



WHEC Update

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

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Anniversary Edition

Our future depends to a large extent on being adequately informed. The Women's Health and Education Center (WHEC) and its initiatives are a response to this and more acutely felt need. Reliable health information is demanded not only by health professionals, politicians and business people who need it to meet the various responsibilities of their jobs, but by individuals and families in every walk of life. On 12 April 2001, WHEC came into being to undertake various projects/programs in maternal and child health with the United Nations (UN) and the World Health Organization (WHO). **This year we celebrate our 17th anniversary.** Our initiatives are for the development and to attain, *Education for all* and *Health for all*, worldwide. We can pass no greater gift to the next generation than a healthier future. That is our vision.

An indispensable factor for equity in health is timely and accurate information.

<http://www.WomensHealthSection.com> launched in cooperation with the UN in 2001, is available in six official languages of the UN. This e-Health Platform and Global Health Line is serving in 227 countries and territories to about 15 million subscribers, every year. The need for global cooperation and coordination is also becoming daily more urgent as both the dangers and positive powers of technology relentlessly increase. Ethical issues such as those surrounding access to health care, reproductive health, biotechnology, the safety of new drugs and vaccines, or the options for dying with dignity make this abundantly clear. Here again, the indispensable common factor is timely and accurate information.

My hope is that both the encouraging facts and the harsh ones reported here will strengthen the determination of all those involved in health care to bridge the gap between what has been achieved so far and what we need to and can achieve. Readers will find strong arguments in these pages both for confidence and for anxiety about the state of the world's health.

Rising life expectancy and declining infant mortality have long been recognized as key indicators of progress in providing effective health care. The fact that this trend has continued globally in recent year despite many daunting obstacles is indeed a source of deep encouragement, especially to the countless people who are striving for better health at every level of the health care system. But to see while the gaps between rich and poor are widening, or that controllable diseases and factors still claim millions of lives each year, can just as easily offer a pretext for cynicism and despair, particularly for those whose lives or well-being are being destroyed because of these inequities.

Building the capacity to care. WHEC with its partners and the international health community hope to bring about further improvements in global health status and greater equity in health, thus bridging the health development gap between countries and between different population groups within countries. Nevertheless, despite the political, economic and social changes that are sweeping the world, the international health community hopes to bring about further improvements in global health status and greater equity in health by tackling problems which, at the beginning of this new century, still characterize the health development gap between countries and between countries and between different population groups within countries. Noting with concern the increasing financial constraints that inhibit health improvements, the WHEC draws up annual assessments, of the maternal and child health status and needs.

Improving equity of access to *health* and not merely to *health care* as the basis for public health policy for the future is one of our goals. Join our efforts! A global responsibility.

Bridging the Gaps

Rita Luthra, MD



Your Questions, Our Reply

What is the Women's Health and Education Center (WHEC)'s approach to family health? Is family an outworn concept?

New Hope: Health begins in the family. Families are not a concept, but the primary setting for human development and the basic unit of society. The family has evolved through history, presenting us with different structures in different ages, regions and countries. Yet it remains a universally reality, irrespective of its diverse forms.

Families share a great deal more than their genes. Their members share lifestyles, diet, exercise and the same environment, sometimes even the occupational environment, and frequently infections. Above all, they have a common social environment, with its roles and relationships, pressures and pleasures, value systems, beliefs, models of conduct and behavior. All these represent a reality we cannot afford to ignore, especially if our aim is to improve people's health. Also, it is within the family that ill health is first identified and care initiated.

Today, in general, people live longer, and the way in which they live each stage of their life cycle is changing profoundly. This, together with rapid social and economic change, makes it even more important for the natural links between generations to be strengthened because families can provide continuity and solidarity between different age groups. For instance, in many places, the only support for the elderly and the only hope of escaping solitude remains their family.

The family health approach makes sense technically, socially and financially. It makes good use of limited resources and is well liked and accepted in all cultures. Health is best promoted in families through their shared lifestyles, environments, food and hygiene. This is a major opportunity for action, particularly in developing countries. Informed opinion leads to autonomy and allows people to get away from the role of passive recipients into that of activists for their own health. We can open new partnerships inside families, in communities, between health professionals and families, and between different sectors of development.

By making health services acceptable to families and accessible to all can build and improve partnerships. By understanding the patient's expectations and grasping the many factors that determine health – not only biological factors but those that are linked with the environment, personality and behavior. Cultural, economic and social factors together define the way patients are taken care of by the family, the medical institutions, and the whole society. We wish to emphasize that the family health approach does not place the burden of care on women alone. On the contrary, it is meant to involve whole families.

WHEC is proposing a simple yet dynamic approach to health, a powerful strategy to intensify and move forward the integration of health care, disease prevention and rehabilitation. It is based on an inclusive vision of health, comprising the individual, the family, the community, and the environment, in which families serve as entry points for health promotion, disease prevention and care. We see family planning as an essential means of achieving a satisfactory level of health in the family.

Health for all is not a slogan. It is a profoundly humanistic objective which WHEC and its partners are helping gradually bringing closer to realization.

We welcome everyone

There are no strangers @ WHEC



United Nations at a Glance

Permanent Mission of Estonia to the UN

Estonia became Member State of the United Nations on 17 September 1991



Estonia, officially the Republic of Estonia, is a sovereign state in Northern Europe. It is bordered to the north by the Gulf of Finland with Finland on the other side, to the west by the Baltic Sea, to the south by Latvia, and to the east by Lake Peipus and Russia. Across the Baltic Sea lies Sweden in the west and Finland in the north. The territory of Estonia consists of a mainland and 2,222 islands in the Baltic Sea, covering a total area of 45,388 km² (17,462 sq. mi), water 2,839 km² (1,096 sq. mi), land area 42,388 km² (16,366 sq. mi), and is influenced by a humid continental climate. Ethnic Estonians are Finnic peoples, sharing close cultural ties with their northern neighbor, Finland.

Capital: Tallinn; Official language: Estonian; population: 1.3 million – it is one of the least-populous member state of European Union (EU) and NATO. Christianity is the largest religion in Estonia, its constitution guarantees freedom of religion, separation of church and state, and individual rights to privacy of belief and religion.

Estonia is a developed country with an advanced, high-income economy that as of 2011 is among the fastest growing in the EU. It ranks very high in the Human Development Index of the United Nations, and it performs favorably in measurements of economic freedom, civil liberties and press freedom (3rd in the world in 2012 and 2007). Estonia's state continuity was preserved by diplomats and government in exile. In 1987 the peaceful Singing Revolution against Soviet rule began, culminating with restoration of independence on 20 August 1991. Since restoration of its independence, Estonia has been a democratic unitary parliamentary republic divided into 15 counties.

Citizens of Estonia are provided with universal health care, free education and the longest-paid maternity leave. Since independence the country has rapidly developed its Information Technology (IT) sector, becoming one of the world's most digitally-advanced societies. In 2005, Estonia became the first nation to hold elections over the Internet, and in 2014 the first nation to provide e-residency.

Estonia was a member of the League of Nations from 22 September 1921, has been a member of the UN since 17 September 1991, and of NATO since 29 March 2004, as well as the EU since 1 May 2004. Since regaining independence, Estonia has pursued a foreign policy of close co-operation with its Western European partners.

Two most important policy objectives in this regard have been accession into NATO and EU, achieved in March and May 2004 respectively. Estonia's international realignment toward the West has been accompanied by a general deterioration in relations with Russia, most recently demonstrated by the protest triggered by the controversial relocation of the Bronze Soldier World War II memorial in Tallinn. Estonia held the Presidency of the Council of the European Union in the second half of 2017.

Details: <http://www.un.estemb.org/>

Collaboration with World Health Organization (WHO)

WHO | Estonia



WHO / Estonia has supported health system development in Estonia since 1991. During the 1990s, it supported health care reform in close collaboration with national authorities and international partners such as the World Bank. WHO is one of the few international agencies with permanent representation in Estonia.

Baltic policy dialogue on improving quality of care and ensuring patient safety: strategies, regulation, monitoring and incentives

At a Baltic policy dialogue for senior-level delegates from the 3 Baltic countries (Estonia, Latvia and Lithuania), including the health ministers of Lithuania and Latvia, representatives from all 3 health-ministries met in Vilnius to exchange experiences in improving quality of care and ensuring patient safety. Although the understanding of the term quality varies not only between countries but also between stakeholders, at least 3 dimensions have been agreed on:

1. Effectiveness;
2. Patient safety, and
3. People-centeredness

At Baltic policy dialogue, delegates from the health ministries, insurers and health services presented their specific experience in regulating and certifying health care providers, using indicators to monitor and measure quality through incentives. Supported by international experts from Belgium, Denmark, WHO, OECD and the European Observatory on Health Systems and Policies, the policy dialogue also explored the potential for more collaboration within and between countries as well as international support that could help further build capacity for high-quality governance. All national stakeholders acknowledged the need to develop an integrated national approach to quality in health care that can integrate these efforts coherently. Creating a strong and shared culture of quality and safety among all stakeholders (patients, providers, payers and government) is considered a key to success.

EU presidency discussions consider policy options for alcohol labeling



One of the priorities of the 2017 Estonian Presidency of the Council of the EU is the reduction of alcohol-related harm in Europe. Estonia will address cross-border alcohol policy issues, including advertising and labelling of alcohol beverages.

Alcohol labelling could be considered part of a comprehensive alcohol policy strategy. In the European action plan to reduce the harmful use of alcohol 2012 – 2020, two of the options for action to reduce the negative consequences of drinking alcohol intoxication are the introduction of warning or information labels on alcoholic beverage containers, and product labelling like that used for foodstuffs (including alcohol and calorie content, additives and allergens).

Such labelling helps to raise awareness of alcohol-related harm and ensure that consumers have access to complete information on product content and composition to protect their health and interests.

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

World Health Day 2018

The theme of World Health Day is: Universal health coverage: everyone, everywhere.



The slogan is “Health for All.”

In this 70th anniversary year, WHO is calling on world leaders to live up to the pledges they made when they agreed the Sustainable Development Goals in 2015 and commit to concrete steps to advance #HealthForAll. This means ensuring steps that everyone, everywhere can access essential quality health services without facing financial hardship. “Health for all” has therefore been our guiding vision for more than seven decades. It is also the impetus behind the current organization-wide drive to support countries in moving forwards Universal Health Coverage (UHC).

Experience has illustrated, time and again, that UHC is achieved when political will is strong. So, in this 70th anniversary year, WHO is calling the world leaders to ensure that everyone, everywhere can access essential quality health services without facing financial hardship. The Organization will maintain a high-profile focus on UHC via a series of events through 2018, starting on World Health Day on 7 April with global and local conversations about ways to achieve health for all.

Throughout 2018, we aim to **Inspire, motivate** and **guide** UHC stakeholders to make commitments towards UHC. How can you get involved in World Health Day 2018:

<http://www.who.int/campaigns/world-health-day/2018/how-you-can-get-involved/en/>

Bulletin Board Mission Statement



Our Mission, Our Purpose ***Every Woman, Every Mother, Every Child, Everywhere***

Established in 2001, The Women’s Health and Education Center (WHEC) undertakes initiatives with the United Nations (UN) and the World Health Organization (WHO), to achieve the hopes and dreams of Sustainable Development Goals (SDGs).

Education improves health, while health improves learning potential. Education & Health, together, serve as the foundation for a better world. Join us to achieve: ***Education for All*** and ***Health for All***.

We welcome everyone!

Join the movement!

We are everywhere – so you can be anywhere, you want to be

- THE WOMEN’S HEALTH AND EDUCATION CENTER (WHEC);
- THE WOMEN’S HEALTH AND EDUCATION ORGANIZATION, Inc. (WHEO, Inc.)



Collaboration with UN University (UNU)

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

Optimal taxation and public provision for poverty reduction

The existing literature on optimal taxation typically assumes there exists a capacity to implement complex tax schemes, which is not necessarily the case for many developing countries. We examine the determinants of optimal redistributive policies in the context of a developing country that can only implement linear tax policies due to administrative reasons.

Further, the reduction of poverty is typically the expressed goal of such countries, and this feature is also taken into account in our model. We derive the optimality conditions for linear income taxation, commodity taxation, and public provision of private and public goods for the poverty minimization case and compare the results to those derived under a general welfares' objective function.

High levels of within-country inequality in many otherwise successful developing countries have become a key policy concern in global development debate. While some countries have very unequal inherent distributions (e.g. due to historical land ownership arrangements), in others the fruits of economic growth have been equally shared.

No matter what the underlying reason for the high inequality, often the only direct way for governments to affect the distribution of income is via redistributive tax and transfer systems. Clearly, public spending on social services also has an impact on the distribution of wellbeing, although some of the effects (such as skill-enhancing impacts from educational investment) only materialize over a longer time horizon.

This paper examined optimal linear income taxation, public provision of public and private goods and the optimal combination of linear income tax and commodity taxes when the government's aim is to minimize poverty. The linear tax environment was chosen because such taxes are more easily implementable in a developing country context and since optimal linear tax rules are seen to provide similar intuition as the more complex non-linear tax formulas.

Publisher: UNU- WIDER; Authors: Ravi Kanbur, Tuuli Paukeri, Jukka Pirttila, Matti Tuomala; Sponsors: We are grateful to two anonymous referees and seminar audiences at the UNU-WIDER Conference on 'Inequality: Measurement, Trends, Impacts and Policies', the Annual Meeting of the Finnish Economic Association, the HECER Development Economics seminar and the IIPF conference in Dublin for useful comments. This research originates from the UNU-WIDER project The economics and politics of taxation and social protection. Funding from the Academy of Finland (Grant No. 268082) is gratefully acknowledged.

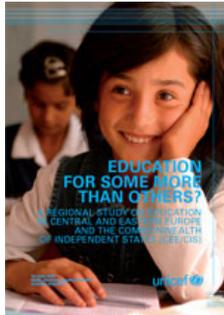
Details of the paper can be accessed from the link of UNU-WIDER on CME Page
<http://www.WomensHealthSection.com/content/CME>



United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (continued)

Education for some more than others?



A regional study on education in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)

This report examines how far the trend towards increased disparities in education as continued in Central and Eastern Europe and the Commonwealth of Independent States. Since the end of the 1990s, the economic and social situation in the region has significantly changed. To a large extent, this is because national income has increased and is being shared in many countries among populations that are falling or remaining stable in size. Nevertheless, one in four children is still living in poverty, children have a higher probability of being poor than adults and disparities in wellbeing, both material and non-material, have widened.

COUNTRY GROUPINGS USED IN THIS STUDY

Countries covered by this study are: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Montenegro, Poland, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan.

Montenegro became independent following a referendum in May 2006. However, for this study, Serbia and Montenegro are generally treated as one country, except in cases where they have separate data.

For this study, the CEE/CIS region (referred to as 'the region') is divided into the following country groupings: Albania, Baltic States, Bulgaria and Romania, Caucasus, Central Asia, Central and Eastern Europe, Countries of the former Yugoslavia (for brevity, labelled 'Former Yugoslavia'), Turkey, Western Commonwealth of Independent States.

Baltic States: Estonia, Latvia, Lithuania

This study is a follow-up to *Education for All*

The Twelve Steps are:

1. Teaching methods that encourage participation and individual development;
2. Reconsideration of streaming and selection in schools;
3. Fair exam systems that allow each child to demonstrate his or her achievement;
4. Re-stimulation of extra-curricular support by schools;
5. Increased parental and community involvement in education;
6. Investigation of child labor and its links to school attendance and learning;
7. More attention to access to and quality of education for children from low-income families;
8. Integration of disabled children into regular schools;
9. Attention to the needs of ethnic minorities;
10. Encouragement of early childhood development in the broadest sense through various means;
11. Sufficient central control over local administration of schools, including curricula;
12. Adequate financial transfers to local governments with weak resource bases.

Reform of Early Childhood Care and Education

Worldwide, early childhood care and education (ECCE) systems vary greatly in terms of age group served, inclusion of children with special needs, number of years covered, type of provision (state or private) and content. In most cases, participation is not obligatory and early childhood care (up to age three or four years) tends to come under ministries of health or social affairs. From the age of three or four, ministries of education often assume responsibility if not in providing or financing services then at least in determining standards and in some cases curriculum content. The most common period of coverage is three years (ages four to six). In half of the OECD countries, 70 per cent of children aged three to four are enrolled in preschool programmes.

Details: http://www.ungei.org/Regional_Education_Study_-_web_version.pdf

To be continued...

Two Articles of Highest Impact, March 2018

1. The Apgar Score; <http://www.womenshealthsection.com/content/obsnc/obsnc002.php3>
WHEC Publications. Special thanks to our writers, editors and reviewers for compiling the series on Newborn Care. Funding provided by WHEC Initiative for the Global Health.
2. Newborn Care: Initial Assessment and Resuscitation;
<http://www.womenshealthsection.com/content/obsnc/obsnc001.php3>
WHEC Publications. Special thanks to our writers, editors and reviewers for compiling the series on Newborn Care. Funding provided by WHEC Initiative for the Global Health.

Nurturing Care Framework



“If we change the beginning of the story, we change the whole story”

– Raffi Cavoukian
The Beginning of Life

World Health Organization (WHO) and United Nations Children’s Fund (UNICEF), supported by The Partnership for Maternal, Newborn & Child Health (PMNCH), the Early Child Development Action Network (ECDAN) and many other partners, is leading a process to scale up action and results for early child development in collaboration with countries and all other relevant stakeholders.

This process will produce a Nurturing Care Framework to guide policy, programme, and budget support focused on early childhood development in the early years and most concretely, on the first 1,000 days since conception, at country level. The Framework will be a tool to enable the health sector to step its role while increasing the strength of national multi-sectoral programming.

Why nurturing care?

There is growing recognition that protecting, promoting and supporting children in their early years is essential for the transformation that the world seeks to achieve in the next 15 years guided by the Sustainable Development Goals (SDGs).

We at the Women's Health and Education Center (WHEC) consolidating guidance on practical approaches to support families to provide in the earliest years of a child's life, through an enabling environment of policies, information and services in health, education and other sectors. We hope our efforts inspire common action and promotes common result through country leadership.



From Editor's Desk

The Perception Change Project - A Brief History of Internet

The **Advanced Research Projects Agency Network (ARPANET)** was an early packet switching network and the first network to implement the protocol suite Transmission Control Protocol (TCP) / Internet Protocol (IP). Both technologies became the technical foundation of the **Internet**. The ARPANET was initially funded by the Advanced Research Projects Agency (ARPA) of the United States Department of Defense.

As the project progressed, protocol for internetworking were developed by which multiple separate networks could be joined into a network of networks. In 1982, the Internet protocol suite (TCP/IP) was introduced as the standard networking protocol on the ARPANET. In the early 1980s the National Science Foundation (NSF) funded the establishment for national supercomputing centers at several universities, and provided interconnectivity in 1986 with its project, which also created network access to the supercomputer sites in the United States from research and education organizations. The ARPANET was decommissioned in 1990. The ARPANET was operated by the military during the two decades of its existence, until 1990.

Rules and etiquette. Because of its government funding, certain forms of traffic were discouraged or prohibited. Separating the civil and military networks reduced the 113-node ARPANET by 68 nodes. The Military Network (MILNET) later became the NIPRNet.

In wake of decommissioning of the ARPANET on 28 February 1990, Vinton Cerf wrote the following, entitled "Requiem of the ARPANET":

It was the first, and being first, was best.
but now we lay it down to ever rest.
Now pause with me a moment, shed some tears.
For auld lang syne, for love, for years and years
of faithful service, duty done, I weep.
Lay down thy packet, now, O friend, and sleep.

The ARPANET project was honored with two Institute of Electrical and Electronics Engineers (IEEE) Milestones, both dedicated in 2009.

Usenet, "A Poor Man's ARPANet" is a worldwide distributed discussion system available on computers. It was conceived in 1979 and publicly established in 1980, over a decade before the World Wide Web was developed and the general public received access to the Internet, making it one of the oldest computer network communications systems still in widespread use.

Internet jargon and history

Many jargon terms now in common use on the Internet originated or were popularized on Usenet. Likewise, many conflicts with later spread to the rest of the Internet, such as the ongoing difficulties over spamming, began on Usenet.

Over the years, somehow, the glorious and glamorous Internet which was invented for new way of communications, got bulldozed and filled with garbage. Gene Spafford in 1992 stated “Usenet is like a herd of performing elephants with diarrhea. Massive, difficult to redirect awe-inspiring, entertaining, and a source of mind-boggling amounts of excrement when you least expect it.”

What have we done to THE INTERNET?

Why Internet is so popular? Is Internet a Life-line?

People love “personal” media. Power is increasingly in the hands of the users. Think about the blogging phenomenon. Today, digital information about nearly every aspect of our lives is being created at an astonishing rate. The Internet is helping to **satisfy** our most fundamental human needs:

1. Our desire for knowledge;
2. Our desire to communicate; and
3. **A sense of belonging.**

The WHEC’s partnership with the United Nations (UN) in its efforts to protect vulnerable groups such as the poor, is increasingly an important initiative. We are striving on The Internet-Classrooms between USA, Europe and the developing countries. Global Initiative of WHEC will provide grants to the Least Developed Countries (LDC), identified by United Nations Development Program (UNDP), for these continuing medical education courses.

Simplicity is triumphing over complexity. The world must advance the causes of security, health, education, development and human rights together, otherwise none of us will succeed.

Let us “Clean-up Internet.”

May be time has come for *Intelligent Internet*?



In The News

CERN | Accelerating Science



The name CERN is derived from the acronym for the French “Conseil Européen pour la Recherche Nucléaire”, or European Council for Nuclear Research, a provisional body founded in 1952 with the mandate of establishing a world-class fundamental physics research organization in Europe. At that time, pure physics research concentrated on understanding the inside of the atom, hence the world “nuclear.”

Today, our understanding of matter goes much deeper than the nucleus, and CERN’s main area of research is particle physics – the study of the fundamental constituents of matter and the forces acting between them. Because of this, the laboratory operated by CERN is often referred to as the European Laboratory for Particle physics.



The Birth of the Web

The World Wide Web (WWW), invented at CERN in 1989 by British scientist Tim Berners-Lee, has grown to revolutionize communications worldwide. The web was originally conceived and developed to meet the demand for automatic information-sharing between scientists in universities and institutes around the world. The first website at CERN – and in the world – was dedicated to the World Wide Web project itself and was hosted on Berners-Lee’s NeXT computer. The website described the basic features of the web; how to access other people’s documents and how to set up your own server. The NeXT machine – the original web server – is still at CERN. As part of the project to restore the first website, in 2013 CERN reinstated the world’s first website to its original address.

Doing Business with CERN

CERN, the European Organization for Nuclear Research, is an intergovernmental organization (IGO), whose seat is in Geneva, but with its premises located on both sides of the French-Swiss border. You may be a firm that has been awarded a CERN order or contract or you may wish to learn more about CERN contracts. The following links will provide you the information needed to perform your contractual obligations and help you to understand the operational proves at CERN.

<https://home.cern/>

We all @ WHEC hope and wish, you will explore this priceless resource.

Thank you!



Words of Wisdom

Prediction is very difficult, especially about the future.

- Niels Henrik David Bohr (7 October 1885 – 18 November 1962); Danish physicist and Nobel Prize winner in physics in 1922. His contributions to understanding atomic structure and quantum theory, for which he received the Nobel Prize. Bohr was also a philosopher and a promoter of scientific research. He was part of British mission to the Manhattan Project. After World War II, Bohr called for international cooperation on nuclear energy and was also involved with the establishment of CERN.

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

<http://www.WomensHealthSection.com>

