



WHEC Update

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

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Making A Difference

Net neutrality is the principle, that Internet-service-providers treat all data on the Internet the same, and not discriminate or charge differently by user, content, website, platform, application, type of attached equipment, or method of communication. For instance, under these principles, Internet-service-providers are unable to intentionally block, slow down or charge money for specific websites and online content. This is sometimes enforced through government mandate.

The Women's Health and Education Center (WHEC) with its partners is working to create Knowledge Network on Health Systems to disseminate evidence-based medicine and improve healthcare in both developed and developing countries. The hub coordinating the network will consist of both governments and NGOs (nongovernmental organizations). Many people have contributed in making our Essential Knowledge Platform – **WomensHealthSection.com** and **WHEC Global Health Line** a success – our heart-felt thanks and gratitude. Thanks to our editors and reviewers who read drafts and provide guidance. And we thank our readers for engaging in the issues covered by our initiatives.

Both technical and political commitments are needed to strengthen health systems around the world, and address health inequality. The goal of such action must be to lever positive cycles of health systems change that build their own momentum towards health equity. Technical analysis can help identify which features of health systems to nurture and protect. Political action and commitment is needed to confront again and again the powerful actors, institutional constraints and socio-cultural norms that act as brakes on health system development for health equity. Such action must also stimulate, reward and strengthen power to act within the groups, processes and mechanisms that support these virtuous changes.

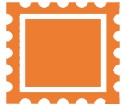
The computer and the Internet are at the vanguard of the modern information technology (IT) revolution. The Internet, being a network of computer networks, allows everyone with a PC and a modem to communicate with all the other computers connected to it without regard for geographic location. It is at once a world-wide broadcasting capability, a mechanism for information dissemination, a medium for interaction between individuals, and a market-place for goods and services. To be able to bridge the 'digital divide' between developed and developing countries, it is important for policy-makers to know what factors explain the differences across countries in Internet connectivity.

Telecommunication investment and revenue levels and their relative magnitude represent the major aggregate factors determining the price level in telephony. They are also major determinants of the initial conditions for the infrastructure which the Internet is built on. Throughout the diffusion process, telecommunications investment and revenue become increasingly directly determined by the adoption of new technologies and the Internet. The share of investment aimed at merging the Internet with traditional telephony has increased dramatically during the past decade.

We suggest, at least two important avenues for future research for better Internet access in the low- and middle-income countries. One avenue is to study in greater detail the diffusion of the cluster of Internet-related technologies. After all, the use of the Internet is contingent on the adoption of a terminal for access (like the computer or the mobile phone) as well as on the availability of the concomitant infrastructure. Another avenue is to analyze the factors affecting the growth of traffic on the Internet. This would be a better indicator of its economic importance than Internet connectivity itself. Join conversation on **WHEC Global Health Line**.

Net Neutrality & Health Equity

Rita Luthra, MD



Your Questions, Our Reply

Why do health systems matter? What are the overarching features of health systems that address the social determinants of health inequality?

Health System and Social Determinant of Health: A wide body of evidence conclusively demonstrates that health systems are a social determinant of health. Cross-national epidemiological and econometric analyses show that health systems, or elements within them, can and do promote population health, independent of other influences. The positive impact on health particularly clear where the primary health care approach is applied as the health system's organizational strategy and underlying philosophy.

The main features of health systems oriented to population health and health equity are:

- Leadership, processes and mechanism that leverage intersectoral action across government departments to promote population health;
- Organizational arrangements and practices that involve population groups and civil society organizations (particularly those working with socially disadvantaged and marginalized groups) in decisions and actions that identify, address and allocate resources to health needs;
- Health care financing and provision arrangements that aim at universal coverage and redistribute resources towards poorer groups with greater health needs; and
- The revitalization of the comprehensive primary health care approach as a strategy that reinforces and integrates other health equity-promoting features.

Social determinants usually identified as influencing health and health equity include those such as housing, employment and education (the so-called 'upstream' factors). Growing evidence from a range of disciplinary perspectives shows, however, that health systems are themselves social determinants. They are seen more commonly as 'downstream' determinants (for example, in the extent to which they allow access by the disadvantaged to health care services), but many studies have shown 'upstream' influence as well, extending even to impacts on the broader socio-political environment. Overall, the evidence demonstrates that, when appropriately designed and managed, health systems can address health equity.

Providing universal access to The Internet may not be enough if people cannot afford the services or are not capable of utilizing them.

Our recommendations:

1. Ministries of health and health officials must mobilize intersectoral relationships;
2. Ministers of health, health officials and civil society organizations must facilitate social empowerment;
3. Ministers of health and senior health officials must gradually build up universal coverage;
4. Ministers of health and health officials, working with civil society organizations, must revitalize primary health care;
5. Progressive policy actors working at national level must act to strengthen the process of developing and implementing policies;
6. International actors must support national led health system transformation and action.

WHEC's strategies for international action to support the national health system are to: work with and respect national decision-making and institutions; provide support to strengthen the health equity orientation of national health systems; and increase funding flows for health systems (especially to fragile states and low-income countries).

Join the efforts.



United Nations at a Glance

Permanent Mission of Georgia at the United Nations

Georgia became UN Member State on 31 July 1992



Georgia is a country in the Caucasus region of Eurasia. Located at the crossroads of Western Asia and Eastern Europe, it is bounded to the west by the Black Sea, to the north by Russia, to the south by Turkey and Armenia, and to the southeast by Azerbaijan. The capital and largest city is Tbilisi. Georgia covers a territory of 69,700 square kilometers (26,911 sq. mi), and its 2017 population is about 3.718 million.

Georgia is a unitary semi-presidential republic, with the government elected through a representative democracy.

During the classical era, several independent kingdoms became established in what is now Georgia, such as Colchis, later known as Lazica and Iberia. The Georgians adopted Christianity in the early 4th century. The common belief has an enormous importance for spiritual and political unification of early Georgian states. By 1980s, Georgians were ready to abandon the existing system altogether. A pro-independence movement led to the succession from the Soviet Union in April 1991.

Georgia is a member of the United Nations, the Council of Europe, and the GUAM Organization for Democracy and Economic Development. It contains two *de facto* independent regions, Abkhazia and South Ossetia, with gained very limited international recognition after the 2008 Russo-Georgian War. Georgia and most of the world's countries consider the regions to be Georgian territory under Russian occupation.

Archeological research demonstrates that Georgia has been involved in commerce with many lands and empires since ancient times, largely due to its location on the Black Sea and later the historical Silk Road. Gold, silver, copper and iron have been mined in the Caucasus Mountains. Georgian wine making is a very old tradition and a key branch of the country's economy. The country has sizable hydropower resources. Throughout Georgia's modern history and tourism have been principal economic sectors, because of the country's climate and geography.

Georgia and International Monetary Fund (IMF)

On July 11, 2016 the Executive Board of the IMF concluded the consideration of the Article IV Consultation of Georgia. Under Article IV of its Articles of Agreement, the IMF has a mandate to exercise surveillance over the economic, financial and exchange rate policies of its members to ensure the effective operation of the international monetary system.

The IMF's appraisal of such policies involves a comprehensive analysis of the general economic situation and policy strategy of each member country. IMF economists visit the member country, usually once a year, to collect and analyze data and hold discussions with government and central bank officials. Upon its return, the staff submits a report to the IMF's Executive Board for discussion. The Board's views are subsequently summarized and transmitted to the country authorities.

<http://www.imf.org/en/Countries/GEO>

Details: <http://un.mfa.gov.ge/>

Collaboration with World Health Organization (WHO)

WHO | Georgia



Georgia became WHO Member State on 16 May 1992, and a liaison office was opened in Tbilisi the following year. In 2005 the liaison office became the WHO Country Office, Georgia. The Country Office plays a crucial role in administration, consolidation, management and enhancement of WHO collaboration in country.

New law on cigarettes and tobacco coming into effect in Georgia in 2018. From 1 May 2008 enclosed public and workplaces are to be smoke free and advertisement, promotion and sponsorship of tobacco is prohibited.

Georgia has a high incidence of tuberculosis, a high incidence of multidrug-resistant tuberculosis and a high prevalence of smoking. In 2012, for example, there were 116 cases of tuberculosis per 100,000 people and multidrug-resistant tuberculosis accounted for 9.2% of the new cases and 31% of the retreatment cases. In 2010, a national survey indicated that about 52.8% of Georgian men – including 64% of those aged 30-49 years, and 6.1% of Georgian women are smokers. The main objective of the study was to estimate the prevalence of smoking and the impact of smoking on tuberculosis treatment outcomes among patients with tuberculosis in the Georgian capital of Tbilisi.

As the government of Georgia prepares for new national policy on tobacco control, these findings are relevant. In Georgia, it is currently illegal to smoke in medical facilities, but it has been difficult to enforce this legislation. Additional policies are needed to eliminate or at least reduce tobacco use in health-care settings in general and tuberculosis clinics. Future policies on tobacco use in the country should promote smoking cessation programs for patients with tuberculosis.

Smoking is an independent risk factor for poor tuberculosis treatment outcomes. Smoking cessation programs need to be targeted at tuberculosis patients, both by clinicians specializing in tuberculosis and by national tuberculosis control initiatives. The effectiveness of such programs in reducing smoking among tuberculosis patients and improving tuberculosis treatment outcomes, also needs to be assessed.

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

Bulletin Board

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WHEC Data Protection Policy

I. Introduction: Operational Circular No. 1 (OC1)

1. This Operational Circular No. 1 (OC1) defines the rules for the Use of WHEC Computing Facilities and Networks.

2. For this circular, the term “WHEC Computing and Network Facilities” includes:

- a. All personal computers, work stations, servers and peripheral systems such as printers, on the WHEC site and directly or indirectly connected to any WHEC Network, including any WHEC Telecommunications Network;
- b. All other computers and on and off-site networks partially or wholly funded by WHEC;
- c. All support service running on or related to any of the computers and above-mentioned networks, and all electronic mail (e-mail) and internet services supported by WHEC Computing and Network Facilities.

3. For this circular, the term “user” means any person making use of WHEC Computing and Network Facilities, grants and/or funding from WHEC.

4. Infringement of the provisions of this circular, and any improper or malicious use of WHEC Computing and Network Facilities, may cause material and/or moral damage to the Organization and serious problems for users of these facilities and may jeopardize computer security at WHEC.

II. Basic Principles

5. Authorization to use WHEC Computing and Network Facilities is at discretion of the President / Director-General of WHEC.

6. WHEC Computing and Network Facilities are intended for the attainment of the Organization’s aims. Their use must come within the professional duties of the user concerned as defined by his divisional hierarchy.

The scope of personal use of the WHEC Computing and Network Facilities is specified in this document, their contracts with WHEC, partnership agreements, and in the By-laws.

<http://www.womenshealthsection.com/content/whhec/by-laws.php3>

7. The Use of WHEC Computing and Network Facilities must cause no material or moral damage to the Organization, nor disrupt their operation.

8. WHEC Computing and Network Facilities must be used in conformity with:

- a. The subsidiary Rules of Use defined in general terms by responsible services in collaboration or association with WHEC. Please review our Privacy Policy document:
http://www.womenshealthsection.com/content/documents/Privacy_Notice.pdf
- b. Special instructions which one of these services may draw-up in a case.

9. Although the Organization endeavors to maintain and protect its computing facilities, it **cannot** guarantee the proper functioning, or the confidentiality of information stored by them. WHEC therefore accepts **no** liability for any loss of information or any breach of confidentiality.

To be continued....



Collaboration with UN University (UNU)

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

The Internet and Economic Growth in Least Developed Countries

A discussion of theory of technology and economic growth suggests potentially negative implications for the impact of the Internet on developing countries. Technology in general is undoubtedly central to the growth process, but economists define technology is likely to be small. This theoretical perspective is supported by the empirical evidence regarding the limited impact of past ‘information revolutions’ on Least Developed Countries (LDCs) and the present impact of the Internet on advanced economies.

Furthermore, LDCs appear ill-prepared to benefit from those opportunities that the Internet does present – they lack the physical and human capital, along with the institutions required to exploit the e-economy.

Finally, even more optimistic forecasts of the Internet’s global economic impact are small in scale compared to the challenge of development. This has some significant implications for development policy.

The hope is wide spread that the Internet will provide a powerful new tool in the battle against global poverty. These sentiments were echoed in the G-8's Charter on the Global Information Society. Overall, the largest determinant of the impact of the Internet in developing countries is likely to remain the broader environment outside the information infrastructure sector. This environment will also play by far the predominant role in determining the quality of life of LDC populations.

Publisher: UNU-WIDER; Author: Charles Kenny; Sponsor: The views expressed in this publication are those of the author(s). Publication does not imply endorsement by the Institute or the United Nations University, nor by the programme/project sponsors, of any of the views expressed.

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)

Georgia: Background



Georgia has seen progress on key child issues including protection (registration and child welfare systems) and nutrition (especially in addressing iodine deficiency). Unresolved civil conflict seriously impacts the welfare of children in Abkhazia and South Ossetia.

Issues facing children in Georgia

Poverty is a serious and growing problem among families in Georgia. Immunization rates are only around 75% for polio and diphtheria; less than half of children are immunized against hepatitis B. Ongoing conflicts in the Abkhazia and South Ossetia regions have displaced a thousand women and children. In these regions, health services are scant, immunization rates are lower than elsewhere in the country, schools are deteriorating, and malnutrition is a serious problem. Overall, Georgia has approximately 180,000 internally displaced persons.

The quality of public education suffers due to inadequate expenditures. Teacher salaries are very low. Many schools are in poor physical condition; fixing them would be prohibitively expensive. The total number of preschools has dropped by more than half since 1990, and enrolment rates are low.

An Empowering Experience

A year ago, after the Georgian Government set out to encourage women's football. Football has quickly become students' passion. Go Girls! Education for Every Child is UNICEF's public outreach campaign to raise awareness, generate public support and mobilize resources for girls' education in countries around the world. UNICEF works with many different partners, promoting girls' education however and whenever possible. In this way, we believe we will achieve the goal: education for EVERY child.

WHEC with its partners and UN Agencies works with governments, families, teachers, children and religious leaders. We invite you to support our projects and programs.

Details: http://www.ungei.org/infobycountry/247_519.html

To be continued....

Two Articles of Highest Impact, October 2018

Editors' Choice – Journal Club Discussions

Our friendship has no boundaries. We welcome your contributions.

1. Newborn Nutrition; <http://www.womenshealthsection.com/content/obsnc/obsnc004.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.
2. End-of-Life Decision Making; <http://www.womenshealthsection.com/content/heal/heal022.php3>
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.



From Editor's Desk

A Perception Change Project

Does technology cause growth?

Internet & Human Rights

“Information and Communications Technology (ICT) is one of the most potent forces the 21st century... ICT is fast becoming a vital engine of growth for the world economy ... Enormous opportunities are there to be sized and shared by us all (G-8 2000).”



Eleanor Roosevelt with the Universal Declaration of Human Rights, 1949

To back these claims, there is mounting anecdotal, econometric and theoretical support for the role of information technology in growth and development. The intervention of the Internet might lead to a significant impact on growth through better functioning of markets and firms. Added to such effects are those working within the sector itself – the impact of network externalities, whereby the value of a connection to a network such as the telephone or Internet rises as others join the network. Beyond the theoretical, the increasing power for a given cost of computers has shown up significantly in US productivity figures. Businesses and jobs have been created, economies have gained, schools have acquired new pedagogical tools, NGOs and pressure groups have exploited the technology to further agendas. And it is likely that this impact will grow worldwide.

The Internet is a highly efficient tool for transferring information – e-mail, for example, is cheaper than the telephone call, leaves an electronic record and can be ‘broadcast’ simultaneously to many recipients. Further, the Internet is a technology which benefits from network externalities – use of the system increases its value to others, by providing another partner in the web information transfer.

Thus, technology ‘broadly defined’ as it is in total factor productivity (TFP) calculations covers a multitude of factors beyond ‘interventions,’ such as the Internet policies, institutions, social relationships, and these other factors might be more important in determining growth than all interventions, let alone the impact of just one such as the Internet.

In Least Developed Countries (LDCs) there are two concerns. First, if there is limited evidence of a past spillover impact of investment in computers and the Internet on economic growth in the US, and the case for a dramatic increase in productivity in the future is at least mixed, this suggests any benefits from the Internet in LDCs are likely to be greatly delayed and comparatively small. Access to the capital required to use the Internet is very limited in LDCs; present use is a fraction of that in the developed world, and this is unlikely to change significantly in the near term. In other words, the present level of usage in the United States is not promoting growth, and this level of usage is already far higher than can be expected in developing countries for many years to come.

A second reason for concern is that the discussion above suggests that, in the US, moving only *has* become important to protect market share. If this becomes true on a global level, those companies least equipped to move online are likely to lose market share to those better-placed. It is likely that the least-equipped companies will be concentrated in the developing world. While technological change is making both network and computer access cheaper, serving LDC populations will remain more expensive than serving OECD populations.

Managing Expectations

- The technology offers exciting possibilities in education delivery, for improving health services or the access of the poor to the tools of governance. Looking at the direct impact of the Internet on the costs of doing business, not the knock-on effects that the technology might have on creating new business models, or through its support for the development of a better-educated workforce.
- The Internet is a powerful technology that will have a long-term impact on the quality of life in developing countries and LDCs.
- While the role of technology in economic growth in LDCs cannot be questioned, the dynamic impact of a, invented technology is never very large.
- Hard choices should be made based on an understanding of our comparative ignorance of the potential impact of the Internet. For example, if the Internet is considered necessary to ensure that businesses remain internationally competitive, does government policy focus on ensuring business access at the cost of equitable access/
- The education & Health: if exploiting the Internet requires tertiary education and health services, do governments re-channel resources from primary education for the many to university funding for the few? Our opinion the answer should be to support equitable access and primary education.
- Data discrimination is the selective filtering of information by a service provider over a network. This has been an issue in recent debate over net neutrality. Non-discrimination means that one class of Internet customers may not be favored over another.

WHEC suggests: **the Internet should continue to operate in a non-discriminatory manner**, both in terms of how subscribers' access and receive Internet transmitted services, and how content and other service providers reach subscribers. Every internet user should have equal upload and download capabilities on every network.

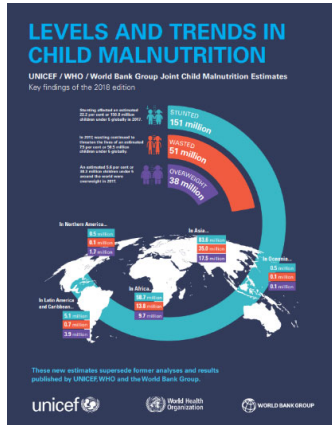
Join the efforts!



In The News

Child Malnutrition

Partnership opens new doors for preschools in rural Georgia



The kindergarten in Tezeri village, in the Khashuri district of Georgia, may seem like any kinder, anywhere in the world. A dozen children, 3 to 5 years old, play with plastic building blocks, piece together puzzles and draw pictures. Encouraged by their teacher, some proudly recite traditional nursery tales.

Yet this type of preschool institution is unprecedented in much of rural Georgia and makes a radical departure from the past.

To reach disadvantaged children – one of UNICEF’s projects, carried out with civil society partners and financial support from IKEA, has focused on enhancing access to quality pre-school education in eight kindergartens in disadvantaged areas of Kutaisi municipality, through the Center for Educational Initiatives (CEI).

Help to combat child malnutrition with school meals programs



2018 Nobel Peace Prize

Goes to A UN Goodwill Ambassador and A Congolese Gynecologist: Highlights sexual violence and a call for global action

5 October 2018 – Nadia Murad, a Yazidi rights activist and the first Goodwill Ambassador for the Dignity of Survivors of Human Trafficking of the United Nations Office on Drugs and Crime (UNODC), and Dr. Denis Mukwege, a gynecologist who helps victims of sexual violence in the Democratic Republic of Congo (DRC), were awarded the 2018 Nobel Peace Prize on Friday.



Ms. Murad’s efforts have given voice to “unspeakable abuse” in northern Iraq, when Dae’sh terrorists brutally targeted the Yazidi ethnic minority in 2014. She has pursued support for victims of human trafficking and sexual slavery, and justice for perpetrators.



The Nobel academy’s decision to honor Dr. Mukwege is in recognition of his years of work as one of DRC’s most prominent rights defenders. As a gynecologic surgeon, he is known for helping survivors of rape in eastern DRC and he was the focus of a film, *The Man Who Mends Women*. After founding a hospital offering free medical care to victims of terrible sexual abuse and violence, he turned to advocacy. Within the UN, the issue of eradicating sexual violence in conflict has long been a top priority. Congratulations to the winners!

The decision to jointly-awarded the prestigious prize, has the potential to help end the use of sexual violence as a weapon of war, the UN said – a cause which is central to the Organization’s work. UN Secretary-General António Guterres stated, “ By honoring these defenders of human dignity, this prize also recognizes countless victims around the world who have too often been stigmatized, hidden and forgotten.” Ten years ago, the Security Council unanimously condemned sexual violence as a weapon of war. Today the Nobel committee unanimously recognized the efforts of Nadia Murad and Dr. Denis Mukwege as vital tools for peace.

We @ Women’s Health and Education Center (WHEC) congratulates the winners of 2018 Nobel Peace Prize, and hope this helps to advance the cause of ending sexual violence as a weapon of conflict.

We salute the winners!

Art & Science

Art that touches our soul

Four Freedoms by Norman Rockwell



Freedom From Fear is the last well-known **Four Freedoms** oil paintings produced by the American artist Norman Rockwell. The series was based on the four goals known as the Four Freedoms, which were enunciated by President Franklin D. Roosevelt in his State of Union Address on 6 January 1941. This work was published in the March 13, 1943 issue of The Saturday Evening Post alongside an essay by a prominent thinker of the day, Stephen Vincent Benét.

The painting is generally described as depicting American children being tucked into bed by their parents while the Blitz rages across the Atlantic in Great Britain.

It was made into a poster during World War II to help motivate the civilian workforce. It was also reproduced as commemorative covers for postage stamps sold during the War Bond shows.

“The fourth is freedom from fear – which, translated into world terms, means a world-wide reduction of armaments to such a point and in such a thorough fashion that no nation will be in a position to commit an act of physical aggression against any neighbor – anywhere in the world.” – Franklin D. Roosevelt’s January 6, 1941 State of the Union address introducing the theme of the Four Freedoms.

Date: 1943; Style: Regionalism; Genre painting; oil on canvas; Location: Private Collection.

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

<http://www.WomensHealthSection.com>

