Shaping the Future

For artificial intelligence (AI) to have beneficial impact on global health, especially in low- and middle-income countries, ethical considerations, regulations, standards and governance mechanisms must be placed at the center of design, development and deployment of AI-based systems. The proliferation of AI for healthcare must take place oversight by governments and their appropriate regulatory agencies. Acknowledging the enthusiasm sparked by emerging positive evidence of high-performing AI systems in disease diagnostics, integrating complex patient histories, to enhance clinical decision support, or health system quality improvement modelling, requisite caution is warranted given the precipitous pace of progress in recent months. Improved transparency and fail-safes are needed to ensure safety, consistency and quality in AI systems for health, while promoting trust. As the amount of textural, audio and/or video content generated by or with the help of AI grows, consumers of health information may find it difficult to access content validity and reliability. Clear knowledge of the extent of human expert oversight or other quality control measures taken may be warranted and helpful.
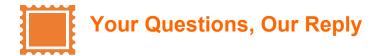
The Women's Health and Education Center (WHEC), is working towards this fast-paced change through strategic interventions in line with the World Health Organization's (WHO's) *Global Strategy on Digital Health.* WHEC is providing information and advocacy to all the Member States, its partners and its global network of healthcare professionals and policy makers – to develop an appropriate regulatory framework and environment that can oversee the selection, evaluation and eventual deployment of such technologies. To this end, we suggest these ethical guidelines of AI for healthcare. We look forward to developing additional guidelines with the UN System. The safe deployment of new technologies, including AI, can help the world to achieve the Sustainable Development Goals (SDGs). The rapid diffusion of growing number of applications of AI large language models has generated excitement and public discourse around their potential to improve human health. However, this enthusiasm has been accompanied by concerns that such content-generating systems may be biased, produce misleading or inaccurate information, and could relinquish data privacy and ownership controls to technology firms looking to commercialize large language models and commodify data. Some have questioned whether commercial pressures have led to public releases of these technologies without adequate ascertainment of their safety and performance.

AI tools are increasingly being applied to public health priorities, and have the potential to assist with patterns recognition and classification problems in medicine – for example, early detection of disease, diagnosis and medical decision-making. The increase in sophistication of AI systems is now marked in days and weeks, as opposed to months and years. This speed outpaces the regulatory and review capabilities and capacity of most agencies in-charge with protecting public health and providing oversight of technologies applied to health and well-being.

The International Health and Development Portal, encourages policymakers and its partners to prioritize the implementation of standards and evaluate frameworks that promote the responsible development and application of such technologies, working closely with technical experts, civil society and the private sector to identify risks, and develop mitigation strategies that preserve public health and foster trust. We should also acknowledge the sensationalism of the news cycle and social media exaggerations, and examine emerging capabilities and risk dispassionately and empirically. Companies developing AI systems for healthcare should be encouraged to act as responsible stewards of public health by prioritizing the wellbeing and safety of individuals above commercial interests.

Artificial Intelligence: A Friend or A Foe?
Rita Luthra, MD

Your Questions, Our Reply

What are the key ethical principles for the use of artificial intelligence (AI) for health? Will low- and middle-income countries benefit from AI Systems for health?

Ethics and Our Recommendations of AI for Health: Digital technologies, machine learning and AI are revolutionizing the fields of medicine, research, and public health. While holding great promise, this rapidly developing field raises ethical, legal and social concerns, e.g., regarding equitable access, privacy, appropriate uses and users, liability, bias, and inclusiveness. These issues are trans-national in nature, as capturing, sharing and using data generated or used by these technologies goes beyond national boundaries. The tools, methods and technologies are used in "Big Data" and AI are being applied to improve health services and systems. However, many questions remain unanswered concerning the ethical development and use of these technologies, including how low- and middle-income countries will benefit from AI development.

The Women's Health and Education Center (WHEC), as an *NGO of Economic and Social Council of the UN*, coordinates on public health with the UN System, especially the WHO, UNESCO and ITU (International Telecommunication Union), and UNCTAD to promote best practices in this area. We get involved in the capacity building, shape the research agenda and engage stakeholders in improving the ethical foundation for use of Big Data and AI in public health. Developing global ethical guidance for Member States also requires an analysis of knowledge gaps and setting priorities for research to address these gaps. We publish that, on our educational platform routinely on our monthly newsletter *WHEC Update and* http://www.WomensHealthSection.com .

 Our Recommendations are:

- Develop National Guiding Principles and Framework;
- Identify ethical challenges related to AI;
- Develop National Ethical Governance of AI for health;
- Affordability – essential for success.
- Better Clinical Decisions - A key gap in clinical care in low- and middle-income countries is lack of specialists; AI-based automations in pathology, hematology, parasitology and microscopy, can close that gap.
- AI to help bridge the digital divide and create an inclusive society.
- Governments must develop the capacity to understand and question all aspects of the data value chain, to protect data.
- While a machine is not inherently biased, its code may include assumptions that reflect the implicit, unconscious biases of its human creators. Thus, if only take Ai on its face value (without internal scrutiny by AI practitioners), we will extend the growing digital divide and hurt most vulnerable in these societies.

AI can address the skills deficits in healthcare. AI applications offer enormous opportunities for the developing world to bridge the digital divide and create an inclusive society. Although 80% of the population in developing countries owns a mobile phone, still more than 1.7 billion people women do not own one. Anecdotally, there are more mobile phones in the developing world than adults. There are in increasing number of apps and services that are now being offer digitally. This widespread digitalization of human activity generates the truly massive data sets necessary for AI applications and solutions.

SDGs need a boost. The biggest and largely unexplored opportunity for AI to help the digital economy and digital divide is to integrate human ability into its solutions. Working with the world's most vulnerable population puts an enormous responsibility on AI practitioners to be ethical, transparent, and international in how we implement AI technologies.

Learning Life Lessons Series
For Teachers and Students
A Quarterly Series for *WHEC Update*
TOOLS *for* CHILD DEVELOPMENT

CHAPTER I – STOP PROCRASTINATING, GET ORGNIZED

WHY DO WE PROCRASTINATE?
People often procrastinate **because they're afraid of failing at the tasks that they need to complete**. This fear of failure can promote procrastination in various ways, such as by causing people to avoid finishing a task, or by causing them to avoid getting started on a task in the first place. Procrastination can become a vicious cycle and it is an avoidance behavior. In short, it is a self-regulation problem. The realization of not having completed a vital task might get worse over time, and at some point, the barriers to completing the task might seem unsurmountable. If you are prone to procrastination and you recognize yourself in this description, the good news is there are practical, effective ways to start making change. People who are inclined to more procrastination tend to have lower life satisfaction, lower achievement and poorer health.

ESSENTIAL KEY LEARNING TIPS

- Practice Self-compression. Tell yourself: "I am not the first person to procrastinate, and I will not be the last." Self-compression does not make people lazy; it actually increases people's motivation to improve themselves.
- Focus on doing your best. Instead of getting caught in the trap of worrying about what others think.
- Attach meaning to the task. Think about how completing it will be valuable to your personal growth or happiness. Doing so will help you feel more connected to the task and less likely to procrastinate.
- Start small. Split up the task into manageable parts. Once you have gotten started, and made even a small bit of progress on your task, there is a good chance you will keep going. GETTING STARTED IS EVERYTHING.
- Set deadlines for yourself for all those small steps. As people accrue small, easy accomplishments, they feel ready to do that big one.
- Situate yourself in a spot that is interruption-free. This is particularly important for demanding tasks.
- Reward yourself. Lots of teachers and parents use the Premack principle, which essentially stipulates that "something somebody wants to do becomes the reward for something they do not want to do."
- Enlist external help. Post about your goals on your social-network of friends, to hold you accountable for finishing up the task.
- Time-management techniques can help engender feelings of control and so help prevent the emotional discomfort that causes procrastination.
- It is important to consider the possibility that you avoidance is more deeply rooted, and if so, whether you might benefit from more specialized help.

SUGGESTED READING
Learning Life Lessons Series: Part I; available at:
http://www.womenshealthsection.com/content/gynmh/gynmh016.php3
Corresponding Author: Dr. Rita Luthra*, President, Women's Health and Education Center (WHEC); *e-mail*: rita@womenshealthsection.com

United Nations at a Glance

Peru became the United Nations Member State on 31 October 1945

Peru, officially the **Republic of Peru,** is a country in western South America. It is bordered in the north by Ecuador and Columbia, in the east by Brazil, in the southeast by Bolivia, in the south by Chile, and the south by the Pacific Ocean. Peru is a megadiverse country with habitants ranging from the arid plains of the Pacific coastal region in the west to the peaks of the Andes mountain extending from the north to the southeast of the country to the tropical Amazon basin rainforest in the east with the Amazon River. Population (2022): 32,440,172; Capital: Lima; Official Language: Spanish; Religion: 89% Christianity, 803% no religion; Area: 1,285,216 km^2 (496,225 sq. mi).

Peru formally proclaimed independence in 1821, and completed its independence in 1824. In the ensuring years, the country suffered from political instability until a period of relative economic and political stability began due to exploitation of guano that ended with the War of the Pacific (1879 – 1884). Throughout the 20th century, Peru grapples by internal conflict between guerilla group, interspersed with periods of economic growth. Implementation of Plan Verde shifted Peru towards neoliberal economics under the reign of Alberto Fujimori and Vladimir.

The citadel of **Machu Picchu,** an iconic symbol of Peru.
In the 15th century, the Incas emerged as a powerful state, which in the span of a century, formed the largest empire in the pre-Columbian Americas with their capital in Cusco. The Incas of Cusco originally represented one of the small and relatively minor ethnic groups, the Quechuas. Gradually, as early at the 13th century, they began to expand and incorporate their neighbors. From 1438 to 1533, the Incas used a variety of methods, from conquest to peaceful assimilation, to incorporate a large portion of western South America, centered on the Andean mountain ranges, from the couther Colombia to northern Chile. The Inca considered their King, the Sapa Inca, to be the "child of the sun."

Peru's Regions and Departments.
Peru is a unitary semi-presidential republic with multi-party system. The Peruvian government is separated into three branches: Legislative; Executive, and Judiciary.

Peru is divided into 26 units and 24 departments. The governor constitutes the executive body. Some areas of Peru are defined as metropolitan areas which overlap district areas. The largest of them, the Lima metropolitan area, is the 7th largest metropolis in the Americas.

The country is heavily dependent on mining for the export of raw materials, which represents 60% of export. Peru is the largest producer of quinoa, one of the 5 largest producer of avocado, blueberry, artichoke and asparagus, and 10 largest producers of coffee and cocoa. According to UN Food and Agriculture Organization (FAO) published in August 2022, half of Peru's population is moderately food insecure (16.6 million people). The World Bank lists Peru as 50th most valuable industry in the world ($28.7 billion).

Details: https://sdgs.un.org/taxonomy/term/1257

Collaboration with World Health Organization (WHO)

WHO | Peru

Health Situation

during the period of 2012 – 2016, maternal mortality has been reduced from 185 to 89 deaths per 100,000 live births. Infant mortality has been reduced from 55 per 1,000 live births during this period. The last case of wild poliovirus infection was reported in 1991. No cases of endemic measles have been reported since 2001, and no cases of rubella or congenital rubella syndrome since 2007. Whooping Cough is endemic in Peru and periodic epidemic outbreaks are reported. Incidence of and mortality from vaccine-preventable diseases has been reduced significantly. There has been an increase in the prevalence of non-communicable diseases and the number of unintentional injuries, including road traffic injuries. There is high mortality due to malignant tumors in Peru. Risk factors associated with the environment, especially in the mining industry, generate a high burden of disease. Peru is complying with the reporting mechanisms of the International Health Regulations and is currently upgrading its capacities. As a Party to the Framework Convention on Tobacco Control, Peru is moving forward on implementation and is preparing draft legislation to prohibit the promotion and sponsorship of tobacco.

Health Policies and Systems

In recent years, Peru has gradually reduced the level of average monetary poverty.. Universal health coverage is a national priority. Universal insurance has been chosen as the means to achieve it. The Comprehensive Health Insurance system is publicly funded, originally targeted at poor and vulnerable populations. In 2012, 73% of the population was covered by health insurance, 10 times the level of coverage in the previous decade. This rate growth is one of the highest in Americas. Reforms are launched in 2016:

1. Increasing the level of public funding, which is still among the lowest in the region;
2. Addressing the increased burden and risk of communicable diseases (the primary cause of mortality), and
3. Coordinating policies to achieve the development goals relevant to the entire life course, from tackling early pregnancy to geriatric health.

Cooperation for Health

The principle bilateral cooperation partners in the health sector are the USA, the EU, Spain, Italy, Canada and Belgium; multilateral cooperation is provided through agencies of the UN, whose cooperation framework for the period 2012-2016 acknowledges Peru's achievements and stress the urgent need to ensure to ensure that economic growth translates into equitable social development. Owing to Peru's classification as an upper middle-income country, donor and development agency budgets, including that of PAHO, have been significantly reduced. On the initiative of the Ministry of Health, coordination of health cooperation has been strengthened in the past two years by establishing a Forum for Health Cooperation Partners, in which bilateral and multilateral health cooperation partners participate.

WHO/PAHO in Peru is seeking to optimize its operations through coordination with agencies of the UN system, WHO/PAHO headquarters and other WHO/PAHO offices and centers.

Details: https://www.who.int/countries/per/

United Nations Educational, Scientific and Cultural Organization
Collaboration with UNESCO

Peru is a Member State of UNESCO since 1946
Historic Sanctuary of Machu Picchu

Machu Picchu stands 2,430 m above sea level, in the middle of a tropical mountain forest, in an extraordinarily beautiful setting. It was probably the most amazing urban creation of the Inca Empire at its height; its giant walls, terraces and ramps seem as if they have been cut naturally in the continuous rock escarpments. The natural setting, on the eastern slopes of the Andes, encompasses the upper Amazon basin with its rich diversity of flora and fauna. It is the greatest artistic, architectural and land use achievements anywhere and the most significant tangible legacy of the Inca civilization. Built in the 15th century Machu Picchu was abandoned when the Inca Empire was conquered by the Spaniards in the 16th century. It was not until 1911 that the archeological complex was made known to the outside world. The massive yet refined architecture of Machu Picchu blends exceptionally well with the stunning natural environment, with which it is intricately linked. The rugged topography making some areas difficult to access has resulted in a mosaic of used areas and diverse natural habitats. The rediscovery in 1911, and subsequent archeological excavations and conservation intervention have followed practices and international standards that have maintained the attributes of the property.

Historic Center of Lima

Although severely damaged by earthquakes, this "City of Kings" was, until the middle of 18th century, the capital and most important city of the Spanish dominions in South America. Many of its buildings, such as the Convent of San Francisco (the largest of its type in this part of the world), are the result of collaboration between local crafts people and others from the old world. It is located in the Rimac valley, and was founded by Spanish conqueror Francisco Pizarro in January 1535.on the territories led by the Chiefdom of Rimac. Lima was the political, administrative, religious and economic capital of the Viceroyalty of Peru and the most important city of the Spanish dominions in South America. The city played a leading role in the history of the New World from 1542 to the 18th century when the creation of Viceroyalties of New Granada (1718) and the La Plata (1777) gradually put an end to the omnipotence of the oldest Spanish colony on South America.

How UNESCO Peru's Horizontes Program is transforming rural education into opportunities

The Horizontes Program works with adolescents, based in Cusco and has improved their socio-emotional skills, which is manifested in their school performance and interactions with their peers and adults. This number of students represents 94% of the total number of students enrolled in the five grades of secondary education. https://es.unesco.org/horizontes
In the area of Education for Work, the students received a double certification in technical specialties such as: Business and commercial computing, bakery and pastry making, textile cutting and assembly, welding and agricultural production.

Details: https://www.unesco.org/en/countries/pe

Education-for-All and Health-for-all

Bulletin Board

Transforming Our World: The 2030 Agenda for Sustainable Development
Adopted at the United Nations Sustainable Development Summit on 25 September 2015

…..Continued The New Agenda

29. We recognize the positive contribution of migrants for inclusive growth and sustainable development. We also recognize that international migration is a multi-national migration, a multi-dimensional reality of major relevance for the development of countries of origin, transit and destination, which requires coherent and comprehensive responses. We will cooperate internationally to ensure safe, orderly and regular migration involving full respect for human rights and the humane treatment of migrants regardless of migration status, of refugees and of displaced persons. Such cooperation should also strengthen the resilience of communities hosting refugees, particularly in developing countries. We underline the right of migrants to return to their country of citizenship, and recall that States must ensure that their future nationals are duly received.

30. States are strongly urged to refrain from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, particularly in developing countries.

31. We acknowledge that the UNFCCC is the primary international, intergovernmental forum for negotiating the global response to climate change. We are determined to address decisively the threat posed by climate change and environmental degradation. The global nature of climate change call for the widest possible international cooperation aimed at accelerating the reduction of global greenhouse gas emissions and addressing adaptation to the adverse impacts of climate change. We note with grave concern the significant gap between the aggregate effect of Parties' mitigation pledges in terms of global annual emissions of greenhouse gases by 2020 and aggregate emissions pathways consistent with having a likely change of holding the increase in global average temperature below $2^{o}C$ or $1.5^{O}C$ above pre-industrial levels.

32. Looking ahead to the COP21 conference in Paris in December, we underscore the commitment of all States to work for an ambitious and universal climate agreement. We reaffirm that the protocol, another legal instrument or agreed outcome with legal force under the Convention applicable to all Parties shall address in a balanced manner, inter alia, mitigation, adaptation, finance, technology development and transfer, and capacity-building, and transparency of action and support.

33. We recognize that social and economic development depends on the sustainable management of our planet's natural resources. We are therefore determined to conserve and sustainably use oceans and seas, freshwater resources, as well as forests, mountains and drylands and to protect biodiversity, ecosystems and wildlife. We are also determined to promote sustainable tourism, tackle water scarcity and water pollution, to strengthen cooperation on desertification, dust storms, land degradation and drought and to promote resilience and disaster risk reduction. In this regard, we look forward to COP13 of the Convention on Biological Diversity to be held in Mexico in 2016.

34. We recognize that sustainable urban development and management are crucial to the quality of life of our people. We will work with local authorities and communities to renew and plan our cities and human settlements so as to foster community cohesion and personal security and to stimulate innovation and employment. We will reduce the negative impacts of urban activities and the chemicals with are hazardous for human health and the environment, including through the environmentally sound management and safe use of chemicals, the reduction and recycling of waste and more efficient use of water and energy. And we will work to minimize the impact of cities on the global climate systems. We will also take account of population trends and projections in our national, rural and urban development strategies and policies. We look forward to the upcoming UN Conference on Housing and Sustainable Urban Development in Quito, Ecuador.
To be Continued …

Motherhood and Flexible Jobs
Evidence from the Latin American Countries

The authors studied the casual effect of motherhood on labor market outcomes in Latin America by adopting an event study approach around the birth of the first child based on panel data from national household surveys for Chile, Mexico, **Peru,** and Uruguay.
Their main contributions are:
1. Providing new and comparable evidence on the effects of motherhood on labor outcomes in developing countries;
2. Exploring the possible mechanisms driving these outcomes;
3. Discussing the potential links between child penalty and prevailing gender norms and family policies in the region.

The conclusion is that motherhood reduces women's labor supply in the extensive and intensive margins and influences female occupational structure towards flexible occupations – part-time work, self-employment, and labor informality – needed for family-work balance. Furthermore, countries with more conservative gender norms and less generous family policies are associated with larger differences between mothers' and non-mothers' labor market outcomes. Despite the remarkable convergence of roles of men and women in labor markets over the last century, gaps remain considerable. Labor supply, income and wages continue to show substantial differences between genders. These gaps are especially large in Latin America, one of the most unequal regions of the world, where labor market force participation of women is 27% points lower than that of men; women earn per hour 17% less than men with similar education and experience and occupy less than 40% of the hierarchical positions. Motherhood stands out as one of the key factors in explaining the gender gaps in the labor market, since women are still the primary caregivers. The negative impact of motherhood on the extensive margin of labor supply, the arrival of the first child also affects working hours, thus increasing part-time employment by 16 to 29% in the medium run and 43% in the long run. Motherhood also triggers and increase in self-employment and labor informality among working women. The medium-run effect of motherhood on self-employment ranges between 17 and 42%, and the effect on informality is between 16 and 50%.

These types of jobs – part-time jobs, self-employment, and informal jobs – are characterized by lower wages, lack of social security, larger job instability, and poor career development prospects, yet women are paying this high price in return for the time flexibility these job types offer. There are two potential drivers of women's demand of flexibility in the labor market: gender norms and family policies. When looking at this gap in labor market outcomes between mothers and childless women for 18 Latin American countries, the study concludes in countries with more egalitarian views and stronger family policies such as childcare and maternal leave both groups of women make more similar choices. In Latin America, there is still much room to advance in this direction.

Publisher: UNU-WIDER; Authors: Ines Berniell, Lucila Berniell, Dolores de la Mata, Maria Edo, and Marina Marchionni; Sponsors: United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency.

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

Two Articles of Highest Impact, August 2024

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

1. **Artificial Intelligence Literacy in Health and Education Sectors;** AI-Literacy-in-Education-and-Health-Sectors.pdf (womenshealthsection.com)
   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. **Tuberculosis in Pregnancy;** TB-in-Pregnancy.pdf (womenshealthsection.com)
   WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

Partnership for Maternal, Newborn & Child Health (World Health Organization)
PMNCH Member

Worldwide service is provided by the WHEC Global Health Line

From Editor's Desk
WHEC Projects under Development

Ethics in Neurotechnology: Our Initiatives

Neurotechnology is a fast-expanding field dedicated to understanding the brain and the technologies that interact with it. At the intersection of neuroscience, engineering, data science, information and communication technology and **artificial intelligence (AI),** neurotechnology can access, assess, and manipulate the neural systems of animals and humans. The sector is growing at an unprecedented rate, and with a neurological revolution on the horizon, societies must confront unique ethical concerns related to human identity, human dignity, freedom of thought, autonomy, privacy and wellbeing.

This progress is a cause for celebration, understanding and a reason for caution. We must safeguard ethical standards of neurotechnology and AI and ensure the full protection of human rights. The Women's Health and Education Center (WHEC) with its partners and UN Systems is building a framework to protect and promote human rights and fundamental freedoms. Groundbreaking developments in neurology offer unprecedented potential. But we should remain aware of its negative impact if it is employed for malicious purposes. That is why we must act now to ensure it is not misused and does not threaten our societies and democracies.

In addition to the existing ethical frameworks regarding AI around the world, WHEC's initiative aims to bring a globally accepted normative instrument that focuses not only on the articulation of values and principles, but also on their practical realization, via concrete policy recommendations, with a strong emphasis on inclusion issues of gender equality and protection of the environment and ecosystems. WHEC's recommendations addresses ethical issues related to the domain of AI to the extent that they are a part of our initiatives. It approaches AI ethics as a systematic normative reflection, based on a holistic, comprehensive, multicultures and evolving frame work of interdependent values, principles and actions that can guide societies in dealing responsibly with the known and unknown impacts of AI technologies on human beings, societies and the environment and ecosystems, and offers them a basis to accept or reject

AI technologies. WHEC's initiatives and these recommendations aims to provide a basis to make AI systems work for the good of humanity, individuals, societies and the environment and ecosystems, and to prevent harm. It also aims at stimulating the peaceful use of AI systems.

Our Recommendations are:

1. Member States should implement policies to raise awareness about anthropomorphizing (humanizing) of AI technologies that recognize and mimic human emotions, including in the language used to mention them, and assess the manifestations, ethical implications and possible limitations of such anthropomorphizing, in particular in the context of robot-human interaction and especially when children are involved.

2. Encourage and promote collaborative research into the effects of long-term interaction of people with AI systems paying particular attention to the psychological and cognitive impact that these systems can have on children and young people. This should be done using multiple norms, principles, protocols, disciplinary approaches, and assessment of the modification of behaviors and habits, as well as careful evaluation of the downstream cultural and societal impacts.

3. Member States should encourage research on the effects of AI technologies on health systems performances and health outcomes.

4. Member States, as well as stakeholders, should put in place mechanisms to meaningfully engage children and young people in conversations, debates and decision-making with regard to the impact of AI systems on their lives and futures.

5. Member States should, according to their specific conditions, governing structures and constitutional provisions, credibility and transparently monitor and evaluate policies, programs and mechanisms related to ethics of AI, using a combination of quantitative and qualitative approaches.

6. Processes for monitoring and evaluation should ensure broad participation of all stakeholders, including, but not limited to, vulnerable people or people in vulnerable situations. Social, cultural and gender diversity should be ensured, with a view to improving learning processes and strengthening the connections between findings, decision-making, transparency and accountability for results.

7. In the interests of promoting best policies and practices related to ethics of AI, appropriate tools and indicators should be developed for assessing the effectiveness and efficiency thereof against agreed standards, priorities and targets, including specific targets for persons belonging to disadvantaged, marginalized populations, and vulnerable people or people in vulnerable situations, as well as impact of AI systems at individual and societal levels.

8. Data collection and processing should be conducted in accordance with the international law, national legislation on data protection and data privacy, and the values and principles suggested in this recommendations.

9. Member States should endeavor to employ effective AI systems for improving human health and protecting the right to life, including mitigating disease outbreaks, while building and maintain international solidarity to tackle global health risks and uncertainties, and ensure that their deployment of AI systems in healthcare be consistent with international law and their human rights law obligations.

10. Member States should ensure that actors involved in healthcare AI take into consideration the importance of a patient's relationships with their family and with healthcare staff.

WHEC is cooperating with all relevant national and international governmental and non-governmental organizations, as well as transnational corporations and scientific organizations, whose activities fall within the scope and these objectives.

Join the efforts

In The News

Towards an Inclusive Educational Future: A Global Network for Best Practices in AI

The Regional Framework Law will transform education in Central America, the Caribbean Basin, and Mexico. UNESCO experts and parliamentary representatives come together to promote the right to quality, inclusive, and equitable education in the region. This law, developed and supported in collaboration with the key stakeholders such as Save the Children, the Central American Educational and Cultural Coordination of SICA (CECC – SICA), and UNESCO, aims to provide legislative bodies with guidance to develop normative instruments that reinforce countries' commitments and capacities to ensure the right to inclusive, equitable, and quality education for all citizens of the region, especially those in vulnerable situations.

This framework law could also help harmonize legislative frameworks concerning education and promote national and sub-regional dialogues to reconsider the purposes, content, and pedagogies of education in the context of a discussion on post COVID-19 development models, in order to respond to a changing world.

The law highlights the role of teachers in achieving these objectives and calls for strengthening their professional development, including access to quality training opportunities and participation in decision-making processes that affect their profession. It also dedicated a central chapter to the protection and increase of educational financing, budgeting and results-based management, and the need for intersectoral and multisectoral partnerships to bring about educational transformation that allows greater access and quality in this right.

Designing an Ethical Artificial Intelligence (AI) Policy

AI Assessment Methodology, a diagnostic tool to support governments in ensuring that AI is developed and deployed ethically, in line with the UNESCO's Recommendation on Ethics of AI, was adopted unanimously by the Member States in November 2021. The tool is a comprehensive assessment that tests the adequacy and pertinence of existing national laws and policies to frame the technological development positively, and gauges the technical capacities of public servants and institutions.

Pinpointing a Precise Plan of Action

The Readiness Assessment Methodology (RAM) developed by UNESCO provides an assessment of a country's legal, social, cultural, scientific, educational, technical and infrastructural AI capacities. It also indicates whether a country's AI systems align with the values, principles and policy areas set out in the document. It is conducted by national experts, hired by UNESCO, who have a strong understanding of the national context. The end product of the RAM will be a comprehensive report, enabling experts and policymakers to pin point what institutional and regulatory changes are needed to take advantage of these technologies while protecting against its shortfalls.

Women's Health and Education Center (WHEC) advocacy and literacy campaigns for AI initiatives, will collaborate with UNESCO's RAM and using international benchmarks as a refence will assist countries in developing ethical policies for AI. Countries are at different stages of readiness to implement the ethical standards of AI, and there is "no size fits all" approach. They also have different societal preferences, risk thresholds and innovation landscapes. We believe national analysis will feed the international dialogue. Join the campaign. It will be an online transparency portal for the latest data and analysis on the ethical development and use of AI around the world, and a platform for best practice sharing.

In The Mail

- THE WHITE HOUSE; President Biden – *15 July 2024*
biden-2024.pdf (womenshealthsection.com)
http://www.womenshealthsection.com/content/documents/biden-2024.pdf

Words of Wisdom

Reasoning in Freedom from *Gitanjali*

For Rabindranath Tagore, it was of the highest importance that people be able to live, and reason, in freedom. His attitudes toward politics and culture, nationalism and internationalism, tradition, and modernity, can all be seen in the light of this belief. Nothing, perhaps, expresses his values as clearly as a poem in *Gitanjali:*

"Where the mind is without fear
and the head is held high;
Where knowledge is free;
Where the world has not been
broken up into fragments
by narrow domestic walls; …

Where the clear steam of reason
has not lost its way into the
dreary desert sand of dead habit; …
Into that heaven of freedom,
my Father, let my country awake."

- Rabindranath Tagore, (7 May 1861 – 7 August 1941), Calcutta, India. Writer, Poet and activist The Nobet Prize in Literature 1913. Languages: Bengali, English. Rabindranath Tagore's writing is deeply rooted in both Indian and Western learning traditions. Apart from fiction in the form of poetry, songs, stories, and dramas, it also includes portrayals of common people's lives, literary criticism, philosophy, and social issues.

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

http://www.WomensHealthSection.com