



WHEC Update

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

July 2024; Vol. 19. No. 07

Before & After Issue

It is with enormous gratitude to our writers and editors, I thank you for your contributions to our e-Learning, e-Health and e-Government Platform, <http://www.WomensHealthSection.com> for more than two decades. I thank you for trusting me to serve you, as an Editor-in-Chief of the publications, of the Women's Health and Education Center (WHEC), *NGO in Special Consultative Status with ECOSOC of the United Nations (UN)*, since 2008. We understand the power of language – ensuring that the *Practice Bulletins* convey the take-home message for practicing clinicians. We live by the principles of evidence-based medicine, and through our editorial/physicians board we have driven the clinical practice in the Maternal and Child Health forward. We hold steadfast to research principles on the study design.

About WHEC Practice Bulletins: In 2006, WHEC began developing scientifically based practice guidelines/ Practice Bulletins. The guidelines are derived from the best available evidence of clinical efficacy and consideration of costs, with recommendations explicitly linked to the evidence. These evidence-based practice-guidelines are intended to be a means of improving the quality of healthcare, decreasing its cost, and diminishing professional liability. They are proscriptive in nature, and therefore, directive in approach. Our physician's board identifies, evaluate, and synthesize evidence from the medical literature to produce practice guidelines. It is provided to serve as a readily available introduction to and overview of the topic. All WHEC Practice Bulletins are reviewed 18 to 24 months after publication and are revised, reaffirmed, or withdrawn. ***WomensHealthSection.com*** is designed as a resource for health professionals and the general public to offer a better understanding of reproductive health and cultural understanding. The articles in this e-learning publication provide an overview of current clinical management guidelines in Women's Health, focusing on the components integrated to providing optimum care. The articles are designed for all members of the interdisciplinary team: physicians, physicians-assistants, nurse practitioners, midwives, nurses, social workers, therapists and other members seeking to enhance their knowledge of women's health and appropriate care and management.

The International Health and Development Portal, is a vision for the globalized world. The use of information science and telecommunication technologies to support the practice of medicine when distance separates the caregivers from their patients, is the way forward to medical care more affordable and mere accessible in every country – rich and poor alike. Our goal is to promote excellence in the clinical practice of *Obstetrics and Gynecology* and closely related fields.

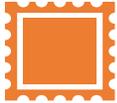
On 24 October 2002, when this e-learning project / programme was launched, I was scared and had millions of doubts about this initiative. In fact, the reality has completely exceeded my dreams and fantasies. And that is remarkable, given that, I can dream really pretty big. Today, we are serving in 227 countries and territories (includes all the Member States of UN and the World Health Organization[WHO]), and it is available in six official languages of the UN. A great-big thank-you goes out to the UN, WHO and the UNESCO – who welcomed us and guided us in the international arena.

This ***e-Learning, e-Health and e-Government Initiative***, is no longer exclusively mine; it belongs to the millions of the readers worldwide and to all who feels that this is their project too – *We the Peoples of the United Nations*. Luckily; the memories of the uncertainty and fear I had in 2002, are almost forgotten. Almost. Welcome to the Working Group of WHEC.

Enjoy ***WomensHealthSection.com***, and A Great Big Thank-You!

In Gratitude

Rita Luthra, MD



Your Questions, Our Reply

What is “telemedicine” and “telehealth”? What is the best way to implement telehealth in clinical settings?

Recommendations & Conclusions: The term “telemedicine” often is used to refer traditional clinical diagnosis and monitoring that are delivered by technology. The term “telehealth” refers to the technology-enhanced healthcare framework that includes services such as virtual visits, remote patient monitoring, and mobile healthcare. Evidence suggests that telehealth provides comparable health outcomes when compared with traditional methods of healthcare delivery without compromising the patient-physician relationship and it also has been shown to enhance patient satisfaction and improve patient engagement. Healthcare providers who provide telehealth should make certain that they have the necessary hardware, software and a reliable secure internet connection to ensure quality care and patient safety.

These technology-enhanced healthcare delivery opportunities enhance, NOT replace, the current standard of care. Telehealth has quickly become integrated into nearly every aspect of healthcare practices, and current trends in patient-generated data and big data analytics portend increased use. To implement a telehealth program effectively, participating sites must undergo resource assessments to evaluate equipment readiness. Credentialing and privileging in telemedicine depend on the requirements of the facilities where the physicians’ practices and the source of the service payment or reimbursement. Healthcare providers who provide telehealth must meet many safeguards before delivering telehealth services, including federal, state and local regulatory laws and licensure requirements. Insurance carriers should provide clear guidelines to healthcare providers who provide telehealth to ensure appropriate health insurance coverage for tele-encounters.

The Women’s Health and Education Center (WHEC) makes the following recommendations regarding telehealth. We hope this is helpful to you in implementing telemedicine & telehealth into your practices.

- It is important that the patient-physician relationship is upheld and valued in the treatment plan, and healthcare professionals who provide telehealth services should examine their state laws and medical board definitions closely to ensure that their practices are compliant.
- Before choosing a liability insurance, physicians who provide telehealth should request proof in writing that the liability insurance policies cover telemedicine malpractice and that the coverage extends to other states in which they are practicing, if applicable.
- In most sites physicians, nurses, and other healthcare professionals must be licensed in the state where the patient is located and also may need to be credentialed at the facility where the patient is located.
- To implement a telehealth program effectively, participating sites should undergo resource assessments to evaluate equipment readiness.
- Physicians who provide telehealth must comply with the Health Insurance Portability and Accountability Act (HIPPA) privacy and security rules and also should be aware of the unique security risks posed by virtual health care technologies, which can be vulnerable to outside threats.
- Healthcare providers who provide telehealth services should make sure that they have the necessary hardware, software, and a reliable secure internet connection to ensure quality care and patient safety.
- Insurance carriers should provide clear guidelines to healthcare providers who provide telehealth to ensure appropriate health insurance coverage for telehealth encounters.

Telehealth is increasingly used in nearly every aspect of our healthcare delivery and practice. Healthcare providers should consider becoming familiar with the adept in this new technology.



SDGs LEARNING

2024 HLPF (High-Level Political Forum)

The High-Level political Forum on Sustainable development (HLPF) will be held from **Monday, 8 July, to Wednesday, 17 July 2024**, under the auspices of the Economic and Social Council.

This includes the three-day ministerial segment of the forum from **Monday, 15 July, to Wednesday, 17 July 2024** as part of High-Level segment of the council. The last day of the High-Level Segment of ECOSOC will be on **Thursday, 18 July 2024**

<https://hlpf.un.org/2024>

Virtual Side Event hosted by the Women's Health and Education Center (WHEC) on the margins of 2024 HLPF:

Strengthening Trust in Digitalization and Accelerating Sustainable Development Goals; Date: 09 July 2024; Time: 1:15 – 2:30 pm (EDT)

<http://www.womenshealthsection.com/content/whec/hlpf.php3>

Future of health and education sectors is digital, in each and every country, rich and poor alike. In order to democratize digitalization and its benefits for public and social value, Women's Health and Education Center (WHEC) and its associates believe that a dedicated place is needed in the United Nations to develop and refine appropriate norms, policies and pilots; promote future-ready human capabilities; and mobilize financing for public innovation ecosystems. WHEC's capacity building efforts and targets in the pursuit of a **One-UN Program on Digitalization and Sustainability**, in support of developing countries, with special focus on Least Developed Countries (LDCs) are:

Concept Note

<http://www.womenshealthsection.com/content/2024-HLPF-Side-Event-Concept-Note.pdf>

WHEC Statement / Proposal

<http://www.womenshealthsection.com/content/2024-HLPF-WHEC-Statement.pdf>

Announcement / Invitation / Flyer

<http://www.womenshealthsection.com/content/2024-HLPF-Flyer.pdf>

Zoom Link to Join the Side Event

WHEC is inviting you to a scheduled Zoom Virtual Side Event on the margins of 2024 HLPF on 9 July 2024. The Side Event will start at 1:15 pm and finish at 2:30 pm (EDT, New York Time). No Registration fees.

Topic: **Strengthening Trust in Digitalization and Accelerating Sustainable Goals.**

Join Zoom Meeting

<https://us06web.zoom.us/j/7092187692?pwd=Z09sdzRUVCs4cWp4Zk9jK2FkZWmQ3Zz09&omn=85030134912>



United Nations at a Glance

Papua New Guinea became UN Member State on 10 October 1975



Papua New Guinea (abbreviated **PNG**), officially the **Independent State of Papua New Guinea**, is a country in Oceania that comprises the eastern half of the island of New Guinea and its offshore islands in Melanesia (a region of the southwestern Pacific Ocean north of Australia). Its capital, located along its southeastern coast, is Port Moresby. The country is the world's third largest island country, with an area of 462,840 km² (178,700 sq. mi).

Papua New Guinea (PNG) was established as a sovereign country in 1975, after nearly 60 years of Australian administration starting during World War I. It became an independent Commonwealth realm in 1975 with Elizabeth II as its queen. It also became a member of the Commonwealth of Nations in its own right. Official Languages: English; Hiri Motu; Ethnic Group: Papuan; Religion: 96% Christianity; Legislature: National Parliament; Independence from Australia on 16 September 1975. Population (2020): 8,935,000. Currency: Kina (PGK).

Archaeological evidence indicates that humans first arrived in PNG around 42,000 to 45,000 years ago. They were descendants of migrants out of Africa, in one of the early waves of human migration. Although by the late 20th century headhunting and cannibalism had been practically eradicated, in the past they were practiced in many parts of the country as part of rituals related to warfare and taking in enemy spirits and powers. In 1901, on Goaribari Island in the Gulf of Papua, missionary Harry Dauncey found 10,000 skulls in the island's long houses, a demonstration of past practices.



Mount Tauruvur

PNG is famous for its frequent seismic activity, being on the Ring of Fire. In the early years of independence, the instability of the party system led to frequent votes of no confidence in parliament, with resulting changes of the government, but with referral to the electorate. Electoral reforms in 2001 introduced the Limited Preferential Vote System (LPV), a version of the alternative vote. The 2007 general election was the first to be conducted using LPV. In the 2022 Election, two women were elected into the 11th Parliament, one, Rufina Peter also became Provincial governor of Central Province.

PNG is often ranked as likely the worst place in the world for violence against women. According to UNICEF, nearly half of reported rape victims are under 15 years old, and 13% under 7 years old. There are also no protections given to LGBT citizens in the country. Homosexual acts are prohibited by law in PNG. A large proportion of population is illiterate, with women predominating in this area.

It is richly endowed with natural resources, including mineral and renewable resources, such as forests, marine resources (including a large portion of the world's major tuna stocks), and in some parts agriculture. Oil palm production has grown steadily over recent years, with palm oil now the main agricultural export. Coffee remains the major export crop; followed by cocoa and coconut oil/copra. The economic growth has been primarily attributed to strong commodity prices, particularly mineral but also agricultural, with the high demand for mineral products largely sustained even during the crisis by the buoyant Asian markets. The PNG legislature has enacted laws which a type of tenure called "customary land title" is recognized, meaning that the traditional lands of the indigenous peoples have some legal basis to inalienable tenure. Freehold title can only be held by PNG citizens.

Details: <https://sdgs.un.org/statements/papua-new-guinea-14349>

Collaboration with World Health Organization (WHO)

WHO | Papua New Guinea (PNG)

Health Status



As of 2019, life expectancy in PNG at birth was 63 years for men and 67 for women. Government expenditure on health in 2014 accounted for 9.5% of total government spending, with total health expenditure equating to 4.3% of GDP. There were five physicians per 100,000 people in the early 2000s. The 2010 maternal mortality rate per 100,000 birth for PNG was 250. This is compared with 311.9 in 2008 and 476.3 in 1990. The under-5 mortality rate, per 1,000 birth is 69 and the neonatal mortality as a percentage of under-5s' mortality rate is 37. In PNG, the number of midwives per 1,000 live births is 1 and the lifetime risk of death for pregnant women is 1 in 94. The Human Rights Measurement Initiative finds that PNG is achieving 71.9% of what should be possible for the right to health, based on their level of income.

PNG-WHO Country Cooperation Strategy (CSS)

The formulation of the WHO CCS for the period 2021 – 2025 follows an in-depth mid-term review of the PNG National Health Plan 2011-2020, which indicates the need for identifying and implementing priorities, given slow progress against expected outcomes. The review stresses the importance of focusing on making rural health services functional, which will require improved management of both financial and human resources at district level, and below. In the absence of a mid-term evaluation of the current CCS, the formulation of the 2021 – 2025 CCS takes into account the findings and recommendations of 2013 performance assessment of WHO's role and functions in PNG, as well as numerous reports and assessments of individual aspects of PNG's health system



The National Health Plan of PNG

The National Health Plan is the sole governing policy document for the health sector in PNG. It sets out the strategic direction and priorities for both public and private sectors. The NHP is implemented through medium-term plans at the national and provincial levels. These are translated into operational annual implementation plans at all levels of the health system.

The Strategic Agenda of the CCS

The strategic agenda, covering the four strategic priorities and 12 focal areas, has been formulated based on extensive consultation with the NDOH, development partners, including NGOs, churches, and private sector foundations, and of course WHO staff. An in-depth analysis of the current country context, the review of the recent mid-term evaluation of the NHP, as well as the lessons learnt from the implementation of previous CCS and the findings of a WHO Performance Assessment, have informed the strategic agenda. Consideration has been given to WHO's comparative advantage in providing technical support and policy advice, the activities of other development partners and the capacity of the WHO country office couples with anticipated support from WHO's Regional Office and headquarters.

Details: <https://www.who.int/papuanewguinea/>



United Nations Educational, Scientific and Cultural Organization Collaboration with UNESCO

Papua New Guinea became Member State of UNESCO in 1976



Kuk Early Agricultural Site

Kuk Early Agricultural Site consists of 116 ha of swamps in the western highlands of New Guinea 1,500 meters above sea level. Archeological excavation has revealed the landscape to be one of the wetland reclamation worked almost continuously for 7,000, and possibly for 10,000 years. It contains well-preserved archeological remains demonstrating the technological leap which transformed plant exploitation to agricultural practices over time, from

cultivation mounds to draining the wetlands through the digging of ditches with wooden tools. Kuk is one of the few places in the world where archeological evidence suggests independent agricultural development and changes in agricultural practices over such a long period of time.



Modern farming activities at Kuk remain relatively low-key and do not intrude upon the archeological site. The integrity of the site is thus maintained. The excavations and scientific work that have been done at the site are of the highest international professional standard and thus the excavated remains retain their authenticity. Contemporary land-use has been restricted to modern versions of traditional activities and is supportive to the authenticity of the core evidence on the site.

The legal protection in place adequate, but customary protection needs confirmation as soon as possible through the designation of the property as a Conservation Area and through the associated formal and management agreement with the local community for aspects of site management. The Management Plan should be completed for aspects of site management responsibilities on the ground and reporting sites.



Protecting Our Heritage and Fostering Creativity

Protecting and safeguarding the world's cultural and natural heritage and supporting creativity and dynamic cultural sectors are fundamental to addressing the challenges of our time, from climate change to poverty, inequality, the digital divide and over more complex emergencies and conflicts. UNESCO is convinced that no development can be sustainable without strong culture component. Indeed, only a human-centered approach to development based on mutual respect and open dialogue among cultures can lead to lasting

peace. Details: <https://www.unesco.org/en/countries/pg>

Education-for-All and Health-for-all

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development

Adopted at the United Nations Sustainable Development Summit on 25 September 2015

.....Continued The New Agenda

20. Realizing gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities. Women and girls must enjoy equal access to rights and opportunities. Women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. We will work for a significant increase in investments to close the gender gap strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys. The systematic mainstreaming of a gender perspective in the implementation of the Agenda is crucial.

21. The new goals and targets will come into effect on 1 January 2016 and will guide the decisions we take over the next fifteen years. all of us will work to implement the Agenda within our own countries and at the regional and global levels, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. We will respect national policy space for sustained, inclusive and sustainable economic growth, in particular for developing states, while remaining consistent with relevant international rules and commitments. We acknowledge also the importance of the regional and sub-regional dimensions, regional economic integration and interconnectivity in sustainable development. Regional and sub-regional frameworks can facilitate the effective translation of sustainable development policies into concrete action at national level.

22. Each country faces specific challenges in its pursuit of sustainable development. the most vulnerable countries, least developed countries, landlocked developing countries and small island developing states deserve special attention, as do countries in situations of conflict and post-conflict countries. There are also serious challenges withing many middle-income countries.

23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

24 We are committed to ending poverty in all its forms and dimensions, including by eradicating extreme poverty by 2030. All people must enjoy a basic standard of living, including through social protection systems. We are also determined to end hunger and to achieve food security as a matter of priority and to end all form of malnutrition. In this regard, we affirm the important role and inclusive nature of the Committee on World Food Security and welcome the Rome Declaration on Nutrition and Framework for Action. We will devote resources to developing rural areas and sustainable agriculture and fisheries, supporting smallholder farmers, especially women farmers, herders and fishers in developing countries, particularly least developed countries.

To be continued



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Universal Access to Drinking Water

The role of aid

Financing and the role of aid within the water sector are poorly understood. The authors estimate the levels of spending achieved in developing countries during the Millennium Development Goals to be US \$80 billion per year. Aid represented a substantial proportion of total sector financing in sub-Saharan Africa and **Oceania** (25 and 10 per cent, respectively), but less in other regions. Longitudinal analysis shows no detectable effect of volume of aid on progress. Importantly, authors were unable to evaluate 'catalytic' aid. As the world approaches universal access to improved water, aid must increasingly focus on sustaining progress and assisting countries that still have sizable unserved populations.

There is no single 'best' approach to financing for water services. Financing is derived from three main routes: taxes, tariffs or transfers. Two distinct but related patterns are often observed:

1. No or partial cost recovery in urban settings;
2. No or minimal spending on operational and maintenance or rural water supplies.

It is believed that for financing to be sustainable, there is a need for greater transparency, better monitoring of cost recovery and closer alignment between donors and recipients. Improved monitoring would draw attention to issues including corruption and could provide evidence to assess the extent to which financing is targeted at the poorest. There are a number of current initiatives that seek to improve sector finance monitoring and transparency.

Official Development Assistance (ODA) to water supply is provided through main modalities: projects, technical assistance, and sector budget support. The type of project and manner in which assistance is offered to countries varies greatly, with an important distinction to be drawn between aid channeled through core-country systems and donor-led interventions. The financial instruments include grants and concessional loans. Sizable loans near market rates provided by multilateral banks are important for the development of national water infrastructure, but are not classified as 'aid.'

Household connections are the most desirable type of water supply and this is clear from the extent to which many countries have increased access to this type of water supply, most notably China. Encouragingly, the authors did not find evidence to suggest that striving for household connections occurs at the expense of those without basic access. One possible interpretation is that once there is sufficient political will and resources to expand piped supplies, basic access is also a political priority. As the ultimate goal of universal access is approached, the importance of sustaining progress and retargeting aid at countries with the lowest levels of coverage will increase. Donors and recipients will have to find innovative ways to address the challenges in countries that made limited progress during the Sustainable Development Goals (SDGs).

Publisher: UNU-WIDER; Authors: Robert Bain, Rolf Luyendijk, Jamie Bartram; Sponsors: UNU-WIDER gratefully acknowledges specific programme contributions from the governments of Denmark (Ministry of Foreign Affairs, Danida) and Sweden (Swedish International Development Cooperation Agency—Sida) for ReCom.

Details of the paper can be accessed from the link of UNU-WIDER on CME Page

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

Two Articles of Highest Impact, June 2024

Editors' Choice – Journal Club Discussions

Fully open-access with no article-processing charges

Our friendship has no boundaries. We welcome your contributions.

1. **Tuberculosis in Pregnancy;** [TB-in-Pregnancy.pdf \(womenshealthsection.com\)](https://www.womenshealthsection.com/content/obsnc/obsnc014.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. **Vitamin K Deficiency Bleeding;**
[http://www.womenshealthsection.com/content/obsnc/obsnc014.php3](https://www.womenshealthsection.com/content/obsnc/obsnc014.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

Digital Remittances towards Financial Inclusion and Cost Reduction



Over 200 million migrant workers sent US \$626 billion back to their families in remittance-reliant countries in 2022.

Remittances and Sustainable Development Goals

The International Day of Family Remittance (IDFR) is a universally-recognized observance by the United Nations General Assembly and celebrated every year on 16 June. The Day recognizes the contribution of over **200 million migrants** to improve the lives of their **800 million family members** back home, and to create a future for people of

their children. Half of these flows go to rural areas, where poverty and hunger are concentrated, and where remittances count the most.

Through this observance, the UN aims to bring greater awareness of the impact that these contributions have on millions of households, but also on communities, and entire regions. The Day also calls upon governments, private sector entities, as well as civil society, to find ways that can maximize the impact of remittances through individual, and/or collective actions.

The IDFR is now fully recognized at the global level, and included as one of the key initiatives to implement the Global Compact for Safe, Orderly and Regular Migration (Objective 20), also calling for the reduction of remittance transfer costs, and greater financial inclusion through remittances. The Day also promotes achievement of Sustainable Development Goals (SDGs), and furthers the 2030 Agenda for Sustainable Development.



Remittance Flows Trends

In 2022, international remittances to low- and middle-income countries (LMICs) amounted to US \$626 billion. Such average monthly transfers to US \$200 to US \$300 sent by migrant workers support many basic household and prove transformational for both households and local communities, enabling many families to achieve their 'own' SDGs.

However, the cost of transferring US \$200 across international boundaries to LMIC is still high – averaging 6% in the second quarter of 2022. Mobile providers offer the best rates (3.5%), but less than 1% of transactions are made through digital channels. Remittance services are now much quicker and less expensive thanks to digital technologies.

Remittance to Ukraine, which is the largest recipient in Europe and Central Asia, are expected to rise by 20% in 2022. However, remittance flows to many Central Asian countries, for which the main source is Russia, will likely fall dramatically. These declines, combined with rising food security and exacerbate poverty in many of these countries. During 2021, remittance inflow saw strong gains in Latin America and the Caribbean (25.3%), Sub-Saharan Africa (14.1%), Europe and Central Asia (7.8%), the Middle East and North Africa (7.6%), and South Asia (6.9%). Remittance to East Asia and Pacific fell by 3.3%; although excluding China, remittance grew 205%. Excluding China, remittance flows have been the largest source of external finance for LMICs since 2015.

The top 5 recipient countries for remittances in 2021 and 2022 were India, Mexico, China, the Philippines, and Egypt. Among economies where remittance inflows stand at very high shares of GDP are Lebanon (54%), Tonga (44%), Tajikistan (34%), Kyrgyz Republic (33%), and Samoa (32%).

How to get involved?

Share your practice with us

- You can start by building your own social media package, drafting a thematic newsletter for your network or organizing an online event. Take part in the global discussion by using the hashtag #familyremittances.
- Think creatively on how you can bring this opportunity to the world's attention. Use personal stories and compelling photos to illustrate the reality of the one billion people directly involved in remittance market and services/who have direct experience with the use of remittances.
- Take advantage of the IDFR official graphics on this Troll board <https://trello.com/home>

Get Involved

The IDFR and the UN commend the determination and resilience of the human spirit as evidenced by migrant workers. Further, the UN call for governments, the private sector, development organizations and civil society to promote digital and financial solutions for remittances that foster greater social and economic resilience and inclusion.



The Artificial Intelligence Act (AI Act) is a European Union (EU) regulation concerning artificial intelligence (AI). It establishes a common regulatory framework for AI in the EU. Proposed by the European Commission on 21 April 2021, and then passed in the European Parliament on 13 March 2024. It was unanimously approved by the Council of the European Union on 21 May 2024. The Act creates a European Artificial Intelligence Board to promote national cooperation and ensure compliance with the regulation. Like the EU's General data Protection Regulation, the Act can apply extraterritorially to providers from outside the EU, if they have users within the EU.

It covers all types of AI in broad range of sectors; exceptions include AI systems used solely for military, national security, research and non-professional purposes. As a piece of product regulation, it would not confer rights on individuals, but would regulate the providers of AI systems and entities using AI in a professional context. The draft Act was revised following the rise in popularity of generative AI systems, such as ChatGPT, whose general-purpose capabilities did not fit the main framework. More restrictive regulations are planned for powerful generative AI systems with systemic impact.

The Act classifies AI applications by their risk of causing harm. There are four levels: 1. Unacceptable, 2. High, 3. Limited, 4. Minimal – plus additional categories for general-purpose AI. Application with unacceptable risks are banned. High-risk applications must comply with security, transparency and quality obligations and undergo conformity assessments. Limited-risk applications only have transparency obligations and those representing minimal risks are not regulated. For general-purpose AI, transparency requirements are imposed, with additional evaluation when they're high risks.

Science-Policy-Brief 2024 Science, Technology and Innovation (STI) Forum

Artificial Intelligence and Ethical Considerations in Neurotechnology

[Luthra Artificial Intelligence and Ethical Considerations in Neurotechnology.pdf \(un.org\)](#)

Side Event at the margins of 2024 STI Forum

Artificial Intelligence Literacy in Health and Education Sectors

[2024-STI-Side-Event-Summary-and-Program.pdf \(womenshealthsection.com\)](#)

Legislative Procedure

In February 2020, the European Commission published “White Paper on Artificial Intelligence – A European approach to excellence and trust.” In October 2020, debates between EU leaders took place in the European Council. On 21st April 2021, the AI Act was officially proposed by the Commission. On 6 December 2022, the European Council adopted the general orientation, allowing negotiations to begin with the European Parliament. On 9 December 2023, after 3 days of “marathon” talks, the EU Council and parliament concluded an agreement.

The laws was passed in the European Parliament on 13 March 2024, by a vote of 523 for 46 against, and 49 abstaining. It was approved by the EU Council on 21st May 2024. It will come into force 20 days after being published in the *Official Journal* at the end of legislative term in May. After coming into force, there will be a delay before it becomes applicable, which depends on the type of application. This delay is 6 months for bans on “unacceptable risk” AI systems, 9 months for codes of practices, 12 months for general-purpose AI systems, 36 months for some obligations related to “high-risk” AI systems, and 24 months for everything else. Officially the **Regulation of the European Parliament and of the Council laying down harmonised rules on artificial intelligence and amending Regulations (EC) No 300/2008, (EU) No 167/2013, (EU) No 168/2013, (EU) 2018/858, (EU) 2018/1139 and (EU) 2019/2144 and Directives 2014/90/EU, (EU) 2016/797 and (EU) 2020/1828**

[EUR-Lex - 52021PC0206 - EN - EUR-Lex \(europa.eu\)](#)

Art & Science

Art that touches our soul

La Fuensanta by Julio Romero de Torres



La Fuensanta is a portrait by Spanish artist Julio Romero de Torres depicting Maria Teresa López González, was one of his models. The painting was made in the autumn of 1929, when Torres completed another two artworks, *La Chiquita Piconera* and *Bodegas Cruz Conde*. González was one of Torres's favorite models, have first sat for him at the age of fourteen.

According to Sotheby's, the work has been "proclaimed as quintessential rendition of Andalusian beauty," and it was depicted for 25 years on the 100-peseta banknote. The work was exhibited at the Ibero-American Exposition in Seville in 1930, and is now in a private collection.

Born in Argentina, González moved her family to Torres' native town of Córdoba after World War I. After she first sat for Torres at the age of fourteen, González became one of his favorite models, whose likeness is most closely associated with Torres.

La Fuensanta was sold by Sotheby's to a private buyer. The Spanish Ministry of Culture tried to purchase the painting from Sotheby's, but the auction price of 1,173,400 euros was too high.

Medium: Oil on canvas; Dimensions: 100 cm X 80 cm (39 in X 31 in); Location: Private Collection.



La Fuensanta on the reverse of 100 pesetas, 1953

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

<http://www.WomensHealthSection.com>

