



## WHEC Update

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

September 2021; Vol. 16. No. 09

### *Shaping the Future*

Each year in the United States, nearly 5 million domestic physical or sexual assaults occur to nearly 1.5 million women over 18 years of age. Women who are pregnant have a documented rate to abuse during pregnancy of 4% to 25%. The Center for Disease Control and Prevention (CDC) reported in 2018, the direct and indirect costs of domestic violence at \$ 6.8 billion per year in the United States. Medical and mental health care services accounted for nearly 5.8 billion per year. Annually, 8 million days of lost productivity were attributed to domestic violence. These figures are probably underestimate, because health care and other costs due to domestic violence are often not recognized or not reported. These figures also do not take into account the cost of health care and services sought for other somatic complaints associated with domestic violence, but not directly related to abuse. Many major medical organizations, including the Women's Health and Education Center (WHEC) recommend routine intimate partner violence screening in all adult women during their medical examination.

When and how to screen: Domestic violence is found across all cultural, ethnic, religious, educational, and socioeconomic backgrounds. However, stereotypes still seem to influence some healthcare providers' decision about screening. The environment in which domestic violence screening occurs is key to its success.

When someone you love is abusive – Abuse can be difficult to see, especially when it's in your own relationship. It can start slowly, and it's not always physical. You may not realize that the small comments a loved one makes to you are doing harm. You may even make excuses for them. They are stressed from work or pandemic. But abuse takes many forms. It can be physical, like slapping, punching, or kicking. It can involve sexual violence. For many, it's psychological – making someone feel worthless or isolating them from friends and family. Sometimes it includes stalking. All these behaviors are forms of domestic violence. This is sometimes called intimate partner violence.

At least 25% of women and 10% of men are estimated to have experienced intimate partner violence. It is about power and control it is any type of physical, emotional, or psychological violence from a partner or spouse, husband, a wife – or even an ex. Some people experience one act of partner violence. Others suffer repeated abuse over years. The effects from either can be long-standing. Heavy drinking is one risk factor for intimate partner violence. Studies have shown that partner abuse is much more likely on days of heavy alcohol use. Some studies have also found that some people who commit domestic violence have fewer connections in the brain that slow down the fight response. Drinking may increase the risk of partner violence by affecting these same brain areas. Interventions that help people pause before they react may help prevent violence. Other factors are also linked to partner abuse are harmful use of drugs, having a personality disorder, and having abused a previous partner.

The harm from domestic violence is not always visible. People who experience partner abuse are also more likely to binge drink and misuse drugs. In the U.S., women are more likely to be killed by a current or former intimate partner than by someone else. If you are experiencing intimate partner violence, help is available.

Understanding the Restraining Order Process:

<http://www.womenshealthsection.com/content/vaw/vaw003.php3>

Share your point of view on **WHEC Global Health Line**

Harmful Partnerships

**Rita Luthra, MD**



## Your Questions, Our Reply

What is the best way to prevent partner violence? What to look for in a healthy relationship? How to build healthy relationship skills?

It is important to start early: What the research tells us is that kids who are able to resolve conflicts and manage their emotions are less likely to be in violent relationships later on. In schools, we practice reading, writing, sports – everything except relationships. No one is really taught how to be in a healthy relationship, even though it is a basic part of human being. So we learn about relationships through friends, which is sometimes okay, often-times poor. We learn from the media, which is not that great. Ultimately, most of us learn about relationships through trial and error. Programs like the one which the Women's Health and Education Center (WHEC) is studying, can teach teens to build healthy, happy relationships.

Experiencing domestic violence puts you at higher risk for a range of health conditions. These include heart disease, high blood pressure, digestive problems, and reproductive issues. Intimate partner violence is linked to several mental health conditions like depression, post-traumatic stress disorder, and suicide.

What is healthy relationship?

Every relationship exists on a spectrum from healthy to unhealthy to abusive. One sign of a healthy relationship is feeling good about yourself around your partner, family member, or friend. You feel safe talking about how you feel. You listen to each other. You feel valued, and you trust each other. It's normal for people to disagree with each other. But conflicts should not turn into personal attacks. In a healthy relationship, you can disagree without hurting each other and make decisions together.

**Building Social Bonds:** Strong, healthy relationships are important throughout your life. Your social ties with family members, friends, neighbors, coworkers, and other impact your mental, emotional, and even physical well-being. We cannot underestimate the power of a relationship in helping to promote well-being. On the other hand, loneliness and social isolation are linked to poorer health, depression, and increased risk of early death.

As a child you learn the social skills you need to form and maintain relationships with others. But at any age you can learn ways to improve your relationships. In Health Promoting Schools the programs help people learn to have healthier relationships. These programs also help prevent abuse and violence toward others. Parents have an important job. Raising kids is both rewarding and challenging. You are likely to get a lot of advice along the way, from doctors, family, friends, and even strangers. But every parent and child is unique. Being sensitive and responsive to your kids can help you build positive, healthy relationships together.

It is never too late to start building a healthier, more positive relationship with your child, even if things have gotten strained and stressful. By being a sensitive and responsive parent, you can help set our kids on a positive path, teach them self-control, reduce the likelihood of troublesome behaviors, and build a warm, caring parent-child relationship.

Pathways to change:

<http://www.womenshealthsection.com/content/vaw/vaw002.php3>

Refraining and responding to violence against women.



WHEC  
Helping Women World-Wide

## Statement of Strong Medical Consensus for Vaccination of Pregnant Patients and General Public Against COVID-19

The following is a joint statement between the Women's Health and Education Center (WHEC) and the World Health Organization (WHO) **against COVID-19 – VACCINATE YOURSELF and YOUR FAMILY.**

WHO as the leading organization in health, in collaboration WHEC advocacy projects and programs urge general public and pregnant individuals – along with recently pregnant, planning to become pregnant, breastfeeding and other eligible individuals – to be vaccinated against COVID-19.

Pregnant individuals are at increased risk of severe COVID-19 infection, including death. With cases rising as a result of the Delta variant, the best way for pregnant individuals to protect themselves against the potential harm from COVID-19 infections is TO BE VACCINATED.

Maternal care experts want the best outcomes for their patients, and that means both a healthy parent and a healthy baby. Data from tens of thousands of reporting individuals have shown that the COVID-19 vaccine is both safe and effective when administered during pregnancy. The same data have been equally reassuring when it comes to infants born to vaccinated individuals. Moreover, COVID-19 vaccines have no impact on fertility.

### COVID-19 Vaccines

Yes, there are now several vaccines that are in use. At least 13 different vaccines (across 4 platforms) have been administered.

- The Pfizer/BioNtech Comirnaty vaccine was listed for WHO Emergency Use Listing (EUL) on 31 December 2020.
- The SII/Covishield and AstraZeneca/AZD1222 vaccines (developed by AstraZeneca/Oxford and manufactured by the State Institute of India and SK Bio respectively) were given EUL on 16 February 2021.
- The Janssen/Ad26.COVID.S developed by Johnson & Johnson, was listed for EUL on 12 March 2021.
- The Moderna COVID-19 vaccine (mRNA 1273) was listed for EUL on 30 April 2021.
- The Sinopharm COVID-19 was listed for EUL on 7 May 2021. The Sinopharm vaccine is produced by Beijing Bio-Institute of Biological Products Co Ltd, subsidiary of China National Biotec Group (CNBG). The Sino-CoronaVac was listed for EUL 1 June 2021.

WHO is on track to EUL other vaccine products through June 2021.

[Status COVID VAX 16Feb2021.pdf \(who.int\)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers)

[https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_16Feb2021.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_16Feb2021.pdf)

Once vaccines are demonstrated to be safe and efficacious, they must be authorized by national regulators, manufactured to exacting standards, and distributed. WHEC is working with its partners around the world to help coordinate key steps in this process, including to facilitate equitable access to safe and effective COVID-19 vaccines for the billions of people who will need them.

### COVID-19 Vaccines Explained

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers>



## United Nations at a Glance

### Permanent Mission of Liechtenstein to the United Nations

Liechtenstein became UN Member State on 18 September 1990



**Liechtenstein**, officially the **Principality of Liechtenstein**, is a German-speaking microstate situated in the Alps and in the southwest of Central Europe. The principality is a semi-constitutional monarchy headed by the Prince of Liechtenstein; the Prince's extensive powers are equivalent to those of a President in a semi-presidential system. Liechtenstein is bordered by Switzerland to the west and south and Austria to the east and north. It is Europe's fourth-smallest country, with an area of just over 160 square kilometer (62 square miles) and a population of 38,749. Divided into 11 municipalities, its capital is Vaduz, and its largest municipality is Schaan. It is also the smallest country to border two countries. Official language: German; Religion: 83.2% Christianity.

Economically, Liechtenstein has one of the highest GDP per person in the world with adjusted for purchasing power parity. It was once known as billionaire tax haven but is no longer on any official blacklists of uncooperative tax haven countries. An Alpine country, Liechtenstein is mountainous, making it a winter sport destination.



Liechtenstein is member of the UN, the European Free Trade Association, and the Council of Europe. Although not a member of the EU, it participates in both the Schengen Area and the European Economic Area. It has a custom union and a monetary union with Switzerland.

Liechtenstein is one of the only European (along with Monaco and San Marino) to not have a tax treaty with the United States, and efforts toward one seem to have stalled.

As of September 2019 the Prince of Liechtenstein is the world's 6<sup>th</sup> wealthiest monarch, with an estimated wealth of US \$3.5 billion. The country's population enjoys one of the world's highest standards of living.

Liechtenstein has participated actively in the negotiating process resulting in the agreement of the text in July which we have before us today. In the aftermath, the Government has carefully analyzed the text against the background of our key interests reflected in our negotiating positions. As a result of this analysis we have concluded that the majority of the objectives of the GCM (Global Compact Migration) is already implemented in Liechtenstein today. At the same time, there is a number of areas where we wish to put on the record our understanding and interpretation of certain provisions of the GCM.

A lively and critical parliamentary and public discussion of the GCM is still going on in Liechtenstein, reflecting the uncertainties of parts of the population towards the GCM. The Liechtenstein Government will continue to actively participate in multilateral discussions on migration, notwithstanding the final position it will take when the GCM is considered by the General Assembly in New York.

[Liechtenstein - United Nations Partnerships for SDGs platform](#)

# Collaboration with World Health Organization (WHO)

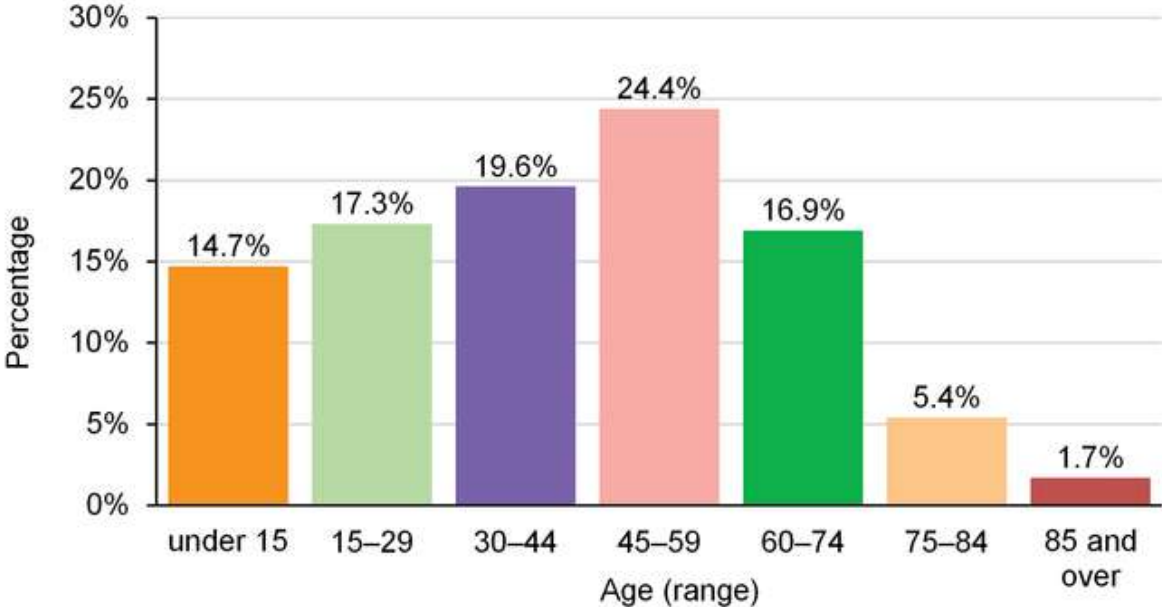
## Liechtenstein

Life Expectancy at birth: Male (2018) 79.7 years; Female (2018) 84.7 years

Population Projection 2030: 41,4000; Population (2020) 38,900

Matters of Public Health are the responsibility of a committee of public health, which is headed by a state medical officer. Liechtenstein's small medical institutions are supplemented by the excellent neighboring Swiss facilities, to which the principality contributes support. Social security is sustained by a variety of compulsory insurance schemes; the financing of these comprehensive plans is shared by employers, employees, and the government.

Liechtenstein age breakdown (2018\*)



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\*.January 1

WHO thanks **all governments, organizations and individuals** contributing to the COVID-19 response around the world, and in particular those who have provided fully flexible contributions, to ensure a comprehensive fight against the disease.

*“Italy, Japan, King Baudouin Foundation, King Salman Humanitarian Aid & Relief Center (KSrelief Saudi Arabia), Kuwait, Latvia, Lebanon, Liberia, Libya, **Liechtenstein...**”*



## Higher Education and UNITWIN/UNESCO Chairs Programme



UNESCO is the only UN agency with a mandate in higher education. As such, it contributes to developing evidence-based higher education policies. In line with Target 4.3 of Sustainable Development Goal (SDG) 4 to “by 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university,” UNESCO provides technical support to Member States to review higher education strategies and policies in order to improve equitable access to quality higher education and enhance mobility and accountability.

It employs bold and innovative actions to enhance national capacities through providing and sharing information and technical assistance and developing normative instruments. A Global Convention on the Recognition of Higher Education Qualifications was adopted in 2019 to facilitate international academic mobility and promote the right of individuals to have their education qualifications evaluated through fair, transparent and non-discriminatory manners. In addition, UNESCO partners with higher education institutions through its 25-years old UNITWIN/UNESCO Chairs Programme to foster international interuniversity cooperation and networking with a view to enhancing institutional capacity through knowledge-sharing and collaborative work.

Launched in 1992, the UNITWIN/UNESCO Chairs Programme, which involves over 850 institutions in 117 countries, promotes international inter-university cooperation and networking to enhance institutional capacities through knowledge sharing and collaborative work. The programme supports the establishment of UNESCO Chairs and UNITWIN Networks in key priority areas related to UNESCO’s fields of competence – i.e. in education, the natural and social sciences, culture and communication.

Through this network, higher education and research institutions all over the globe pool their resources, both human and material, to address pressing challenges and contribute to development of their societies.

Details: [More information - Liechtenstein | UNESCO](https://en.unesco.org/countries/liechtenstein/information)  
<https://en.unesco.org/countries/liechtenstein/information>

## Bulletin Board

### Glossary

This health glossary of terms is published by the Women’s Health and Education Center (WHEC) is a guide to readers of WHEC documents and publications. It meets a useful purpose in clarifying the meaning and relationship between the many terms which are not in common usage. To ensure the widest possible availability of authoritative information and guidance on public health matters, WHEC encourages its translation and adaptation.

This collection of commonly encountered epidemiologic; bio-statistic; health indicators; core health data system; health systems and policies; Health Impact Assessment (HIA); genetics (Human Genome Project Information); International Clinical Trials Registry Platform (ICTRP); and reproductive health terms, in various pages of <http://www.WomensHealthSeciton.com>

It provides an updated overview of the many ideas and concepts and are central to contemporary health care.

The basic aim of registry is to facilitate better understanding of terms and definitions by the healthcare providers and the general public. The definitions should not be regarded as “ the final word” on the terms included.

As experience grows and ideas evolve further, the terms will need to be regularly assessed for their meaning and relevance. It is a collection of definitions based on the published literature. It draws attention to commonly accepted meanings of selected terms, but it cannot hope to provide absolute judgments.

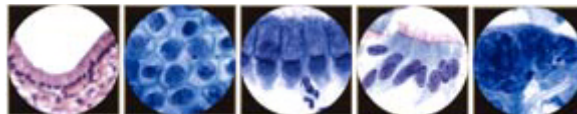
All terminology is open to debate, and interpretation and meaning will tend to evolve over time. The glossary therefor hopes to move forward the discussion on the use of certain terms.

A B C D E F G H I J K L M

N O P Q R S T U V W X Y Z

*Women’s Health and Education Center (WHEC)*

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





## Collaboration with UN University (UNU)

*UNU-WIDER (World Institute for Development Economics Research)*

*Expert Series on Health Economics*

### **Heterogenous impact of internet availability on female labor market outcomes in an emerging economy: Evidence from Indonesia**

A consensus exists that the internet could promote growth through inclusion, efficiency, and innovation (World Bank 2016). Internet availability accelerates the diffusion of ideas and information. It fosters competition that could lead to improvement in the overall innovative capacity of an economy. By lowering search and information costs, the internet opens new markets, boosts the productivity of factors of production, and promotes inclusion in social interaction and in government service delivery systems.

Greater female labor market participation has important positive implications not only for women's empowerment and the well-being of their families but also for the economy they live in. In this review, the authors examined the various effects of internet availability on women's labor market outcomes in Indonesia.

As each worker subgroup tends to respond differently to changes in technology, examining the heterogeneity in the impact of internet availability on female labor market outcomes is central to our research. By constructing a district-level longitudinal dataset covering the period 2007 – 2018, we find that internet availability has only a small significant effect on the female labor force participation rate and no statistically significant effect on the employment rate.

However, internet availability increases the probability of women having a full-time job, especially for women aged 15 – 45 and those with a low level of education. This study shows that internet availability does not always bring favorable labor market outcomes for women. The authors found that internet availability lowers the probability of women with a low level of education working in a high-skilled job and in the formal sector. The results are robust to several robustness checks.

Analysis of these qualitative interviews with a subsample of recent mothers supports the conclusion that the ability to be prepared for and attain flexible working conditions are two important values provided by the internet. The authors argue a woman-friendly working environment and adequate IT infrastructure are crucial elements in maximizing the role of the internet in helping women to achieve more favorable labor market outcomes.

Policy recommendations cover three areas. First, support flexible working conditions. Second, construct adequate IT infrastructure that can fully support these flexible working conditions. Third, improve digital literacy and equal access to the internet to enable women from all groups to harness the internet to mediate their adversity when facing employment shock. As found in other studies, motherhood and marriage appear to be a major causes for women to leave labor market. The internet has the potential to stop women from having to do so.

Publisher: UNU WIDER; Authors: Niken Kusumawardhani, Rezanti Pramana, Nurmala Saputri, Daniel Suryadarma; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work program from Finland, Sweden and the United Kingdom as well as earmarked contributions for specific projects from a variety of donors.

*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)*

### Partnering with Youth



Working with youth, for youth – Driving progress for gender equality in and through education. All across the world, young people are stepping up to drive progress for gender equality in the through education. Never has the need been greater for their leadership to be recognized, nurtured and supported. In every aspect of our work, UNGEI is doing just that by partnering with youth-led networks to learn from, grow with and move forward

together. We know an intergenerational approach is key to shaping a gender equal future through education. With the expertise, energy and leadership of youth we can be an unstoppable force for change.

WHEC's partnership with young people is embedded in every aspect of its work. Along with our community of over 400 activities representing youth-led networks from all corners of the world, we are working collaboratively to build the movement for gender equality in and through education. Together we are fostering the meaningful participation of young people through knowledge sharing, capacity building, joint advocacy and more – shifting power dynamics and holding space for youth leadership in our mission for gender equality in and through education.

Principles of youth leadership:

1. Youth first;
2. Respect;
3. Meaningful participation.

Details: [#TransformEducation for gender equality | UNGEI](https://www.ungei.org/media/transformeducation-gender-equality)  
<https://www.ungei.org/media/transformeducation-gender-equality>

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## Two Articles of Highest Impact, August 2021

*Editors' Choice – Journal Club Discussions*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. Hepatitis C Virus Infection and Pregnancy;  
<http://www.womenshealthsection.com/content/obsidp/obsidp014.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.
2. Neonatal Seizures; <http://www.womenshealthsection.com/content/obsnc/obsnc013.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**



## ***Economy of Liechtenstein***



Despite its limited resources, Liechtenstein is one of few countries in the world with more registered companies than citizens. It has developed a prosperous, highly industrialized free-enterprise economy and boasts a financial service sector as well as a living standard that compares favorably with those of the urban areas of Liechtenstein's much larger European neighbors.

Liechtenstein participates in a customs union of Switzerland and employs the Swiss franc as the national currency. The country imports

85% of its energy. Liechtenstein has been a member of the European Economic Area (an organization serving as a bridge between the European Free Trade Association (EFTA) and the European Union) since May 1995.

The government is working to harmonize its economic policies with those of an integrated Europe. In 2008, the unemployment rate stood at 1.5%. Liechtenstein has only one hospital, the Liechtenstein Isches Landesspital in Vaduz. As of 2014 the CIA World Factbook estimated the GDP on a purchasing power parity basis to be \$4.978 billion. As of 2009 the estimate per capita was \$139,100, the highest listed for the world.

Industries include electronics, textiles, precision instruments, metal manufacturing, power tools, anchor bolts, calculators, pharmaceuticals, and food products. Its most recognizable international company and largest employer in Hilti, a manufacturer of direct fastening systems and other high-end power tools. Many cultivated fields and small farms are found both in the Oberland and Unterland. Liechtenstein produces, wheat, barley, corn, potatoes, dairy products, livestock and wine.

### **Taxation**

The government of Liechtenstein taxes personal income, business income, and principal (wealth). The basic rate of personal income tax is 1.2%. When combined with the additional income tax imposed by the communes, the combined income tax rate is 17.82%. An additional income tax of 4.3% is levied on all employees under the country's social security program. This rate is higher for the self-employed, up to maximum of 11%, making the maximum income tax rate about 29% in total. The basic tax rate on wealth is 0.06 per annum, and the combined total rate is 0.89%. The tax rate on corporate profits is 12.5%.

Liechtenstein's gift and estate taxes vary depending on the relationship the recipient has to the giver and the amount of the inheritance. The tax ranges between 0.5% and 0.75% for spouses and children and 18% to 27% for non-related recipients. The estate tax is progressive.

### **Tax Treaties**

Liechtenstein entered negotiation with a number of countries to discuss tax avoidance issues. It reached an agreement with the United Kingdom in 2009 that will allow the about 5,000 British customers of Liechtenstein's banks that hold for them about £2 – 3billion in secret accounts to come clear with British tax authorities under terms of a significantly reduced penalty. The agreement would open up Liechtenstein's banks to greater transparency but remains controversial in Liechtenstein; some banks fear that clients will just move their money elsewhere.

## Ending Poverty



### What is poverty?

Poverty entails more than the lack of income and productive resources to ensure sustainable livelihoods. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion, as well as the lack of participation in decision-making.

### Poverty Facts and Figures

- According to the most recent estimates, in 2015, 10% of the world's population or 734 million people lived on less than \$1.90 a day;
- Southern Asia and sub-Saharan Africa are expected to see the largest increases in extreme poverty, with an additional 32 million and 26 million people, respectively, living below the international poverty line as a result of the pandemic;
- The share of the world's workers living in extreme poverty fell by half over the last decade: from 14.3% in 2010 to 7.1% in 2019;
- Even before COVID-19, baseline projections suggested that 6% of the global population would still be living in extreme poverty in 2030, missing the target of ending poverty. The fallout from the pandemic threatens to push over 70 million people into extreme poverty.
- 1 out of 5 children live in extreme poverty, and the negative effects of poverty and deprivation in the early years have ramifications that can last a lifetime.
- In 2016, 55% of the world's population – about 4 Billion people – did not benefit from any form of social protection.

### Global Action

The 2030 Agenda for Sustainable Development promises to leave no one behind and to reach those furthest behind first. Meeting this ambitious development agenda requires visionary policies for sustainable, inclusive, sustained and equitable economic growth, supported by full employment and decent work for all, social integration, declining inequality, rising productivity and a favorable environment. In the 2030 Agenda, Goal 1 recognizes that ending poverty in all the forms everywhere is the greatest global challenge facing the world today and indispensable requirement for sustainable development.

While progress in eradicating extreme poverty has been incremental and widespread, the persistence of poverty, including extreme poverty remains a major concern in Africa, the least developed countries, small island developing States, in some middle-income countries, and countries in situation of conflict and post-conflict countries.

Through resolution 47/196 adopted on 22 December 1992, the General Assembly declared 17 October as the International Day for the Eradication of Poverty.

The observance of the International Day for the Eradication of Poverty can be traced back to 17 October 1987. On that day, over a hundred thousand people gathered at the Trocadéro in Paris, where the Universal Declaration of Human Rights was signed in 1948, to honor the victims of extreme poverty, violence and hunger. They proclaimed that poverty is a violation of human rights and affirmed the need to come together to ensure that these rights are respected. These convictions are inscribed on a commemorative stone unveiled that day. Since then, people of all backgrounds, beliefs and social origins have gathered every year on October 17<sup>th</sup> to renew their commitment and show their solidarity with the poor.

**Bequest**

You left me, sweet, two legacies, –  
A legacy of love  
A Heavenly Father would content,  
Had He the offer of;

You left me boundaries of pain  
Capacious as the sea,  
Between eternity and time,  
Your consciousness and me.

- Emily Dickinson (1830 – 1886); an American Poet.

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

<http://www.WomensHealthSection.com>

