WHEC staff and other officials).

The Policy also outlines a clear process for making information publicly available and provides a right to appeal, if information-seekers believe they were improperly or unreasonably denied access to information, or there is a public interest case to override an exception, that restricts access to certain information.

Over the last 18 years, the WHEC's policy on disclosing information has gradually evolved. Before the adoption of the Policy on Access to Information, the WHEC's approach had been to spell out what documents the WHEC discloses.

The WHEC's Policy on Access to Information, which became effective on 12 April 2019, was a pivotal shift in the WHEC's approach to making information available to the public. For more information see the Milestones Page, available @ http://www.womenshealthsection.com/content/whec/milestones.php3

To be continued……

Collaboration with UN University (UNU)

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

Iran's multi-ethnic mosaic

In this study, the authors embark on measuring inequality in Iran. They compute three measures of group-based inequality (Group-weighted Coefficient of Variation, Group-weighted Gini, and Group-weighted Theil) for the following outcomes: education, assets, income, and expenditure per capita. The groups are defined based on gender, ethnicity/language (Persian, Azeri, and other ethnic minorities), and region (urban versus rural and capital city versus other places) using 23 years of annual Household Expenditure and Income Survey (HEIS) from 1990 through 2012. Inequality between groups based on religion (Muslim, non-Muslim), citizenship (Iranian, Non-Iranian) are also studied using the 2006 census. The analysis of the trend of horizontal inequality reveals substantial reduction in between-group inequalities over the 1990 – 2012 period. Yet, gender-based income inequality remains high. The implications and underlying reasons for these results are discussed.

Studying inequality has been as old as the economic science itself. Ethnic conflict is not the only unfavorable consequence of horizontal inequality. Even in the absence of conflicts, between-group inequality affects the well-being of individuals within groups because the relative wellbeing of a group is an important factor of individual wellbeing. The main ethnic groups in Iran are Persians, Azeris, Kurds, Lors, Arabs, Baluchs, Turkmans, Mazanis and Gilaks. Persians and Azeris form over 70% of the population and other groups combined constitute less than 30%.

This study of the group-based inequalities in Iran presents encouraging results: poverty and inequality are generally decreasing, and access to public goods (piped water, electricity, and piped gas) are increasing. The results suggest that Iran is an example of sustainable progress in deceasing poverty and inequality. Iran's experience is particularly important as sustainable progress continued despite the war, several rounds of sanctions, and low price of oil. The substantial reduction in between-group inequalities in Iran has lessons for other developing countries. Expansion of educational and health infrastructure in Iran, particularly to rural areas and to the marginalized population, has reduced between-group inequalities. The social policies have improved wellbeing and living standard for the poor and the rural population, and reduced inequality. Hence, rural development should be recognized as a powerful multi-dimensional factor in development policy.

There are significant reductions in inequality of education as well as assets among various groups. At the same time, some reduction in between-group inequalities in per capita expenditure and income are observed in the 1990 to 2012 period. Income and expenditure inequalities between some groups seem to have and opposite relationship with the trend in oil prices and revenues. But it is hard to infer any clear causal path without further analysis and research. There are several suggestions for future research. First, further research is required to more carefully investigate the relation between ups and down of the oil price and individuals wellbeing. Second, extending this analysis to similar countries, other oil producing countries or other Middle East and North Africa (MENA) countries, and providing between countries comparison. Third, while the gender gap in education declines significantly, female participation in the labor market remains low. It would be interesting to come up with policy recommendations to encourage more participation of women, and its implications for growth.

Publisher – UNU WIDER; Authors: Sanaz Fesharaki and Mahdi Majbouri; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work program from Denmark, Finland, Sweden and the United Kingdom.

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)

Adult Education offers new opportunities and options to Iranian women

Educating women and girls is a powerful lever for their own empowerment and f or their country's development. Though its adult education programs, the Literacy Movement Organization spreads messages about reproductive health, builds life skills and provides vocational training. In so doing, it reaches vulnerable and underserved populations throughout the country and advances social development.

Flying over Khuzestan, a southwest Iranian province, one can see a vast expanse of arid plains punctuated by the flaring of gas fires at dozens of oil drilling rigs. In spite of rich oil resources, however, this area bordering Iraq is one of the poorest and least developed provinces of the country. Its inhabitants earn far less than the national average of about $400 per person and unemployment is high.

Oil exploration and development has improved the city's economy. But in 1980, Iraq invaded Iran, and Khuzestan was heavily bombed. The area's physical and social structures, as well as its economy, still bear scars from a decade of conflict.

The idea behind the Community Learning Center, which is part of a major adult education program called the Literacy Movement Organization, is to multiply success across communities, especially those in rural and underdeveloped areas, and throughout the country. Designed especially for those who never learned to read and write, the program is credited with much of country's success in reducing illiteracy from 52.5% in 1976 to just 6.2%, at the last count in 2002. The movement has established over 2,000 community learning centers across the country, employed some 55,000 instructors, distributed 300 easy-to-read books and manuals, and provided literacy classes to a million people, men as well as women. The initiative pays particular attention to the needs of women who head households. In addition to teaching basic academic skills and vocational training, the program offers classes in 'skills for life,' such as childcare, communication and self-esteem.

Some of the Islamic Republic of Iran's broad social programs, like this one, has been extremely successful in tackling critical development issues. For instance, decades ago, the country's leaders recognized that its rapid population growth was outpacing its ability to provide for its people and mobilized around a goal of lower fertility. The results were revolutionary.

Both the literacy and family planning initiatives were implemented by the Government with strong technical support as well as funding from UNFPA, the United Nations Population Fund. The Fund's specific contributions to the Literacy Movement Organization include training of more than 7,000 teachers, development of a nine-episode television series on reproductive health issues, and procurement of computers and other equipment.

The literacy movement is remarkable for the breadth of its work. In centers across the country, it offers nearly a hundred courses on a wide variety of subjects from child rearing, family planning and HIV prevention to setting up a cooperative and beekeeping. In this way, it addresses many development goals through one program. Booklets on many of these subjects are being shared with neighboring Islamic countries.

Details: http://www.ungei.org/infobycountry/iran.html

To be continued….

Two Articles of Highest Impact, January 2020

Editors' Choice – Journal Club Discussions
Fully open-access with no article-processing charges
Our friendship has no boundaries. We welcome your contributions.

1. Pelvic Fistulae in Women: Diagnostic Tests and Management;
   http://www.womenshealthsection.com/content/urogvvf/urogvvf013.php3
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

2. Neonatal Jaundice: Part I; http://www.womenshealthsection.com/content/obsnc/obsnc007.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

The Promises of Artificial Intelligence (AI) Convergence

We have entered an era of technological convergence that seeks to merge our physical, digital and biological lives. Computer scientists are developing deep learning algorithms that can recognize patterns within massive amounts of data with superhuman efficiency and increasingly, without supervision. At the same time, geneticists and neuroscientists are deciphering data related to our genomes and brain functioning, learning about human health, well-being and cognition.

The results? Functional capabilities for averting crisis that were previously unimaginable are now real, upgrading efforts from precision medicine and food security to conflict prevention. For example, deep learning algorithms are diagnosing **retinopathy** in patients living in rural India where there is a shortage of ophthalmologists. The same algorithm can identify malignant tumor biomarkers among large swaths of genomics data from human populations to design blood-test for various cancers. Companies like Zipline are using AI technology in autonomous drones to deliver critical medical supplies, such as vaccines, to rural hospitals in Africa.

Famine Action Mechanism (FAM)

AI could also become a powerful tool for the international development efforts of the United Nations. In collaboration with the Organization and other global partners, the World Bank is building a Famine Action Mechanism, which relies on deep learning systems developed by Microsoft, Google, and Amazon, to detect when food crisis are about to turn into famines. The same tool allows agile financing to be connected directly with sources of food security. UN Global Plus is spearheading an initiative that uses machine learning to monitor the effects of extremist violence on hateful speech online.

The combined optimization of biometrics, genomics, and behavioral data is giving rise to "affective computing," algorithms that can successfully analyze us, nudge us and communicated with us. This form

of emotional analysis will improve human-machine interactions in applications that could empower underserved populations, from precision medicine to targeted education.

Enhanced by affective computing, AI systems will also watch, record and evaluate us: we will go from the predictive power of one algorithm to the next. To enter this world of AI convergence is to step into a web of pervasive and precise surveillance.

What role for the Women's Health and Education Center's (WHEC's) and its partners?

Politically, legally and ethically, our societies are not properly prepared for the deployment of AI and converging technologies. There are some innovative ways in which the United Nations can help build the kind of collaborative, transparent networks that may begin to treat our "trust-deficit disorder." For AI cooperation, the United Nations will need to be a bridge between the interests of nations that are tech-leaders and those that are tech-takers. The WHEC will play a role that is needed at the national and international level:

1. Technological foresight, which is inclusive of diverse countries' challenges;
2. Negotiating adequate normative frameworks; and
3. The development of monitoring and coordination standards and oversight.

The most important challenge for the WHEC in this context is one of relevance and re-establishing a sense of trust in the multilateral system.

Initiative: The Effect of Extremist Violence on Online Hateful Speech

https://www.unglobalpulse.org/projects/exploring-effects-extremist-violence-online-hate-speech

In The News

World Food Programme (WFP)

Established in 1961

Created (at the behest of US President Dwight Eisenhower) as an experiment to provide food aid through UN System, WFP is to be reassessed within 3 years. As crises multiply, the experiment proves its worth. A typhoon makes landfall in Thailand. Newly independent Algeria must repatriate and feed its war refugees. In every case, WFP rises to the task. Its mission is emergency aid, but also rehabilitation. A first development programme is launched in 1963 for Nubians in Sudan. That same year, WFP's First School Meal Project – in Togo – is approved. The principle of food aid as a central plank of emergency and development aid gains grounds. In 1965, WFP is enshrined as a fully-fledged UN Programme: It is to last for "as long as multilateral food aid is found feasible and desirable."

Today, WFP is the world's largest humanitarian agency saving lives and changing lives. When disaster, it is quick off the mark and scales up in a heartbeat; when they do not, it works tirelessly to

bolster nutrition and food security. Its field presence is deep; its operational understanding of food needs, unrivalled.

The challenges remain stark: 800 million people are still hungry. And if the adoption of the 2030 Development Agenda is a cause of optimism, the persistence of conflict, in Syria and elsewhere, is one for somber reflection. Even as it strives to assist the victims or war and want, WFP is working with national governments, civil society, other partners and sister agencies to preclude further suffering. Tomorrow can be brighter – but so should today. For the world and WFP alike, the promise of better times is tinged with a sobering urgency.

Zero Hunger (Efforts of the United Nations)

Every day too many men and women across the globe struggle to feed their children a nutritious meal. In a world where we produce enough food to feed everyone, **821 million people – one in nine – still go to ben on an empty stomach each night.** Even more – one in three – suffer from some form of malnutrition.

Eradicating hunger and malnutrition is one of the great challenges of our time. Not only do the consequences of not enough – or the wrong – food cause suffering and poor health, they also show progress in many other areas of development like education and employment.

In 2015 the global community adopted the 17 Global Goals for sustainable Development to improve people's lives by 2030. Goal 2 – Zero Hunger – pledges to end hunger, achieve food security, improve nutrition and promote sustainable agriculture, and is the priority of the United Naitons.

Details: https://www.un.org/sustainabledevelopment/hunger/

Partner with WFP

Achieving zero hunger and putting an end to the food insecurity that blights the lives of more than 800 million people worldwide is the work of many. To pursue this goal, WFP works collaboratively with thousands of partners, including governments, private sector, UN agencies, international finance groups, academia, NGOs and other civil society groups.

The more than 1,000 NGOs collaborate with around the world constitute the biggest group of partners. WFP has always relied on partnerships to drive our activities, and in support of Agenda 2030 and the 17 Sustainable Development Goals (SDGs), we are committed to working with a wide range of partners in new ways, including leveraging multi-stakeholder partnerships, to better meet people's needs and leave no one behind.

This new way of working together is reflected in Sustainable Development Goals (SDGs) 17 on partnership, which serves as a pillar of WFP's strategic plan, along with SDG 2, on achieving **Zero Hunger.**

WFP offers its partners cutting edge expertise in a range of areas, from nutrition and food security, to logistics, telecommunications and long-term capacity building; the scale of its operations and presence in 80 countries; operational qualities such as agility, responsiveness and delivery focus; and core values like accountability and transparency.

Details on World Food Programme (WFP): http://www.wfp.org

Art & Science

Art that touches our soul

The Elder Sister *(La sœur aînée)* **by William-Adolphe Bouguereau**

The Elder Sister is an oil-o-canvas painting by French academic artist William-Adolphe Bouguereau, produced in 1869. The painting shows girl (the "elder sister') sitting on a rock and holding a sleeping baby on her lap, with a quiet rural landscape behind them. For this scene, Bouguereau's daughter Henriette and son Paul served as models. Bouguereau used great care and attention in drawing children's features and the positioning of their bodies, given them an idyllic look. The girl's eyes look directly at the viewer and both children are shown with immaculate clothing.

The dimensions of the painting are 51 ¼ X 38 ¼ in (130.2 X 97.2 cm) and the frame is 67 ½ X 55 ½ in (171.5 X 139.7 X 14 cm).

The painting is now in the permanent collection of the Museum of Fine Arts, Houston. According to the museum website, this was a gift of an anonymous lady in memory of her father in 1992. It has become one of the most notable highlights in the museum's collection of paintings.

There is also another painting by Bouguereau called, *The Elder Sister* (completed in 1864), currently belonging to the permanent collection in the Brooklyn Museum.

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

http://www.WomensHealthSection.com